THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

2002 CHURCHILL FELLOWSHIP

A STUDY OF OVERSEAS-BASED CLOWN DOCTOR PROGRAMS AND THEIR IMPACT ON THE HEALTH CARE SYSTEM

“A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove…

But the world may be different because I was important in the life of a child”

A corridor sign in the Boston Children’s Hospital, USA

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1. Precis and Acknowledgments

This 2002 Churchill Fellowship report details findings of:

- Visits to Clown Doctor Programs operating in hospitals in the USA, UK and Europe.
- Interviews with members of the Clown Doctor Program’s management teams and health care professionals at the host hospitals. An interview was conducted at The Mind/Body Institute and with other workers and researchers in this field. An interview with Dr Patch Adams was available by telephone.
- Attendance and presentation at the 17th Annual International Conference on The Positive Power of Humor, Hope and Healing.

This 3 months laughter-filled, thought provoking, inspirational, stimulating and insightful odyssey was made possible by:

- The financial assistance given by the Churchill Trust. The wisdom of their Fellowship touches the Australian and international community. In this regard, the Fellowship is a wonderful door opener for learning and exchange. Their interest and support were most appreciated.
- The hard work of the Clown Doctor management teams in organising meetings, hospital visits and hospital staff interviews. The Clown Doctors welcomed me into their day and were very interested to learn more about Australia and the Australian Clown Doctors.
- The host hospitals for inviting me into their wards. The doctors, nurses and allied health staff gave me their valuable insights as well as their time.
- Children in hospital for their invitation to be with them. They teach us so much and their inspiration knows no border.
- Judy, my talented wife, who travelled with me, helped and supported me, helped to minimise my overseas shopping spending and helped in the report preparation and layout. Our children Amber and Luke, after saying, “Hello, what do you mean we can’t go with you?” let us go with their blessing.
2. Executive Summary

Fellowship Objective
My objective was to study overseas, hospital-based, Clown Doctor programs and review their relationship with the health care system. I also wanted to examine the use of humour in the critical and palliative care setting and to investigate the possibility of links between international Clown Doctor programs.

Fellowship Highlights
- Meeting Clown Doctors and their management teams and gaining insights into their structure, training and processes.
- Meetings with hospital-based health care staff and learning about the positive impact of the Clown Doctors on the hospital.
- Learning about the integration of the Clown Doctor programs into hospital life.
- Interview with Dr Patch Adams: his passionate views on the need for both heart and humour to be present in the health care industry.
- Although difficult to set up, there is widespread support for establishing an international Clown Doctor body.
- Networking opportunities and gaining access to research reports in this field.

Findings
- 15 years ago there were no hospital Clown Doctor programs available. Programs are now available on every continent. The rate of introduction and integration of Clown Doctor programs into the health care setting is considered to be a new phenomenon.
- Clown Doctors are professional performers (not medical doctors) who have additional training to work with sick children in hospital.
- Programs are well integrated into and accepted by the host hospitals which report high level of professionalism and trust. The hypothetical question of cessation of Clown Doctor programs was universally met with shock and disbelief.
- Clown Doctors of the Australian Humour Foundation, are the only ones in the world regularly visiting both adult and child palliative care facilities.
- Programs worldwide are run as charities, most have no government funding. Some hospitals partly fund the programs. Since Sept 11, 2001, all have experienced a reduction in funding.
- Some Clown Care programs have ‘grown up’ from an artistic base and some from a business base. Tension exists between these programs and this is hampering closer international ties.
- Some research into the Clown Doctor programs has taken place while some is in planning. Research into this area is somewhat difficult and doesn’t have funding priority.
- The basic underlying response of children, parents and staff to Clown Doctors is universal. ie; one of smiles, laughter and elevation of mood.

Australia’s Conclusion
The Humour Foundation’s Clown Doctor program is operating at world class standards and is well integrated into the health care system nationally. On-going training is essential. Establishment of an Annual International Clown Doctor Scholarship would allow cross-cultural and artistic performance exchange. This is planned but cannot proceed due to a lack of funding. Development of further research is envisaged and the continuation of lectures and workshops to the health industry and corporate sector is appropriate.
3. Itinerary

New York City USA        2 April – 9 April
• Big Apple Circus Clown Care Unit management meetings.
• Attend clown rounds at Morgan Stanley Children’s Hospital
• Interview with Dr K S Gorfinkle, Ph.D, Director of the Behavioural Medicine Programs. Research review and staff interviews.

Saratoga Springs NY USA       10 April – 15 April
• Attend and present at The Humor Project Inc’s 17th Annual International Conference on The Positive Power of Humor, Hope and Healing
• Non-stop networking opportunities.
• Interviews with Dr Joel Goodman (Founder & Director of The Humor Project Inc) and Margie Ingram (Conference Coordinator).
• NPR (National Public Radio) radio interview and newspaper interview.

Boston USA        16 April – 25 April
• Attend clown rounds at Boston Children’s Hospital.
• Attend Clown Care Unit’s monthly artistic workshop.
• Interviews at Boston Children’s Hospital with Dr J W Graef, MD (Chief, Services Office) and Beth D Driscoll (Child Life Specialist).
• Attend Mind/Body Institute. Interview and literature review with Peg Baim (Coordinator)

Baltimore USA      29 April – 4 May
• Attend Clown Care Unit’s Johns Hopkins Hospital clown rounds.
• Interviews with staff and Patrice Bryskle (Child Life Specialist).
• Interview with Dr Patch Adams.

London UK     6 May – 10 May
• Attend Theodora Foundation Clown Doctor programs at The Great Ormond St Hospital.
• Attend monthly Clown Doctor meeting.

