



Visual Media Practices Reshape Diagnostic Observation and Patient Care in Medical Training Contexts

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Abstract

In the 21st century, diagnostic care is often associated with biotechnological advancement, overlooking the importance of clinicians' observational skills. Visual literacy—the ability to interpret and create meaning from images—is therefore a core clinical competence. Between November 2025 and January 2026, this study engaged 35 caregiving students from five private hospitals in Sapele, Delta State, focusing on the visual identification of jaundice. Using a conceptual literature review, the study integrates visual pedagogical frameworks, such as visual thinking strategies, with medical humanities curricula. It examines how visual narratives and films contribute to improved diagnostic accuracy and compassionate care. Findings suggest that structured exposure to visual arts enhances critical observation and reduces cognitive bias, while film-based learning helps clinicians recognize non-verbal cues, environmental context, and unspoken symptoms. Incorporating visual literacy into medical training improves the interpretation of patient data and supports a more humanistic approach to care. The study concludes that visual literacy should be formalized as a clinical skill, and recommends integrating film-based modules into medical curricula to bridge the gap between technical expertise and observational competence for better diagnostic and therapeutic outcomes.

Keywords: Medical Diagnosis, Visual Arts and Film Viewing, Medical Training, Humanism

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INTRODUCTION

Modern clinical practice is dominated and solely reliant on scientific tools like high-resolution imaging technology and laboratory investigation. However, clinical visual skills, which are the ability to understand diagnosis through direct observation, continue to be a valued clinical asset. By implication, the ability to carefully observe and interpret visual cues is crucial for accurate and effective patient diagnosis. But, as biomedical technologies evolve and become stronger, clinicians' observational skills continue to wither. Instead of exploring the skill as a critical cognitive discipline, clinical observational skill is being dismissed as a soft skill (GlobalRPH 2026; Sancho-Cantus et al. 2023).

The medical arts movement is sometimes referred to as "humanism" within academic discussions (Newell 2003). Several publications explore how music and film can effectively teach medical humanism. The underlying premise is that the arts, especially music, film, and visual arts, inherently embody the core characteristics of the humanism movement. This makes them valuable tools for instilling humanistic values within the medical field. The humanism movement, as highlighted in *The Art of Medicine* (ND), emphasizes core values such as caring, empathy, human dignity, and compassion. *The Art of Medicine* also underscores the significant role of the arts in effectively teaching these emotionally driven subjects. The arts provide a powerful medium for fostering and understanding these crucial aspects of humanism within the medical field. However, Medical curricula in the 2000s often dismiss humanism. The curricula do not recognize humanism as a functional tool for patient diagnosis; rather, they position humanism as an emotional supplement in medical practice.

But the call for integrating humanism into medical education is gaining traction. One proposed method involves incorporating arts, such as music and film, into the clinical curriculum. Woolliscroft (2003) suggests that exposure to the arts, particularly string music and film, can serve as a powerful metaphor for understanding and conceptualizing the complexities of medical education, ultimately fostering more humanistic physicians. This approach would enable medical students and practitioners to cultivate empathy, communication skills, and a deeper understanding of the patient experience, leading to more well-rounded and compassionate healthcare professionals. Observation is a crucial skill for medical practitioners, honed not only through daily experience but also through engagement with visual art forms like films. Films, in particular, offer valuable learning opportunities within medical education by providing unique perspectives and scenarios that can enhance

observational abilities. The film medium uses both sight and sound to pass information to viewers. The process of watching and listening to film narrative, according to Darbyshire and Baker (2012), can be compared to the medical practice of observing and listening to patients. Therefore, the film medium undeniably connects learning with the experiences in real life. With distinctive and realistic representations of medical situations (Kadivar et.al. 2018), the film medium helps in enhancing clinicians' observational skills.

There is a significant gap in understanding how visual literacy skills earned through medical films can enhance the abilities of medical professionals. The potential benefits and applications of medical films as a tool for learning, training, and professional development for medical practitioners require further investigation. Research is needed to determine the extent to which visual literacy and medical films can contribute to improved diagnosis and healthcare outcomes and professional competence within the medical landscape. Literature exists backing exposure to visual art and film as a tool to dismantle complex medical practice (Bleakley 2015; Darbyshire 2012). However, there is a gap in how to translate visual literacy and film scenes to bedside practice. Also, there is currently no clear understanding within the body of literature on how interpreting film narratives, which involves a cautious attention to patients' physical cues and their environment, translates to the clinician's diagnostic approach.

