

**DOING ETHICS IN A MUSEUM:
THE NEW MEDICAL GALLERIES AT RIJKSMUSEUM BOERHAAVE**

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“Suppose that someone fell seriously ill and needed a new organ, such as a new liver. It could happen to anyone, including you. Now suppose that no organs from human donors were available at the time. Would you accept an organ that hadn’t grown in another person; a non-human donor organ?”

A visitor listens quietly to these questions posed on a screen while resting on a black bench, side-lined by a glass case showing an artificial heart. For the next three and a half minutes, the presenter on the screen engages the visitor to think about artificial organs, while offering alternative views of an expert in medical ethics. This is part of the new medical galleries at Rijksmuseum Boerhaave, the Dutch National Museum for the History of Science and Medicine in Leiden, the Netherlands.

Rijksmuseum Boerhaave recently underwent a complete refurbishment of its permanent collection. The museum holds a collection of over 40.000 items, displaying such highlights as the microscopes of Antoni van Leeuwenhoek, the first artificial kidney, the oldest Dutch planetarium, seventeenth century surgical instruments and objects that once belonged to Nobel Prize winners of the Netherlands. Together with the museum staff, designers OPERA Amsterdam and Studio Louter created five distinctive themes: ‘Golden Age’, ‘Sickness & Health’, ‘Powerful Collections’, ‘Water, Electricity and Data’ and ‘Big Questions’.¹ Each theme brings a new spatial sphere with accompanying interactives and audio-

visuals which help the visitor to discover new perspectives on (Dutch) history of science and medicine. Dutch newspapers referred how the new presentation is deeply moving and shows “the people behind the instruments”.² Since the re-opening of the permanent galleries in December 2017, the museum has welcomed over 60.000 visitors.³

The new medical theme *Sickness & Health* tells the story of the making of our modern medical world. Filled with personal stories and fascinating objects such as anatomical models, obstetric tools, original images and life size instruments, visitors can experience the major transformations in medicine over the past four centuries. The designers created a light space, by suggesting daylight galleries in the first two spaces. First the visitor passes through a space mimicking a hospital ward. The following space with high ceilings is dedicated to the introduction of the laboratory and the visualisation of the body. Lastly, the visitor enters a smaller and darker space, dedicated to the future of healthcare. Here, the museum asks the visitor on his/her views about dilemmas around future medical treatments. In this paper, I will discuss the offered experience in this space, a room for contemplation and reflection on medical ethical dilemmas around medical (im)possibilities of the future. What are the ideas and development processes behind the content? How was this translated into interactives and display? More in particular, I will address the anticipated visitor experience and the efforts into involving visitors in medical ethics. What does it mean to *do* medical ethics in a museum context, and what are the initial visitor responses?

The format of the interactive contemplative space dealing with ethical issues is based on active reflection. Visitors are invited to rest and reflect, while actively engaging with a question that could touch him or her life. Objects in this room are coupled with interactives in five units - one subject per unit. Each unit consists of a bench for the visitor to rest, a touchscreen with a receiver playing a film posing an ethical dilemma, and a glass exhibition case with a single individually lit object. Each interactive screen displays video fragments inviting the visitor to provide their view. Data collected are saved (anonymously) and the next visitors will be able to compare their own views to those of previous visitors. The five subjects treated in this manner are: the future of organ replacement, human enhancement and genetics, the relationship between man and machine, the quest for infinite health, and the (financial) value of bodily materials.