Paris France       11 May – 17 May
• Meetings with Caroline Simonds, Founder and Artistic Director of Le Rire Médecin.
• Meeting with Professor Bernie Warren (Dramatic Arts, University of Windsor, Ontario Canada and Founder of Fools for Health Clown Doctor Programs).
• Attend Le Rire Médécin clown rounds at Saint Louis Hospital and Institut Gustave Roussy (IGR) Hospital.
• Interview with Dr Thiery Leblanc, Paediatric Haematology Specialist at Saint-Louis Hospital.
• Interview with Oliver Hartmann, Department Chief at IGR Hospital.

Frankfurt, Germany   21 May – 24 May
• Meetings with Laura Fernandez Founder & Artistic Director of Die Clown Doktoren.
• Attend clown rounds at Stadtischen Klinik Hospital, Offenbach.
• Attend clown rounds at Frankfurt University Paediatric Haematology and Oncology Hospital and Clementine Paediatric Hospital, Frankfurt.
• Interviews with Professor Dipple, dialysis nursing staff, Child Life Specialist, music therapist.

Morges, Switzerland   27 May – 30 May
• Meeting with André and Jean Poulie, Founders and Directors of Theodora Foundation.
• Meetings & interviews with management staff of Theodora Foundation.
• Attend clown rounds at University Hospital and Hopital de L’enfance, Lausanne.
• Attend clown rounds at Kinderspital, Zurich.
• Interviews with hospital staff.

Communications with Zdravotini Klaun, Prague, Czech 31 May
• Communications with Gary Edwards, Founder and Director of the Zdravotini Klaun
Florence, Italy  8 June – 12 June
4. Meeting with Yury Olshansky, Co-founder and Director of Soccorso Clown organisation.
5. Attend clown rounds at Ospendale Pediatrico Meyer, Florence.
6. Interview with Dr Pucci, Paediatric Staff Specialist and Sister Modi, Charge nurse.
7. Interview with Professor Alberto Vierucci, Director of the University Paediatric Department.
4. Introduction

Background
Clowns have worked in hospitals since the time of Hippocrates. The entire front page of Le Petit Journal of 13 Sept 1908 is given to a drawing of clowns working in a hospital. Dr Patch Adams put on a red clown nose as he worked in hospital 32 years ago.

Professional clown doctors began working in hospitals in 1986 under a program called the Big Apple Circus Clown Care Unit, which was started by Michael Christensen in New York City. Clown Doctor programs now operate in Australia, USA, UK, Canada, Brazil, Argentina, South Africa, Israel, France, Germany, Italy, Austria, Switzerland, Holland, Finland, Hong Kong, Spain, Czech Republic, Turkey and Belarus (NB this list may well be incomplete).

Australia’s Humour Foundation Clown Doctor Programs¹
The Humour Foundation was founded in 1997 by the author, a medical practitioner, and Jean-Paul Bell, a professional performer. It is a registered charity and is supported by the community.

The Humour Foundation provides on going training and skill development workshops for their hospital clowns. Clown rounds take place usually 2–4 days a week throughout the year and this depends on funding. There is also on going review and QA. An annual, national conference for all the 32 Clown Doctors is held in Sydney.

Australian Host hospitals include the major paediatric hospitals in each capital city and two palliative care hospitals, one for children.

Special Projects include outreach tours to metro and regional public and private hospitals (All paediatric and adult wards 2000 and 2001). Visits to hospitals, orphanages and villages in East Timor (2000) was arranged as well as a visit to hospitals and schools in Afghanistan (2002).

Discussion
This Fellowship gave me opportunity to:
• Review overseas Clown Doctor models.
• Review their relationship with the health care system.
• Review the use of humour in the critical and palliative care setting.
• Expose and introduce Australia’s model overseas.
• Establish closer international ties.
• Be involved in establishing an international forum to link Clown Doctor programs.

5. Review of Programs, Interviews and Conference

Big Apple Circus Clown Care Unit (CCU) New York City, NY

“Ministering to sick children goes beyond medication and technology. When a sick child begins to laugh it means he’s probably beginning to feel better. I see the clowns as healers.”

“The group has grown over the years without the aid of statistical proof. I expect it will grow in the future, becoming part of the fabric of every hospital. If I could figure out how to pay for it, I would have them here seven days a week.”

Dr John M Driscoll, Jr, Carpenter Professor and Chairman of the Paediatrics Department, Morgan Stanley Dean Witter Children’s Hospital of New York.

Background

Michael Christensen, the Co-founder of Big Apple Circus (BAC) created CCU as a community outreach program in 1986. BAC has a total of 5 programs operated by its Health & Community Programs Division. These include CCU, Circus of the Senses, Circus for All!, Beyond the Ring and Circus to Go.

CCU, a not-for-profit institution. Funding comes from the host-hospital, individuals, foundations and corporations. There are a total of 93 Clown Doctors making more than 200,000 bedside visits annually in 17 hospitals in major US cities.

It was very interesting to note that Dr Herb Abelson, the Director of Paediatrics, University of Chicago, invited the input of CCU into the planning and design stage of the new paediatric hospital in Chicago.

CCU Structure

Administration
The Administrative staff include; the Director of Health & Community Programs, the Director of Operations, the CCU Programs Associate, and the Executive Assistant for Health & Community Programs.

Creative Staff include; the Founder and Creative Director, the Associate Creative Director, and the National Creative & Educational Coordinators.

Clown Doctors
Every Clown Doctor is a professional artist (not volunteer) selected by intensive auditions for high quality artistry and sensitivity. They undergo training to work in the hospital setting. (6 weeks intensive hospital and classroom training). CCU Clown Doctors see their role very clearly as a professional vocation, part of the hospital team and certainly not as entertainers.

