Mirror
David Cotterrell
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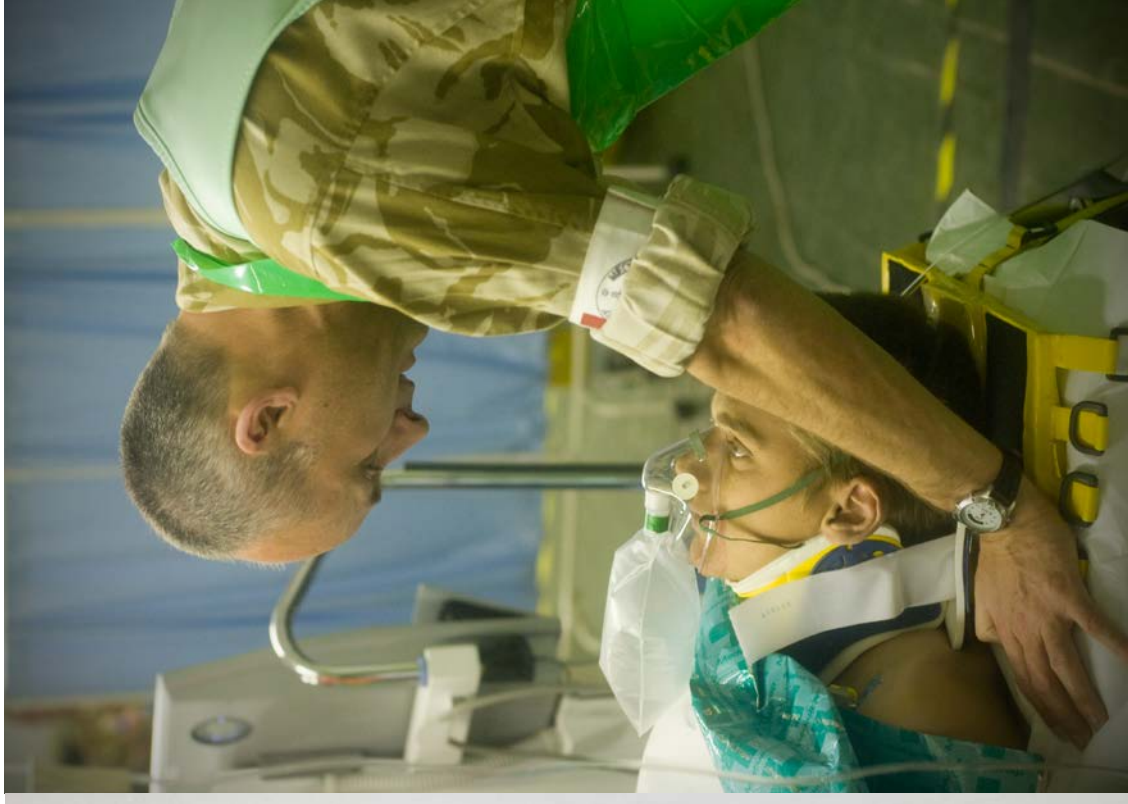
David Cotterrell is an installation artist working across media and technologies to explore the social and political tendencies of a world at once shared and divided. His practice is typified by an interest in intersection: whether fleeting encounter or heavily orchestrated event, Cotterrell's works explore the human condition and the breaks or nuances that can lead to a less ambiguous understanding of the world they inhabit. Encapsulating the roles of programmer, producer and director, Cotterrell works to develop projects that can embrace the quiet spaces that are the sites for action, which might (or might not) be clearly understood in the future. Cotterrell's work has been commissioned and shown extensively in Europe, the United States and Asia. He is Professor of Fine Art at Sheffield Hallam University and is represented by Danielle Arnaud.



