# Nobles

THE MAGAZINE OF NOBLE AND GREENOUGH SCHOOL

WINTER 2013

caption here

A Conversation with Alexa Miller '96

PHOTOGRAPH BY KATHLEEN DOOHER

# How Art Can Make Doctors Better

*"You can see a lot by looking."* –YOGI BERRA

**ALEXA MILLER '96 HOLDS THE OPINION** that developing a relationship with art—becoming an excellent observer—can be the difference between life and death. Miller's consulting firm, Arts Practica, aims to improve health care and minimize misdiagnosis by training clinicians to trust the data before their eyes—people—as much as they trust the knowledge they have spent years accumulating. "Quality creative attention is the difference between good and great in medicine," Miller writes on her company website.

Miller's work has been featured on WGBH Boston, as well as in *The Boston Globe*, *The Charlotte Observer,* and both medical and arts journals. She is affiliated with medical schools, including Harvard Medical School and Boston University School of Medicine.

Boston University internist and director of medical student education, Warren Hershman, appreciates the value Miller has added to his mission to improve medical education.

"We've neglected some of the basics," he says. "Alexa has done a great job. [Her facilitation of workshops] improves medical students' observation skills and helps them deal with ambiguity—developing a mind-set that allows them to become more comfortable with being uncomfortable."

Here, Miller talks with Heather Sullivan, director of communications, about her passion.

*Did you always intend to have art at the center of your career?*

**Alexa Miller:** I knew that art needed to be a part of it. I went to art school in London after college. I had this passion that I couldn't quite put my finger on, but my art training allowed me to follow it. Artmaking is about paying attention to the thing that makes you go, "Hmm"—to sense something that strikes you as different, whether or not you can describe it, and then to explore it. That's how I first started looking at medicine and medical imagery— through making works of art about the way people heal and adapt.

*Can you describe those works in more detail?*

**AM:** It was right after September 11. I was in a vulnerable place and thinking about human healing and resilience in the body. So I started to make artwork about people's scars: taking photographs of their scars, making them into paintings, collecting their oral histories about their scars, and then exploring some of the narratives of healing in the paintings. To learn about scars and skin tissue, I started to go to this amazing library in London called the Wellcome Trust, which is one of the world's biggest archives of medical imagery. So I camped out in this medical archive and learned about skin and scarring, and how to diagnose and care for it. Unexpectedly, the pictures struck me as having all kinds of interesting, hidden narratives, and at the same time, the medical texts describing the pictures told just one narrative. It was in making art that I was able to pay attention to those ideas and develop them.

But then it got to the point where exploring those ideas in art wasn't effecting change. It was too complex. It was nonverbal. I realized I wanted to make a difference in the education of care providers, and that art had a very real role in that. I realized a better place to make that difference was in physician training.

*How did you develop from making art to teaching others the art of observation?*

**AM:** My art has become my obsession with misdiagnosis and how people learn to deal with what's unfamiliar and ambiguous. One of my sisters was misdiagnosed as a kid. It caused so much unnecessary suffering and loss. I saw firsthand the costs of her medical mislabeling. Her childhood was marred by diagnoses for conditions like schizophrenia and bipolar disorder, which came with some pretty terrifying drug treatments and real mistreatment. Later on in her early twenties, she was diagnosed by a nurse and a state social worker with Asperger's. That diagnosis aligned her with the right resources. She now lives a productive, continually developing and minimally medicated life.

**While a student at London's Wimbledon School of Art, Miller began photographing and painting scars. Above are representations of *Desmond* and *Laura*. Both are 5-foot-tall watercolor and marker on paper.**

It was in artmaking that I uncovered my own deep sadness that my family *believed* all these diagnoses. That *I* believed them. I wasn't really aware that this was the source of my artistic curiosity at the time of making those scar paintings. I just knew that I really cared about the difference between how we see things that we understand, and how we see things we do not yet understand.

*But doctors are supposed to diagnose patients when they are unwell.*

**AM:** One of the most interesting things I've learned about diagnostic errors is that they are very rarely due to faulty knowledge. They are almost always due to faulty data gathering and data synthesis. Diagnosis involves suspending judgment throughout the process of inquiry. This takes real skills—and skills take practice. Any diagnosis is helpful if it gets you what you need. Sometimes there is more than one thing happening. It's not always one right answer.