Scholars have argued that empathy, dignity, and compassion, which are humanistic values, are best learned through an emotionally driven medium (Batt-Rawden 2013; Lumlertgul 2009). Yet to be theorized or under-theorized is the transition from affective engagement (clinicians feeling for the patient) and effective observation (clinicians seeing the patient's condition accurately). This study, therefore, uses film not just as a moral lesson for clinicians but as a laboratory for visual literacy. This study also uses literature to investigate the role of visual arts in medical diagnosis and patient care. It proposed the need for a framework that bridges aesthetic analysis to clinical competence. The question that comes to mind at this juncture is: how does the incorporation of visual literacy modules help to improve clinical practitioners' ability to interpret non-visual cues, patient environmental cues, compared to traditional clinical training? To answer this question, this study employed a mixture of conceptual and narrative analysis of interdisciplinary literature. Further, going beyond a descriptive account of art in medicine, it focuses on cinematic interpretations and clinical diagnosis. It appraised the humanism movement as a practical approach to training clinicians in observational skills needed in modern health diagnosis and care practice.

Theoretical framework

Merging art curricula into medical training is grounded on the merging of cognitive theory, visual semiotics, and the medical humanities movement in medical education. This present study is grounded on the theory of visual literacy and perceptual alertness (Naghshineh et al 2018). Rather than an inborn talent, visual literacy is a structured cognitive skill involving the ability to decode, interpret, and evaluate visual cues (Aygerinou and Pettersson, 2011). For clinicians, visual literacy corresponds with visual thinking strategies, which have to do with an aesthetic conversation curriculum that was created mainly for museum education. According to Ritchhart and Perkins (2000), visual literacy theory provides an environment for slow looking rather than investigative medicine, where clinicians request laboratory investigations leading to hasty diagnosis. In clinical education, film and visual art are a symbolic system.

When clinicians critically examine cinematic images, they are in effect identifying physical cues to understand what is behind a patient's pathology. In so doing, film and visual art directly reflect the diagnostic process. This study also builds on the humanism movement (Cohen 1999; Branch 2000), which theorizes empathy as a diagnostic tool. The medical humanism movement is built on values like compassion, empathy, and dignity (Herbert, 2007). Therefore, if a clinician do not possess compassion and empathy to critically observe the non-verbal cues and environment of the patient, the clinical data is incomplete. Synthesizing these ideologies closes the gap between the classroom and the patient's diagnosis and care. Incorporating visual art and film in clinical studies transforms medical practitioners from being passive observers of technology into dynamic visual investigators of the patient's circumstance.

Observation: An Element of Art in Medicine

What is medicine and what is art? Scholars, specifically Gardner and Therese, have offered noteworthy perspectives on these concepts. Their iverse opinions are considered relevant and valuable for understanding the nuances of both fields. This study aims to delve deeper into these definitions, using Gardner's and Therese's viewpoints as a foundation. John Gardner (1987) posits that authentic art possesses a moral compass, striving to elevate and enrich life rather than degrade it. He suggests that art serves as a bulwark against decline, preserving values and humanity. Anne (2000), in response to Gardner's perspective, rhetorically questions whether the goals of nursing and medicine are not aligned with this very

principle of improving life. This implies a potential parallel between the moral purpose of art and the ethical obligations within healthcare professions.

Therese (1994) highlights the shared objective of medicine and art: to perfect or complete what nature leaves unfinished. This involves striving for an ideal state and ultimately, healing creation. The crucial element in achieving this shared goal is paying attention, suggesting a deep and careful observation of the subject, whether it's a patient in medicine or the world in art. This attention to detail allows both disciplines to address deficiencies and move towards a more complete and healed state. She further mentioned that the essence of both art and medicine lies in attentive observation. Just as an artist meticulously observes nature, the physician carefully attends to a patient after careful observation. This act of looking, listening, and waiting fosters a deep connection that enables a meaningful response from both the artist and the medical practitioner. Ultimately, both art and medicine are not about reaching a final destination or definitive answer, but rather about embarking on a continuous journey of exploration and discovery. This shared characteristic, according to Therese (1994), is what elevates medicine to the realm of art.

