The funny world of medical clowns

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The Hope Doctors, Director: Diya Banerjee, Producer and Commissioning Editor: Rajiv Mehrotra, Duration: 52-minute documentary, Language: English/Hindi

Many emotions are encountered in a hospital; distress, apprehension and fear, juxtaposed against relief, gratitude and happiness. Both sets are manifested in different people or in the same individual at different points of time. So interlinked are these two sets of emotions, and so frequent their occurrence, that doctors may sometimes become immune to the patient's emotional state while focusing on the physical aspect. Taking medical histories, recommending investigations and treatment procedures, conducting medical examinations have all become mechanical, sometimes "detached", procedures. They can also be a source of stress for a medical student who is trying to recall the "right" things to be done. However, the importance of a happy, cooperative patient cannot be over emphasised, both for the doctor to arrive at the right diagnosis as well as to aid in the process of healing itself. Studies have shown that anxiety, anger and such emotions tend to increase the perception of pain; something that the medical encounter aims to alleviate. It is, therefore, critical to address the patient's negative emotions and prevent their physical manifestations (1).

An important role in caring for emotional health can be played by the "clown doctor". As part of a team of doctors, paramedics and health service providers, the clown doctor can effectively assist in the diagnosis, treatment and care of patients, particularly in the paediatric age group. Medical clowning can be most relevant during a medical examination, as therapy for post-traumatic stress disorder (PTSD), before anaesthesia (2) and even as a palliative measure for terminally ill children.

The documentary "The Hope Doctors" directed by Diya Banerjee won public accolades at the film festival Open Frame '15, held from September 18 to 22, 2015, hosted by the Public Service Broadcasting Trust of India (http://www.psbt.org/), (https://www.youtube.com/watch?v=qt4Dq9FLtJM). The film

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brings to the fore the role of laughter and jest in a hospital that replaces, as if by magic, the pain and tears of young patients with light heartedness and smiles. The flamboyantly dressed medical clown lightens the stark, sterile environment of the examination room or the subdued atmosphere of the paediatric ward, putting the child at ease. Of all the possible results of medical clowning the most noticeable and positive outcome is laughter. Apart from signalling a shift in mood, no matter how transient, laughter has been associated with the production of endorphins that raise the pain threshold, as well as the development of trust and the doctor-patient rapport (3). The beauty of medical clowning lies in its "speechlessness", thereby reaching a greater population without being limited by language. Communication between the clown and the patient becomes an exchange of facial expressions and amusing acts with peals of laughter.

In the video, the clowning is done by a theatre artist taking performance off the stage and into the children's ward of a hospital. Not only is it rewarding to the patients and the caregivers but as he says "you get an applause when somebody lying on the bed smiles ... smiles through their eyes... and this is equivalent to millions of applause you can get in a theatre". This medical clown can be part of the team especially in a paediatric department or a palliative care setup. However, apart from the specialist medical clown, medical training for doctors could also include some classes in theatre and humour and clowning which could build the repertoire of a potential clown doctor. What better way to include the humanities in medicine! An interesting and valuable offshoot of this intervention in the formation of the doctor either at the undergraduate or postgraduate level would be the inculcation of humility, the ability to laugh at yourself and possibility give up the paternalistic and hierarchical approach of the doctor.

Other areas where medical clowning has benefit is in allaying the child's fears before a forensic examination in cases of child abuse. This may prevent possible re-traumatisation (4).

Despite its long list of possible positives, medical clowning could face possible negative results in patients with coulrophobia, the fear of clowns. The elaborate getup and exaggerated features could incite fear and other negative emotions in this set of individuals. Adults may also not be very susceptible to clown antics and there could be cultural issues of acceptance. However, medical clowning, now in its infancy, has the potential to become an integral part of patient care. Its benefits as a therapy, however, still require more comprehensive scientific data. It should therefore be subjected

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to more research, probably interdisciplinary, ranging from basic neuroscience to behavioural science, using mixed quantitative and qualitative methods.

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Disarming honesty and one life well lived

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VN Shrikhande, *Reflections of a surgeon*. 2nd edition, Popular Prakashan, 2015, ISBN 9788179918395, Paperback, 288 pp, Rs 350.

Dr Samiran Nundy's foreword to the book sums up its contents accurately. Let me quote just one paragraph from it to give you the flavour of this autobiography:"...I started reading the book on a Friday and by Sunday I had finished it and was absolutely enthralled. The opening page sets the tone of this book which is full of optimism and gratitude of what life has given to the author – work when young, guidance and protection from mistakes during operations, a disdain for money and 'good health to enjoy the evening of his life'. His prayers have been answered."

Dr Shrikhande being asked to operate on President Shankar Dayal Sharma in 1994, though of interest and described in fair detail in chapter 1, is merely evidence of his reputed expertise as a surgeon. He has performed far more complex operations with equal success. The operation on President Sharma is noteworthy because several surgeons had expressed the opinion that the risks were too high and, indeed, "that the operation is not possible". President Sharma's systemic illnesses disallowed the use of general anaesthesia and surgeons in Delhi and from abroad had ruled out surgery under local anaesthesia. Dr Shrikhande's confidence in his ability to succeed was based on his experience of over 35 years. Even so, "the night before (the operation) was not without its jitters." I shall not rob you of the experience of reading about the operation in Dr Shrikhande's own words. Additional details on how he acquired his skill in surgery under local anaesthesia are to be found on pages 64–5.

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Dr Shrikhande's honesty is disarming. He holds nothing back. He puts his arm around the reader's shoulders and chats amiably, as to a friend, throughout the book. He voices his frustrations as he was teased from childhood about his stammer and how this handicap continued to plague him till he gained the respect of his peers and seniors as a consultant in India and abroad. Seared into his memory is the cruelty of a surgeon in Grant Medical College who berated him thus: "You cannot utter a few sentences smoothly. How can you be a doctor?... Do not waste your father's money." It amused him that, years later, the same surgeon took his permission to watch him operate on a pancreatic tumour, watched the five-hourlong surgery and showered him with praise! The scars from ragging and unthinking comments on his stammer are on display in chapter 10.

His accounts of interactions with patients and their families are to be found throughout the book but are focused on in chapters 12 and 18, the latter dealing with individuals of renown who also inspired him. Budding surgeons will find chapters 14 ("Stress in a surgery") and 15 ("Skill and the surgeon") especially useful.

He continues to consider himself the boy from a small town who remains surprised at his renown in the metropolis he has made his home and, indeed, throughout the country. His tribute to his mother precedes that to his father, though the latter served as his role model. The lessons in honesty learnt from his father and the anecdote on Chanakya (p 51) have been incorporated into his own work and life. Small wonder that his medical practice has constantly exemplified the principles of ethics.

His strong desire to learn, assimilate and teach has led him down several paths. While people remain his principal source of interest, he uses books, travels and the modern miracles provided by the internet to great advantage. Early on in this book, we learn that the judge's bungalow in Karwar allotted to his father during his posting there had earlier been occupied by Rabindranath Tagore's brother and by Dennis Kincaid. The