JOHNSTONE, FIONA , ALLISON MOREHEAD , and IMOGEN WILTSHIRE. Art and the Critical Medical Humanities. London: Bloomsbury Academic, 2026. Critical Interventions in the Medical and Health Humanities. Critical Interventions in the Medical and Health Humanities. Bloomsbury Collections. Web. 15 Jan. 2026. <http://dx.doi.org/10.5040/9781350506367>.

CHAPTER SIX

Looking well: art historical interventions for a more equitable medicine

Kathleen Pierce

In *Image Matters*, Tina Campt (2012) deftly calls attention to the tensions inhered in the act of scrutinizing imaged bodies for physical evidence. As she recounts her efforts to locate people of Afro-Caribbean descent within the Birmingham City Archive as part of her larger effort to surface social histories buried, in part, by systemic racism, we see Campt struggle with her own disciplining gaze. Even as she applies a visual acuity honed over years of careful study (124), she comes to find that that same visual acuity, untempered, risks replicating the very systems of power she writes against: ‘As if standing beside myself, I watched myself scanning with effort each plate for visible clues of racial difference, in the process reinscribing all the essentialisms this good black feminist postructuralist disavows’.

Campt’s nuanced attention to the entanglement of visual acuity and the equivocal power of looking have long resonated with me as an essential lesson for a more ethical and equitable medicine. From at least the nineteenth century onwards, European and North American trained physicians, too, have often aimed to cultivate an exacting visual acuity. Physicians and medical students frequently honed this visual acuity to more readily perceive the discernible symptoms of illness or health. It might equally be trained on rendering aspects of identity legible so as to more easily apply categories like gender or race in prophylactic or diagnostic thinking – an act, as we will see, sometimes itself framed as addressing structural oppression in healthcare.

In a medicalized refraction of Campt's description, socially constructed categories can become a visual heuristic, where facets of identity operate as powerful filters by which practitioners calculate the possibility for illness or particular health outcomes.[1] Under this rubric, a patient may or may not *look like* someone likely to experience a certain disease, a diagnostic fact that fundamentally shapes the kind, quality, speed, and duration of care a patient receives.

It was partly my own experiences navigating chronic illness that crystallized how Campt's insights might (re)shape medical systems. I frequently reflect on a 2016 doctor's appointment, midway through my graduate studies in art history. The clinician entered with my chart in hand and repeated a ritualized corporeal and perceptual act I had witnessed – and read about – hundreds of times before: she looked me up and down, applying the oft-discussed diagnostic or clinical gaze (Foucault [1963] 1973; Jordanova 1989; Callen 2018). When she finally made eye contact, she introduced herself and said: 'You don't look like the sort of person I expected to see!' Her tone was friendly; this statement was no doubt intended to put me at ease. The scene reified with exacting precision the stakes of a critical visual medical humanities. The trouble with the clinician's summative *you don't look as I expected* expands beyond questions about the power inhered in the clinician's gaze (most pointedly articulated by Foucault), or the question of empathy – worthy subjects in their own right. Rather, I want to emphasize how this scene points up a multivalent kind of looking within the context of the medical encounter. Here, beyond parsing divides among 'the normal and the pathological' (Foucault [1963] 1973: 35), looking simultaneously comprehends efforts to determine patients' identities (especially age, sex, gender, race, ethnicity, ability) via visual rubrics forged within and without medical education and practice, and, subsequently, efforts to gauge how and whether the information communicated before or during the visit – by way of the chart or patient narratives – may or may not map onto various clinical possibilities. Campt's warnings resound at high volume.

---

[1] The Society for Maternal-Fetal Medicine's Vaginal Birth After Cesarean Section (VBAC) calculator offers a powerful example of these strategies at play. The calculator ostensibly provided clinicians with a tool that might help guide discussions with patients considering a VBAC. The original calculator's algorithm was based on the experiences of 11,856 patients who gave birth in United States hospitals between 1999 and 2002. The calculator allowed for the input of six variables, one of which was 'Black or Hispanic race/ethnicity'. With all other variables remaining the same, selecting either a Black or Hispanic racial or ethnic identity (where, notably, *only one* race/ethnicity could be selected) caused the calculator to offer lower chances of a successful VBAC. As Darshali A. Vyas et al. have argued (2019: 201–3), this is especially alarming given the vast racial and ethnic disparities in maternal morbidity and mortality in the United States. Within the VBAC calculator, socially constructed categories (themselves shifting, contested, and more plural than the calculator allows) are presented as both biological and knowable by the clinician. In effect, the calculator captured the systemic racism that shaped racial and ethnic disparities in maternity care, and re-presented these disparities as biological truths.

