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Looking Back, Thinking Forward... A Conversation with John Graham-Pole: Part I

If you are a regular reader of Arts Health News, you know that John Graham-Pole, MD, MRCP (UK), who retired to Antigonish, Nova Scotia, from the University of Florida (UF) in 2007, and is on AHNC's national Advisory Council, just won two awards. At the 2012 Society for the Arts in Healthcare (SAH) conference he received the prestigious Janice Palmer outstanding leadership award, and he was recently announced as the winner of the prose portion of the ARS Medica-CMA Journal poetry and prose contest. This recognition of John's talent, experience, and wisdom seemed like a fine occasion to ask him to reflect on his long medical career and on the future of arts and health, especially in Canada. For a short bio on John, see <http://artshealthnetwork.ca/about/leadership/advisory-council> -N.J. Cooley

Looking back. . . .

As you look back on a distinguished career in arts in medicine, what stands out for you?

I'm close to finishing a memoir about how it was I chose to be a doctor. And I've found out that art can help you figure out what, why and how to do something while you're actually doing it. Midway through my doctoring career, I started writing poetry. I had no clear idea why at the time, but I came to realize quite a bit later that it was connecting me with my feelings in my work as a doctor who was serving children with cancer and their families. I was intuitively healing myself. Then I wrote a piece in a doctors' waiting-room magazine about how art might link to our health. Mary Rockwood Lane, a nurse and doctor's wife, read it and called me, and together we "birthed" Arts in Medicine (AIM) at [Shands Hospital](#). We opened the hospital doors to artists, quietly at first but with growing confidence. We began in 1991 on the bone marrow transplant unit (BMTU), where I was the paediatric director, and spread out from there. At last count, we've had over 350 artists working on about 20 inpatient and outpatient units with patients, families, and staff.

Being what is grandly called an academic scientist, I thought I had to measure everything, like I was taught in "Med School 101." So we set about collecting surveys from everyone we

could about how they liked the programme and what it did for them. When we had 1000 signatures, mostly saying very sweet, supportive things (what's not to like about music and painting and poetry, right?), Mary and I went and asked Shands CEO Paul Metts to fund AIM. His immediate \$50,000 a year "investment" has grown to over \$100,000 yearly since, and it's now essentially a line item in the State of Florida's health care budget.

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Later a clinical psychologist and I did more "precise" measures of young people's mood, quality of life, and recovery time on the BMTU, to show, among other things, how cost-effective art is in health care. I've come to think, though that trying to measure art is a contradiction in terms. I like what poet David White, who started life as a biological scientist, says: "Art is more precise than science; science keeps changing, but art is permanent, universal."

Introducing a new idea ...

What was the response of your colleagues to the idea of art in medicine?

I remember talking with medical colleagues about the "art of medicine." I never met with one shred of resistance, but they started taking a wide berth of me. At least for the next ten years or so! So it took a long while, Nancy, to give myself permission to devote some of my working life to art, especially to poetry. Perhaps thinking of it as something measurable legitimized it in my mind. With a new paradigm things are probably always like that, though of course art-for-health is far from a new idea in our world's less "industrialized" cultures (which make up most of the human race).

Sometime in that first year or two, I paused to look about me. And it was like what another British biologist, Rupert Sheldrake, calls "morphic resonance." I saw that many other people in the US and UK, and I'm sure Canada, had also cottoned onto this art-health connection, and were creating their own programmes, it seemed almost independently of each other. I hooked up with Society for the Arts in Healthcare (SAH), a fledgling American organization with a different name back then, and found many more allies to talk to, mostly artists, arts administrators and teachers, and more nurses. I was still writing poetry and stories about my work, but I also wrote several research grants, and went on publishing scientific research, so I managed to clamber up that old "academic ladder." Our longtime AIM dancer-in-residence, Jill Sonke, and I, along with many others, received several arts and health grants too, which helped gain me "respectability" so I didn't get sidelined forever by the academic community. Jill has gone on to become a leader in SAH, and now directs University of Florida's newly named [Center for Arts in Medicine](#), from which has arisen AIM for Africa.

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It was hard introducing this new paradigm, but I think artists are leaders in our world – the ones who think most creatively, most out-of-the-box, and so most “dangerously.” Which is why art and artists are, I think, either ignored (except as priceless pieces for your mansion walls), or actively squelched. Would-be dictators have long known that if you want to keep the people under your boot and stop them thinking, you have to kill off the artists, or at the very least burn their work.

Achievements . . .

What do you think you’ve achieved? What are you most proud of?

As far as arts and health go, first, I’ve felt and acknowledged the vital force of children, especially sick children, inspiring and guiding me.

Second, I’ve found some kind of balance between art and science as a university-based doctor. Uncovering all the “what’s and why’s and how’s” while actually doing this whole thing.

Third, I’ve helped make art-for-health “respectable,” getting solid monetary support for it in research and education.

Fourth, I’ve helped build the national arts and health coalition that SAH has become.

Fifth, I’ve found my own voice and claimed this voice as an artist. I’ve gone back to school, quite late in my working life, to learn the vital components of writing, acting and clowning, cooking and gardening, dancing and singing.

Sixth, I sensed when it was time to get out from under the folks standing on my shoulders, when they no longer needed any shoulders to stand on. So I could explore some deeper purposes to my life, learn, especially from my wife, Dorothy, how to build in arts-based and arts-informed qualitative research and adult education, and start a whole new arts and health exploration from that perspective.

Last, I’m testing whole new genres of writing - fiction, creative non-fiction, memoir, and writing for young adults, as a lens through which I can explore the many faces of art-for-health – body, mind, spirit.