They are professional doctors of delight who conduct clown rounds, a parody of medical rounds where laughter is the chief medical treatment. They always work as a team of 2, have strong partnering, improvisation and sensitive qualities. They use a mix of juggling, mime, magic, storey telling and music. Clowns visit hospitals 3-5 days a week throughout the year. They interact not only with the sick child but also with siblings, parents and all hospital staff.

All wards are visited by the clowns including: ICU, Emergency Rooms, Bone Marrow Transplant, Paediatric AIDS, Oncology, Dialysis and Physical Therapy. The clowns work closely with and take direction from hospital staff.

Each team has a supervisor. All the clowns take part in a mentoring program and domestic as well as international exchange programs are available. They undergo security checks, medical screening, reference checks and training.

The clowns are paid for their attendances in hospital, the monthly artistic workshops and a national conference. Salary includes some benefits such as workers compensation insurance, taxes and social security but not medical/dental cover or retirement plan.

Monthly (one day) Artistic Workshops
These workshops have the same structure in every city. They are held in a rented performance space and all the Clown Doctors of that city attend. They have the following format:

- Administrative issues, news, scheduling.
- Emotional Hygiene Session, which is led by a CCU chosen psychologist or psychotherapist who is well versed in the work of the Clown Doctors. All psychological issues can be and are addressed on a regular basis.
- Artistic workshop and rehearsal.
Supervisors
Senior, experienced Clown Doctors get additional supervisor training to meet their multi-faceted roles of clown, partner, leader and administrator.

Their duties and responsibilities include:
• Leading the Clown Rounds which includes schedules and evaluations.
• Maintaining artistry which includes organising monthly artistic workshops.
• Hospital liaison with administrative and medical staff.
• CCU administrative and creative liaison.
• Media relations and presentations or talks.
• Arrange and attend the annual CCU programs review with hospital administration and medical staff.
• Attend bi-annual national supervisor’s conferences.

Visit to Morgan Stanley Children’s Hospital, NYC
The staff at this CCU host-hospital report that the Clown Doctors were very professional and were trusted in their work. Clown Doctors conduct their clown rounds unsupervised. Child Life Services staff, as do other departments, actively collaborate with the Clown Doctors.

The same hypothetical question was fielded in every hospital, “What if the Clown Doctors stopped coming to this hospital?” The responses were very similar, “No way”, “Get outta here”, “Impossible”, “Forget-about-it”.

Interaction with children, families and staff was a dominant feature observed. Nursing staff gave a daily progress report on children to the Clown Doctors as well as suggestions and directions. Staff often asked the Clown Doctors to accompany patients to procedures and sometimes to be present during procedures. One nurse complained to the Clown Doctors that they weren’t giving her enough attention.

The child is the one who gives the Clown Doctors permission to enter their room. Laughter and mood elevation were constantly observed. Music was used to either enter a room, during an interaction or on leaving the room with noticeable effect. Strong team cohesion and support was noted. All areas of the hospital visited by the Clown Doctors were left positively touched in some way.

Interview with Robbie Collier
Robbie Collier is the Director of Development, Pediatrics Children’s Hospital of New York. Her work involves fund raising for the hospital. She actively seeks funding for CCU and is clear about their role in the hospital.

Over time she has become very familiar with the work of the Clown Doctors. She values their program and is a strong advocate of their work. Trust has developed. The different teams on the ward work in partnership and everyone knows their place. There are annual reviews.

Interview with Assoc Professor K Gorfinkle.
Professor Gorfinkle’s pilot research study in 1996-1997 reported in *The College of Physicians and Surgeons of Columbia University Journal* concluded that the introduction of specially trained Clown Doctors may decrease distress in children. Clown Doctors may complement pre-existing pain control measures and psychosocial services available in oncology clinics. Oncologists benefited from such intervention and found that procedures were easier to perform with the Clown Doctors present.

The next steps for study include:
• A study of CCU teams to a wider variety and number of patients.
• Submitting clowning to increasingly rigorous research.
• Studies to capture the Clown Doctor’s effect on joy, laughter and positive well being.

Boston Children’s Hospital
This CCU program team of 2 visits Boston Children’s Hospital, one of the largest, and leading, paediatric hospitals in the world, 5 days a week.

The Nurse Unit Manager at the Cardiac Unit was a keen advocate of the Clown Doctors. She said they were professional, worked as part of the team, could read and respond appropriately to changing situations in the ward. She could direct them to particular patients and trust them to do their work. Having colour, music, magic and laughter helped reduce stress in the ward. They “humanised” the ward.

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Everyone loved the clowns. Her only complaint was that they weren’t around often enough. Positive interactions with the clergy were also observed.

**Interview with Beth Driscoll**  
Beth Driscoll is the Childlife Specialist and has the day-to-day interaction with the Clown Doctors.  
Her department is very happy and satisfied with the Clown Doctors, their work and the outcomes. Emphasis is on the whole child and not limited to the disease. To hear laughter in the hospital environment is important. “They fit right in”, she says.  
“The Clown Doctors are seen as part of the multi-disciplinary team and there is no conflict about this. They are very professional and are seen as specialists in their field. These factors engender trust and respect.”  
There was initial apprehension about having Clown Doctors in the hospital (eg some children having fear of clowns) but this quickly dissipated by introducing the hospital community to their programs, seeing them at work, and starting the programs slowly.  
The Clown Doctor’s arrival is anticipated by all. “Are the clowns coming today?” is a frequently asked question.

