

Why I use drawing and creative processes during the GP consultation

TRANSLATING COMPLEXITY INTO IMAGERY

Our lectures in medical school use lots of images, cartoons, animations, and demonstration models, and we are already used to a little drawing — pointing to the anatomical posters in our rooms, the ‘clock test’ for inattention post-stroke, and the interlocking pentagons during dementia screening. The lung fields often marked with crosses or musical notes communicate findings between physicians.

I use metaphor and drawing in consultations to improve understanding, compliance, and rapport — especially with patients with dementia and learning disability. This is a natural vehicle for me because I went to art school and have been trained in translating complex ideas into imagery. I’ve often found myself drawing a uterus and, in showing the spiral arteries as a live drawing and not a static image, the drawing follows the conversation — it’s more accessible somehow. The colour of the pen I use, the lines, the marks, can communicate a complex medical concept in a straightforward manner. Of course, none of this is new — there is a long tradition of art in medicine, but often these are oils, as framed pieces from outside the consulting room, looking in; encapsulating the teaching of students by an eminent doctor or the plight of the afflicted.

I often draw ENT problems, heart failure, diabetes, initiating anticoagulation and bladder prostate, or gynaecological structures or disease processes. I’m currently collecting the drawings I make. Interestingly, some of the sketches stop ‘mid-drawing’ as there is no need to continue. The image has served its purpose: to fill a small gap of knowledge or to reinforce a health education point.

The use of material can have an impact: using a red felt marker to draw blood has a different feeling from using a soft

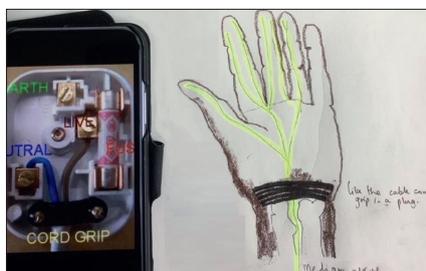


Image by author.



Patient drawing published with patient's consent.

pastel. Here the visual language is different, and sometimes this can be tailored to communicate the desired health message more effectively. Size and scale are often helpful, using a visual cue or scaling the drawing with explanation. The patient can contribute: passing the pen to the patient to mark where they feel something, or to show how pain feels, can be very revealing.

I’ve used drawing when compliance with diabetic medication was poor. Some of the medical explanations I used with other patients just didn’t seem to be absorbed. Checking understanding revealed little if any knowledge of very basic pharmacology, and the flow chart didn’t help much either. I changed my approach and used an analogy: drawing a cartoon of chemical messaging as a text message to the pancreas. This

worked. Through discussion of terminology familiar to my patient and using funny imagery that made them laugh, this time the information ‘chunk and check’ was successful. A sulphonylurea had been understood in its mechanism, and the patient’s HbA1c was improved at the next check.

JEWELS OF CONVEYANCE

Some of my patients draw something for me to describe their experience and bring it along or email it. This can be invaluable to the diagnosis or the GP checking understanding, logging and diarising or explaining. These drawings show, for example, the feeling of pain in end-stage OA and a headache from a person who has cluster and migrainous headache (above).

But ‘I can’t draw’ is something that echoes when I talk about this. Yes, it’s a skill and I think we should be teaching it more in medical schools, but a masterpiece is not required. It’s possible to hone skills and it’s worth it because they can be jewels of conveyance, sometimes reaching levels of understanding and description beyond the use of words.

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