

# Addressing Ethical Dilemmas in Artistic Expression in Healthcare

Asiimwe Kyomugisha T.

Faculty of Business, Kampala International University, Uganda

## ABSTRACT

Artistic expression within healthcare settings offers a range of therapeutic benefits for patients, families, and healthcare professionals alike. However, integrating art into healthcare environments is fraught with ethical dilemmas that challenge healthcare providers, administrators, and artists to balance patient autonomy, beneficence, and non-maleficence. This paper examines the multifaceted ethical considerations of artistic expression in healthcare, including the emotional vulnerability of patients, informed consent, and the potential impacts on marginalized groups. Through case studies in psychiatric, hospice, and pediatric settings, this analysis reveals both the benefits and challenges of healthcare art projects. Recommendations for ethical guidelines and best practices are provided to facilitate responsible artistic interventions, emphasizing patient-centered, multidisciplinary approaches. Ultimately, this exploration encourages ongoing research and collaboration across healthcare and artistic fields to further address ethical challenges, enhance patient care, and foster an empathetic healthcare environment.

**Keywords:** Ethical dilemmas, Artistic expression, Healthcare settings, Patient autonomy, Beneficence.

## INTRODUCTION

Artistic expression in a healthcare environment is recognized as an important factor in enhancing the care provided to patients and their families and loved ones. Providing artistic expression can contribute to personal growth for the patient as well as provide emotional support for them. Art in healthcare settings may lead to fewer doctor visits and an improved and pleasant outlook in the workplace and life. The administrator is encouraged to promote the use of artistic expression in a healthcare environment if they can do so for the right reasons, and the impact on financial taxes is away from their mind. Artistic expression can occur in several variations. The most popular and well-known typically involve the visual arts. Other forms may include music, drama, and creative writing. The use of "Art" throughout this document may refer to art in a healthcare environment and not specifically to any components of the visual arts unless indicated. Some of these forms overlap and suggest similar support. They are separated here as individual sections because of the nature of artwork in the healthcare environment. In conducting a review on the use of art in healthcare, the level of impact for the patient population compared to the employees and participants is usually highly discussed, and both patients and staff are generally assessed separately. When providing artistic support to patients, it is important to conduct a review to examine how the art has acted on each sector of the support group: patient or employee. This allows the administrator to see how the art has been acting on both parties and recognize whether or not offering artwork to the group of employees is beneficial at the given time or for the group of patients [1, 2].

### Ethical Considerations in Healthcare Art

Artistic practices, such as the provision and design of arts programs, have become increasingly common in healthcare settings, but a range of ethical dilemmas is associated with the use of art in healthcare. For example, applying healthcare practitioners' ethical duties to art produces ethical dilemmas. Principlism, a common method of identifying ethical conflicts, operates with four ethical principles: beneficence, non-maleficence, autonomy, and justice. The application of each of these principles to healthcare art is fraught with difficulties, especially regarding autonomy, patient consent, and vulnerability. For patients, there is advice about the potential adverse effects of involvement with the arts. A general concern is the impact of art on patient emotions, as it is thought to be heightened in the context of vulnerability. Ethical

guidelines for arts projects in psychiatric hospitals assume that these works of art have the potential to harm patients [3, 4]. Additionally, issues related to external representation in healthcare art are likely to require ethical guidance, as highlighted by the aforementioned guidelines. The paucity of arts in healthcare literature that addresses such ethical concerns is a major issue. Moreover, an interest in who is included in art has been demonstrated, for example, with respect to arts funding and programming. This literature mentions similar considerations about access to different types of art, but given the very different setting of healthcare art programs, it is not clear if these studies are directly relevant. Another set of related concerns has been explored in areas such as disability studies, highlighting the potential for art to create harmful narratives for marginalized groups and reinforce the oppression of these groups. This domain contains discussions not just about the patients themselves but also the attitudes of art practitioners who are not directly involved in patient care [5, 6]. There is little discussion about these issues within the healthcare art literature. Differences between collectives should also attract ethical facility attention. There is a significant and increasing focus on patient-centered healthcare and healthcare approaches that attend to the complexities of individuals' lives. However, the reception of aims, activities, tools, and people in healthcare interventions is influenced by contexts of operation [7, 8].

