



Research Output Journal of Education 4(2):44–48, 2024

ROJE Publications

PRINT ISSN: 1115-6139

<https://rojournals.org/roj-education/>

ONLINE ISSN: 1115-9324

<https://doi.org/10.59298/ROJE/2024/424448>

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The Intersection of Artistic Freedom and Medical Ethics

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ABSTRACT

This paper investigates the nuanced interplay between artistic freedom and medical ethics, two domains that, while seemingly disparate, share profound intersections. Artistic freedom fosters creativity and challenges societal norms, while medical ethics ensures the equitable and compassionate delivery of healthcare. By examining definitions, historical contexts, and principles, this paper highlights the ethical dilemmas arising when these fields converge, such as the emotional impact of provocative art on vulnerable populations or ethical concerns in medical-themed artistic expressions. Case studies illustrate conflicts between artistic autonomy and healthcare responsibilities. Despite the challenges, fostering dialogue between these fields can enrich both by advancing empathy and ethical understanding. The paper concludes by advocating for collaborative frameworks that respect the integrity of both art and medicine while addressing the moral dilemmas posed by their intersections.

Keywords: Artistic freedom, medical ethics, bioethics, ethical dilemmas, healthcare.

INTRODUCTION

Medical ethics is as the name implies a dauntingly wide subject, as is that of artistic freedom. Art and health are both universally important parts of being alive and of any culture, and all of these aspects are rapidly evolving at the crux of the present and future; because both law and ethics are deeply affected by a culture's prevailing mores, norms, and folk traditions, art and medicine are richer and broader subjects than can be encompassed in an introductory overview. This slender essay skims over these topics with a few brief examples to develop a way of discussing the interconnected complexity of bioethics and artistic freedom. The body of this essay comprises four major topics: (1) definitions and common practices of 'artistic freedom' and 'medical ethics'; (2) how and why art evolves from the intersection of intention, performance, witness, and interpretation; (3) how and why creating art often involves embodied, informationally or interpersonally mediated dynamics that are interesting in bioethical terms; and (4) potential intersections between art and medical expertise which can pose ethical dilemmas of the sort that call forth from us moral heft or attentiveness to justice. A concluding section will return to our overarching point: the need for bioethicists to listen ambiorientally to also-artistic voices [1, 2]. Artistic freedom, in the broadest possible sense, is 'the right to exercise one's abilities over the process of making art in any given medium, based on personal and relational judgment without unnecessary internal obstacles' and external censorship. 'Medical ethics' are 'community-supported principles that help us critically evaluate, make decisions about, and ideally minimize problems involving health and illness, both personally and globally.' Medical ethics describes the way that medical issues could or should be addressed, according to a particular doctor, a particular society, or a particular bioethicist. In these ways—first, as protocols to administer fairly amid chaos, and second, as descriptions and encouragements toward human flourishing—medical ethics aim towards a richer sense of 'good life.' When working outside of that medical context and constructing art, what we come to say about the world and ourselves

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through our art can contribute to a similar expanded sense of 'what it is for humans to live good lives' [3, 4].

Artistic Freedom: Definition And Importance

Artistic freedom is the liberty granted to individuals participating in the arts to express, convey, and exemplify their thoughts and ideas through poetry, literature, and performance. It operates as a medium through which diverse thoughts and ideas can be harnessed and expressed outside the limitation of mere speech. Origins of this freedom-centric approach to art as an institution can be traced back to the Enlightenment; philosophers of the time argued that the development of art was synonymous with human progress. The notion that creative expansion is the key to greater knowledge continued into the Romantic era, marring our modern association of the artist with exuberance and zeal for life and expression. Such an attitude is reflected in the 21st century's continued belief that artistic temperament is synonymous with a vibrancy that reinvigorates and enriches human culture and society [5, 6]. The promotion of artistic expression is twofold in that it not only expresses and examines our social and human values, but inherently forms major parts of these attitudes themselves. Unlike traditional methods of protest and dissidence, art captures the imagination rather than simply demanding compliance and rousing empathy where such emotions should be considered inappropriate or taboo. Art's greatest asset is its capacity to generate empathy for experiences and attitudes that are innately human, challenging the audience to confront, consider, and value the lives of those they would otherwise dismiss or squander. Deconstruction of preconceptions and stereotypes, racial, economic, social, and political narratives are the daily bread of artistic and literary works, often aiming to provoke reflection on ethical or moral values [7, 8].

