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REVIEW ARTICLE

Art of Medicine: Past, Present & Future

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ABSTRACT

Medicine is an 'Art& a Science' was the first thing that we were taught in Medical College UG curriculum. However, as we moved along, the thrust of the teaching was only on the science part of Medicine. The art part of Medicine was never taught in a structured manner. So, half of Medicine was actually not, part of the curriculum. It was learnt by observing our teachers & seniors. The sad part is that over the decades, the art of Medicine appears to have faded away or may be, it has acquired a different colour. Both the components of Medicine (Art & Science) are dynamic. They are expected to change with the passage of time & the ever changing world. We need to examine their journey across decades to see if there is a conscious need for some course correction. The authors have, out of their experiences & observations, divided the study into 3 phases the past (i.e., the last 2-3 decades of the last millennium), the present (i.e., the first 2-3 decades of the present millennium) and the future (i.e., the subsequent decades yet to come). Of course, there are overlaps but they are being ignored for the sake of simplicity.

KEYWORDS

• Medical ethics • Past • Present • Future • Patient autonomy • Beneficence non-maleficence • Justicevconfidentiality • Artificial intelligence • Personalized medicine • Doctor-patient relationship

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INTRODUCTION

The art of medicine, encompassing the physician's approach to patient care, has always been intertwined with ethical considerations. This article explores the evolution of these ethical issues across three timeframes: the past (before 2000), the present (21st century), and the future. Before 2000, a paternalistic model often dominated, with physicians holding significant authority in patient care.[1] Ethical dilemma centered on balancing beneficence and non-maleficence, often within a framework of limited patient autonomy.[2] The 21st century has witnessed a shift towards shared decision-making, with increasing emphasis on patient rights, informed consent, and addressing health disparities.[3] New technologies and data sharing practices have introduced complexities regarding confidentiality and justice, demanding robust ethical frameworks.[4] Looking towards the future, the rise of artificial intelligence (AI) and personalized medicine presents novel ethical challenges.[5] These include questions surrounding autonomy in AI-driven treatment, potential biases in algorithms, and the impact on the physician-patient relationship. This article highlights the dynamic nature of medical ethics, emphasizing the need for continuous reflection and adaptation to ensure the art of medicine remains grounded in human values and serves the best interests of patients across time.

DISCUSSION

Prudence demands that physicians should treat 'patients' and not their 'disease'. Canadian Family Physician journal has launched a new section with an ancient connotation, the Art of Family Medicine.[6] This shows the importance of this fading art, which needs to be resuscitated. The art of medical practice is the physician's way of conducting himself when interacting with his patients and their families. How doctors diagnose, explore treatment options, communicate, and promote healing are the common examples of the art of medicine.[7]

What exactly is the 'Art of Medicine'?

The art of medical practice is the physician's way of conducting himself when interacting with his patients and their families. How doctors diagnose, explore treatment options, communicate, and promote healing are the common examples of the art of medicine. Simply stated, this is the art of building a rapport & confidence with the patient and the ability to get the maximum relevant information through history & physical examination. It also includes tactful& compassionate communication with the patient & his family throughout the period of his association with the clinician. The art of medicine is a mix of inter-personal and intellectual capacity of the physician while managing his patient. Physical examination and the power of touch cannot be undermined in such an encounter in healthcare. Communication skills (verbal &nonverbal) go a long way in achieving the goals of this art. In recent journal article of JAPI (2024),[7] titled: Is Clinical Medicine Dying?, A. Bhagwat states, "Patient satisfaction is much higher when you do some semblance of physical examination, however brief it may be! Sterile aseptic non touch techniques are good in operating rooms but not in the outpatient department! Even today, some patients insist that I use my stethoscope on them when I am very sure that it is not going to add anything. I generally oblige. It surely makes our interaction more complete and contributes immensely toward healing their anxious mind. For the patient, it is like an oasis of human touch in the desert of machine-like robotic rituals of today's medicine!"