Aim of the interactive exhibits is to create a space for dialogue and reflection, and engage visitors with contemporary bioethical questions, not to 'educate' audiences. That is, the museum does not explicitly seek public outreach or improvement of public understanding of biomedical issues.⁴ The main aim is to involve audiences in current debates, seeking a continuous line between history and current events in society. To find out how our visitor groups reacted to this concept, Rijksmuseum Boerhaave tested story lines of the new presentation in a broad audience research during an early stage of the refurbishment process. A well-known marketing company performed the research, based on their 'mentality model'.⁵ This entailed a survey investigating the responses of three specific target visitor groups to the museum's preliminary plans. Two types of visitor groups especially responded positive towards the concept of a room on (bio)medical ethics: content fans seeking information and education; and a visitor group looking for new experiences and inspiration. Some people in the last group even mentioned that they hardly considered some issues as dilemmas, but rather as future developments in the medical sciences. All respondents furthermore considered the issues suggested as important. Interestingly, as part of the survey, the respondents were asked to provide possible medical ethical subjects. A large part of the respondents made suggestions overlapping with the subjects selected by the museum. Where possible, the museum incorporated the suggestions by the respondents.

Since the interactives are part of a nationally funded public museum, they provide what can be labelled as 'public bioethics'. Contrary to many public bioethics bodies, the space for ethical contemplation in Rijksmuseum Boerhaave is not aimed at policy making or policy evaluation.⁶ Even so, public engagement with science, technology or medicine in a museum context does entail a constructed concept of scientific citizenship.⁷ For Rijksmuseum Boerhaave, the discussions raised in this museum space form starting points for further dialogue events around medical ethics.

The format of the videos in the interactives suggests personalized content. The presenter in the video directly addresses the visitor by posing personal questions and suggesting a conversation. After the initial posing of the dilemma, the visitor is invited to make a choice if he or she would say yes or no to a certain treatment. After this a short explanation in an informal setting between presenter and expert (medical ethicist or philosopher of technology) follows. Then, the visitor can choose again. Has he/she changed his/her opinion? Finally, the visitor can compare his/her opinion with other previous visitors. The intention of the format is to provide more context, background and depth to a

medical dilemma. Each video contains some information on the background of a subject, on the legal context, and on future possibilities. The idea is that visitors are engaged with the issues and start sharing their thoughts with others during or after the museum visit.

First experiences with the interactive settings are positive.⁸ Visitors of all ages take their time to follow the story attentively. Most visitors select one or two units to explore. The example of a group of students in medical technology is of particular interest here. Because they were visiting in a large group, they initiated conversations among each other spontaneously, discussing their personal views on the issues. Some other visitors expressed concerns on the somewhat loose relationship between objects and interactive exhibit. It is questionable the anticipated reinforcement of objects and interactives was achieved. Many other questions remain. What about group and family experiences? How can we learn from post visit experiences for this exhibit? Further research and a full visitor survey will have to provide clues in the future.

REFERENCES

1. Interior was developed by Bruns; audio-visuals were realized by Mansveld.
2. Wim Köhler, 'Het nieuwe Boerhaave toont de mens achter het instrument', *NRC Handelsblad*, 15-12-2017; Martijn van Calmthout, 'Na ingrijpende renovatie grijpt Rijksmuseum Boerhaave je bij de kladden', *Volkscrant*, 14-12-2017.
3. Between 12 December 2017 and 30 June 2018.
4. Compare: Diamond, J., McQuillan, J., Spiegel, A.N., Wonch Hill P., Smith R., West, J. & Wood, C., (2016) Viruses, Vaccines and the Public, *Museums & Social Issues*, 11 (1), 9-16.
5. The company Motivaction International B.V. performed a protest at two different moments during the preparation process of the new exhibition. See also: Franzen, G. (2006) *The SWOCC book of brand management models*, Amsterdam, SWOCC; Kotler, P. (2013), *Marketinghighlight Het Mentality-model van Motivaction en persona's*, In: *Principes van marketing*, Amsterdam, Pearson Benelux, p. 251-252.
6. See for example: Kelly, Susan E. (2003), *Public Bioethics and Publics: Consensus, Boundaries, and Participation in Biomedical Science Policy*, *Science, Technology & Human Values* 28 (3), 339-64.
7. Compare: Bickerstaff K., Lorenzoni I., Jones M. and Pidgeon N. (2010), *Locating scientific citizenship: the institutional contexts and cultures of*

public engagement, Science, Technology & Human Values 35(4) 474-500.

8. First impressions are based on individual observations. A survey is being in preparation.