**Interview with Dr John W Graef, M.D.**  
Dr Graef is the Chief of the Services Division and is a keen advocate of the Clown Doctors. His initial concerns were in the areas of confidentiality, infection control, some children’s fear of clowns and the appropriateness of the Clown Doctors being in certain settings.  
All these concerns were addressed by the skills, training and professionalism of the Clown Doctors who proved themselves very quickly and there have been no complaints. Their work is considered engaging, appropriate and funny.  
Having Clown Doctors in the routine of hospital life is considered important. There is a close working relationship with the nursing staff. The Clown Doctors are involved and included in the annual House Staff Show.  
Finally, anything less than professional clowns would not be OK at this hospital.

**Johns Hopkins Children’s Hospital, Baltimore ML**

A visit to the Johns Hopkins Children’s Hospital in nearby Baltimore, Maryland was the substituted hospital as security was so tight in Washington metropolitan hospitals.

This CCU program has been running 3 days a week for about a year. The hospital funded the start-up/training costs and contributes to the annual running costs. Although the Clown Doctor program is not as long established in this hospital and staff reservations (eg overcoming the stereotype of a clown being a “carnival bozo”) about having Clown Doctors in the wards have already lifted.  
This was achieved through a series of meetings with key personnel and staff members as well as staff witnessing the positive impact of the presence of the Clown Doctors in the hospital. Developing relationships and trust with staff and delivering on the promise of the programs were key issues. Applying the combination of music, magic, juggling and improvised mayhem was seen to lift mood and energy for patients, families and staff.  
At the time of the visit, evaluation forms completed by hospital staff were being collected. Information from these will be used at the annual CCU-hospital assessment and review.

**Interview with Patrice Bryskle**  
Patrice Bryskle is the Child Life Specialist & Special Events Co-ordinator at the Johns Hopkins Children’s Hospital which has a total of 17 Child Life specialists. Child Life programs have become the standard in large paediatric settings to address the psychosocial concerns that accompany hospitalisation and other health care experiences. They advocate for the special needs of hospitalised children.  
CCU interfaces the hospital through this department. Referrals and daily ward issues are now also initiated by nursing and medical staff.  
The Child Life Department is funded by donations. In turn, this Department (partially) funds CCU and in order to secure future funding, CCU had to “prove” itself. This has happened as a result of hospital staff coming to understand the CCU programs, establishing good communication, displaying both training and professionalism and establishing trust. Establishing all these was seen as a process that CCU, the hospital and Child Life Department had to go through.
Whilst Child Life “guard their domain”, they have successfully established a partnership with CCU and this teamwork is seen to better help children cope with hospitalisation. There has been no negative feedback about the Clown Doctor programs.

Ms Bryskle discussed the need for data to measure the effectiveness of interactions and the difficulties in establishing psychosocial research.

17th Annual International Conference on The Positive Power of Humor, Hope and Healing. Saratoga Springs NY

This conference is organised by Dr Joel Goodman, Founder & Director of Humor Project, Inc (www.HumorProject.com) and his wife, Margie Ingram, Conference Coordinator. It addresses the needs of education, business and health fields through a series of keynotes, lectures and workshops as well as a wonderful environment to network.

The number attending was somewhat down following “9/11” but the general consensus was that now, more than ever there was a need and benefit from proceeding with the conference.

Amongst other programs, I attended Michael Christensen’s workshop on “Send in the Clowns”. Michael received the Humor In Action: Making A Difference Award.

I also attended “Good Grief: Moving from Grief to Comic Relief” workshop presented by Leslie Gibson, R.N., B.S. (Email: leslegibson@thehospice.org). She presents humour workshops, has developed the Laugh-Aide and Healthy Humor therapeutic programs as well as the How To Create a Comedy Cart (in hospital) Programs and a volunteer hospital clown programs.

I presented a one hour talk on “Healthy Humor Down Under” and gave a newspaper and radio interview with NPR (150 stations).

I also met with a research oriented group. Professor Don Nilsen has an extensive humour research bibliography list (Email: don.nilsen@asu.edu).

Mind/Body Medical Institute, Boston

The Mind/Body Medical Institute (M/BMI) is a non-profit scientific and education organisation dedicated to the study of mind/body interactions. Incorporated in 1988, the Institute evolved from Dr Herbert Benson’s pioneering work in mind/body medicine at Harvard Medical School and its teaching hospitals. It is a subsidiary of Caregroup, the parent company of Beth Israel Deaconess Medical Center.

The Institute’s goals are:

• To enhance the recognition and understanding of mind/body medicine’s role in the practice of medicine.
• To foster and expand the uses of mind/body interactions in health care and other appropriate settings.
• To advance health and well-being throughout the world.

The Institute runs a number of programs, workshops and training on mind/body oriented topics. It is also currently pursuing a research strategy centring on the scientific aspects of the relaxation response and other mind/body interventions and their clinical applications.

Interview with Peg Baim, Co-ordinator

Research work on humour and optimism was discussed and the relatively new field of Positive Psychology was reviewed.

Laughter in the wards, from the Mind/Body perspective, gives:

• Biological change such as the increase in natural killer cell activity, more activated T cells, increase in IgA/IgG/IgM, increase lymphokine Interferon-gamma, decrease Dopac-dopamine derivative, decreased cortisol and decreased epinephrine.
• Cognitive-Behavioral benefits which include less depression, a means to the relaxation response, less perceived stress, aid to increase pain tolerance, less death fear and less anxiety.

Humour study tools are include; the Humor Coping Scale, the Situational Response Questionnaire, the Multidimensional Sense Of Humor Scale and the “Svebak” Sense of Humor Questionnaire.