'It's in the bag'
Susan Bleakley
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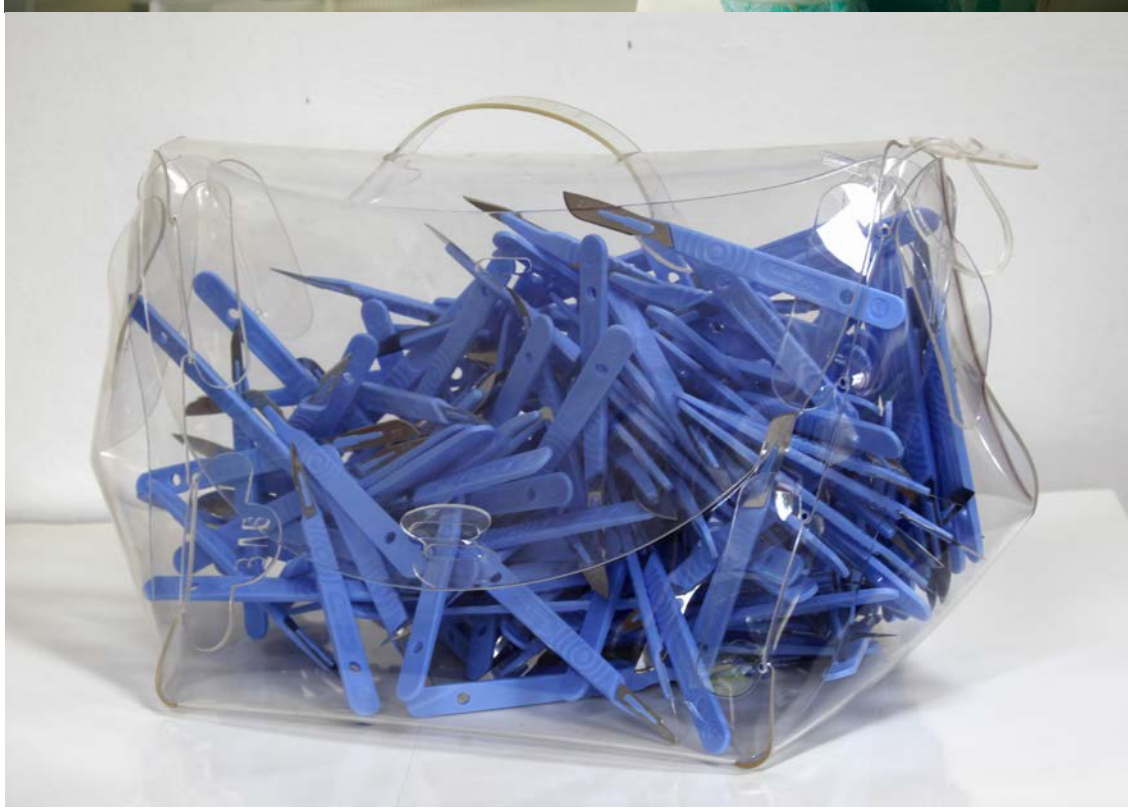
Susan (Sue) Bleakley had early success as a self-taught naïve painter showing with the Crane Kalman Gallery on the King's Road, London. She decided to take up a formal art education as a mature student, gaining a First Class BA in Sculpture from Falmouth College of Art and then a MA in Sculpture from the Royal College, London. She now works in a variety of media – installation, painting, video and sculpture – using a range of materials. The Crane Kalman Gallery, Brompton Road, London is representing her recent paintings. Her work has been shown widely nationally and internationally including Canada, Germany, Bulgaria and Slovenia; she has a permanent display at the University of Exeter Medical School, Royal Cornwall Hospital Truro; and she completed an innovative residency sponsored by Tarmac Topmix at John Moores University, Liverpool exploring the aesthetics of concrete. She teaches at Exeter University Medical School, working with medical students' visual acumen.



At the Sharp End of Bluntness

24 June - 23 July 2015 Dartington Hall Gallery

As medicine and surgery become more safety conscious this necessarily invites regulation to reduce risk. Yet, as medicine invites greater critical conversation with the arts, especially within the medical humanities in medical education, it is surely the function of the arts to destabilise habits and create risk. Paradoxically, the riskiest thing that can happen to medicine is to humanise, democratise and feminise (values that the arts and humanities model and can teach), yet these are the very processes that will make medical practice safer and more patient-centred. The difficulty of course is to humanise, democratise and feminise practices and persons 'at the sharp end of bluntness'.