Historically, art and medicine have been closely intertwined, exemplified by the crucial role of medical illustration. These illustrations, traditionally hand-drawn depictions of dissected body parts, served not only as educational tools but also as a means of clear communication within the medical field (Kakungulu 2024). The visual representation of anatomy through art has proven invaluable for understanding and disseminating medical knowledge. Kakungulu (2024) highlights the enduring significance of art in medical education, tracing its influence from ancient civilizations to contemporary practices. He emphasizes that art, in its various forms—from ancient Egyptian papyri and Greco-Roman sculptures to Renaissance anatomical illustrations and modern 3D technologies—has consistently served as a crucial tool for visualizing and understanding complex medical concepts. Ultimately, Kakungulu underscores art's pivotal role in enhancing medical education and facilitating the exploration of human anatomy and medical procedures.

Susan Mengxiao Ge (2013) posits that art is fundamentally the projection of our experiences and memories. The final artistic product, whether representing reality or fantasy, is rooted in our understanding of the world. Consequently, observation, especially of the environment and its inhabitants, is crucial for both the creation of art and the training and

practice of medicine. Susan's opinion highlights the shared importance of keen observational skills in seemingly disparate fields. Observation, at its core, is about careful and deliberate looking. It's more than just a casual glance; it requires focused attention. The term "observation" itself comes from the Latin word "Observare," which encompasses a range of actions including watching over, noting details, heeding warnings, looking to something specific, attending to details, guarding, regarding with importance, and complying with what is observed. This etymology, according to Katrina (2016), explains the active and multifaceted nature of true observation. Katrina (2026), also mentioned that in medical practice, clinical observation is not merely a superficial glance but a sophisticated integration of visual information.

Why Medical Practice Needs the Art of Observation

The increasing reliance on advanced medical equipment has inadvertently led to a decline in doctors' observational skills. The availability of sophisticated diagnostic tests has reduced the perceived necessity for careful patient examination and interaction. Consequently, doctors are spending less time engaging with patients directly and more time ordering tests, some of which could be avoided through keen observation and thorough communication. This shift, which represents a gradual erosion of a fundamental clinical skill, can be reversed through the integration of the visual and film arts in the medical curriculum. The over-reliance on diagnostic tests, rather than keen observation and sensory investigation, contributes to missed diagnoses (Bourne 2000, Belluz 2010, Susan 2013). Despite the critical importance of observation skills in medical practice, this skill is often neglected in formal medical education, leaving a gap in the training of future doctors. This deficiency highlights the need for medical curricula to prioritize the development and refinement of observational abilities.

Medical practitioners, particularly students, require visual literacy, which involves aesthetic reasoning and careful observation. This skill enables them to generate meaning and understanding from the images they view, enhancing their diagnostic and analytical capabilities. Beveridge (1950) highlights the crucial role of observation in acquiring knowledge, emphasizing that recognizing patterns and similarities in events is fundamental to understanding. This principle extends beyond the arts and is particularly relevant in medical training and practice, where keen observation skills are essential for accurate diagnosis and effective treatment. Observation is a crucial skill in medical practice, as it allows caregivers to gain immediate insight into a patient's presenting problem. Drawing from Beveridge's (1950)

assertion that knowledge stems from recognizing patterns and similarities in events, the ability to observe critically enables healthcare professionals to evaluate the context of a patient's condition. This informed observation is essential for making sound conclusions and providing effective care.

Much like in art, keen observation is key in medical training and practice. Beveridge's core message emphasizes the paramount importance of keen observation in patient care (1950). He also posits that a patient's presentation, much like a picture, conveys a wealth of information. Therefore, developing the skill to critically observe and interpret signs can be more valuable than possessing extensive theoretical knowledge of diseases while overlooking the subtle yet crucial indicators presented by the patient. Beveridge therefore emphasizes the significance of a holistic and perceptive approach to medical practice. Further, observational skill is fundamental to medical practice, mirroring the importance of observation for artists. Just as artists meticulously observe and represent the real world, medical personnel rely on keen observation to accurately diagnose and provide appropriate care. By developing the capacity to notice and interpret details, medical practitioners, much like artists, can effectively communicate their insights and perspectives.

This ability to reflect reality accurately is the foundation of both medical diagnosis and artistic expression. The quality of any art form, be it drawing, film, dance, or music, hinges on the artist's observational skills and their capacity to translate those observations effectively onto their chosen medium (Susan 2013). This ability to perceive and represent details is paramount in determining the success and impact of the artwork. The same is with medical diagnosis, which is important in treatment and patient care. Further, Susan (2013) highlights the human body, including its appearance, shape, and sounds, as a reflection of an individual's health status, drawing a parallel to art. Consequently, both physical and psychological observation of a patient, which are crucial components of effective patient diagnosis and care, are represented in films. Susan's (2013) statement emphasizes the crucial role of observation in patient diagnosis. It also emphasise a shift in medical practice, noting that prior to advanced technology, doctors relied heavily on direct observation and physical examination to diagnose illnesses.