Positive Psychology is a relatively new area of research in psychological medicine (1,243 titles or abstracts were identified through a computer search in 2001 by Mondloch, et al,) If traditional/pathological/negative psychology studied what was “wrong” with a person, then Positive Psychology studied what was “right”.

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Interview with Dr Patch Adams

Patch is considered to be the father of clown doctors. Thirty-two years ago he put on a clown nose as he worked in hospitals. He is the founder of the Gesundheit Institute (6855 Washington Blvd, Arlington, VA 22213 Ph: (703) 525 8169 Fax: (703) 532 6132)

Dr Patch Adams is now a very sought after teacher and presenter all over the world. He regularly visits Russian orphanages and hospitals as well as trouble spots in Europe, South America etc. He recently visited Afghanistan together with clown doctors from most continents (include Australia). He has organised 2 planes to bring in 60,000lbs of food and medical supplies for a paediatric hospital in Kabul.

He is incredibly focussed, energised and driven to establish America’s first free hospital in West Virginia. He has a list of thousands of doctors eager to work at this facility, 60 hours a week for US$3,000 a year. He wants all the staff to experience happiness and smiles. Patients will be actively participating in their healing journey. The full spectrum of the arts will be available alongside the sciences. Building has commenced.

Philosophically he sees that corporate medicine has killed the spirit of compassion. Further, he sees that humour and laughter is one of the ways of bringing compassion back into medicine.

The ‘old’ model of medicine incorporated the arts and this is what he perceives as missing in the scientific model of medicine. Professional distance or scientific detachment is a tool used so as not to get too close to one’s vulnerable parts. Associated with this is corporate and money-driven technology and he makes the comparison between a ‘greed’ model verses a compassionate model in the provision of health care.

Dr Adams sees clowns in hospitals as a way of getting a toe hold to bring love back into the health care system and to bring joy into the health setting. No one clown doctor organisation has exclusive mandate to carry out this activity in hospitals.

Le Rire Médecin, Paris, France.

Caroline Simonds is the founder, CEO and Artistic Director of Le Rire Médecin (18 rue Geoffroy l’Asnier, 75004, Paris, France. Phone: 0142724131, Fax: 0142724179, Email; le-rire-medecin@wanadoo.fr). Before starting the programs in France, Caroline was a Clown Doctor/Supervisor for 4 years with CCU in New York and her programs reflect this association.

Le Rire Médecin was founded in 1991 and it now operates in 10 hospitals in Paris and France (include Nantes and Orleans), with 35 Clown Doctors. Over 30,000 hospitalised children are visited annually. Another unit is due to open in Marseille with 8 Clown Doctors working 3 days a week.

Administrative staff includes Director, Administrator, Fund-raiser/media liaison and office assistants. Clown Doctors work in teams of 2 and visit each hospital 2-3 times a week. Meeting with staff takes place at each ward. This gives the Clown Doctors current patient clinical and psychosocial information, as well as ‘catching up’ with staff. A journal of each day is kept at the hospital.

Le Rire Médecin has formulated a Code of Ethics. This was done in order to maintain the quality and professionalism of the Clown Doctors without limiting the creativity of the artist. This Code of Ethics is being adopted by several other countries.

Evening Clown Rounds take place once or twice a month. Each hospital team will also conduct special programs such as asthma relaxation, working with teenagers, song of the month etc.

There are monthly regional artistic workshop meetings and an annual conference. There is very strong emphasis on maintaining and developing artistic excellence.

Le Rire Médecin gets funding for an annual International Exchange (2 Clown Doctors and 1 administrator). Countries include USA, Brazil and Canada.

Hospitals visited to observe clown rounds, attend meetings and conduct staff interviews include:
Institut Gustave-Roussy (IGR) and Centre Hospitalier Universitaire Saint-Louis
I attended the annual meeting with Le Rire Médecin and Saint-Louis hospital staff. This is an annual review of the work of the Clown Doctors. This peer review considers past performance and future direction. Also discussed was hospital funding for a 3 year period, confidentiality issues, review of the (successful) work of the Clown Doctors in the Bone Marrow Transplant Unit, and discussions about setting up a pain study in that unit.

Interviews with Dr Thierry Leblanc

Dr Leblanc is the Haematology Staff Specialist at the Saint-Louis Hospital. He said that frequently children were admitted for 6 weeks of treatment. During that time they established a relationship with the Clown Doctors. When they return for they weekly review they ask to come on the days when the Clown Doctors are
there. He commented on the professionalism of the clowns and prefer to see them in the wards more than the current 2 days a week.

Interview with Dr Oliver Hartmann

Dr Hartmann is the Department Chief of the IGR Hospital. He has seen the Clown Doctors at work for the past 10 years. Initially hesitant about their frequent presence in the ward, he has become a strong advocate for them. Part of his hesitancy was because the order of the ward was disturbed. This ‘disturbance’ made the staff look at their own role. This helped them open their own imagination and this helped in patient care.

All this was happening at a time when there was a shift away from a paternalistic way of treatment; when quality of life/psychosocial issues as well as the disease state were all being addressed. In this setting it was discovered that there was room for imagination and humour in taking care of the patient.

He warned about the possibility of the Clown Doctors being completely integrated into the hospital and becoming predictable and routine. This would diminish their role. In summary, he sees the Clown Doctors as a manifestation of evolutionary change in the health care sector.

“They must continue to disturb us. If they don’t disturb us, then they’re not doing their job properly!” he said.

Meeting with Professor Bernie Warren, Ph.D.

Bernie Warren is Professor of Dramatic Art, Creative Arts and Critical Studies at the University of Windsor, Ontario, Canada. (401 Sunset Avenue, Windsor, Ontario, Canada, N9B 3P4, E-mail: merv123@uwindsor.ca).