Thomas R. Egnew in Family practice management | www.aafp.org/fpm | July/ August 2014,[8] has delineated seven behaviours that foster more consistent practice of the art of medicine. He calls them 'the magnificent seven'. He has included aspects like focus on the patient, establishing a connection with the patient by developing rapport and agreeing on an agenda, assessing the patient's response to illness and suffering, communicating to foster healing, using the power of touch, laughing a little and showing some empathy. The author has cautioned, "Although no empirical tests have verified the thesis that using these seven strategies will enhance your practice of the art of medicine, the behaviours recommended are based on empirical data. They incorporate a patient-centered approach to communicating with patients, which has been shown to improve health outcomes, increase patient satisfaction, and decrease malpractice liability".

Lucy,[9] is forthright in saying, "Unfortunately, today the art of medicine is dead. The current practice of medicine approaching a patient mechanically rather than holistically is turning out to be an utter failure. A patient walking into a doctor's chamber is not merely a corporeal body but rather a living creature with emotions, personality and mentality woven around a certain state of spirituality and a doctor needs to artfully treat him. Body and mind can not be separated for the purpose of treatment, for they are one and indivisible. Sick minds must be healed as well as sick bodies. In good old days, the art of medicine allowed a doctor to see a patient in it's entirety and not merely as another case. The warm touch of a doctor while holding the patient's hand to see his pulse with a reassuring smile was enough to penetrate the subconscious mind of the patient and erase out the stress and fear. This is in stark contrast to the present day approach where the patient walks in with all the parameters measured digitally and the doctor writes a long list of investigations and medicine with a no-touch technique and minimal interaction with the patient, let alone any counselling or reassurance"

What has been the journey of the Art of medicine over the last few decades? This journey is related to two main factors and most other factors emanate from these. One is the overall degradation of the social milieu studded with materialism, greed and deceit. The other is the rapid advances in science& technology, enabling short cuts in making diagnosis & providing remedies.

Ethical Issues in the Art of Medicine: A Comparative Perspective

Table 1: Ethical issues in the art of medicine: A comparative table

Issue	Past (Before 2000)	Present (21st Century)	Future
• Patient Autonomy	Paternalistic model dominant: physician knows best; limited patient involvement.	Shared decision-making emphasized; patient rights movement; informed consent crucial; growing emphasis on patient preferences and values.	Predictive medicine and AI raise questions about autonomy in treatment choices based on algorithms; potential for nudging and manipulation; need for robust informed consent processes for AI-driven healthcare.
• Beneficence/non-maleficence	Focus on doing good and avoiding harm; physician's judgment paramount.	Balancing benefits and risks of new technologies; addressing disparities in access to care; focusing on evidence-based medicine and quality improvement.	Personalized medicine raises complex questions about benefit and harm at the individual level; genetic engineering and gene editing necessitate careful consideration of long-term consequences; balancing innovation with safety.
• Justice	Access to care is often limited by socioeconomic status; disparities prevalent.	Efforts to address health inequities; focus on universal health coverage; concerns about affordability and accessibility of new technologies.	AI-driven healthcare could exacerbate existing inequalities if algorithms are biased; equitable access to advanced therapies will be a major challenge; resource allocation in the face of expensive treatments.
• Confidentiality	Generally well-protected, but breaches possible due to less sophisticated technology.	Increased risk of breaches due to electronic health records and data sharing; concerns about privacy in the digital age; need for strong data protection measures.	Data privacy and security have become even more critical with increased data collection and sharing; blockchain technology and decentralized data management may offer solutions; balancing data utility with individual privacy rights.
• Physician-Patient Relationship	Traditional hierarchical relationship; trust in physician's expertise.	Relationships evolving towards partnership; emphasis on communication and empathy; challenges posed by time constraints and increasing administrative burden.	AI may augment or even replace some aspects of the physician-patient interaction; maintaining human connection and empathy in healthcare will be crucial; ethical considerations surrounding the use of AI in diagnosis and treatment.
• Research Ethics	Focus on protecting human subjects; informed consent crucial.	Increased complexity of research with new technologies; ethical considerations surrounding genetic research and data sharing; focus on transparency and data integrity.	Big data and AI-driven research raises new ethical challenges, including data ownership, algorithmic bias, and the potential for misuse of information; need for robust ethical frameworks for AI research in healthcare.