Established critical histories of medicine, such as Foucault's *The Birth of the Clinic*, have located the gaze at their centre, and numerous important scholarly works have teased out the particular roles of representation, perception, or visuality in specific times, places, and medicalized experiences. Yet the crucial role of *looking* and *seeing* as core ways of knowing across diverse aspects of medical education and practice, past and present, as well as the larger stakes of bringing – or failing to bring – interdisciplinary thinking about visuality to the study of these ways of knowing, remains undertheorized. Even as medical schools increasingly partner with arts institutions in collaborative curricular programming, the central role that methodologies and ways of thinking from art history, media studies, and visual studies might play in a critical medical humanities remains underacknowledged, though scholars of visual culture (Johnstone 2023) have emphasized its significance – a project to which this very volume attests. Fiona Johnstone (2018) calls for just such a recognition in her 'Manifesto for a Visual Medical Humanities':

> A visual medical humanities is not limited to an investigation of images … but is grounded in an expanded understanding of the visual as an embodied perceptual experience that also involves the other senses …. It is essential that a visually engaged medical humanities pay attention to the phenomenological and emotional dimensions of visual experience, as well as to the issues of representation, power and ideology that have dominated to date.

The present essay offers a provocation around this theoretical work. Capacious and critically attuned ways of thinking about the gaze, visuality, representation, and how they intersect must be at the core of efforts to address racism, sexism, homophobia, ableism and other forms of oppression within health-care systems. Visual studies, art history, and related fields offer crucial epistemological frameworks for doing this work. I anchor my attention to looking as it collides with representation and visuality in the field of dermatology. As one of the 'most visual of all medical subspecialties' (Ott 2010: 92), dermatology evinces what is just under the surface in other contexts. Visual histories of dermatology also comprise the primary area of my own research (Pierce 2020; Pierce 2025). But more than this, because of the ways racial formation projects distilled in western European and American scientific practice have emphasized skin colour within processes of racialization – what Frantz Fanon ([1952] 2008) named 'epidermalization' – dermatology has emerged as a poignant site for thinking about racial equity and its absence in medicine and healthcare. I focus my attention on twentieth- and twenty-first-century efforts to describe and categorize skin colouration in the name of improving health, especially as they relate to the Fitzpatrick scale: a tool developed for this purpose in 1975, and which remains omnipresent in medical research, practice, and education.

A note on terminology

Phrases like ‘skin of colour’ have become popular in medical literature as a way to describe *both* patient populations who identify as people of colour *and* patients with darker skin tones. I understand how such phrasing might be politically useful for healthcare practitioners who wish to signal efforts to increase equity in their practice, or align their care with social justice movements. Yet skin colour does not map easily onto race or ethnicity; likewise, it is possible for clinicians to discriminate against their patients based on each of these facets of identity – skin colour, race, and ethnicity – separately, or in combination. ‘Skin of colour’ collapses skin tone into the social categories of race and ethnicity. Throughout this essay, I aim to recognize, with specificity, the complex relationships among skin colour, race, and ethnicity, as well as racism and colourism. Within my own descriptions, I primarily use relative terms to describe skin colour, especially the adjectives ‘lighter’ and ‘darker’, and only use phrases such as ‘race’ or ‘ethnicity’ to signal these social categories.

* * *

The late twentieth century witnessed the emergence of a visual rubric for describing and classifying skin that has had and continues to have an outsized influence on medicalized thinking about the relationships among skin colour, race, ethnicity and health: the Fitzpatrick Skin Phototype Scale. In 1975, Thomas Fitzpatrick formally proposed (1975: 33) the classification of patients’ skin into one of four categories depending on the skin’s purported susceptibility to ‘tanning’ or ‘burning’. These ‘phototypes’ ranged from ‘type 1’, ‘an individual incapable or only very slightly able to tan’, to ‘type 4’, ‘an individual who does not get sunburns’. Fitzpatrick, then Chairman of the Department of Dermatology at Harvard Medical School and Chief of the Dermatology Service at Massachusetts General Hospital, had been researching the prevention, diagnosis, and treatment of melanoma throughout the 1960s and 70s. Thinking about skin cancer and its prevention thus fundamentally informed his development of the phototypes (Mihm et al. 2004: xxxii). His initial publication (Fitzpatrick 1975: 33–34) framed the phototypes’ usefulness in relation to emergent professional discourse around sun protection, skin cancer prevention, and phototherapy. As Fitzpatrick noted in 1988 (869), he primarily developed the phototypes ‘to classify persons *with white skin*’ (emphasis in original). By 1988, a cluster of articles (Fitzpatrick 1988: 869) argued for the expansion of the scale to include six phototypes, where the addition of types V and VI were said to comprehend people with 'black and brown' skin. The six-part scale continues to comprise a standard both within and without dermatology (Ware et al. 2020: 77–9), not only for describing patients' potential response to sunlight and UV radiation, but also for documenting and communicating skin colouration within patients' charts, frequently as a proxy for the social category of race. Researchers (Ware et al. 2020: 77; Coleman et al. 2023: 726) ascribe the scale's prominence to its purported universality: its singularly wide adoption in medical education, research, and practice. As just one measure of its influence, Unicode used the Fitzpatrick scale (Robertson et al. 2021: 350:1–2) as the basis for the emoji skin-tone modification options released in 2015.