He is also the founder of the Fools for Health Clown Doctor Programs (E-mail: clowndr@mnsi.net; www.foolsforhealth.ca). Fools for Health is the only full-time Clown Doctor program in Canada. It is dedicated to promoting health and well-being in hospitals and other health care facilities. Based on extensive research and modelled on Le Rire Médecin, it began work in July 2001 in an adult in-patient rehabilitation unit at the Western Campus of Windsor Regional Hospital that funds the program.

The Fools for Health program:

• Involves a university, several hospitals and other community partners working together to design, deliver and evaluate site-specific Clown Doctor programs as an integral part of the health care process for children and adults.
• Conducts research into the effects of Clown Doctor programs not only on patients, family and staff but also on health care delivery.
• Is committed to promoting community awareness about the role of humour in health care and to developing an institute to provide the first professional training programs for Clown Doctors anywhere in the world.

Die Clown Doktoren, Frankfurt & Offenbech, Germany

Laura Fernandez is the founder and Artistic Director of Die Clown Doktoren organisation in Germany. Her background is in professional artistic performance and she spent a number of years with CCU in New York working as a Clown Doctor and Supervisor before moving to Germany. Her organisation reflects this association.

Die Clown Doktoren (Rheingoldstrase 5, 65203 Wiesbaden, Germany. E-mail: clowndoktoren@t-online.de Website: www.clown-doktoren.de) is a not-for-profit organisation that was established 9 years ago. It has 24 Clown Doctors who visit 8 host hospitals in Wiesbaden, Frankfurt, Offenbach, Mainz, Russelsheim, Darmstadt and Giesen.

Administrative staff include Director/Artistic Director, Business Manager, Fundraiser and Office Manager. The hospitals visited to observe clown rounds and interview staff were: Kinderklinik der Johann Wolfgang Goethe-Universitat, Frankfurt, Kinderklinik der Stadtschen Kliniken, Offenbach. Clementine Kinderhospital, Frankfurt.

Die Clown Doktoren is now well established and accepted in its host hospitals. They are considered to be special and have a unique communication with children. Positive effects on parents and staff are noted. Children are often energised by the Clown Doctors visits and positive effects continue after the visit.

There was initial difficulty establishing a clear place in the strong and more rigid hierarchical hospital structure. Staff found difficulty accepting disruption in ward routine and the Clown Doctors had to prove themselves and their work. Work continues on teaching hospital staff how to best use the Clown Doctors.
Offenbach Hospital has a significant proportion of non-German speaking Turkish children. There is a stronger emphasis on slapstick, music and mime to deal with increased anxiety in this setting.

Interview with Professor Jurgen Dippell
Professor Dippell is the Medical Director of Clementine Kinderhospital in Frankfurt. The Clown Doctors work in the Dialysis Unit, the Chronic Diseases Ward, the Psychosomatic Unit as well as the General Medical Wards. There was an initial difficulty in understanding the place of the Clown Doctors in the hospital hierarchy, but they are well accepted now. Twice yearly meetings allow for a review of the program.

Interview with the Nurse Unit Manager of the Paediatric Dialysis Unit at Clementine Kinderhospital, Frankfurt.
Although accompanied by uncertainty, it was the nursing staff of this unit who requested Clown Doctor visits. Concerns about the possibility of boredom for the long term patients due to regular visits by the clowns were unfounded. The visits were a boost for the staff and there is an annual program review.

Interview with Child Life Specialist at Clementine Kinderhospital, Frankfurt.
This Child Life Specialist thought the Clown Doctors were a great idea and lots of fun. Occasionally they will do things together. She observed that the children forgot their illness for a period of time.

Interview with Dr Zeuzem
Dr Zeuzem is the Paediatric Oncology & Haematology Registrar at the University Children’s Hospital in Frankfurt. As a younger doctor he has had no difficulty in accepting the Clown Doctors and their work. His level of interaction with them depended on the clinical situation and he felt that they interacted appropriately. He has noted the obvious difference in hospitals where the Clown Doctors were not present.

Interview with Nursing Unit Manager at the University Children’s Hospital, Frankfurt
Ten to twenty percent of the patients at this hospital have HIV or other immune diseases. The clowns visit weekly, but she feels that this is not frequent enough as they often need the clowns. The children often requested return visits when the Clown Doctors were present. Some of the staff had difficulty accepting the clowns and she stressed the importance of communication.

Interview with the Music Therapist at the University Children’s Hospital, Frankfurt.
The music therapist has worked in this hospital for 16 years. She is part of the psychosocial team which was initiated by the Ministry of Health in 1986.
There was an initial difficulty with the Clown Doctors as the decision to have them in the wards came from “outside”. They had to prove themselves. She found that they had a unique communication with children and their contribution was very important. They were something special as they were not there every day. When they were around the atmosphere changed “becoming more lively and energetic”.
Due to staff shortages it was not possible to spend enough time playing with the children

Interview with the Play Therapist at Offenbach Hospital.
This play therapist noted that the children were always happy to see the Clown Doctors. The visits allowed them to forget their illness for a while and was the highlight of their day. In this hospital there is a significant number of Turkish children. There was no language barrier with the Clown Doctors.

Theodora Foundation
The units visited in London, Lausanne and Zurich are all Theodora Foundation units.

