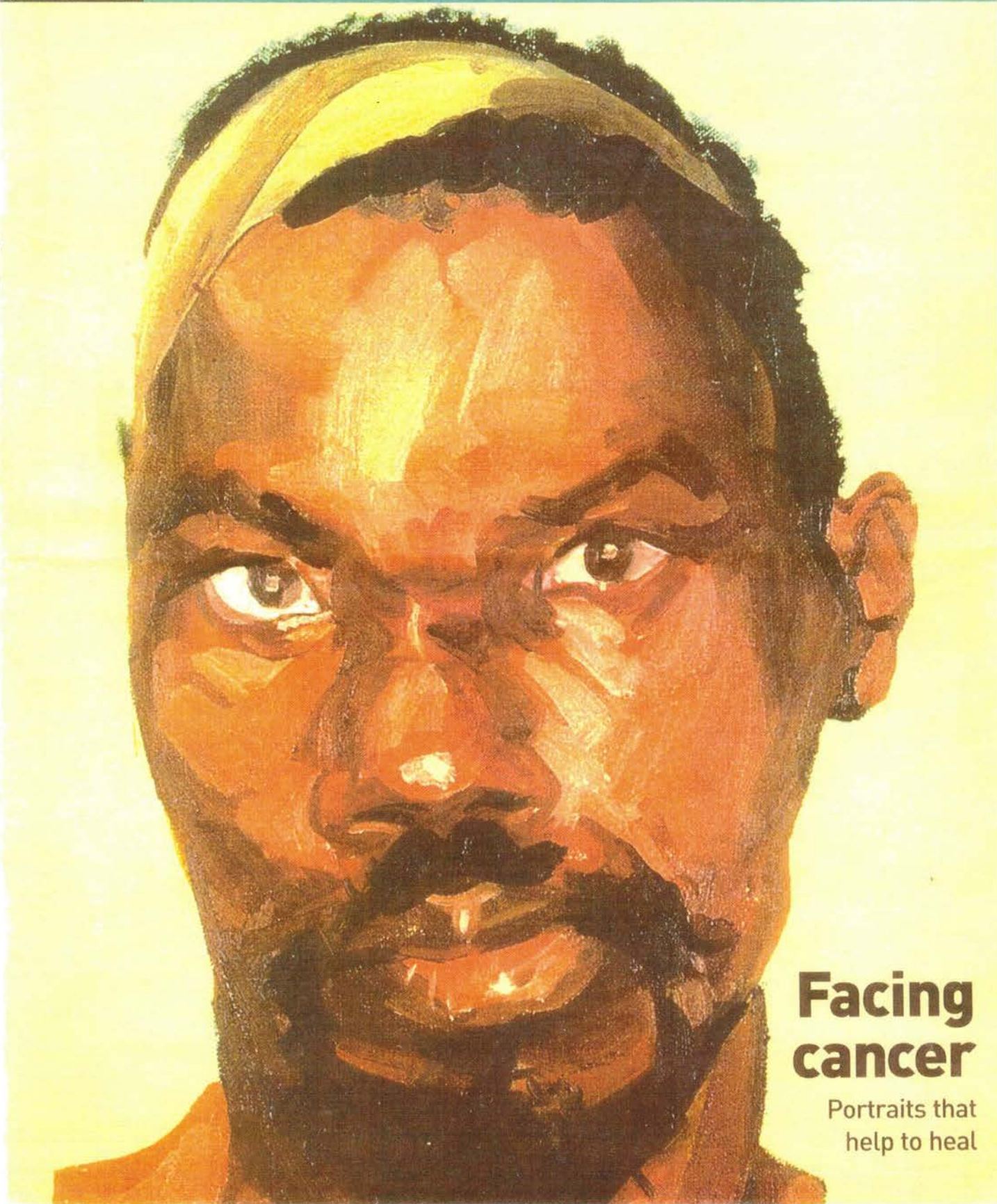


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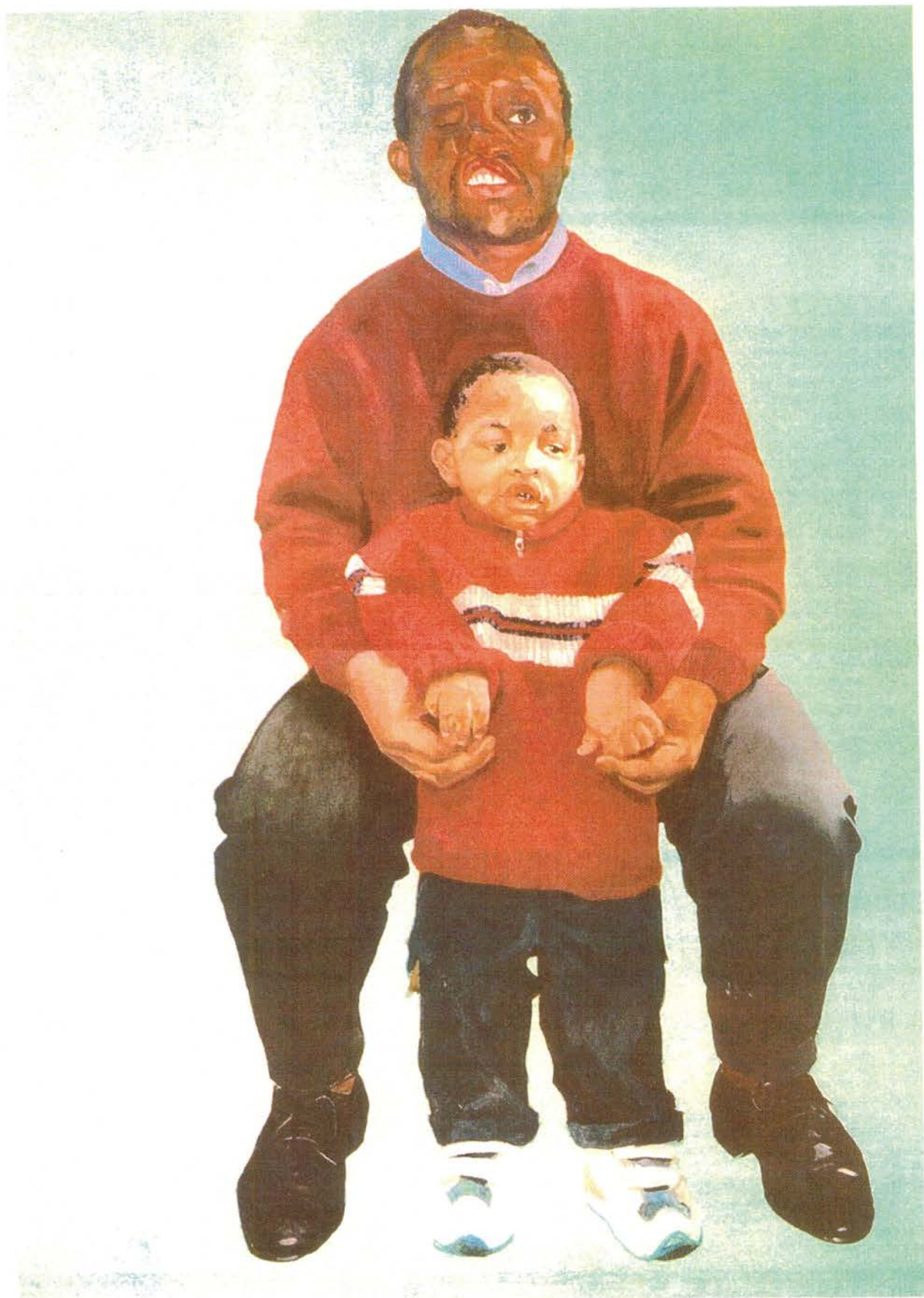
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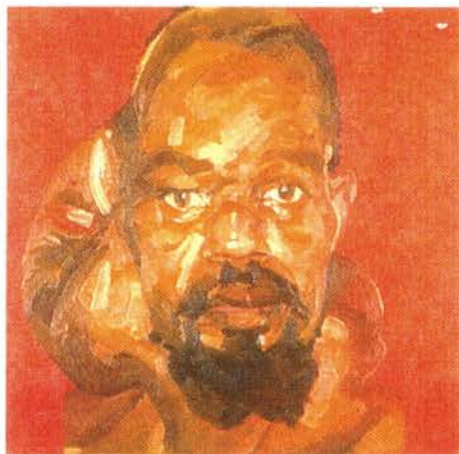


Facing cancer

Portraits that
help to heal



Few cancers can be as traumatic as facial cancers — for shocked, embarrassed observers as well as deformed victims. But a startling exhibition by a portrait painter backed by a British charity is helping people touched by the insidious disease to face up to some radically altered images. By **Victoria Finlay**.



Saving faces

Mark Gilbert is one of the few portrait painters who can truthfully say he knows his subjects inside out. He has painted their faces, and he has painted behind their faces: those vermillion landscapes beyond the cheek that usually only a surgeon knows about.

