

## Clown doctoring: more than just clowning around

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*A ward round of a different kind: doctors in white coats but with scooters and hooters instead of stethoscopes and ball-point pens. The Humour Foundation's clown doctors visit children in hospital, bringing joy and laughter. But it's more than just clowning around: humour has been shown to reduce pain, postoperative complication rates and time to discharge.*

**A**nasogastric tube welded to his small face, the boy is too ill to move. A male nurse wheels him ever so carefully down a carpeted hospital corridor. The boy's parents follow closely behind.

Two figures approach, dressed in long, white, badge-adorned coats, floppy hats and baggy, multicoloured pants. They speak to the boy by name. They've met him before.

'Shall we play him a song?', asks one clown of the other.

'What a good idea', the other agrees.

The strains of *You are my sunshine* issue from kazoo and a miniature, semiautomatic violin. The boy's eyes stare at – or is it through? – the clowns.

Dr Fruit-Loop turns to Dr Bubba-Louey once more. 'Shall we sing it to him?' 'Well, why not', comes the reply. Booming voices ring out in unison:

*You are my sunshine, my only sunshine . . .*

The boy smiles.

*You make me happy when skies are grey . . .*

The boy still smiles his gentle smile.

*You'll never know dear, how much I love you . . .*

The smiling boy stretches a small, pale hand towards the clowns.

*So please don't take my sunshine away.*

The boy's father nods to the laughing clowns, says 'Thank you, sirs', and then adds, 'You've done well'. His son has smiled, his son has moved.



It's a 'moment'. The instant when the clown doctors, using music, magic, or some other form of mayhem, connect with patient, staff and parents. Joy and laughter are the undisputed results of such a connection – and the undisputed aims of The Humour Foundation's clown doctors.

### The Humour Foundation

The Humour Foundation is an Australian nonprofit organisation set up in 1997 by long time friends Dr Peter Spitzer, a Bowral GP ('the doctor who wanted to be a performer') and Jean-Paul Bell, a trained mime artist and clown ('the performer who wanted to be a doctor').

The pair, inspired and influenced by other clown doctors around the world, including Patch Adams and the Big Apple Clown Care Circus Unit in New York, set out to provide clown doctors to children's hospitals in Australia – at no cost to the hospitals. They are succeeding.

With financial support coming from several corporate and private sponsors – it costs \$25,000 to keep two clown doctors on the wards for one day a week for a year – there are now 15 clown doctors working in four hospitals across

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three States, and the team continues to expand. Although Dr Spitzer is the only 'real' doctor – the others are a bunch of clowns – all the clown doctors are doing more than simply clowning around.

### Reasons for being

'We address the well part of the child in hospital', Dr Spitzer says as he transforms from holistic GP to the loud Dr Fruit-Loop for his regular fortnightly round at The New Children's Hospital in Westmead, Sydney. 'There are enough people dealing with the ill part – which, of course, is an important thing to do. After all, it's why these kids are here. What we do is use play, humour and laughter as a way of shifting focus away from fears and anxieties.'

'The challenge for us, as clown doctors, is the intellectual processing involved in working out how to approach and connect with each child.'

'The joy is the emotional linking with the child and parents and staff in a different way [from the usual doctor-patient or performer-audience relationship].'

'But we really do this [clown doctoring] to empower the

child – we respect their space and give them choices.'

Dr Spitzer pulls on a shirt dotted with tropical fruit. A tiny diamond earring twinkles in one ear. He tells a story about a boy, anxious about an imminent major operation. Clown doctors accompanied the boy from the wards to the theatre. By the time they had reached the anaesthetic bay, the boy had three props to take in with him: a red nose to put on when the first nurse arrived, a smiley stick to hold up when the anaesthetist appeared, and five cents to bribe the surgeon to do an outstanding job.

'What we did was give the child more than a focus away from fear and pain. It changed the reaction of the staff to the child – coming from the child – which I think is fantastic. And it didn't take much.'

