Toward an aesthetics of diagnosis

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I. Setting the context: values in psychiatric diagnosis

A. In my 2005 book, I described the kinds of values involved in psychiatric diagnostic categories, and the values involved in building the DSMs.

B. I defined values as attitudes or dispositions to act which were action-guiding and subject to praise or blame.

C. The values associated with psychiatric diagnosis could be lumped into five kinds: (next slide)
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<table>
<thead>
<tr>
<th>Dimension</th>
<th>Domain</th>
<th>Sample value terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>aesthetic values</td>
<td>form and beauty</td>
<td>beautiful, elegant, magisterial</td>
</tr>
<tr>
<td>epistemic values</td>
<td>knowledge claims</td>
<td>lucid, coherence, precision, simplicity</td>
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<tr>
<td>ethical values</td>
<td>‘the good’, morality, virtue</td>
<td>autonomy, discretion, sordid, courage</td>
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<tr>
<td>ontological values</td>
<td>human nature; being; existence</td>
<td>reification, reductionism, dread</td>
</tr>
<tr>
<td>pragmatic values</td>
<td>utility; usefulness</td>
<td>efficient, powerful, awkward</td>
</tr>
</tbody>
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II. Diagnostic concepts and diagnostic practice
   A. Two meanings of ‘diagnosis’:
      1. Diagnosis as the name for a clinical condition (e.g., schizophrenia, congestive heart failure)
      2. Diagnosis as a process involved in appraising a clinical situation in a holistic way (e.g. what is going on with a patient - disease state, psychosocial context, wishes/desires, practical factors).
   B. Discussion of aesthetics here focusing on diagnosis-as-process
   C. In clinical education, we often discuss what makes for a ‘good’ clinician, or more specifically, a ‘good’ diagnostician.
   D. We use value terms, or words, to describe good diagnosticians: e.g. “insightful”, “efficient”, “sensitive”.
   E. These values can be ethical (as in ‘sensitive’) or pragmatic (as in ‘efficient’).
   F. However, I want to show that good diagnosticians can also do beautiful work – I want to show that aesthetic values are involved in our judgments of good diagnosticians, in addition to these other values.
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III. Aesthetic values in diagnostic practice

A. What makes an excellent, or elegant, diagnostician?


2. I will, however, present the **evaluative implications of** these features of diagnostic practice, as contributing to how we praise good diagnosticians, and relatedly, clinicians.

3. Collectively, these aesthetic values related to diagnostic practice contribute to ‘elegant’ diagnostic practice – *elegant* here meaning **beautiful or pleasing in form**.

4. I will describe six aesthetic values, constituting elegant practice as a prescriptive sentence (“Diagnosis should do x”) followed by a single term of reference (next slide)
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III. Aesthetic values in diagnostic practice

B. Six aesthetic features of elegant diagnostic practice

1. Diagnosis as a simple characterization (Simplicity)
2. Diagnosis as an ongoing reinterpretation of the clinical situation (Revisionary)
3. Diagnosis as marrying clinical understanding and moral purpose (Integrative)
4. Diagnosis should assimilative differing viewpoints (Assimilative)
5. Diagnosis as adroit (Adroitness)
6. Diagnosis as faithful (Faithfulness)

C. Will discuss each of these in turn:
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III. Aesthetic values in diagnostic practice
   D. Six aesthetic features of elegant diagnostic practice - described
      1. Diagnosis should provide a simple characterization (Simplicity)
         a. Clinicians are faced with characterizing very complex phenomena.
         b. Nevertheless, the clinical situation must be reduced to be practicable: clinical practice requires a ‘reduction’ of the phenomena into simpler ones.
         c. Two diagnostic vices should be avoided: oversimplifying (a simplistic diagnosis – ‘reductionism’) and overinclusion (leading to ‘information overload’ and diagnostic indecisiveness).
         d. How can this be done?
         e. A key is considering simplicity as one diagnostic aesthetic in interaction with other diagnostic aesthetic values – the other aesthetic values, when respected, avoid reductionism as well as informational paralysis.
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III. Aesthetic values in diagnostic practice

D. Six aesthetic features of elegant diagnostic practice - described

2. Diagnosis should provide an ongoing re-interpretation of the clinical situation (Revisionary)
   a. In clinical hermeneutics, the ‘round’ emphasizes that our understanding of patients is provisional, and that partial understanding informs holistic understanding, and vice versa.
   b. The hermeneutic ‘spiral’ (above) emphasizes that (diagnostic) understanding should progress over time, as new aspects of the clinical phenomenon are elicited.
   c. The aesthetic prescription, or value here, marks the clinician’s labor and facility in revising, re-interpreting, or re-invisioning her understanding of the clinical phenomenon/situation.
   d. What makes the diagnostic revisionary ‘elegant’ is its interaction with the other five aesthetic values – leading back to simplicity, and as will be discussed, adroitness and faithfulness to be described shortly.