What might transform if we hold Campt's insights in mind as we consider the Fitzpatrick scale's prominence and, as we will see, its critics? Or if we think alongside the definition of 'visuality' Nicholas Mirzoeff articulates (2011: 3) in *The Right to Look*? For Mirzoeff, visuality comprehends: 'a set of relations combining information, imagination, and insight into a rendition of physical and psychic space' which 'classifies by naming, categorizing, and defining'; 'separates groups so classified as a means of social organization'; and 'makes this separated classification seem right and aesthetic'. As we will see, the scale comprises a visual and conceptual framework around which numerous actors make scopic, representational, hierarchical, categorical, political, technological, and bureaucratic choices, whose consequences bear on life, death and how it feels to live within a particular body on a day-to-day basis. What might become possible to know, question, or imagine when critical paradigms for understanding the visual, like Mirzoeff's, are meaningfully brought into reassessments of dermatological thinking and practice?

Although the earliest descriptions of Fitzpatrick's phototypes were textual, they quickly accrued visual language; eventually, authors began to communicate the phototypes through diverse kinds of representation. Initially, Fitzpatrick (1975: 33) advised practitioners to observe and consider patients' skin, hair, and eye colour only secondarily when classifying phototypes. He emphasized (Fitzpatrick 1988: 869) that practitioners should lend particular weight to patients' responses to questions like: 'how painful is your sunburn?' Very quickly, however, authors began to attach descriptive language to the scale and, subsequently, encourage clinicians to actively evaluate patients' appearances. In one of the first papers to argue for expanding the number of phototypes, in this case from four to five, Madhu A. Pathak et al. (1986: 227–31) describe types not only in terms of a propensity to 'burn' or 'tan', but also in relation to skin tone, race, and ethnicity. For example, Pathak (1986: 227–8) terms phototype I skin 'very fair', likely someone 'with Celtic background – Irish and Scottish', while skin linked to phototype III is 'medium' in its colouration. To phototype

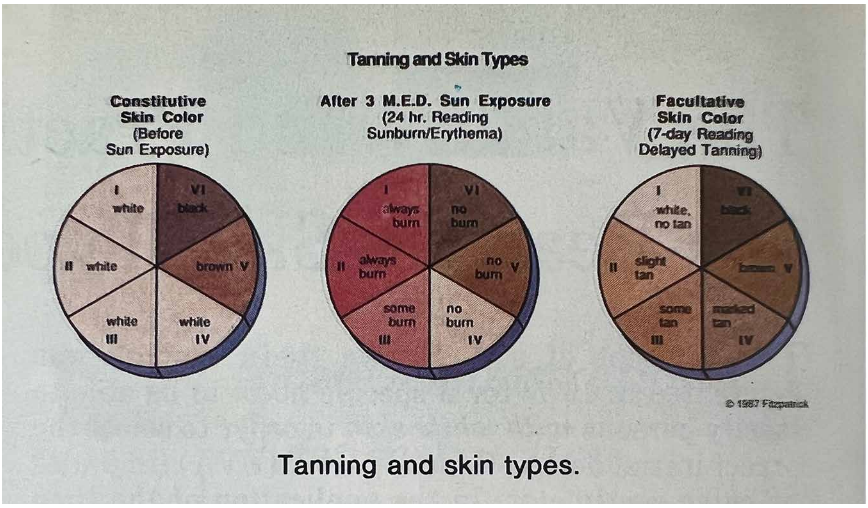

FIGURE 6.1 Thomas B. Fitzpatrick, 'Tanning and Skin Types', *c*. 1987, published in Fitzpatrick, 'The Validity and Practicality of Sun-Reactive Skin Types I Through VI', *Archives of Dermatology* 124, no. 6 (June 1988): 870.

V, Pathak (1986: 231) appends the labels 'markedly tan' and 'dark', as well as language used within eighteenth- and nineteenth-century efforts to demarcate racial typologies. These authors encourage practitioners to assign phototypes based on their close looking at and interpretation of patients' skin, eye, and hair colour, and/or how they perceive their race or ethnicity.