Issue	Past (Before 2000)	Present (21st Century)	Future
• End-of-Life Care	Limited options for palliative care; discussions about end-of-life are often delayed.	Growing emphasis on palliative care and hospice; advance care planning; increasing acceptance of physician-assisted suicide in some jurisdictions.	Ethical dilemmas surrounding life-extending technologies and the definition of death; questions about autonomy and dignity in the face of advanced illness; the role of AI in end-of-life decision-making.
• Professionalism	Emphasis on physician's duty and responsibility.	Maintaining professionalism in the face of increasing commercialization of healthcare; addressing conflicts of interest; promoting ethical conduct and accountability.	The increasing use of AI in healthcare may challenge traditional notions of professionalism; the need for physicians to adapt to new roles and responsibilities; ethical considerations related to the use of AI in medical education and training.

Past (last 2-3 decades of 20th century). In the past decades, physicians had limitations of scientific tools, medicines and surgical options. They depended on the art more than the science of medicine. The patient felt comfortable approaching a doctor not only for his illnesses but also for other psycho-social problems that might be troubling him. The doctor listened to him, assessed his illness and provided solace & solutions, there & then. Diagnosis was made mainly through a detailed history of his illness and a thorough physical examination. There was very little need (& availability) for investigations. Treatment was by way of limited use of medicines and plenty of non-pharmaceutical supports. Hospitalization & Surgery was avoided wherever possible. Surgery, when necessary, was more conservative than radical. The problems used to get solved and sometimes not, sometimes worsened but the patient & his family never found fault with the physician. Physician was given credit for the successes and the complications & deaths were taken as God's will. The relationship between doctors & patients was built on trust. This fiduciary relationship made both sides comfortable and helped each other. This harmonious relationship gave the physician the status of second God, both because he was the friend in need and also, because of the sympathy, empathy and compassion that the physician symbolized.

Present (first 2-3 decades of 21st century). There was a visible gross transformation in society during these decades. Rapid commercialization & the craze for materialism became the order of the day. Moral & ethical standards became dispensable and 'making' money (rather than 'earning' money) became the goal for most people, irrespective of the means used to achieve it. The whole social environment became vitiated by the virus of commercialization, materialism and corporatization in healthcare. At the same time, physicians, who came from the same society, also got infected by the same virus. Young boys & girls found the medical profession to be financially very lucrative and were prepared to pay heavy 'donations' to get out-of-the-way admissions to medical colleges. Medical colleges, not to be left behind, exploited the situation to make fortunes. These students, on becoming doctors & specialists, had no hesitation in seeking returns on their 'investments'. The art of medicine was being replaced by the art of making money and doctors found innovative ways of doing it. The second aspect of the change was related to the rapid strides in the technological advances in general and especially the breakthroughs in healthcare. Diagnostic Lab investigations, Endoscopic devises, imaging machines, minimally invasive tools had brought in a revolutionary change in the diagnostic capabilities of the physicians. But the sad part is that instead of supplementing the clinical tools of diagnosis (i.e., history taking and physical examination), we allowed the technology to 'replace' these tools. The emergence of Laparoscopic surgery, organ transplantation, IVF and several Cath-lab procedures was like a revolution in medicine. Both doctors & patients developed a craze for these fascinating advances in technology. Soon we found that indications for these procedures were relaxed and unnecessary procedures were conducted and the marketing culture dictated their market. Though fantastic procedures by themselves, yet the compromised 'art of medicine' brought in a flood of litigations and hospital violence as a by-product. Another factor is the information revolution and the emergence of the google doctors. Many patients felt that by google search they could not only diagnose their problems and select

the therapeutic options but also 'assess the credibility& correctness' of the physicians whom they would approach for treatment. They often resorted to 'shop hopping' for 'buying' their healthcare solutions. We are all familiar with the situation where a patient walks into the surgeon's chamber with an ultrasound report in hand, saying, "doctor, I have Gall Bladder stones. How will you treat me". The doctor with a glee on his face, reads the USG report & replies, "You need surgery. I will do it laparoscopically with a very small cut and will discharge you the next day". "What will it cost" the patient asks. The doctor, expecting this question, responded by declaring "the regular charges of the package are ₹50 thousand but there is a campaign going on for Diwali. During the campaign which ends after 3 days, there is a 25% discount being offered". History taking, physical examination, prudent application of mind, conveniently given a miss. The patient, after some 'second opinions' comes back, gets admitted and after a few hours the surgery is performed. It is interesting that the surgeon had failed to take any history or conduct any physical examination. He felt it was unnecessary because USG had provided the diagnosis. The patient also felt it was unnecessary because he already had the relevant information from the google doctor and he only needed to shop around for the best price. Technology has proved a friend as well as foe. It has killed the 'art' of medicine while greatly helping the 'science' of Medicine. Physicians had learnt the 'art of making money' at the expense of the 'art of medicine' and their innovative skills made them compete, with each other, to rule the healthcare 'market'.