Jean-Paul Bell, better known around the hospital as Dr Bubba-Louey, says that not any clown can be a clown doctor. 'Clown doctors need to have performance skills, sure, but they also need to be able to relate one-on-one to both children and adults, and they need to have the ability to intuitively assess a situation and act accordingly. They have to be able to step back or even to step away.'

## On the wards

Today's clown doctor team, Dr Fruit-Loop and Dr Bubba-Louey, roll into the hospital's corridors and wards. Dr Fruit-Loop carries an orange-and-red bag filled to overflowing with lots of important 'equipment' including a variety of noise-making gadgets and magic tricks. Some fluffy animals peek through the bag's open top. 'Other doctors have their equipment, we have ours', Dr Fruit-Loop quips. Dr Bubba-Louey rides out on a tiny, shiny, silver scooter.

It is another six hours before they return to their makeshift dressing room in the hospital's public relations department. In the intervening time the clown doctors have:

- blown bubbles to countless small children hooked up to intravenous lines
- transplanted red noses ('the only unit in the Southern Hemisphere to do this without an anaesthetic') onto several medium-sized children
- performed up-market magic tricks for older children trapped in their beds or wards.

The cat scan ('it's the only mobile cat scan in the world, you know') – a furry cat puppet – has hovered up, down and all around a handful of children. The clown doctors have applied their wooden massagers to scores of backs belonging to any staff and parents who have accepted their offer of a free massage – most have.

Staff have also been treated to scalp massages – courtesy of the wickedly-monikered 'orgasmatron' – and another racy gag involving transdermal pseudo-Viagra and an elevating Harley Davidson tie. More than a dozen people have ridden Dr Bubba-Louey's scooter, ranging from small wide-eyed boys to round mums and long-and-lanky specialists. Wherever the clown doctors have been, some sort of laughter has followed, whether a stifled snicker, a full-bellied rumble or a high-pitched giggle.

They have been to the oncology ward, the renal dialysis unit, the intensive care unit, the neonatal ward, the neurology wards and the many corridors in-between. No formal procedure was disturbed, nor were any children bothered if they indicated that they wished to be left alone – there were a few. Infection control guidelines were followed assiduously.

Throughout the day, pain and anxiety have been relieved

– obvious in the relaxing of a frown, an altered bearing. Such observations are more than enough proof for the clown doctors of the usefulness of what they do.

## Is laughter the best medicine?

The most relevant scientific literature addresses the physiological and psychological effects of humour rather than the clinical outcomes of clown doctoring *per se*. Reductions in stress, anxiety, depression, pain, postoperative complication rates and time to discharge as well as an improvement in immunity have been reported. However, most methodologies fall well short of the gold-standard randomised, controlled trials.

Dr Spitzer eagerly awaits the results of a formal study being conducted at New York's Big Apple Clown Care Circus Unit. 'Some formal research results would be good because although we don't need it to keep doing what we're doing, it would validate what we do', he says. Even so, for Dr Spitzer it is the recognition of the value of humour itself, rather than clown doctoring, that is more important.

## Humour in practice

'I mean, medical practice is all so serious, isn't it?', Dr Spitzer says.

'And what's the result of that? The stress load, the responsibility, the hours – all of that. About 30 to 50% of doctors have been reported as saying they would leave clinical practice if they could afford to.' He believes humour in practice can be

part of the solution.

A new patient to his practice began her consultation by cataloguing all her troubles. When she'd finished, she'd sighed: 'I just don't know how you can help me – you'd need a magic wand'.

'One moment', said Dr Spitzer, an index finger poised in mid-air. He reached into the second drawer of his desk and pulled out a wand. The patient and he burst out in laughter. As she wiped tears from her eyes, she'd said 'I feel better already'.

Dr Spitzer says, 'If you can think of the possibility of introducing appropriate humour into your practice, then you're already thinking differently. If through humour you can have a better rapport and link with your patients then everything's better – compliance is better, the patient feels better and so do you'.

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