In 1988, Fitzpatrick (870) supplied a representational diagram to help clarify the scale (Figure 6.1). This same diagram later appeared in other publications, including his co-authored textbook (Fitzpatrick et al. 1993: 1693), *Dermatology in General Medicine*. The illustration presents readers with three pie charts tracking changes in skin colouration over time: pre-sun exposure, twenty-four hours after an hour of noon sun exposure, and seven days following the hour of noon sun exposure. Each chart has been divided into six wedges labelled with a phototype (I–VI) and filled with a solid colour. Within the pre-exposure chart, the wedges signifying types I–IV have all been labelled 'white' and filled in with the same light beige hue; the wedges representing types IV and V have been labelled 'brown' and 'black' and filled with sienna and umber pigments, respectively. Within the third chart (signifying the passage of one week), each wedge and, subsequently, each phototype, has been assigned a distinct colour ranging from the same light beige hue for type I, to light and medium ochre pigments for types II and III, to medium and high value sienna hues for types IV and V, and a high value umber for type VI. Within the text of the paper, Fitzpatrick (1988: 870) insists that the scale was developed to determine patients' sensitivities to UV radiation, where their 'phenotype' may not always accurately predict the

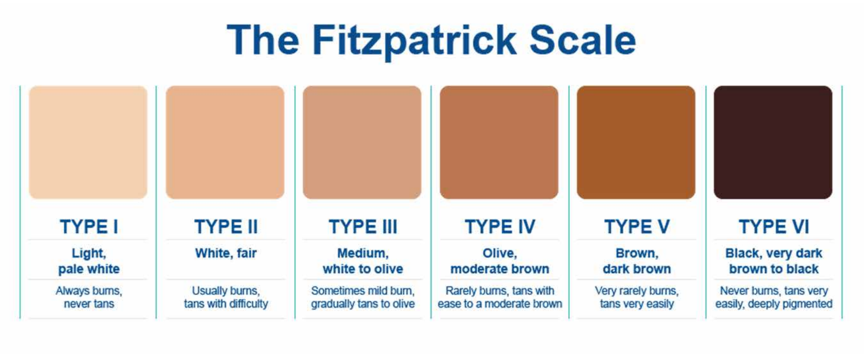

FIGURE 6.2 *The Fitzpatrick Scale, c.* 2016.

skin's response, and that 'ethnicity or "race" is only a cultural and political term with no scientific basis'. Yet the figure flattens any nuance, instead forging direct connections between skin colour and phototype.

Over time, even more schematic versions of the scale began to circulate, especially within media directed at popular audiences. In his op-ed calling attention to the systemic racism that permeates dermatology, for example, Neil Singh (2020) appended a spare diagram to his discussion of Fitzpatrick to help illustrate this thread of dermatological history (Figure 6.2). This diagram's title centres Fitzpatrick, evoking the hagiographic tone of the histories of medicine Singh seeks to counter. The formal properties signalling temporality – and, thus, the scale's relationship to how skin responds to sunlight – have been eliminated. Instead, each phototype has been illustrated with a single representative colour tile. Text connects each tile to a specific phototype and descriptive language, which alternately invokes skin colour ('fair', 'moderate brown') and race ('white', 'Black') without acknowledging any differences between these categories. While textual labels also describe each phototype's capacity to 'burn' or 'tan', the use of smaller font, here, diminishes this information's importance. Despite Fitzpatrick's original emphasis (1988: 870) on the ways patients' appearances, including skin colour, may or may not match clinicians' assumptions about the skin's response to UV radiation, and despite the complex relationship between skin colour and the social categories of race and ethnicity, the diagram collapses any distance between a patient's phototype, skin colour, and perceptions of their race or ethnicity. The diagram's horizontality, too, refigures the conceptual space between phototypes as a spectrum, suggesting that the scale covers the entire range of possible skin tones, and that every patient might find representation within these options. This particular diagram has appeared across diverse kinds of media marshalled to myriad ends: from public-facing publications (Singh 2020) critiquing the scale, to materials physicians (Sutton 2016) have developed to educate patients, and specialized medical literature (Charlton et al. 2020: 3), where authors deploy the diagram uncritically as an illustration.

Despite its prominence, the scale has not escaped critique. Among the most important points raised is the scale's primary focus on light to medium skin tones; it was both formed within and continues to assert a white hegemony. As Fitzpatrick himself emphasized (1988: 869), he developed the phototypes 'to classify persons *with white skin*'. Unsurprisingly, the scale's efficacy in cancer prevention diminishes (Erickson et al. 2023) when used to evaluate patients with darker skin tones, a clinical failure compounded by systemic racism and the underrepresentation of darker skin tones in medical education. It is thus within a framework where dermatology *fails to imagine* caring for patients with darker skin tones and/or patients of colour that the scale came into existence, an issue that the scale and the larger medical systems from which it emerged continue to exacerbate. Indeed, many projects developed to address systemic racism in dermatology, whether activist led, such as 'Brown Skin Matters' (Buchanan Weiss 2019), or physician led, such as Jenna Lester's (2018) 'Skin of Color Program', emphasize representation – particularly the overrepresentation of bodies with lighter skin tones and the underrepresentation of bodies with darker skin tones – as just one symptom of the ways systemic racism shapes dermatological research, education, and care. This is especially significant given skin pigmentation affects how signs and symptoms of all kinds – and not just of dermatological diseases – *look* (Ebede et al. 2006: 687; Alvarado et al. 2021: 1427; Everett et al. 2012: 496). Recent studies of dermatology textbooks (Adelekun et al. 2021: 194–96; Alvarado et al. 2021: 1427–31; and Porras Fimbres et al. 2023) reveal that depending on the sources consulted, anywhere from 5.6–11.5 per cent of images picture what authors primarily describe as 'dark' skin or 'skin of color', a proportion consistent with a study (Ebede et al. 2006: 687–90) conducted fifteen years prior.