Another aspect in this phase has been the control of hospitals by managers rather than Physicians. Managers have the focus only on footfalls, conversions and balance sheets. Managers start thinking that it is they who are running the hospitals and the doctors, who ought to be the leaders of the team, get relegated behind the managers. The bond between doctors and patients in such hospitals therefore tends to go for a toss. Unfortunately, over the years, physiciansare now considered only as 'service providers' like plumbers, electricians, repairers, dry cleaners etc. This was compounded by the negative publicity for the medical professionals, day in & day out, by the consumer activists and the dis-satisfied patients. Media & especially the social media compounded this negative publicity. It is therefore not surprising that the doctors have found themselves at the receiving end for a plethora of litigations and frequent assaults by the dis-satisfied 'clients'. In an increasingly litigious society where lawsuits against doctors are on the rise, ordering more tests to offset the fear of missing the diagnosis could be used as a shield.[10]

The Art of Medicine: A Journey Through Time

In days of old, when tools were few,
The art of healing began to brew.
With hands and heart, the doctor stood,
A blend of wisdom, care, and good.
Through touch and talk, they'd diagnose,
A gentle hand to calm the throes.
The patient's trust, a sacred bond,
In healing's art, they'd correspond.
The past was rich with human touch,
A doctor's care meant very much.
No scans or screens, just eyes and ears,
They'd soothe the soul and calm the fears.
The stethoscope, a trusted friend,
A symbol of the art's long end.
Though science grew, the heart remained,
In every cure, compassion reigned.
But time moved on, and tech took hold,
The art of medicine grew cold.
Machines and screens replaced the hand,
The human touch began to stand
As something rare, a fading light,
In a world of data, cold and bright.
The doctor's role, once warm and near,
Now felt distant, less sincere.
The present age, a double blade,
With wonders made, yet trust decayed.
The science soars, the cures advance,
But where's the art, the healing dance?
The patient's voice, once heard with care,
Now lost in clicks and sterile air.
The art of touch, the gentle word,
Too often now, goes unheard.
Yet hope remains, for time will tell,
The future's path, we can compel.
To blend the old with what's to come,
To keep the art from growing numb.
For AI may guide, and robots aid,
But human hearts must never fade.
The art of medicine, pure and true,
Must rise again, in all we do.
So let us strive, both young and old,
To keep the art in medicine's fold.
For science grows, and tech will soar,
But healing's heart must beat once more.
The past, the present, future's call,
The art of medicine must stand tall.
For in the end, it's love we need,
To heal the world, in word and deed.

Figure 1: Medicolegal Poem in rhymes on the Art of Medicine

The doctor-patient relationship has transformed from a fiduciary relationship to contractual relationship and such a transformation tends to propagate the art of making money, whatever the means, at the expense of the art of medicine. We certainly cannot generalize these observations, but the trend is obvious and clearly apparent. The Government hospitals are ill with the heavy number of patients, lesser number of doctors, deficient facilities, poor maintenance and nearly lack of accountability. The private hospitals are suffering this malaise because of the growing expenses of making & running hospitals, marketing culture to generate footfalls, conversion of OPD patients into hospitalization or diagnostic bouquet or some procedure, to convert patients into some kind of an ATM and so on. The marketing departments ensure good footfalls, and the doctors ensure higher conversion rates for hospitalization, investigations, procedures and pharma sales, as best as they can. In corporate hospitals, the remunerations of doctors are linked to such conversions and billings, with high targets. No doubt, the science of medicine has improved a great deal, the understanding & diagnosis of diseases has become easier, and their treatment has become more effective with much better results compared to some decades earlier. This certainly has benefited society. However, the biggest casualty of these positive developments has been the art of medicine and the trust between doctors & patients. The future is likely to be scarier if something concrete is not done now. The National Medical Commission, State Medical Councils, Indian Medical association and other professional bodies of doctors need to wake up and conduct some brainstorming sessions, to plan effective strategies to reverse the trend of deteriorating doctor-patient relationship

