



Tear-Stained Sepia

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The medical textbook is old, but the small picture of the naked little boy being steadied by an anonymous hand against a giant measurement tape, indicating his poor growth, is timeless. For years, I have scanned these books, my eye drawn to medical anomalies in awe. The images have helped me recall specific diseases and remind me mentally to examine for certain features of clinical syndromes. But today I am shocked because for the first time, I have noticed the child is crying. This time, I do not see the disease but the boy. The textbook is dated, yet he is preserved, in all his vulnerability aged 3 or 4. Perhaps there is a series of pictures of his development, stored somewhere in an old paper chart. Did he cry each time, or did he get used to having his picture taken? How old is that boy now? Is he married? Does he have children—what if one of them decided to study medicine and came across this picture of their father, what feelings would that evoke? I wonder, as a mother myself, how his mother must have felt seeing a picture taken of her little child, his disease on display. Is it her hand that steadies his head, or did she sit by? Did she have the chance to console him afterward?

Since Aristotle,¹ images have been used in medical education. From drawings to wood-block cuttings and more recently digital photography

and YouTube, medicine has embraced the visual. Our use of images serves many purposes. Early in our training, we use drawings (even coloring books!) to help us recall the anatomy of the body. Slides demonstrating the histology and pathology of disease are counterpointed aiding our understanding of disease process. As we advance, pictures of clinical signs and diseased body parts are standard aids to learning. Medical innovations and wider access to medical care render some of the images “historical,” residual reminders of the horrors of the past.

Recent advances in technology have broadened the use of clinical photography. From serial images of illness retained in the individual’s chart, we increasingly use photographs to aid our diagnosis and management, as exemplified in the growth of telemedicine, and the use of photographs in visual specialties, eg, dermatology, ophthalmology, and emergency medicine. The near ubiquitous use of mobile phones means that the opportunity to take clinical photographs has increased. Have camera—will click!² However, with such opportunity comes obligation. A number of guidelines have been published across a range of disciplines outlining issues of consent.^{3,4} My question, stimulated by my notice, at last, of the crying child, is do we really need the image, and could we be possibly doing any harm?

“Medical photography is not a neutral act,”⁵ rather it is intricately linked with the doctor-patient relationship and issues of power. When images show naked patients, it is questionable as to what extent this consistently adds to the clinical information presented. The faces are generally neutral but sometimes in obvious distress. These images contribute to a hidden curriculum, whereby students are taught to be desensitized to patients’ emotion and their need for dignity. Our textbooks of childhood disease rarely show children laughing or playing, yet such images could capture clinical features and add some humanity and perhaps hope to parents who might seek information on their child’s illness.⁶

Issues of consent tend to be couched as a contract between individuals, between the physician and the patient, yet the consequences of consent extend beyond that relationship to a wider contract between society and our profession. When the little boy was photographed, and (I hope) his mother gave consent for the picture to be used for teaching purposes, the Internet did not exist. Could she have ever imagined that his photograph, 30 years later,

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could be “Googled” and freely accessed across the world? Is it right for us to use older images now freely available on the Internet, or do we unconsciously continue to violate the patient’s rights—especially when the patient was a child and unable to give consent in the first place?

As I stare at the cover of my old textbook, the faces of an older era stare back at me. The people have given generously of their suffering, and I have learned from them. I think of my own little boy and how upset I would be if a picture of him, naked and crying, were to circulate freely for all to see. I cannot really imagine that I would allow

such an image to be taken. As a doctor, I have a privileged position, reinforced every day by the smiling faces of my patients. I have an obligation to be a custodian of that trust. So as we look to the future and debate the ethics of digital photography, I wonder about our obligation to the patients of the past.

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References

1. McFall K. A notable anniversary in the history of medical illustration. *J Vis Commun Med* 1997;20:5-10.
2. Burns K, Belton S. Clinicians and their cameras: policy, ethics, and practice in an Australian tertiary hospital. *Aust Health Rev* 2013;37:437-41.
3. Lakdawala N, Fontanella D, Grant-Kels JM. Ethical considerations in dermatologic photography. *Clin Dermatol* 2012;30:486-91.
4. Hill K. Consent, confidentiality and record keeping for the recording and usage of medical images. *J Vis Commun Med* 2006;29:76-9.
5. Creighton S, Alderson J, Brown S, Minto C. Medical photography: ethics, consent and the intersex patient. *BJU International* 2002;89:67-71.
6. Sutton EJ, Rosapep L, Ball K, et al. Through the viewfinder: positive exposure a year later. *Am J Med Genet C Semin Med Genet* 2006 Nov 15;142C(4):260-8.