If this were a feature about the latest "Britart" exhibition you might have been repulsed by now: pickled cows, plasticised private parts, knife-torn cheeks ... But read on, because Gilbert's work is different. It is tender, original and has transformed the lives of many of those involved in it: the subjects, the public, the artist and the medical staff at a major British hospital, who say the paintings have helped them understand what their patients are going through.

In its usual form, "art therapy" involves getting brushes and paints into patients' hands. But two years ago Iain Hutchison, a consultant at the Maxillofacial unit at the Royal London Hospital, had a different idea. He wanted to get an artist onto the wards — and more radically, he wanted to commission portraits of his patients not only before and after, but also during surgery. Then he wanted the portraits to go on tour around the country, to show the public how much can be done for people with facial cancer and how important their compassion is to anyone whose face is deformed.

"My first reaction was it's a waste of time," admitted psychiatrist Paul Farrand, who has worked with most of the patients involved. "I thought, why not just take photographs? But now I'm totally converted. Unlike photos these portraits show people as people ... we could never have expected how much this has helped the patients."

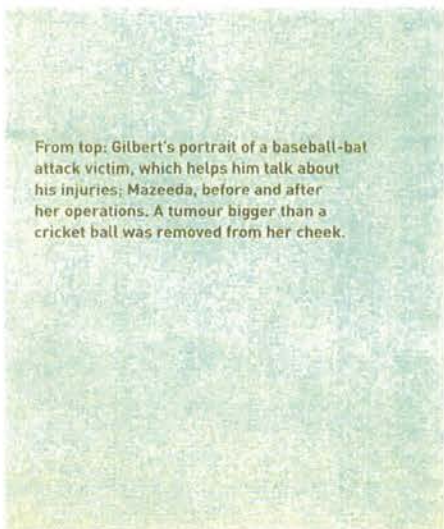
Nor could they have expected that the body of work created by Glaswegian Gilbert, 31, would be booked by enthusiastic curators at London's National Portrait Gallery — it will be there for three months next year — as well as by other major British art galleries and more overseas, some in Japan. At the Nottingham Arts Centre, the first stop for the show, curators said it had been the most popular they had ever hosted.

Perhaps that's because it deals with subjects many people are afraid of: surgery, cancer, deformity and the ephemeral nature of beauty. And perhaps because the portraits are strong, moving images by a promising artist on more than nodding terms with Lucien Freud or Francis Bacon — but without the streak of cruelty.

In the beginning it seemed unlikely the project would get off the ground. Funding wasn't the problem: the money was provided by Hutchison from a trust fund he had set up in his late mother's name several years before. But the ethics committee at the Royal London Hospital had problems with the idea — committee members feared it might threaten patients' privacy — and it took them six months, during which Gilbert kicked around the hospital with nothing much to do, to agree to it.

"When they finally said yes I thought, fantastic, then I thought, oh no!" Gilbert admitted. "I was terrified: I didn't know what to expect. I didn't know anyone with facial deformities, I didn't know if I'd be intruding and I had never been into an operating theatre. I was worried I might keel over." He also didn't know how to start. "I hated the idea of going around the wards and saying, 'My name's Mark. Can I paint your portrait please?'" ©

Left: "the other Henry", a Nigerian nurse, with his two-year-old son. Henry lost part of his face to cancer, but a new lease of life means he's studying for a degree and looking forward to seeing his son grow up. Above: Hakim, who didn't live to see his portrait.



From top: Gilbert's portrait of a baseball-bat attack victim, which helps him talk about his injuries; Mazeeda, before and after her operations. A tumour bigger than a cricket ball was removed from her cheek.

But he was lucky: the first person he worked with was Henry de Lotbiniere, a charismatic barrister in his 50s; his handsome face had been eaten by cancers, and even 12 operations and the best efforts of the Royal Hospital team couldn't save his eye and cheek. "Henry was brilliant: he allowed me to do whatever I liked, even though he hadn't seen what the portraits were all about," said Gilbert with admiration. "He has been blasted with everything, had radiotherapy and chemotherapy, but he is still brave and still working. The paintings I did of him encouraged other people to join the project."

"Mark has been like a counsellor for the patients," said Farrand. Sitting for hours, looking intently at features they sometimes can't bear to look at in the mirror and talking about surgical procedures, has helped people cope, he added. De Lotbiniere, whom Gilbert painted in his barrister's wig and robes, now carries photographs of his portraits with him, and whenever anybody stares or appears scared of the way he looks he uses them to discuss what happened.