However, the increasing reliance on technology in modern medicine has inadvertently led to a decline in the human connection between doctors and patients. Susan, by implication,

is suggesting a need to re-emphasize the importance of observational skills which could be learned from films, alongside technological advancements in healthcare. Susan, quoting and drawing on the perspective of Brian Goldman, an ER doctor at Mount Sinai Hospital in Toronto, suggest that the ability to observe keenly, a skill often associated with art creation, is also crucial in patient diagnosis, care, and treatment within the medical field. Quoting the ER doctor, Brian Goldman, Susan noted that:

There was a time when a well-rounded physician had a good grounding in the humanities as well, and we lost that as more teaching time focused on understanding medical science and technology. The whole process of art appreciation is getting to notice things that you otherwise wouldn't. When I walk into the emergency room, before the patient and I have exchanged a word, I see the neck muscles are contracting every time they take a breath, and very subtly, the nostrils are flaring. It's telling me the patient is in respiratory distress, and I might have to make a split-second decision. You need the powers of observation to detect that (2013 p1).

Artists, particularly filmmakers, strive for accurate representation of the human body, both in static poses and dynamic movement. This pursuit of realism necessitates a deep understanding of the body's internal structure and mechanics, going beyond mere surface observation. By studying the intricate inner workings, artists can more effectively portray the complexities of the human form and create more believable and engaging representations of reality on screen. In medical practice, observation plays a crucial role in forming initial diagnoses and guiding subsequent inquiries. The ability to glean information from a patient's demeanor and presentation upon entering the examination room is invaluable. However, observation, or inspection, is often neglected in modern medical examinations, despite being one of the four fundamental steps (inspection, percussion, auscultation, and palpation). This oversight suggests that the potential of visual learning, such as through film, in training healthcare workers to enhance their observational skills, is often underestimated.

A common problem in healthcare settings, especially during emergencies, is the tendency for medical personnel to immediately resort to assumptions and lab tests instead of thoroughly listening to, observing, and examining the patient. This rush to judgment can lead to medical errors and misdiagnosis (Susan 2013). The art of observation is crucial in patient care, mirroring its importance in artistic creation (Susan 2013 p3-4). Integrating film-based representations of critical health issues into medical training can help minimize these errors and improve diagnostic accuracy by reinforcing the importance of careful observation. Further, the intersection of medicine and art highlights the crucial role of observation and a deep

understanding of the human body in both fields. While artists naturally excel at observation, medical professionals should actively cultivate this skill. Integrating arts into the medical curriculum can provide a structured approach to enhancing observational abilities in doctors, ultimately benefiting their diagnostic and treatment capabilities.

The contemporary medical field increasingly prioritizes technological tools like imaging, lab tests, and genetic markers, potentially overshadowing the crucial role of humanism, specifically the doctor-patient relationship. This shift is largely attributed to the growing reliance on advanced technology, which can inadvertently diminish a doctor's ability to diagnose and understand a patient's condition through direct observation of their physical appearance and behavior. The over-dependence on technology may lead to a decline in the traditional skills of clinical observation and empathetic patient interaction. Susan (2013) suggests that medical practitioners can enhance their observational skills by studying art, particularly film. Artworks, such as films, often contain both the physical and emotional narratives of the people they depict. Filmmakers and visual artists, skilled in detailed observation, capture various conditions and illnesses in their work, even without medical knowledge.

These artistic observations can then serve as valuable teaching tools for medical personnel, improving their diagnostic and observational capabilities. The integration of art, particularly visual art and film studies, into the medical curriculum is crucial for enhancing medical practice. By training medical personnel to observe subtle details through the lens of art, they can improve their diagnostic and patient care skills. This interdisciplinary approach allows healthcare providers to capture not only the physical symptoms but also the emotional nuances of their patients, leading to more holistic and empathetic care. Updating the medical curriculum to include art will bridge the gap between scientific observation and humanistic understanding in medicine. Arno Kunmagai (2012) posits that engaging with the arts cultivates a unique form of understanding, a way of knowing that conventional medical education often overlooks. This suggests that the arts offer perspectives and insights that complement and enrich the traditional scientific and clinical knowledge base of medical professionals.