Yet the very methods of the studies cited here betray another crucial point of critique: researchers and clinicians' use of the Fitzpatrick phototypes as proxies for the social categories of race and ethnicity. As even the earliest visual diagrams of the phototypes seemed to presage, over time the scale became detached from its origins in cancer prevention research. Physicians increasingly deployed the phototypes in research, education, and clinical practice as a way to signpost patients' skin tone, race and/or ethnicity, where these three categories are frequently confused or conflated. In their 2020 survey of dermatologists, Ware et al. (2020: 79) found that between one-third and half of those surveyed used the scale to indicate patients' 'race/ethnicity' and/or their 'constitutive skin color'. As Everett et al. emphasize (2012: 499), this phenomenon extends beyond dermatology across diverse spheres of medical practice. Phototype designations in clinical documentation are largely determined by clinicians' scopic assessment – what Erickson et al. term a 'visual inspection' (2023: 678) – of patients' appearances rather than any discussion with patients about their skin's response to sunlight. The Fitzpatrick scale's entangled relationship with 'information, imagination, and insight' in 'physical and psychic space', and behaviours such as 'categorizing and defining' performed to seem 'right and aesthetic' (Mirzoeff 2011: 3) are here apparent.

Indeed, within many of the studies cited above critiquing the overrepresentation of light skin tones in research and education, the Fitzpatrick scale was *itself* core to the methodology of determining whether or not representations pictured 'dark skin' or 'skin of color'. The methods sections of these papers (Adelekun et al. 2021: 195; Ebede et al. 2006: 688; Alvarado et al. 2021: 1427; and Porras Fimbres et al. 2023: 2463) describe a similar process: one or several authors reviews each image, 'rates' it on the Fitzpatrick scale, and subsequently classifies it as a 'dark skin image' or an image of 'skin of color' (or not). Far from signalling a risk of cancer, phototypes here come to stand for skin colour and, through the language of 'skin of color', race and ethnicity. Thus, even as critics problematize the scale's development for and within a dermatology which centres light skin tones, the scale continues to constitute *the* baseline for accounting for the diversity of skin tones represented in dermatological teaching and research. What's more, the majority of authors (Ebede et al, 2006: 688; Adelekun et al. 2021: 195; Porras Fimbres et al. 2023: 2463) actively privileged their *own* capacities for skilled looking in doing this work while dismissing diverse kinds of text – some of which may have referenced patients' self-reported relationships to race or ethnicity. In Adelekun et al.'s phrasing: 'To *limit bias* from the reporting of race/ethnicity in figure captions, skin phototypes were assessed *only visually*' (emphasis my own). While these authors recognize text as possibly inhering the original textbook authors' subjective viewpoints, or as something requiring interpretation, they conversely position looking and visual assessment outside the realm of interpretation. Their diction betrays a kind of surety about looking and the relationship between looking and knowing that recalls Lorraine Daston and Peter Galison's (2010: 46) conception of 'trained judgement', an epistemic virtue wherein 'experts relied explicitly on unconscious intuition to guide them'. Or art historian Sarah Archino's (2024) recent observation that in higher education today, administrators, faculty, and staff that would forcefully defend close and critical reading as core objectives of a liberal arts education often fail to recognize close and critical looking as skills to cultivate. Or, to return to Campt, the ways unexamined gazes scrutinizing bodies for evidence – even when such gazes are motivated by efforts to visibilize systemic oppression or marginalization – can easily slip into the reinscription of essentialisms.

That researchers were studying photographs, as opposed to other media, warrants particular scrutiny. As Sarah Lewis (2019) and Lorna Roth (2019) have argued, photography is a 'technology of subjective decisions' developed to most effectively picture lighter skin tones. Within twentieth-century analogue processes, technicians standardized colour correction by working against a test-strip: a photograph of a woman with light skin and hair known as a Shirley card (after the name of the first model). Such processes efficaciously picture subjects and bodies with lighter skin and hair. But they actively fail to picture subjects and bodies with darker skin and hair, producing images with little to no detail, or which flatten subjects' features so as to render them indistinguishable. Transitions to digital technologies witnessed a transformation of the colour-balancing process, and yet photographs continue to misrepresent subjects with darker skin. To offer just one example of this digital echo: to help photographers track and picture human subjects, many digital cameras have built-in algorithmic technologies (Lewis 2019), such as facial recognition software. These algorithmic technologies encode hegemonic whiteness and often do not detect people with darker skin tones. In some ways, these algorithms' very technopolitical comings-into-being comprise a reverberation of photography's origins, or the Fitzpatrick scale's. It's worth noting, too, that the lack of clarity within photographs of darker skin tones likely contributed to their underrepresentation in teaching materials alongside the same systemic racism and hegemonic whiteness shaping *each* of these technologies.