Another patient, viciously attacked by a man wielding a baseball bat, uses his portrait to help him talk about the assault; a nurse called Sue, with a rare condition that made her adult face grow abnormally into a crescent-moon shape, cried when she saw her post-operation portrait. "She said she saw her personality reflected back at her, and for the first time she felt she looked like the person she really was," said Farrand.

Gilbert worked with about 20 patients — men, women and children selected mainly by Hutchison — and all had the option of backing out at any stage. "Nobody did," said the artist.

IN THE TINY hospital studio — a converted office smelling of turpentine and streaked with paint — from which he has worked for the past two years, Gilbert showed me slides and prints of most of the works: a couple of unfinished canvases remained, the rest were already on tour. The paintings are ultimately compassionate — something Gilbert said he realised his work was lacking before this project — and are informed by his relationships with the sitters, whom he describes almost as friends.

There is Mazeeda, a little girl who had a tumour bigger than a cricket ball growing from her cheek. A pretty, follow-up picture of her shows how surgery has given her the gift of a normal life. There is Dudley, who shot himself in the chin while depressed and is now blind. And there is a delightful picture of "the other Henry", who was told by doctors in his native Nigeria there was no cure for his cancer. But working as a psychiatric nurse, he had access to the *British Medical Journal* and realised he might have a chance in Britain. It took two years to get the sponsorship and the referral, but he made it. He has lost part of his face, but is optimistic he might see his two-year-old son grow up, and is studying for an advanced degree in nursing in Britain.

I asked to talk to Hutchison, who had orchestrated the programme and conducted the life-saving operations. Within minutes I was being rushed downstairs, into surgical pyjamas and into an operating theatre. "Have you done this before?" Hutchison asked kindly from behind his mask. "I haven't, but I won't faint," I promised, hoping it would be the truth.

They were sewing up the face of a young Chinese woman when I went in: a team of doctors, nurses, two surgeons and two anaesthetists reading newspapers while watching the regular blip-blip-blip on the monitor. Classical music was playing and the atmosphere was quiet but jokey: there was a feeling of relief that Sue Mei, a 21-year-old Cambridge University economics student and a favourite with those who met her, didn't appear to have a malignant cancer.

Not only did I not faint, but I was so fascinated I stayed for another operation — on an older, Indian woman, having surgery for the second time after her cancer had spread to her chin. As the surgeons painstakingly opened her face to remove the tumour from near the bone it was easy to feel squeamish, but then, as Gilbert had warned me, I needed only to glance at a part of her face that still looked human to find the process tender.

"You don't know how you are going to feel when you see a head unveiled in surgery," Gilbert said. "I was petrified going up there for that first operation, but the minute I saw it in reality it was very moving. You have a strange, heightened state of awareness: you see the teamwork and you are in awe. Sometimes it can be tense, or surreal, or really emotional."

The paintings of operations were the most difficult to execute and show, said Gilbert. But those pictures, constructed from photographs, with their inside-out images of features, soft glints of surgical implements and their humanity, are easier to look at than clinical photographs. "At first I found it hard to get the colours and that intense light and wetness," he added. "[But] the whole point was not to be a medical illustrator: these are not anatomical paintings. Also I have not sanitised them — I've tried to be as straight and honest as possible."

Hutchison recalled a patient who needed a serious operation. "I sent him to Mark to show him portraits of other patients who'd had operations. I wanted to show him it would be okay in the end," he said. "But Mark misunderstood and showed him paintings of the operations themselves." It could have backfired, they both admitted, but the patient was fascinated. "He got the information he needed; he felt less scared," Gilbert said.

Upstairs, in the public part of the Royal London Hospital, Sue Mei's parents — born in Hong Kong, now living in London's East End — and her brother were waiting. They had hardly moved for eight hours, were evidently fearful, and were speaking to each other in low voices. For them, as for Sue Mei, it would be one of the most traumatic days of their lives. "I've just fin-

ished operating," Hutchison told them. "And your daughter will be fine."

Cancer, they say is the loneliest thing. And facial cancer is one of the worst of the disease's evil progeny. In addition to the horrors of chemotherapy and radiotherapy, and to the terror of the tumours reappearing, patients can be traumatised by other people's reactions to their scars.

Sue Mei was lucky: her cancer was caught early by an alert dentist. Recent surgical advances mean her face still looks whole, and the surgeons' careful stitching will hardly show in a few months. But others, diagnosed later or with insatiable cancers, can find themselves with terrible facial deformities whether cured or not. "For some years I've wanted to educate people about what we can do, and what we can't," Hutchison said. Some think we can leave faces without scars, others aren't aware of how much we can do."

