

**Kathryn Ko, M.D**

## **History of the Present Illness: Brush and Blade**





## **Bio**

Dr. Kathryn Ko completed training in Neurosurgery at Mt Sinai Medical Center in New York City. During residency she also launched her complementary career in art by creating medical holograms using the pulsed ruby laser. Ko continues this decades long dedication to medicine and art with her hospital paintings. She regards these paintings as a necessary continuation of her surgical practice. With the operating theater as her studio, her treatment of the subject begins with the scalpel and concludes with the brush. Ko, a self-taught ambidexter, is an unyielding advocate for the integration of art and science in a single mind. Dr. Ko completed the MFA program Cum Laude from the Academy of Art University, in 2012.

## **Introduction**

I have come to art with the left brain objectivity of a clinical scientist and have been inspired with right brain insight through painting. I approach art the way I handle my medical duties utilizing both observation and intuition interchangeably. I am searching for that creative inflection point where right and left, art and science cross, hoping to make this space a place inhabitable for the practice of both. I believe that to study one deeply, is to elevate the understanding of the other.

In surgery I analyze the body using x ray vision, looking through the skin to mentally visualize the internal organs. As an artist, my eyes focus on the surface landmarks to construct the exterior that will contain the form. The different approaches result in the generation of three dimensional images and contribute equally to the operation or final painting. My medical paintings thus utilize these two viewpoints to reinforce the biographical narrative and history of the present illness. Each encounter starts in the clinic and is concluded in the studio, resulting in a visceral collaboration between the brush and the blade. The spirit of the subject that I may have overlooked might yet be dissected and revealed through paint. This affords an additional bloodless but no less painful opportunity to facilitate an intervention and amend an outcome on the canvas.

When it is time to leave medicine, I will go knowing that the incision separating the two disciplines will be sealed by a tender commissure between the right and left hemispheres. The exploration will continue.

## **Journey**

History of the present illness is a window into the patient's disease in their own words. This important interview aspect in medicine assists the physician in understanding the nature of the patients' complaints and symptoms. Using her medical training, the physician translates these

symptoms into a diagnosis. In my painting series I have taken this aspect of the patient doctor interaction and transcribed the verbal narrative into visual images. In this sense, the paintings continue my treatment of the patient.

One of the most important abilities a physician can have is critical observational skills, similar to a painter. A neurosurgeon is trained to see grey scale value in radiological images. In reading a scan one must develop the ability to detect subtle shifts in value to make a diagnosis and begin treatment. The ability to tell grey from white matter in a CT scan is very slight and the ability to decipher the difference in the operating field is even harder and like an artist, takes years to develop. Understanding the value scale is fundamental in both painting and art. Hence there are more similarities between art and medicine than there are differences.

These paintings have made my medical practice more interesting than it was before I became an artist. Art advances medicine and medicine makes art meaningful.