Future (next 2-3 decades & beyond). The social transformation appears to be continuing with the same speed both positive & negative factors. Medical technology, Robotics, internet, social media, artificial intelligence are all good developments in healthcare. However, such gadgets cannot replace the soft skills of physicians. They cannot provide the 'art' of medicine though they can assist the physicians in the 'science' of medicine. Moreover, if used irresponsibly & unethically, these technologies can spoil the whole healthcare eco-system. If the course correction is not done, the regulatory controls are likely to be tightened further, litigation and hospital violence might increase, and the medical profession might lose the importance that it rightly deserves. The doctor-patient relationship will move from contractual to exploitational relationship. One is not sure whether life is becoming easier or more complex. The paradigm is shifting from the beauty of relationships towards the competition of materialism. Peace of mind and a sense of contentment are being replaced by competing bank balances and material goods.

Spiritually speaking, we are living in *Kalyug*. The *Kalyug* is a hindi word, made by uniting two sanskrit words, *Kal* (means machine), and *Yug* (means the era), thus explaining the dependency of man on machines, with technological advances in current era. Everyone is using automatic machines everywhere & the doctors are getting used to it. Thus, everyone is becoming materialistic in their behaviour with others. But we have seen the golden period of 'less materialism, more humanism & compassion with good peace of mind' in the past with a transformation to a period of 'growing materialism, competitive marketing, commissions & fee splitting, with restless minds' and are now probably moving towards a scary period of 'reckless materialism, greed & tricks with exploitational minds'. This is the general degradation in the whole society, across all segments of the ecosystem but the same thing happening in healthcare is really unfortunate. There is no reason why this negativity in society will not spill over to healthcare. There is therefore no reason why healthcare should expect special treatment from the regulators or the public. A course correction is desperately needed if we don't want this malaise to affect healthcare. We will be very happy if the 'art of medicine' is resuscitated and brought back from the ICU to a healthy place in the healthcare environment, even if the rest of society goes downhill.

Flowchart: Improving Ethical Issues in the Art of Medicine

Start

↓

Identify Key Ethical Issues

- Patient autonomy violations
- Informed consent challenges
- Medical negligence concerns
- Conflicts of interest

Privacy and data security issues

↓

◈Strengthen Medical Ethics Education

- Integrate ethics training in medical curriculum
- Conduct regular workshops and case study discussions
- Promote awareness of legal frameworks (BNS, IPC, MCI Guidelines)

↓

◈Enhance Doctor-Patient Communication

- Foster transparency and trust
- Encourage shared decision-making
- Improve documentation and informed consent processes

↓

◈Implement Stronger Accountability Mechanisms

- Establish ethical review boards in hospitals
- Strengthening grievance redressal systems
- Enforce stricter penalties for malpractice

↓

◈Leverage Technology for Ethical Practice

- Use AI for unbiased diagnosis & treatment
- Ensure patient data confidentiality with secure systems
- Adopt digital consent & blockchain for medical records

↓

◈Promote a Culture of Ethical Research

- Follow guidelines for human subject research
- Ensure fair clinical trial participation
- Prevent pharmaceutical conflicts of interest.[11]

↓

◈Encourage Ethical Leadership & Policy Making

- Strengthening government regulations & ethical guidelines
- Encourage medical associations to take active roles
- Promote public awareness on medical rights

↓

✅Outcome: A More Ethical, Transparent & Safer Medical Future

Figure 2. Flowchart outlining steps to improve ethical issues in the art of medicine for a better and safer future

To encapsulate the evolution and improvement of the art of medicine across past, present, and future, we can create a conceptual equation that represents the key factors influencing its development. This equation symbolizes the interplay between ethics, technology, patient-doctor relationships, and societal changes over time.[12]

Equation for Improving the Art of Medicine

The equation for improving the art of medicine (A) is derived from the interplay of Ethics (E), Doctor-Patient Relationships (DPR), Technology (T), and Societal change (S), as discussed in the literature on medical ethics and healthcare evolution (Equation 1).