Another thing he wanted to show was how bad facial cancer and facial injuries can be. "A lot of mouth cancer is caused by smoking, and a lot of facial injuries are caused by drink: both are preventable," he said. Smoking multiplies your chances of facial surgery three times, drinking three times, and both nine times, he added, "so as a surgeon you want to do your best to reduce this burden and stop kids ruining their lives."

Before he started the project, Hutchison considered the educational effects of the portraits, and the benefits for a young artist of being able to paint people with unusual features at traumatic times in their lives. "I have also learned a lot about how the artist, or anybody, can make a contribution by sitting and talking. And I've learned more about what my patients are feeling," he admitted.

Hutchison hopes exhibition proceeds will support his charity, Saving Faces, formed to fund research into mouth and face cancers, which account for one in six diagnosed cancers in Britain. "Government funding takes years to be agreed, which is why I wanted to do this myself," he said.

About 40 maxillofacial surgeons in Britain have agreed to participate in six random, prospective studies on different tumours. If they find the funding for the studies (£500,000 — HK\$5.8 million — for five years) they should obtain the knowledge they need to treat patients most effectively. "Maxillofacial surgeons, like most surgeons, tend to believe in our own techniques," Hutchison said. "But we don't know for sure what's best, and there are few trials to guide us."

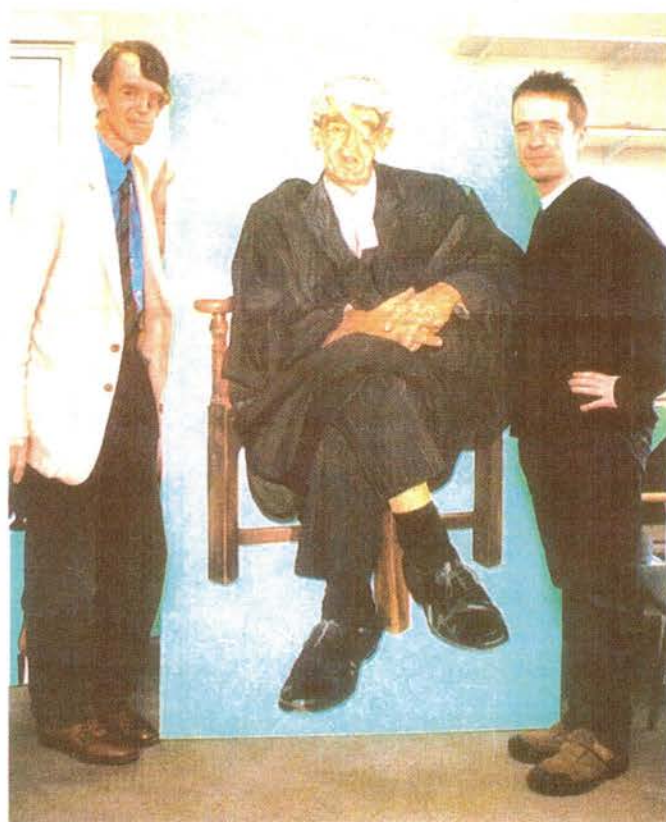
According to Professor Henk Tideman, head of the Department of Oral and Maxillofacial Surgery at the University of Hong Kong's Prince Philip Dental Hospital, facial cancer is rare here, accounting for one

or two per cent of total cancers. But the hospital is busy every day with operations on patients with hereditary deformities of the jaw. Tideman, however, says matters are much worse on the mainland — the playground of tobacco companies' marketing campaigns. He is working with surgeons in cities including Beijing, Shanghai and Wuhan, and they are overwhelmed by cases. "The research, when it is done, will be sent out internationally. I hope it will help China as well," Hutchison said.

Towards the end of the day we went to the recovery room to see Sue Mei. "She's waking up," the nurse said. She opened her eyes groggily, and for the first

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Artist Mark Gilbert (far right) with barrister Henry de Lotbiniere, the subject of his first "cancer portrait". Said Gilbert: "Henry was brilliant. The paintings I did of him encouraged other people to join the project."



time realised the extent of her emergency surgery. She had lost the inside of her cheek and one side of her mouth, and the dental prosthetic that reached — although she probably didn't realise it, and it didn't show beneath the skin — right through her sinuses to her eye, hurt.

Hutchison gently felt inside her mouth to make sure everything fitted properly after the seven-hour operation. Sue Mei touched her swollen face and looked with disbelief at her hand, which had blood on it. Then she moved her head upwards to say something to the man who had cut through her pretty face and removed part of her mouth. "Thank you," she whispered. ☹

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