The Theodora Foundation, a not-for-profit foundation was established in Switzerland in 1993 by André and Jean Poulie, in memory of their mother, Mrs Théodora Poulie.
The foundation has an administrative staff of 21 and 3 full-time seamstresses. It does not receive any government or hospital grants. Donations come from individuals, institutions and companies. USB is the Global Partner and also fully funds administration costs.
Today, 120 Clown Doctors visit 35 hospitals in Switzerland and 40 hospitals abroad (including UK, France, Spain, Turkey, Hong Kong, Italy, South Africa and Belarus) on a weekly basis. It is estimated that there are about 190,000 Clown Doctor-patient contacts annually.
Each country has a Director who is responsible for fundraising, media liaison, training, liaison between the Clown Doctors and central (Swiss) office, hospital liaison/relationship and administration. Its aim is to give hospitalised children a chance to forget, for a time, their hospital environment and allow them to make contact with their world of colour, music, magic and humour, with laughter as the main theme.

The Clown Doctors aim to visit every child during the weekly (afternoon) hospital visit. 1-4 Clown Doctors visit depending on the number of children present. Weekly visits keep the time special. The child is encouraged to interact and participate in the magic and activities. Parents and staff are also involved in the interactions. On average, Clown Doctors work 6-8 days a month and see about 25 children per visit.

The selection process is uniform. Lengthy application forms are reviewed by a committee. Selected applicants proceed to interview. Psychological fitness is very important. References, availability, sensitivity, commitment and a perfect reputation are also needed. At the end of the interview the applicant can demonstrate their performance skills. Police checks are undertaken.

Successful applicants proceed to an intensive training program outside the hospital. This teaching includes medical matters and procedures, the hospital environment, regulations, psychology of the hospitalised child, hygiene and confidentiality issues. Those successful at this point become "intern" Clown Doctors for 12 months before becoming "fully fledged" Clown Doctors. They are employed on a contract basis.

In each country, there are monthly (generally admin) meetings. Artistic workshops are held 3 times a year, often following a particular theme. There is an annual international conference held in Switzerland. Exchange programs are considered valuable and are encouraged.

Great Ormond Street Children’s Hospital, London

Due to its size, this hospital is visited twice a week. I attended the monthly meeting with Joan Spears, Director, Theodora Children’s Trust, UK. At this meeting, admin, news and scheduling took place.

I attended clown rounds on 2 days. with ‘senior’ Clown Doctors, both very professional and experienced performers. The Clown Doctors interact with children, parents and staff. Magic, music and balloon sculpting were often used and positive responses were evident in all wards. Strong improvisational skills were being used. Generally, but not exclusively, the Clown Doctors work alone.

“The work the clowns do is not easy and they use their humour in a careful and sophisticated way to be both fun and a therapeutic tool,” said Dr Ann Goldman, Consultant in Paediatric Palliative Care,

“I can certainly see what a profound and positive impact this service has made on the paediatric services generally. Staff and families alike eagerly await their regular weekly visits. This is a unique service which is being offered in a very challenging environment, but due to the skill, sensitivity and professionalism of the Clown Doctors, it works extremely well. The gift of laughter is a very precious one in hospital and contributes greatly to a sense of well-being in children, families and staff.”


Lausanne & Zurich, Switzerland.

Visit and interviews at the administrative centre of the Theodora Foundation in Lonay. (1, chemin des Mouettes – 1027, Lonay, Switzerland. Ph 021 811 51 91, Fax 021 811 5190, Website: www.theodora.org).

Interview with Thierry Jacquier

Thierry Jacquier is the Foundation’s full-time Artistic Director who is responsible for artistic quality. He is involved in the selection and training of Clown Doctors, programs assessment, on-going training, annual conference content, and is part of the Foundation’s management team.

Hospitals visited for Clown Rounds and interviews:
- CHUV (University Hospital), Lausanne. The Foundation’s first host-hospital (1993).
- Kinderspital et Universitatsklinik Balgrist, Zurich. Switzerland’s largest paediatric hospital. Includes a Burns Unit. Three Clown Doctors visit weekly.

Interview with Sr Jean-Francois Clement
Mr Clement, DON, CHUV Hospital, commented on the importance of the impact on the hospitalised child during as well as after their hospital stay. He strongly valued the Clown Doctor programs. “It is important for the child to have links with normal life in the hospital setting,” he said.

All departments are visited by the clowns A Theodora Foundation poster in the paediatric wards gives dates and times of Clown Doctor visits. Staff give reports on the children prior to Clown Rounds. The Clown Doctors are seen as professionals who use their skill and sensitivity as they meet the normal ward activity.

Twice yearly meetings of the Foundation and hospital staff are held to review the programs.

**Interview with Dr Jacques Cotting**

Dr Cotting is the director of Intensive Care, CHUV Hospital. The initial entry of the programs into the hospital was not easy. The motivation for this came from the Foundation having to work hard to “push open doors” and subsequently prove the value of the programs. He is a strong advocate of the Clown Doctor programs and respects their work and professionalism.

The primary benefits are seen as the special type of communication with the child, the way the child’s imagination was stimulated and the child’s experience of normal emotions in the hospital setting. The Clown Doctors’ effect on pain reduction was considered to be a positive secondary benefit.

“Although other entertainers visit and perform in the hospital, their impact is not the same as the Clown Doctors,” he said. “Whilst the Clown Doctors work in the health care system it is important that that they are financially and artistically independent of it as it means they are “free” of the system.”

An in-hospital study conducted in 2000 by (external) Social Workers discussed the positive value and effect of the Clown Doctors. There has not been any study that has looked at the effects of the different frequency of Clown Doctor visits eg. weekly or daily visits.

“If for some reason, the programs stopped, then this would make a dramatic difference. The programs could not be easily replaced and the health care profession couldn’t provide this kind of program,” said Dr Cotting.