Equation 1: Equation for Improving the Art of Medicine

$$\text{Art of Medicine}(A) = \frac{\text{Ethics}(E) \times \text{Doctor Patient Relationship}(DPR)}{\text{Technology}(T)} + \text{Societal Change}(S)$$

Where:

- **A** = Art of Medicine (the outcome we aim to improve)
- **E** = Ethics (the moral principles guiding medical practice)
- **DPR** = Doctor-Patient Relationship (the trust, communication, and empathy between doctors and patients)
- **T** = Technology (the advancements in medical tools, diagnostics, and treatments)
- **S** = Societal Change (the broader cultural, economic, and social shifts affecting healthcare)

Explanation of the Equation

1. **Ethics (E):** Ethical principles such as

patient autonomy, beneficence, non-maleficence, and justice are foundational to the art of medicine. As ethics evolve, they shape how medicine is practiced and perceived.

2. **Doctor-Patient Relationship(DPR):** The trust and rapport between doctors and patients are central to the art of medicine. A strong relationship enhances patient satisfaction, adherence to treatment, and overall health outcomes.[13]
3. **Technology (T):** While technology has revolutionized medicine, it can also undermine the art of medicine if over-relied upon. The equation places technology in the denominator to signify that while it is essential, it should not overshadow the human elements of care.
4. **Societal Change (S):** Broader societal trends, such as commercialization, materialism, and cultural shifts, influence how medicine is practiced. These changes can either enhance or degrade the art of medicine, depending on their nature.

APPLICATION ACROSS PAST, PRESENT, AND FUTURE

1. Past (Before 2000):

- **E:** Paternalistic ethics dominated, with limited patient autonomy.
- **DPR:** Strong fiduciary relationships based on trust and empathy.
- **T:** Limited technology, reliance on clinical skills and physical examination.
- **S:** Less commercialization, more humanistic values. (Equation 3)

Equation 2. Art of Medicine in Past

$$A = \frac{E \times DPR}{T} + S$$

- The art of medicine was strong due to high ethical standards and strong patient-doctor relationships, despite limited technology.[14]

2. Present (21st Century):

- **E:** Shift toward shared decision-making and patient rights.
- **DPR:** Eroding trust due to commercialization and litigation.
- **T:** Rapid technological advancements, often replacing clinical skills.
- **S:** Increasing materialism and commercialization in healthcare.(Equation 3)

Equation 3. Art of Medicine in Present

$$A = \frac{E \times DPR}{T} + S$$

- The art of medicine is under threat due to over-reliance on technology and societal shifts toward materialism.[15]

3. Future (Next 2-3 Decades):

- **E:** Need for robust ethical frameworks to address AI, personalized medicine, and data privacy.
- **DPR:** Potential for AI to augment or replace human interaction, risking further erosion of trust.
- **T:** Continued advancements in AI, robotics, and genetic engineering.
- **S:** Potential for further societal degradation or course correction.

Equation 4. Art of Medicine in Future

$$A = \frac{E \times DPR}{T} + S$$

The future of the art of medicine depends on balancing technological advancements with ethical considerations and restoring patient-doctor relationships.[16]

KEY TAKEAWAY

The equation highlights that the **art of medicine** thrives when **ethics** and **Doctorpatient relationships** are prioritized,[17,18] while **technology** is used as a tool rather than a replacement for human connection.[19] **Societal changes** must be navigated carefully to ensure that the art of medicine continues to serve the best interests of patients and society as a whole.[20]

CONCLUSION

There cannot be a generalization on the deteriorating doctor-patient relationship, nor can all the onuses be put on doctors for this malaise. However, the fundamental flaw at the level of the doctors has been the complete giving away the 'art' of medicine for the 'science' of medicine though both components

could have grown together in the best interests of all the stakeholders. Doctors and their professional bodies would do well to look into the problem objectively and devise some effective measures, of course correction, before it is too late.

Conflict of Interest: Nil

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