### **Case Studies and Analysis**

Case Study 1: Art in a Psychiatric Hospital; Case Study 2: Art in a Hospice Setting; Case Study 3: Art in a children's hospital ward. The case studies present the complexity of patient and professional experience. Both positive and negative expressions of the experience of engaging within an artistic program are presented. Positive patient outcomes focused on four main, sometimes overlapping themes: patient satisfaction, enjoyment and engagement, distraction and emotional recovery; making children smile; creating content; and art as an aid for patient-staff relationships. The two negative responses were situated within the art space but were also seen as explicable in terms of each other: the inappropriateness of emotion in a children's ward and disassembling the myth of the artist. For the healthcare professionals, the four themes focused on their experiences in the relationship with their patients: being drawn into it, containing it, enhancing staff-patient and staff-staff relationships, and the practical consequences of patients' involvement in art. In this overview, we do not focus on any in-depth art analysis or the philosophy of art in healthcare. Moreover, we do not attempt to provide new proposals or critiques of intelligence or processes of patient referral, commissioning, ethics, and funding that led to these projects taking place. We leave these analyses to others; we draw together retold practitioners' narratives about the care of the patients and the professional life that these art projects produced for and with them. For the professionals whose voices are presented here, broader contexts of healthcare art and education processes assisted in producing and perhaps even creating the patients' and art projects presented. What is of both intrigue and consternation, the joy in creativity, and the complex reality of these clinical environments and relationships are rarely presented. Wait for a weekly brief emotional response editorial in a national journal for professionals in an increasing number of countries to present this! There are two different and good reasons to take this approach [9, 10].

### **Best Practices and Guidelines**

To our knowledge, the following best practices and guidelines are not published elsewhere, either in the US or internationally. These have been developed by an American team in a healthcare setting as recommendations for best practices, which may potentially prevent and address ethical dilemmas in using artistic expression [11, 12]. Artistic expression can be facilitated while respecting patient autonomy and dignity by using the following strategies: Facilitation of art activities in collaboration between artists and healthcare professionals to promote a therapeutic approach, and between healthcare professionals and artists to ensure the feasibility of the approach and any adaptations necessary to meet the patient's needs. Facilitation of art activities in an intensive collaborative process to ensure that the patient has given their informed consent is the focus of the artistic intervention. This involves multiple discussions between all those involved and tangible outcomes informed by those conversations. Regular meetings between artists and healthcare professionals to ensure that communication about the patient is open and ongoing. Regular meetings between artists, healthcare professionals, and patients to check in and maintain open lines of communication. Development of systems to evaluate the patient's developmental, psychological, and human issues and incorporate this information into the intervention. Development of an evaluation tool to determine the degree of patient understanding and patient, family, and staff approval of the project. The artistic practice must be specially designed by the artist to serve the unique needs of the patient in a complicated, multidimensional setting and must be judged to be necessary for the care of that patient by a multidisciplinary team of healthcare professionals [13, 14]. Artists must be well-trained in an ethical framework and professional boundaries. Artists must be trained in consensual artistic touch. Artists must understand and value that the patient always has the right to refuse to participate in any

part of an artistic intervention. Artists must be willing to only facilitate novel directions in patient care when the patient and a full care team of healthcare professionals have judged that it is necessary. Informed consent requires the patients have been given a realistic picture of the benefits and burdens of the artistic intervention as they apply to the patient. This decision is fully integrated into the patient's overall plan of care. Patient assent is also an important part of the decision and will be considered when the patient is not able to provide informed consent [15, 16].

#### Future Directions

As with art practice, the practice of ethical consideration in healthcare will continue to evolve. We are now more aware of the extent of experiences of harm in healthcare. Embracing the ethics of care approach to projects in the healthcare sector, inquiring into and applying art as integration with healthcare, would shed extra light on the processes involved. Research at an intervention project level would also enable a detailed investigation of the strategies and methods with which we can achieve the transformation of experiences. Further investigations into the potential effects of art on patient-centered healthcare on a larger scale would expand the knowledge in the fields of integrated practices within healthcare. This might entail further relationships built among artists, health managers, policy advisors, and healthcare consumers to explore art's place and social action within complex environmental settings. Finally, as more and more diverse multidisciplinary teams work in healthcare settings, further research might be undertaken into the potential role of technology, including digital installations, and virtual and augmented reality technologies in promoting new health and well-being outcomes in the future [17]. In the future, further collaborations and innovations could allow the healthcare industry to tackle specific ethical dilemmas, as the arts might be able to offer not only a platform for thought but also the tools to solve the problems at hand. Ultimately, it would be a commitment to working with integrity, ethically, and in the spirit of innovation that would ultimately, in conjunction with making a qualitative difference, define the art projects of healthcare as successful ones or not. In our fast-paced, information-overloaded world, with healthcare being progressively depicted in black and white in the media and public forums, the role of the arts could yet prove to be the catalyst for realigning with the 'gray' aspect: for seeing the patient as a person, or the health worker as someone with doubts, worries, and stress. This is the place where art has always been: a space of dialogue, empathy, healing, and deep social connection. With some active care, it may be once again [18, 19].

#### CONCLUSION

Artistic expression in healthcare settings offers profound potential for emotional healing, enhanced patient experience, and strengthened patient-provider relationships. However, ethical concerns such as patient vulnerability, autonomy, and the unintended reinforcement of marginalization must be carefully navigated. Implementing structured ethical guidelines, encouraging patient-informed consent, and maintaining a collaborative approach among healthcare providers and artists are essential for responsibly incorporating art into healthcare. Future research into technological advancements in artistic healthcare interventions and their ethical implications will further enrich this field. By fostering ethically sound art programs, healthcare institutions can better serve patients, families, and healthcare workers, aligning art's healing power with healthcare's mission of compassionate, patient-centered care.

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