



VIEWS AND REVIEWS

The vanishing art of doing

Practical skills are becoming marginalised

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In recent years I've noticed a change in some of the medical students I work with. They seem far less comfortable with "doing." Many of them struggle with apparently simple tasks, like cutting out a paper shape with scissors or tying a reef knot. This makes me uneasy. Doing is an essential element of clinical practice. It is how we gather information, carry out procedures, and communicate with our patients. Although medicine depends on scientific knowledge, it is through doing that such knowledge is applied and clinicians convey care. Yet doing is becoming unfashionable, eclipsed by an undue focus on factual knowledge.

So how do we learn this "doing?" Like learning to speak a language, the skills of doing come naturally to children when they are very young. From early infancy we explore the material world through immersion. This starts at home—learning to tie shoelaces, making models, being in the kitchen. At primary school, until recently, children were exposed to many other materials, as well as learning handwriting and other basic skills. This sensory stimulation continued at secondary school, with opportunities for drawing, painting, design technology, woodworking, cooking, music, dance, drama, and much else.

It had been reasonable to assume that young people had had a wide exposure to such skills by the time they reached university. But now the UK state school curriculum is eliminating opportunities for creative doing, framing them as dispensable distractions from "core" subjects like maths, science, and English. Even in science, many school students no longer gain laboratory experience. Rather than carrying out experiments themselves, they are assessed on their ability to analyse and interpret results. Practicals have little kudos, and students arriving at universities may have had minimal experience in how to work together in a science laboratory. Practical skills are becoming marginalised.

Learning skills as an adult is different from soaking them up as a child. The effortless absorption of spoken language by small children is different from learning a new language in our twenties or beyond. Something similar happens with the lexicons of doing and of touch. If medical students have missed out in childhood and adolescence, they have a lot of ground to make up. Of course this doesn't mean they won't eventually become skilled and confident clinicians—but it may take them longer. Neither they nor their teachers can rely on that knowledge of

their own dexterity and the limits of their own bodies. For medicine is not an applied science, but a practice based on human interaction and an engagement between people. It is a combination of craft and performance. Medicine relies on doing things with people and to people. Not only invasive procedures and surgical operations—everyday clinical encounters are based on physical connection and on becoming comfortable with touching and doing.

Advances in imaging technology have altered the status of doing. Scans provide undreamt of detail without the need for clinical examination, and physical contact no longer seems necessary for accurate diagnosis. Yet this is to overlook the communicative role of physicality, the care we convey through expert touch, or the indifference that is shown by its absence. If we are to communicate effectively as clinicians, we need to be comfortable with doing.

These concerns are not peculiar to medicine, but are part of a broader social sweep, where opportunities for tactile and sensory input are becoming reduced. The dominance of screens is sometimes cited as a cause. I disagree. There is nothing wrong with screens provided that other kinds of activity also get their due. Mine is not an anti-technology argument. Quite the reverse. New technology brings new opportunities for doing. Robot assisted surgery and interventional radiology, for example, require specialised skills of hand and body which we need to learn and teach. We will always need dexterity, precision, and the ability to use our bodies under pressure for the benefit of other people. What we must not lose is the awareness of how important these skills are.

Medicine and science are sometimes framed as art free zones, where factual knowledge is unrelated to craftsmanship and expert doing. I argue the contrary, that medicine is expressed and experienced through doing, and that requires comfort and ease with our own bodies and those of the patients we treat. We must attend to the performance and materiality of medicine as much as its scientific knowledge. For this we must become fluent in the languages of doing and making, expert in the vocabularies of touch. If we do not, we and our patients will be the losers.

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