Doctors also face many pressures, which lead to overtesting. Every test introduces more cost and potentially more risk. The system makes it too easy to look at a computer screen and order 10 tests, rather than looking at the patient and ordering two. Schooling should develop more of the creative skills that people innately have. Medicine is not the only field that would benefit.

*What is the goal of your work?*

**AM:** The difference I am trying to make is in improving the quality of care providers' attention. I take an education approach, targeting the teaching of skills like observation, navigating ambiguity, thinking in flexible ways, listening. Those are skills that are very easily learned in art. I call those skills, and the disposition to use them, "aesthetic attention." They are the basis for the workshops I offer for clinicians and clinical teachers.

It's not that I am for arts in health care; I am for better attention in health care, and I think art has a role in the development of that attention.

*What's the best way to make change in medical practice?*

**AM:** My strategy is to work with the people involved in the training of novice physicians. I have found this audience to be curious about cognitive strategies to address the skills of embracing ambiguity, teamwork and observation.

Miller says that John Singer Sargent's 1882 painting, *El Jaleo*, is a great teaching tool. The nearly 12-foot-wide oil on canvas invites observation and interpretation. (John Singer Sargent, American, 1856-1925)

"IT'S NOT THAT I AM FOR ARTS IN HEALTH CARE; I AM FOR BETTER ATTENTION IN HEALTH CARE."

*How many people are doing what you do, using art in this way?*

**AM:** Fifty art museums in the United States report doing programming with medical schools or some kind of medical or clinical education. I'm proud to be part of the Harvard program, which helped to catalyze new programs nationally.

*You set up a symposium with other practitioners this fall. What was that like?*

**AM:** I worked with the Arts Education Partnership, a national coalition for arts leadership, to design a plenary at their National Forum, focusing on the impact of arts experiences on clinical learning. The other panelists were Irwin Braverman, M.D., a Yale dermatologist and professor, and Diana Beckmann-Mendez, NP, Ph.D., a professor and family nurse practitioner from the University of Texas, San Antonio, College of Health Sciences. All of us have contributed to research studies on the impact of arts interventions on care providers' education.

One of the goals of the panel was to help emerging arts leaders understand that arts impact can be measurable. [Measurement] shakes some conventional wisdom about what art is and what art education does.

*You often use El Jaleo, by John Singer Sargent, to teach observation. What other works of art do you use?*

**AM:** *El Jaleo* is a dear friend! It's one of those pieces that just invites response, from kids, from everyone.

All works of art provoke responses unique to the art and unique to the individual and the group. But generally speaking, the pieces most conducive to learning to navigate a subjective situation with observation and critical thinking skills have key features. They have elements of the recognizable world as well as vast passages of the unknown or the unrecognizable. This invites viewers to make their way in, recognizing what they know—and contemplating what they don't know. You want to find works that make for conversation and make for silences. The silences are important.

Helen Levitt's *Masked Children* has been great for conversations with clinical faculty. There's children being children, and then some sense of trouble, but it's not clear what. Because it's photography, it raises questions about power, what's real, what's objective. And then there's that...shape...in the foreground. It's one of those tiny details that could hinge or unhinge an entire story. People have to wonder, "What is that? Is that a hat? Are they collecting money? Is it a cat? Or is that something else?" At a recent workshop at Brown, someone wondered if the shape was symbolic of the atom bomb and provided excellent evidence for what prompted the question. I loved that. Even if we know it's not an atom bomb, there is some atom-bomb-ishness there—some wild truth that may or may not be intended but that somehow contributes to the overall sensibility of the image. Art is a safe place to welcome and explore these possibilities.

*How do clinicians translate what they learn?*

**AM:** In the Harvard class, one of the most important things we do is take what we do in the museum and put it into practice in the clinic. We go on rounds with the express purpose of learning to observe patients. We ask the patient's permission, then we just observe them. We look at everything: a rash on the leg, chipped fingernail polish, pictures of her family on the wall. We take it all in.

People don't necessarily think of observing as data gathering, but it's an innate capacity for retrieving information. We are so obsessed with words and numbers as our sources of information. Great doctors know how to elicit the right information and how to translate nonverbal information into actionable data.

*What makes you good at your job?*

**AM:** I can speak the art language and the science language. I can see the perspective of patient, doctor, student and teacher. I love learning, and I'm not afraid to go out of my comfort zone. **N**

PHOTO COURTESY OF THE ISABELLA STEWART GARDNER MUSEUM