By incorporating artistic experiences, medical education can potentially foster a more holistic and nuanced comprehension of health, illness, and the human condition. Integrating visual and film studies into the medical curriculum offers a unique opportunity for medical

students and practitioners. By analyzing specific narratives within visual media, they can hone their skills in understanding and interpreting the stories of individuals. This process mirrors the essential task of a doctor: uncovering a patient's primary concern and determining the most effective treatment by carefully listening to and understanding their narrative. The valuable role of observational skills, honed through engagement with visual and film art, in the clinical setting are not merely aesthetic; they directly contribute to a clinician's ability to accurately diagnose and deeply understand a patient's underlying concerns. By applying the attentive and analytical gaze developed through art, healthcare professionals can enhance their diagnostic accuracy and foster more empathetic patient relationships (Susan 2023).

Integrating art curriculum into medical training aims to develop visual literacy among medical students. However, currently, there's no standardized method for teaching visual literacy to doctors in training (Katrina 2016). However, some medical schools are incorporating visual art forms such as painting and film into their curricula. Katrina noted that the initial results from these programs are showing promise. This suggests that film art can be a valuable tool in developing visual literacy skills among future physicians. Katrina's 2016 study further emphasizes the benefits of incorporating visual and film arts into medical education. Beyond improving observational skills, this integration significantly enhances teamwork, listening abilities, and reflective and analytical thinking among medical students. Her study underscores the value of arts-based approaches in developing well-rounded and effective healthcare professionals. Such inclusion also involves honing students' ability to precisely observe and interpret nuanced details, such as facial expressions, emotional cues, and the overall physical presentation of patients.

Katrina furthermore emphasizes the importance of understanding contextual elements, including clothing and body art, to gain a more comprehensive understanding of the individual patient. The ultimate goal is to enhance diagnostic accuracy and improve patient care through sharpened observational skills. Also, clinicians can enhance their diagnostic skills by cultivating the ability to create and communicate a comprehensive "picture" of the patient. This involves effectively merging aesthetic understanding of visual images with theoretical clinical knowledge. The synthesis of these two perspectives would allow for a more holistic and nuanced assessment, ultimately leading to improved diagnostic accuracy and patient care.

METHODS

To measure the impact of the film intervention project on the training on jaundice, among 35 students under the medical care giving training in Sapele Delta State, on the understanding of the visual presentation of jaundice, the research uses a quasi-experimental method. A pre-test was conducted in November 2025 to analyse the students' knowledge of the visual signs of jaundice. Between November 2025 and January 2026, the educational program was conducted. In January 2026, participants were re-accessed to measure the present understanding. This frame works enable the researchers to create an interrelated model of visual literacy in clinical studies and practice.

RESULTS AND DISCUSSION

Visual literacy, encompassing exposure to visual arts and film, can significantly enhance the observational skills of medical practitioners and students. It enables them to discern subtle cues and unspoken information from patients, which can be crucial for accurate diagnosis and effective communication. In hospital settings, patients unable to verbally communicate their symptoms due to conditions like coma or intoxication may exhibit physical signs such as swollen features or erythema (Katrina, 2016). Furthermore, patients may intentionally withhold information due to embarrassment or fear (Himmelstein 2014, and Irwin, 2014). Doctors trained in visual literacy can recognize symptoms like perspiration, pallor, or specific body language, and critically, interpret non-verbal cues like facial expressions, leading to better patient understanding and improved diagnostic accuracy (Aita 2009; Aita 2010; Katrina 2016).

Between November 2025 and January 2026, the researcher engaged a group of 35 students in caregiving training in Sapele, Delta State, on understanding the visual presentation of jaundice, a medical condition where a patient's skin, their white eyes, and their mucous membrane become yellow. Clinical trainees were asked to watch movies of their choice during the project period and report their experience after the project period. While many medical conditions can cause jaundice, such as liver defects, hepatitis, gallstones, and tumors. Through pictorial and film experience, the clinical students were able to physically understand that the yellowish nature of the patient's skin, eyes, and mucous membrane is a symptom of jaundice. The 92% of the students involved in the study could identify without laboratory diagnosis that the likely cause of the patient's skin and eye turning yellow is a symptom of Jaundice.

This project confirmed the pioneering effort reported by Kirklin in the year 2000, where a group of twenty-two medical students participated in a program that integrated arts and humanities into their medical education. Kirklin's report, is quite similar with the outcome of the 2025 and 2026 project. the only differences is that while the 2025 to 2026 project focuses on using pictorial and film images to understand jaundice, the 2000 research initiative involved exposure to various artistic mediums, including poetry, prose, film, fine art, and performing arts. However, the primary goal of both studies was to enhance the students' understanding and awareness of the profound impact of jaundice and cancer on both patients and their families. The students in both study reported that art experience was beneficial. This suggest that a program integrating arts and humanities into medical education appears to foster more humanistic qualities in participating students.