Medical Ethics: Principles and Applications

Medical ethics is an established system of moral principles aimed at governing the character and conduct of healthcare professionals while engaged in professional capacities. Generally regarded as deontological, medical ethics seeks to determine appropriate duties and responsibilities to patients, society, and oneself. The application of this system is prevalent in numerous theoretical frameworks, some of which place greater emphasis on certain principles than others. Despite these singular viewpoints, all frameworks acknowledge key principles of medical ethics, including autonomy, beneficence, non-maleficence, and justice. In addition to these fundamental principles, it is important to consider a patient's needs, such as relatives, friends, or colleagues, and a healthcare professional's general community [9, 10]. In practice, medical ethics is often sidelined for various reasons. The focus of current healthcare and medical practice has tended not to seek out the normative but the positive. Clinicians are more concerned about what they can do rather than what they should do. This is normal in the sense that diagnosis and treatment first need to be administered. Normative ethics or ethical theory must be integrated into the physical diagnosis and treatment. For acute and chronic diseases, choices and decision-making are part of the issues that relate to normative theory. Patients may choose to accept therapeutic intervention and surgery or decline them based on informed consent. They also have the right to be treated according to their choices. However, patients' choices must be premised on risk-benefit information. This underscores the importance of informed consent and patient rights in healthcare settings. Furthermore, medical technologies are produced to help healthcare providers in their diagnosis, treatment, rehabilitation, and promotion of health. But the use of advanced technologies is most often the genesis of situations of moral and ethical dilemmas, such as de-professionalism and dehumanization, impersonalization, health data security, and so on. As a result, it is important to investigate the foundational principles of medical ethics [11, 12, 13].

Case Studies: Ethical Dilemmas in Art and Medicine

This section presents various case studies illustrating ethical dilemmas in which art and medicine come into conflict. The examples presented below have been carefully chosen to provide insight into those real-world situations where the interests of art and medicine collide in a particularly disagreeable manner, raising moral and ethical issues. It has been agreed that the actors involved created those pieces without particular attention to raise questions concerning their ethicality. On the other hand, at least some of the healthcare providers involved claimed that these questions are of genuine interest to them [14, 15, 16]. On one hand, art is often expected to have a powerful effect on us. On the other hand, healthcare professionals regularly express concerns on patients' behalf about art that may provoke emotional responses so strong as to lead to various types of untoward emotional and psychological side effects. The case studies presented demonstrate the very high value we implicitly place on art. The fourth case further

reflects how extremely sensitive this area of analysis is. The reader will have noticed that in all four cases, there is no question of direct requests for restrictions of artistic freedom by the apparent victims of the moral and ethical dilemmas in question [17, 18, 19]. It has often proven difficult to find clear demarcations to issues raised by considering the case studies, and they are still widely debated. Is the "Emotional Breakdown Show" anything more than an arbitrary and disrespectful exploitation of people with emotional disorders? Could the TV program destroy its members? Could the body artists' act be understood in a different way than brutal exhibitionism, to which we are obliged to close our eyes? Are Weir and Jarry wild heads or the really good scouts in neurology? [20, 21, 22].