Yet even as medical researchers increasingly critique the Fitzpatrick scale and the manifold ways it has been used, the larger mechanism and value of skin colour classification generally remains unquestioned. Most argue (Coleman et al. 2023: 727–30; Ware et al. 2020: 80; Everett et al. 2012: 499–500, 507–11) that solutions should include the development of more 'precise', 'objective', or 'broad[er] rang[ing]' scales for documenting skin tones. This is the case even among the most ambivalent medical researchers. For example, Ware et al. (2020: 80), writing in collaboration with the Skin of Color Society, write: 'We acknowledge that the conundrum of how to classify individuals with nonwhite skin or skin of color is not simply answered', and conclude their paper by emphasizing how the addition of skin colour to patient charts frequently does more harm than good. And yet the question posed is *how*, not *whether*, to 'classify'. Researchers here demonstrate a faith in more capacious scales, more data, and increasingly 'objective' measurement tools, such as spectrophotometers, that evokes Ruha Benjamin's (2016: 2) powerful assertion that in the face of systemic anti-Black racism, 'the facts, alone, will not save us'. Anthony Hatch (2022: 9) recently brought Benjamin's thinking to bear on the spheres of health and medicine, incisively revealing how 'racial health inequalities data science participates in a form of structural gaslighting that keeps scientists in an endless search for *more and more refined measurements* of racism's harms' even as 'the political and economic systems that comprise the fundamental causes of those harms are given a pass until all the data are counted' (emphasis my own). (Tellingly, Mirzoeff [2011: xiv] has made a similar argument around 'the banality of images', where, contrary to expectations, efforts to spur action by way of more and more images evincing spectacular violence largely led not to change, but complacency.) As thinkers like Sylvia Wynter (1994; 2003) have emphasized, classification and categorization by way of ‘descriptive statements’ have been core to projects of racialization, the upholding of white supremacy, and the wielding of colonial power – they can never be liberatory. Anthropologist Yesmar Oyarzun (2024) has recently made just such an argument about skin colour scales, including Fitzpatrick’s as well as more recent interventions, emphasizing that however precise or capacious, efforts to categorize will always first and foremost reinscribe difference. Even when well intentioned, in their very making, efforts to devise systems of classification most frequently position what Oyarzun terms ‘dark bodies’ – the ‘depersonalized bodies of people with dark skin’ – as pathological or, drawing on the research of Deirdre Cooper Owens (2018: 7), a ‘superbody’, impervious to pain and harm.

Here, artist Byron Kim’s ongoing project, *Synecdoche*, is instructive (Figure 6.3). Kim (2020: 197–200) began the project, which remains in-progress, in 1990, when he began painting monochrome panels whose colouring matched aspects of his friends’ skin tones. Over time, he expanded the number of portraits/panels to include friends-of-friends, acquaintances, and strangers. When installed, preparators organize the panels into a tight grid, their edges nearly touching. Panels are arranged alphabetically by the first name of the individual represented – information supplied textually beside the paintings. *Synecdoche* fundamentally disrupts the epistemic frameworks driving physicians to develop more and more minute scales of classification for describing, categorizing, and communicating patients’ skin tones. Relating the series’ originary moment, Kim describes the *impossibility* of choosing a combination of pigments that matched his friend’s skin tone, which was flushing as they consumed alcohol together. Indeed, the skin covering every body is *always* multicoloured: its hues and values change

FIGURE 6.3 Byron Kim, *Synecdoche*, 1991–present. Oil and wax on panel, 265 panels, each: 10 × 8” © Byron Kim 2024. Courtesy the artist and James Cohan, New York. Photograph by Dennis Cowley.

not only across diverse parts of the body, but also with activity, age, and time (Kim [2020: 200] notes how differences in his own skin tone between summer and winter mark questions about categorization 'irrelevant'). Even when practitioners agree on a precise location – such as the inner upper arm, an area many dermatologists use to determine so-called baseline constitutive skin colour (Everett et al. 2012: 498) – close looking reveals a multi-hued surface. By actively producing a monochrome image, Kim spotlights the impossibility of precise categorization and reminds viewers that each panel is only a *synecdoche*, a single part *made* to stand for the whole. Such a process, he insists, will always be an abstraction. While the grid evokes precision, measured attention, and the aesthetics of both high modernism and scientific knowledge production, its self-conscious ordering by first name obliterates the organizing principles of the catalogue or the monograph (indexed by surname), the clinical database (databased by date of birth), or, to draw connections to its closest visual referents, the skin colour scale (whether devised to serve physicians or the commercial interests of cosmetic companies, arranged by colour value). Far from rational, Kim's arrangement by given or chosen name centres the recognition of *personhood* as its organizing principle – a counter to Oyarzun's depersonalized 'dark bodies'. Where recent calls (Coleman et al. 2023: 728) for colour scales representing a 'broader range' of skin tones desire precision and certainty, the term *synecdoche* instead emphasizes ambiguity, ephemerality and open-endedness.