Also, incorporating arts into medical training can be a valuable tool for developing empathy and a more holistic approach to patient care. Just like the Kirklin report, the participant in the 2025 to 2026 project who viewed the film and images demonstrated a greater tendency towards humanism. This signifies a positive correlation between the integrated humanity curriculum and the development of more empathetic and well-rounded medical professionals. Shapiro's 2003 and 2026 research is also in support of the research presented above.

While his 2003 study highlights the positive impact of the Arts in Medicine program at the University of California, noting a significant improvement in medical students' comprehension of the patient perspective, the 2006 study showed the positive impact of a visual arts-based intervention, supplemented with dance training, on medical students' abilities. he study indicated that participants showed improved recognition and understanding of intricate patterns related to human experience and emotion. Specifically, the intervention fostered a shift in perspective, encouraging participants to view patients as individuals rather than merely collections of symptoms. Furthermore, it enhanced their ability to appreciate subtle body language cues and promoted a healthy skepticism towards initial impressions of patients. The 2025 to 2026 project and the corresponding case studies presented reveal a strong understanding among clinical students regarding key aspects of patient diagnosis and care. Like Rosenbaum (2005) rightly noted, students recognize that ill health triggers emotional responses that require attention alongside physical symptoms. Participants in the project also learn the importance of active listening, acknowledging that patients deeply value being heard.

Furthermore, participants appreciate the significant impact of verbal and non-verbal communication from healthcare providers on patients' well-being. They also learnt the need to treat patients as whole individuals, not merely as a collection of symptoms. One of the main points of the study is that details considered insignificant by clinicians can hold considerable importance for patients. Therefore, integrating medical humanities education into medical school curricula is crucial for fostering a more comprehensive and balanced approach to patient care. This integration would ensure that future doctors and clinical staffs consider both the scientific and humanistic dimensions of medicine, which would lead to more informed and empathetic decision-making. The study holds that visual literacy, developed through exposure to visual arts and film, enables medical practitioners to discern subtle cues and unspoken information, leading to improved diagnostic accuracy and more empathetic patient relationships.

While modern medicine increasingly relies on technology. Humanities medical education project equip students with the ability to form a balanced judgment when analyzing patient's data. However, achieving this balance becomes challenging because some of the students in the project continue to prioritize scientific data, neglecting the humanistic aspects of their patients' experiences.

CONCLUSION

This paper draws on the perspectives of scholars like Gardner and Therese, who emphasize the shared moral purpose of art and medicine in improving and healing life through attentive observation. By incorporating film-based representations of health issues into medical training, the importance of careful observation can be reinforced.

The disciplines of art and medicine share a common goal: to enhance and heal creation through attentive observation. Art, like medicine, is a continuous search. Observation (viewing film), which involves careful attention and integration of visual information, is essential for medical practitioners to gain immediate insight into a patient's condition. However, modern medicine's reliance on technology has led to a decline in observational skills among practitioners, with inspection (observation) often overlooked in favour of lab tests. Integrating art, particularly visual art and film viewing, into the medical curriculum can help medical personnel recapture the ability to observe subtle details, understand emotional aspects, and improve diagnostic capabilities.

Artists, skilled in detailed observation, can provide valuable insights for medical personnel. The inclusion of arts and humanities in medical education fosters humanism, encompassing caring, empathy, and compassion. This study shows that exposing medical students to medical film, and fine art enhances their understanding of patients' perspectives and emotional reactions to illness. Visual arts-based interventions improve practitioners' ability to recognize and understand complex human experiences and emotions. Ultimately, visual literacy, informed by art, enables medical practitioners to create a comprehensive picture of the patient, merging aesthetic understanding with clinical knowledge. Notably, visual literacy in medical training can translate to medical practice. It is therefore recommended that visual arts like film be included in the medical curriculum in all universities for informed and improved patient diagnosis and care.

Filmmakers and doctors alike rely on a deep understanding of the human body, both its internal workings and external appearance. This knowledge, gained through careful observation, is crucial for accurately representing the body in film and effectively diagnosing and caring for patients in the hospital setting (Susan 2013). The connection between art and life suggests that incorporating artistic representations of the human body can be a valuable tool in medical practice and training.