**Zdravotni Klaun Prague, Czech Republic Communication**

Gary Edwards is the founder, Director and Artistic Director of Zdravotni Klaun Clown Doctor not-for-profit organisation in the Czech Republic. Zdravotni Klaun has been established for 4 years, has 5 Clown Doctors and has the support and backing of the Czech Paediatric Association. Website: [www.zdravotni-klaun.cz](http://www.zdravotni-klaun.cz) E-mail: [gary@uno.cz.cz](mailto:gary@uno.cz.cz) Address: Zdravotni Klaun, Drahobejiova 63, 19000 Praha 9, Czech Republic

There is strong support for their work, however, funding is their biggest obstacle.

**Soccorso Clowns, Florence, Italy.**

Yury Olshansky is the General Director and co-founder of Soccorso Clown (Via Leone X, 8, Firenze 50129; Ph/Fax: 055 470 305; Web-site: [www.soccorsoclown.it](http://www.soccorsoclown.it), E-mail: info@soccorsoclown.it)

This not-for-profit organisation has been operating for 5 years with 18 Clown Doctors in 9 hospitals throughout Italy (include 3 hospitals in Rome). The Soccorso Clown program is modelled on CCU taking into account culture-specific issues.

Administrative staff includes the General Director, Artistic Director (Vladimir Olshansky, who also works with CCU in New York as a Supervisor), and Office Manager.

There is a small amount of government funding with the bulk of funding coming from foundations and the private and corporate sectors. In Italy, donations to Foundations are not tax deductible as in the other countries visited. Due to reduced funding recently, some hospital programs in Rome have temporarily stopped. The program is free to host-hospitals.

Clown Doctors work in teams of 2 with each team having a Supervisor. They rotate through hospital departments often working with nursing staff, play therapists, music therapists etc., doing “ordinary” Clown Rounds and are available for “extra-ordinary” visits (via staff referral) such as interacting with children during bone marrow biopsy or dressings change in the Burns Unit. (These can be lengthy procedures and they try to limit these visits to 20-25 minutes).

Soccorso Clowns focus on the immediate impact of their artistic work to lift the spirits, with the aim of leaving the child on a high note. Artistic skills are adapted to work in the hospital environment. Having interactions with children, families and staff they aim to be integrated into hospital life. There are ongoing discussions and a movement towards giving this work professional status. These Clown Doctors have the possibility of paving the way for Hospital Clowns to become a profession.
There is regular programs evaluation by hospital staff.

Ospedale Meyer, Florence.
Hospital visit, Clown Round observation and interviews.

Interview with Dr Pucci Staff Physician and Sr Modi, NUM.
They trusted the Clown Doctors to work with sick children as they considered them to be professional as well as having the right aptitude. Staff give them referrals and can ask the Clown Doctors to be present during procedures. Whilst entertainers and other clowns visited the hospital, the Clown Doctors were different due to their professionalism and training. Hence they were allowed to work unsupervised, and were trusted to properly “read” a given situation and act appropriately.

As well as enjoying the Clown Doctors, staff have also learnt from them (Tricks, prop use and communication) They thought that there would be many benefits in having a degree of uniformity of an international training program.

Interview with Professor Alberto Vierucci
Professor Vierucci is the Director of the University Paediatric Department and was involved in assessing and accepting the program at the Meyer Hospital, the first host-hospital for Soccorso Clown.

Professionalism and training meant that the Clown Doctors could be integrated into the hospital setting. He felt they had a valuable place in the hospital especially dealing with long-stay patients with serious illnesses. Their artistry and use of parody helped the child forget their disease for a little while. The Clown Doctors were an important part of the day.

Video on non-pharmacological techniques for pain reduction during invasive procedures.
This is training video was produced by the pain management team (Servizio di Terapia del Dolore, Ospedale Pediatrico Anna Meyer, via Luca Giordano 13, Firenze 50132). It shows and examines the Clown Doctors working in the pain setting.

One segment shows a 12 year old boy having a bone marrow biopsy without anaesthesia. Everyone looks relaxed as the Clown Doctors effectively engage the boy in magic and play.
6. Conclusion & Recommendations

- The Clown Doctor in-hospital program is historically a new phenomenon that encompasses both medical science and the performing arts.

- The main impact of the Clown Doctors is on the psychosocial effects of the hospitalised child.

- Overseas programs are well established and well integrated into the hospital setting. As well as working in medical and surgical wards, oncology, chemotherapy, dialysis units, physiotherapy departments they all work in critical care areas such as intensive care, burns units, accident and emergency, post-op wards, transplant wards etc. Regular review with hospital staff ensures appropriateness as well as quality assurance of the programs.

- Professionalism and training of Clown Doctors is appreciated by hospital staff.

- Empirical benefits of Clown Doctor programs are acknowledged by children, families and hospital staff.

- Limited research confirms the benefits of the Clown Doctor programs and there is wide scope for further research.

- The Australian Humour Foundation Clown Doctor program is working at world-class standard.

- International exchange is an exciting and appropriate way to keep programs up to date as well as having the opportunity for cultural and artistic dissemination. This is not yet available to Australian Clown Doctors and funding efforts to this end would be worthwhile.

- The Humour Foundation has been conducting “Humour in Therapy” workshops for doctors, nurses, allied health workers, medical students etc. Teaching techniques that positively impact on patients and the therapist is both appropriate and rewarding. It is recommended that this work continues to grow.

- The Humour Foundation leads the world in the field of Palliative Care with experience in both paediatric and adult palliative settings.

- Increasing programs and administrative funding is acutely needed for the Humour Foundation to continue delivering Clown Doctor programs to Australian patients.
7. Readings


Korman, J. The Effects of Clowning on Pediatric Needle-Stick Pain. Thesis submission. Monash University, Department of Psychology