To be clear, I in no way seek to dismiss calls for increased representation of manifold skin tones within dermatological education and research. On the contrary, as Singh (2020) and others have emphasized, broad representation across the range of possible skin tones can mean the difference between life and death, or between care and dismissal. Yet the project of increasing representation – of helping students and clinicians understand how symptoms look on all kinds of bodies – need not be tethered to projects of classification. Indeed, in their repeated framing of 'skin of color' or 'nonwhite skin' as a central classificatory problem (Ware et al. 2020:80) – even when such studies are motivated by anti-racist efforts – physicians and medical researchers risk reinscribing darker skin tones as, in Rana Hogarth's phrasing (2019: 837), 'a "problem" to be solved'. What kind of care becomes possible to imagine if medical researchers and practitioners embraced Kim's argument about the impossibility of chromatic categorization? What might medicine become if the energy driving quests for more minute scales could be transmuted, allocated instead to the disentangling of classification, social organization, and naturalization by way of aesthetics? What if, in the place of instrumentalized programs that position art, art history, and visual studies as something to serve medicine in its current iteration, students of dermatology were invited to consider seeing as a situated, multivalent and contested act by thinking with Campt, or Mirzoeff, or Kim? Without classification, what might looking in the context of care hold, do, or be?

References

Adelekun, A, G. Onyekaba, and J. B. Lipoff (2021), 'Skin color in dermatology textbooks: An updated evaluation and analysis', *Journal of the American Academy of Dermatology*, 84 (1): 194–96.

Alvarado, S. M. and H. Feng (2021), 'Representation of dark skin images of common dermatologic conditions in educational resources: A cross-sectional analysis', *Journal of the American Academy of Dermatology*, 84 (5): 1427–31.

Archino, S. (2024), 'Looking at the pictures: Using art history to teach visual literacy across the curriculum', in the session *The Politics of Relevancy: What is the value of art history today?*, College Art Association 112th Annual Conference, Chicago, IL.

Benjamin, R. (2016), 'Racial Fictions, Biological Facts: Expanding the Sociological Imagination through Speculative Methods', *Catalyst: feminism, theory, technoscience*, 2 (2): 1–28.

Buchanan Weiss, E. ([2019]/2024), 'Brown Skin Matters', *Instagram*, available at: https://www.instagram.com/brownskinmatters/ (accessed 9 May 2024).

Callen, A. (2018), *Looking at Men: Anatomy, Masculinity and the Modern Male Body*, New Haven: Yale University Press.

Campt, T. (2012), *Image Matters: Archive, Photography, and the African Diaspora in Europe*, Durham: Duke University Press.

Charlton, M., S. A. Stanley, Z. Whitman, V. Wenn, T. J. Coats, M. Sims, and J. P. Thompson (2020), 'The effect of constitutive pigmentation on the measured emissivity of human skin', *PLoS ONE*, 15 (11).

Coleman, W., K. Mariwalla, and P. Grimes (2023), 'Updating the Fitzpatrick Classification: The Skin Color and Ethnicity Scale', *Dermatologic Surgery*, 49 (8), 725–31.

Cooper Owens, D. (2018), *Medical Bondage: Race, Gender, and the Origins of Medical Gynecology*, Athens: University of Georgia Press.

Daston, L. and P. Galison (2010), *Objectivity*, New York: Zone Books.

Ebede, T. and A. Papier (2006), 'Disparities in dermatology educational resources', *Journal of the American Academy of Dermatology*, 44 (4): 687–90.

Erickson, T., K. Daftary, V. L. Quan, and R. Chovatiya (2023), 'Capturing the Diversity of Dermatology – What's in a Name?', *American Journal of Clinical Dermatology* 24 (5): 675–80.

Everett, J. S., M. Budescu, and M. S. Sommers (2012), 'Making Sense of Skin Color in Clinical Care', *Clinical Nursing Research*, 21 (4): 495–516.

Fanon, F. ([1952] 2008), *Black Skin, White Masks*, trans. Richard Philcox, New York: Grove Press.

Fitzpatrick, T. B. (1975), 'Soleil et peau', *Journal de médecine esthétique*, 2: 33–4.

Fitzpatrick, T. B. (1988), 'The Validity and Practicality of Sun-Reactive Skin Types I Through VI', *Archives of Dermatology*, 124 (6): 869–71.

Fitzpatrick, T. B., A. Z. Eisen, K. Wolff, I. M. Freedberg, and K. F. Austen, eds. (1993), *Dermatology in General Medicine*, 4th ed., vol. 1, New York: McGraw-Hill.