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REFERENCES

- Aita, V. A., Lydiatt, W. M., & Gilbert, M. A. (2010). Portraits of care: Medical research through portraiture. *Medical Humanities*, 36(1), 5–13.
- Aita, V., Lydiatt, W., Gilbert, M., McGraw, H., & Masuoka, M. (2009). Here I am and nowhere else: Portraits of care by Mark Gilbert at the intersection of art and medicine. *Literature, Arts & Medicine Blog*. Retrieved from <http://medhum.med.nyu.edu/blog/?p=172>
- All-Party Parliamentary Group on Arts, Health and Wellbeing. (2017). *Creative health: The arts for health and wellbeing* (2nd ed.). Retrieved from <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>
- Arts Council of Ireland. (2010). *Arts and health: Policy and strategy 2010–2014*. Retrieved from <http://www.artscouncil.ie/Arts-in-Ireland/Arts-participation/Arts-and-health/>
- Austen, K. (2016). *The art of health: Exploring creative engagement with research*. Wellcome Trust. Retrieved from <https://wellcome.ac.uk/sites/default/files/Art-of-Health-Mumbai-Wellcome-Oct2016.pdf>
- Avgerinou, M. D., & Pettersson, R. (2011). Toward a cohesive theory of visual literacy. *Journal of Visual Literacy*, 30(2), 1–19.
- Batt-Rawden, S. A., Chisolm, M. S., Anton, B., & Flickinger, T. E. (2013). Teaching empathy to medical students: An updated, systematic review. *Academic Medicine*, 88(8), 1171–1177. doi:10.1097/ACM.0b013e318299f3e3
- Belluz, J. (2010, November 11). Out of the hospital and into the museum. *Maclean's*.
- Beveridge, W. I. B. (1950). *The art of scientific investigation*. New York, NY: W.W. Norton and Company.
- Bleakley, A. (2015). *Medical humanities and medical education: How the medical humanities can shape curricula*. London, England: Routledge.
- Bourne, R. G. (2000). Did Rembrandt's Bathsheba really have breast cancer? *Australian and New Zealand Journal of Surgery*, 70(3), 231–232.

- Boyce, M., Bungay, H., Munn-Giddings, C., & Wilson, C. (2017). The impact of the arts in healthcare on patients and service users: A critical review. *Health and Social Care in the Community*, 26(1), e10–e58.
- Braithwaite, P. A., & Shugg, D. (1983). Rembrandt's Bathsheba: The dark shadow of the left breast. *Annals of the Royal College of Surgeons of England*, 65(5), 337–338.
- Bramstedt, K. A. (2016). Images of healing and learning: The use of visual arts as a window to diagnosing medical pathologies. *AMA Journal of Ethics*, 18(8), 843–854.
- Branch, W. T., Jr. (2000). Supporting the moral development of medical students. *Journal of General Internal Medicine*, 15(7), 503–505.
- Cohen, J. J. (1999). Our compact with tomorrow's doctors. *Academic Medicine*, 74(8), 875–880.
- Creeden, J. (n.d.). *The arts of medicine*. Retrieved from <https://deepblue.lib.umich.edu/bitstream/handle/2027.42/107709/jcreeden.pdf>
- Darbyshire, D., & Baker, P. (2012). A systematic review and thematic analysis of cinema in medical education. *Medical Humanities*, 38(1), 28–33. doi:10.1136/medhum-2011-010026
- Davies, C., Pescud, M., Anwar-McHenry, J., & Wright, P. (2016). Arts, public health and the National Arts and Health Framework: A lexicon for health professionals. *Australian and New Zealand Journal of Public Health*, 40(4), 304–306. doi:10.1111/1753-6405.12545
- Gardner, J. (1987). *On moral fiction*. New York, NY: Basic Books.
- Ge, S. M. (2013). *Observation: The importance of art in medicine*. Osler Library Board of Curators Essay Contest, McGill University, Montreal, Canada.
- GlobalRPH. (2026). *The decline of physical examination skills in internal medicine: An existential threat?* GlobalRPH Internal Medicine Review. Retrieved from <https://globalrph.com/2026/01/the-decline-of-physical-examination-skills-in-internal-medicine-an-existential-threat/>