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III. Aesthetic values in diagnostic practice
   D. Six aesthetic features of elegant diagnostic practice - described

3. Diagnosis as marrying clinical understanding and moral purpose into therapeutic action
   (Integrative)
   a. Diagnosis has both a moral aim (helping/healing/caring curing*) channeled through clinical knowledge towards a practical aim – therapy.
   b. The diagnostic aesthetics of simplicity, on one hand, and re-interpretation, on the other, can create barriers to therapeutic action through indecision.
   c. The aesthetic value of ‘integration’ then provides a pragmatic virtue, a phronesis, for testing that a reformulation or simplification in fact advances therapeutic action.
   d. As a simple example, while one interpretation of a patient’s clinical problem may frame the ordeal as simple political disenfranchisement, this formulation is of limited practical value for therapeutic action, in that a clinician lacks power to reverse such disenfranchisement in an acute clinical setting. However, the clinician may be able to reduce the patient’s anxiety in contending with such disenfranchisement. So the latter diagnosis may more elegantly integrate simplicity and re-interpretation into therapeutic action.
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III. Aesthetic values in diagnostic practice

D. Six aesthetic features of elegant diagnostic practice - described

4. Diagnosis should assimilate differing viewpoints, that is, be (Assimilative).
   a. Originally I described this aesthetic as ‘respect’ – the diagnostician is respectful of the patient – but over time I found that this didn’t capture the aesthetic form of diagnostic practice I wanted.
   b. Rather, the formal elegance of this aspect of diagnostic practice has to do with assimilating what the patient presents, offers, or requests. So diagnostic assimilating has more to do with just respect.
   c. Like the integrative aesthetic, assimilative diagnosis pulls together and refines not just the clinician’s thinking, but the patient’s as well.
   d. A straightforward example has to do with the function of empathy. Empathy is not just understanding the patient’s emotional standpoint, but entering into the patient’s worldview, and reinterpreting, simplifying, and integrating that different worldview into that of the clinician’s. The beauty of this work is how elegantly the clinician puts together these viewpoints – incorporating efficiency, resonance with the patient’s and the clinician’s standpoints, and the clarity of the diagnostic language that is synthesized between patient and clinician.
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III. Aesthetic values in diagnostic practice

D. Six aesthetic features of elegant diagnostic practice - described

5. Diagnostic practice should be adroit.

a. Adroit: a complex aesthetic value term, which in a thesaurus brings up related concepts: handy, deft, nimble, cunning, clever.

b. Those of us as psychiatric educators learn about diagnostic adroitness by seeing a lack of it, the maladroit student.

c. The maladroit diagnostician labors over DSM/ICD diagnostic criteria, runs over the patient’s burgeoning narrative, misses clinical cues, jumps to conclusions, indulges the irrelevant.

d. The maladroit diagnostician lacks finesse - diplomacy and discretion.

e. The adroit diagnostician embodies the other diagnostic aesthetics with deftness and diplomacy, often leaving the student unsure about what the clinician did that worked so well.

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III. Aesthetic values in diagnostic practice
   D. Six aesthetic features of elegant diagnostic practice - described
      6. Diagnostic practice should be faithful.
         a. Faithfulness in diagnostic practice is still another regulatory aesthetic value.
         b. Faithfulness has multiple facets: faithful to ‘the data’, faithful to the moral charge of clinical care, faithful to patient needs, faithfulness of application of the other diagnostic aesthetics.
         c. Faithfulness also carries a particular kind of attachment or emotional relationship to the patient; the diagnostician is not simply labeling a strange Other, or observing the patient as a specimen, but engaging or encountering the life of the patient in the manner described by existential psychotherapists.
         d. In a 2015 OUP Blog entry, I described the transformation of our psychiatry residents in their perceptions of patients over their year in the clinic:
            a. But something else happens during these late spring to summer months. Their perception of the patients themselves transform. Instead of a case they see a multidimensional human being, imbued with dignity, noble in the glory of their diversity. A few of the residents become aware of the transformation of their own perceptions, and often express a sense of the privilege they have in engaging with people's lives in such an intimate way.
            e. This transformation into faithfulness is indeed a beautiful thing to see as an educator.

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IV. Summary and Conclusions

A. Six aesthetic features of *elegant* diagnostic practice - described
   1. Diagnosis should be simple
   2. Diagnosis should be revisionary
   3. Diagnosis should be integrative
   4. Diagnosis should be assimilative
   5. Diagnosis should be adroit
   6. Diagnosis should be faithful

B. I have suggested that these six aesthetic values are at work when we praise a clinician’s diagnostic practice as ‘elegant’ - graceful, refined, dignified, carefully wrought.

C. Through an awareness of diagnostic aesthetics, we have a vocabulary to teach clinicians not just how other clinicians practice beautifully, but also how we might cultivate elegant practice in our own work.

D. Thanks for your attention.