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Art related to surgery regularly focuses upon the surgeon for obvious reasons – here is the cut, the blood and guts, the suture, the bravado of the macho hero and lifesaver – the sharp end of bluntness. Less sexy are the failures of surgery, the arguments in theatre, the tension between surgeons and anaesthetists and the inability of surgeons to collaborate well in teams. David Cotterell turns his attention in Mirror to the forgotten bodies of surgery – the patient and the anaesthetist, and the dynamic between them.

In a two-screen work, David explores what he describes as: "the relative anxieties and thought-processes of two of the major protagonists in surgery - the patient and the anaesthetist, shown as two talking heads on opposite screens. The idea is to consider the shared concerns, the devices by which a serious event is philosophically contextualised and the way the mind might wander under the catalytic pressure of forthcoming professional and/or personal risk. Two rhetorical monologues – patient and anaesthetist - may be misconstrued as a polarised dialogue. It is ambiguous as to whether the two characters are talking to one another or to themselves; and as the dialogue continues the assumption of roles may shift from one video portrait to the other."

He continues: "Recorded in isolation from context, without pre-emptively revealing the categorising uniforms of scrubs or gown, the conversation will offer an introverted and existential portrait of the two individuals. The portraits are constructed to transcend the place, or the situation, perhaps considering fear of the other, but often more internalized, describing a sense of self-image or personal narrative. There are differing social conventions at work for the articulation of anxiety and the consideration of failure. For the patient, there is often a requirement to be strong for their relatives; and the clinician must demonstrate confidence to command the trust of both patients and colleagues in the anaesthetic, surgical and recovery rooms. Space for reflection may be deferred to a later date or constrained to the domain of the internal monologue. This outwardly simple video project will offer a snapshot of these complex internal negotiations of vulnerability and bravado. The project is designed to explore the common human characteristics that could provide an empathetic bridge that might offer a stronger solidarity between strangers than the context, roles and uniforms might suggest."

'It's in the bag'

Virgin scalpels are packed in a see-through designer plastic 'ghost' bag. The whole is exhibited under a glass cover on a plinth as a 'look, but don't touch' object. Yet the object cries out to be touched or handled despite the encapsulated hundreds of sharp blades. The scalpels after all are designed to be handled. Scalpels always fascinate. Both scalpel and bag are at the cutting edge – modern, lightweight scalpels mould the surgeon's or the pathologist's hand movements; a designer bag moulds the personality of its owner. The scalpel is an embodiment of risk, but what of the bag? Normally a symbol of regulation as a fashion item, this bag of scalpels is surely an image of resistance.

Surgery relies on the steady hand and confidence of the surgeon who makes the cut. But surgeons are notoriously over-confident and liable to act before they think. Over 40,000 patients die every year in the UK from medical error and half of these deaths are in surgery. Half of those deaths again are avoidable. Yet most mistakes in surgery do not come from technical errors – around 70% are grounded in poor communication in team settings, usually resulting from surgeons not listening to other team members such as nurses and anaesthetists, or acting independently and hastily. This poor level of team communication is grounded in a historical style developed in surgical culture – brusque, masculine, heroic, independent, over-confident, often bullying and aggressive. Hence, 'it's in the bag' – an overconfidence that refuses the democratization of surgical teams for an authoritarian style and a steep hierarchy.

The scalpel acts as a metaphor for the surgeon – stiff, unbending, incisive and pointed – at the sharp end of bluntness. After the first cut, there is no going back. Handling of scalpels may be risky, but production of scalpels is steeped in risk and needs greater regulation. Two thirds of the world's surgical instruments are made in Sialkot in northern Pakistan, where 70% of the UK's registered manufacturers are based. It is still common for production to be based in sweatshops often using child labour (as young as seven).

The piece could not be shown in public without a glass cover due to health and safety regulations. Potentially fertile art is then condomised to protect the public. But surely art must pierce and cut at least psychically. Regulation precedes risk. What must be handled becomes a fetish object that is out of reach and sanitised. Do you get the point?