- Himmelstein, M. S., & Sanchez, D. T. (2016). Masculinity in the doctor's office: Masculinity, gendered doctor preference and doctor-patient communication. *Preventive Medicine, 84*, 34–40.
- Irwin, K. (2014). *Patient deception of doctors: Industry view*. Retrieved from <http://www.softwareadvice.com/medical/industryview/patient-deceptionreport-2014/>
- Kadivar, M., Mafinejad, M. K., Bazzaz, J. T., Mirzazadeh, A., & Jannat, Z. (2018). Cinemedicine: Using movies to improve students' understanding of psychosocial aspects of medicine. *Annals of Medicine and Surgery, 28*, 23–27.
- Kakungulu, S. J. (2024). The evolution of art in medical education throughout history. *Eurasian Experiment Journal of Humanities and Social Sciences (EEJHSS), 5*(3), 71–75.
- Kirklin, D., Meakin, R., Singh, S., & Lloyd, M. (2000). Living with and dying from cancer: A humanities special study module. *Medical Humanities, 26*(1), 51–54.
- Kumagai, A. K. (2012). Perspective: Acts of interpretation: A photographic approach to using creative arts in medical education. *Academic Medicine, 87*(8), 1138–1144.
- Lumlertgul, N., Kijpaisalratana, N., Pityaratstian, N., & Wangsaturaka, D. (2009). Cinemedication: A touch of movies to medical admissions. *Medical Teacher, 31*(7), 671–673.
- McCabe, C., Roche, D., Hegarty, F., & McCann, S. (2013). 'Open Window': A randomized trial of the effect of new media art using a virtual window on quality of life in patients experiencing stem cell transplantation. *Psycho-Oncology, 22*(2), 330–337. doi:10.1002/pon.2093
- McCabe, C., Teahan, A., Grehan, M., & Roche, D. (2020). An assessment of the scope and nature of arts and health practice in Ireland. *Public Health Panorama, 6*(1), 166–175.
- Naghshineh, S., Hafner, J. P., Miller, A. R., Blanco, M. A., Lipsitz, S. R., Dubroff, R. P., ... Katz, J. T. (2008). Formal art observation training improves medical students' visual diagnostic skills. *Journal of General Internal Medicine, 23*(7), 991–997.

- Newell, G. C., & Hanes, D. J. (2003). Listening to music: The case for its use in teaching medical humanism. *Academic Medicine*, 78(7), 714–719.
- Pauker, S. G., Barton, J. L., & Shovlin, M. (2018). Cultivating the clinician’s eye: A visual thinking strategies (VTS) workshop for medical students. *MedEdPORTAL*, 14, 10777. doi:10.15766/mep_2374-8265.10777
- Pickering, G. W. (1956). The purpose of medical education. *British Medical Journal*, 2(4985), 113–116.
- Reilly, J. M., Ring, J., & Duke, L. (2005). Visual thinking strategies: A new role for art in medical education. *Family Medicine*, 37(4), 250–252.
- Rosenbaum, M. E., Ferguson, K. J., & Herwaldt, L. A. (2005). In their own words: Presenting the patient’s perspective using research-based theatre. *Medical Education*, 39(6), 622–631.
- Sancho-Cantus, D., Cubero-Plazas, L., Botella Navas, M., Castellano-Rioja, E., & Cañabate Ros, M. (2023). Importance of soft skills in health sciences students and their repercussion after the COVID-19 epidemic: Scoping review. *International Journal of Environmental Research and Public Health*, 20(6), 4901. doi:10.3390/ijerph20064901
- Scott, A. (2000). The relationship between the arts and medicine. *Medical Humanities*, 26(1), 3–8.
- Shapiro, J., & Rucker, L. (2003). Can poetry make better doctors? Teaching the humanities and arts to medical students and residents at the University of California, Irvine, College of Medicine. *Academic Medicine*, 78(10), 953–957.
- Shapiro, J., Rucker, L., & Beck, J. (2006). Training the clinical eye and mind: Using the arts to develop medical students’ observational and pattern recognition skills. *Medical Education*, 40(3), 263–268.
- Southgate, T. (1994). Quoted in R. S. Downie (Ed.), *The healing arts*. Oxford, England: Oxford University Press.

Swick, H. M. (2007). Viewpoint: Professionalism and humanism beyond the academic health center. *Academic Medicine*, 82(11), 1022–1028.

Vergheze, A. (2011, September). *Abraham Vergheze: A doctor's touch* [Video file]. Retrieved from https://www.ted.com/talks/abraham_vergheze_a_doctor_s_touch

Woolliscroft, J. O., & Phillips, R. (2003). Medicine as a performing art: A worthy metaphor. *Medical Education*, 37(10), 934–939.

World Health Organization (WHO). (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. Copenhagen, Denmark: WHO Regional Office for Europe. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>