Foucault, M. ([1963] 1973). *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith, New York: Vintage Books.

Hatch, A. (2022), 'The data will not save us: Afropessimism and racial antimatter in the COVID-19 pandemic', *Big Data & Society*, 9 (1): 1–13.

Hogarth, R. (2019), 'Of Black Skin and Biopower: Lessons from the Eighteenth Century', *American Quarterly*, 71 (3): 837–47.

Johnstone, F. (2018), 'Manifesto for a Visual Medical Humanities', *BMJ Medical Humanities Blog*, 31 July. Available online: https://blogs.bmj.com/medical-humanities/2018/07/31/manifesto-for-a-visual-medical-humanities/ (accessed 9 May 2024).

Johnstone, F. (2023), 'Collaborations in Art and Medicine: Institutional Critique, Patient Participation, and Emerging Entanglements', *Leonardo*, 56 (4): 424–29.

Jordanova, L. (1989), *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries*, Madison: University of Wisconsin Press.

Kim, B. (2020), 'The Local Color of Shadow', in C. R. Snorton and H. Yapp (eds), *Saturation: Race, Art, and the Circulation of Value*, Cambridge, MA: MIT Press.

Lester, J. ([2018] 2024), 'Skin of Color Program', *University of California San Francisco*, available at: https://dermatology.ucsf.edu/skin-of-color-program, (accessed 9 May 2024).

Lewis, S. (2019), 'The Racial Bias Built Into Photography', *The New York Times*, 25 April.

Mihm, M. C., Jr. and A. J. Sober. (2004), 'Melanoma Before and After Thomas B. Fitzpatrick', *Journal of Investigative Dermatology*, 122 (2): xxxii–xxxiii.

Mirzoeff, N. (2011), *The Right to Look: A Counterhistory of Visuality*, Durham: Duke University Press.

Pierce, K. (2020), 'Photograph as Skin, Skin as Wax: Indexicality and the Visualisation of Syphilis in Fin-de-Siècle France', *Medical History*, 64 (1): 116–41.

Pierce, K. (2025), '"Typical Cases": Representation, Racializing Medicine, and the Politics of the Case Study in the Moulages Collections of the Hôpital Saint-Louis', *Histoire, Médecine et Santé*, 27, (Summer, 2025): 31-52.

Ott, K. (2010), 'Contagion, Public Health, and the Visual Culture of Nineteenth-Century Skin', in D. Serlin (ed.), *Imagining Illness: Public Health and Visual Culture*, 85–107, Minneapolis: University of Minnesota Press.

Oyarzun, Y. (2024), '"All You See Is White Skin": Race and Dermatology in the United States', PhD dissertation, Rice University.

Pathak, M. A., K. Jimbow, G. Szabo, and T. B. Fitzpatrick (1986), 'Sunlight and Melanin Pigmentation', in K. C. Smith (ed.), *Photochemical and Photobiological Reviews*, 211–39, New York: Plenum Press.

Porras Fimbres, D. C., J. Jacobs, C. Diamond, C. W. Rundle, L. Rodriguez-Homs, C. Presley, and C. Stamey (2023), 'Representation of Fitzpatrick skin phototype in dermatology surgical textbooks', *Archives of Dermatological Research*, 315 (8): 2463–65.

Robertson, A., W. Magdy, and S. Goldwater (2021), 'Black or White but Never Neutral: How Readers Perceive Identity from Yellow or Skin-toned Emoji', *Proceedings of the ACM on Human-Computer Interaction*, 5 (CSCW2): 350:1–350:23.

Roth, L. (2019), 'Making Skin Visible through Liberatory Design', in R. Benjamin (ed.), *Captivating Technology: Race, Carceral Technoscience, and Liberatory Imagination in Everyday Life*, 275–307, Durham: Duke University Press.

Singh, N. (2020), 'Decolonising dermatology: Why black and brown skin need better treatment', *The Guardian*, 13 August.

Sutton, M. K. (2016), 'What's Your Type?', *Sutton Dermatology + Aesthetics*, 17 October. Available online: https://suttonderm.com/whats-your-type/ (accessed 8 May 2024).

Vyas, D. A., D. S. Jones, A. R. Meadows, K. Diouf, N. M. Nour, and J. Schantz-Dunn (2019), 'Challenging the Use of Race in the Vaginal Birth after Cesarean Section Calculator', *Women's Health Issues*, 29 (3): 201–4.

Ware, O. R., J. E. Dawson, M. M. Shinohara, and S. C. Taylor (2020), 'Racial Limitations of Fitzpatrick Skin Type', *Cutis*, 105 (2): 77–80.

Wynter, S. (1994), '"No Humans Involved": An Open Letter to My Colleagues', *Forum NHI: Knowledge for the 21st Century*, 1 (1): 42–73.

Wynter, S. (2003), 'Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation—An Argument', *New Centennial Review*, 3 (3): 57–337.