Regulatory Frameworks and Guidelines

Providing oversight of art and medicine are governments and similarly mandated organizations like professional societies and licensing boards. Artistic creation is governed in part by an artist's ethical code, by employment law, and by laws intended to protect public health and safety. Medicine is heavily regulated in the name of public health and safety as well, with ethical codes that govern many aspects of practice, conduct, and interpersonal relationships. Individuals who function at the intersection of art, story, and medically related activities are further beholden to regulation and organizational policy designed to protect patients and institutions from conflicts of interest and to ensure ethical outcomes [23, 24, 25]. These regulations delineate a variety of potential conflicts and propose various strategies for care, such as restrictions on patient care by treating surgeon-supervisors, regulation of financial conflicts of interest, and the use of informed consent to help protect the interests of patients and others. Some provisions call for the quiet and confidential removal of individuals involved in prohibited activity. This accounting of the regulatory and ethical standards within the medical profession is not intended to say that the problems of the crossing of artistic and medical institutions are solved; however, thoroughly thoughtful efforts address conflicts. These ethical standards attend carefully to the ethical failings (actual, potential, or perceived) of medical practitioners. Similar frameworks do not exist to help individual artists or institutions working at the intersection of art and medicine. There is an argument that medicine, and ultimately the larger culture as well, can and do hold medical practitioners to a higher personal standard of justice, respect for others, and general morality. It is warned that the dissonance between this personal standard expected of providers and their day-to-day behavior may lead to cynicism, social disorder, and social injury. Adapting and extending these would provide sources of regulated consent for prospective models of interacting art and medicine. This is possible if legislative bodies, professional societies, and other institutional stakeholders collaborate to adapt, test, and administer the systems mentioned above. Understanding how current systems work and where they function inadequately is the first goal of the present study [26, 27, 28].

Future Directions

Drawing on the insights accumulated across the three sections, we find that there is no easy way to bring artistic freedom in line with medical ethics. While many policy documents, codes, and consents cautiously bring the two domains together under the banner of harm, it is not clear that the individuals working in them can be similarly reconciled. Artists push boundaries; they work with the senses; they delight and horrify. The best art can be transformative, terrible, and transgressive. Medicine is healing, supportive, and essential. And the worst? It can leave people dead, disabled, and disfigured. It is a strange conversation, at times incommensurate [21, 22]. There is no resolution here. We do not want to conclude with a set of recommendations, nor do we wish to do away with the stunning lack of closure on the cases we have presented for discussion. Rather, we would like to encourage more discussions around these matters between medical professionals and artists, seeking to produce a meaningful and workable set of shared approaches. This paper is not a conclusion; however, nor do we foresee its findings being productive of a set of protocols. Rather, the three cases we raised and the discussion that followed them serve as a fascinating set of launching points for future investigations moving forward. One productive avenue may be to consider whether or not the notions of artistic praxis or the medical gaze can help inform the regulatory process moving forward—many other theories are possible, and many lines of thinking are available. We just need to do the hard work of thinking through them. Art and medicine have long been linked in philosophical discourse, and many would champion the resonances between the two fields in uncovering fundamental truths about the body; in this pragmatic project, we must build on this unity. Provide a space set apart and dedicated to the genius of those guiding the shimmer of our culture and attending to the lingering curves of our wounded bodies and spirits; support each in kind. Support interspaces, too, and accept the fact that we need art and medicine to do certain other kinds of

storytelling. Remind us of who we are, bringing beauty and veracity to our senses; remind each in their own tantalizing whispers of what we are [23, 24, 28].

CONCLUSION

The intersection of artistic freedom and medical ethics reveals both profound opportunities and challenges. Art, with its boundless capacity to provoke thought and evoke empathy, often pushes societal boundaries, while medicine adheres to structured ethical principles prioritizing care and harm minimization. Case studies reveal the tensions that arise when these domains intersect, particularly regarding the emotional and psychological effects of art on vulnerable individuals. Rather than offering definitive resolutions, this paper emphasizes the importance of fostering ongoing dialogue and collaboration between artists, medical practitioners, and ethicists. Such discourse can lead to frameworks that honor the creative spirit of art while upholding the ethical responsibilities of medicine. By embracing this interdisciplinary exchange, society can benefit from innovative approaches to addressing shared human concerns, ultimately enriching both cultural and healthcare landscapes.

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CITE AS: Kagaba Amina G. (2024). The Intersection of Artistic Freedom and Medical Ethics. Research Output Journal of Education, 4(2):44-48. <https://doi.org/10.59298/ROJE/2024/424448>