MEDICINE IN FILM:

A REFLECTION ON SOCIETY'S RESPONSE TO HEALTHCARE

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ABSTRACT

Medicine in Film:
A Reflection on Society's Response to Healthcare

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The subject of this dissertation is medicine in film, specifically how screenwriters and filmmakers dramatically present medical case studies and life—or—death scenarios in general release or made—for—television dramas, which can affect the public's perception of bioethical issues as well as its understanding of the medical humanities. The manner in which physicians and the healthcare delivery arena interact with patients and their families in film has changed significantly over the years. From a physician marrying his patient in *Dark Victory* to one assisting with a patient's self—induced death in *The Suicide Tourist*, films can demonstrate a dramatic change in how the public views the healthcare delivery system and its perception of the role of physicians. As society changes its views and perceptions, films that deal with this subject matter change as well.

This dissertation argues that films mirror society; specifically, films based on bioethical issues and the medical humanities reflect the changing mores, values and priorities of the American people towards medicine and healthcare delivery. Film is a powerful medium. When film is coupled with the dramatized narrative of death, disease

and suffering, it raises questions, which screenwriters attempt to answer based on their own belief in how humanity should serve others.

This dissertation also submits that parable of the Good Samaritan has the capacity to touch anyone dedicating their careers to serving others in healthcare. Even if one has never heard the parable, its message is ***the*** guiding principle that drives one's vocation to help patients, most of whom will remain perfect strangers. Its lesson is one of humility borne out of the recognition that no matter how hard one labors throughout a career, one will never have an exact count of the lives touched. Each film examined in this dissertation connects the screenwriter's and actor's efforts to imitate the Good Samaritan.

Dedication

This thesis is dedicated to my parents: John Aloysius Flynn and Joan Marie (Fanning) Flynn, who left me three things: my sense of humor, my work ethic and, most importantly, my Catholic faith. I shall always treasure their sacrifice and unwavering love.

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ACKNOWLEDGEMENTS

I offer sincere thanks to my brother, Brian Arthur Flynn, for the generous use of his Netflix account through which I was able to view all of the movies examined in this dissertation.

I also offer special recognition and appreciation to my daughter, Meghan Kathleen Flynn, for her editing, kind attention, and thoughtful feedback throughout the writing of this dissertation.

Chapter 1

INTRODUCTION TO MEDICINE IN FILM

At some level, we are all a product of our upbringing. To paraphrase George Bernard Shaw's professor of phonetics in *Pygmalion*, Henry Higgins, no matter which side of the plain one believes the rain in Spain falls upon—heredity or environment—each one of us is still influenced by those entrusted with raising us. There are many ways in which my parents affected me, but for the purposes of this doctoral dissertation in the field of medical humanities and, more specifically, a thesis on film in medicine, it is helpful for the reader to understand how I arrived here. With affection and appreciation, I credit my parents for the root causes of my career and this thesis.

In the first cause, I was raised Catholic and, as such, was introduced to Bible stories at a young and impressionable age. My favorite parable is the Good Samaritan, which recounted the story of a stranger finding a sick and beaten traveler in desperate need. The Samaritan responded with both medical care and lodging, but no request for repayment or recognition.[1] This allegory's true meaning did not begin to resonate with me until the age of fifteen, when I was transported from the ice hockey arena to the acute care arena with a severe knee injury, at which time I was overwhelmed by a team of physicians from emergency medicine, radiology and orthopaedic surgery to restore my physical health. Even though I did not recognize it at the time, this ice hockey injury planted the seed for my career in healthcare, albeit as an administrator and educator, not as a direct caregiver. In the fullness of time, I would learn that a career in healthcare and

[1] Gospel of Luke 10:25—37. New International Version (NIV).

medicine presents many paths that can never be anticipated.

In the Jesuit tradition, as I reflect on my career, I realize it has been a response to a vocation in which I have attempted to imitate this Samaritan calling. Much as the parable of the Good Samaritan ends with a gentle admonition to "…go and do likewise,"[2] it has, in fact, been my guiding principle, beginning with why I chose a career in healthcare: I wanted to help others as I had been helped when I was fifteen. As a part—time professor teaching graduate students who are pursuing careers in healthcare administration, I encourage each of them to reflect and reconnect with the essential charitable virtue to serve others that they each possess. Even though I do not engage in actual patient contact, I still work toward advancing the health and well—being of patients whom I may never meet. I would submit that the parable of the Good Samaritan has the capacity to touch anyone dedicating their careers to serving others in healthcare. Even if one has never heard the parable, its message is ***the*** guiding principle that drives our vocation to help patients, most of whom will remain perfect strangers. Its lesson is one of humility borne out of the recognition that no matter how hard you labor throughout your career, you will never have an exact count of the lives you have touched. In as much as I do not know the name of the Good Samaritan, my name – and career accomplishments – will also be lost over time, but this has never dissuaded me. At the end of my career, I hope to reminisce not only about a life well lived, but also one in which disease and illness were treated more efficiently and efficaciously because of my efforts.

As my guiding principle – and conceptual framework for this dissertation –

[2] Gospel of Luke: 10:37. NIV.

Luke's Gospel narrative achieved its full impact when I actually visited the area where the Good Samaritan parable is alleged to have originated. During the summer of 2014, on a pilgrimage to the Holy Land, our tour group visited Saint George's, a fourth century monastery in the Judean Desert. Our tour guide informed us that the parable of the Good Samaritan was supposed to have occurred along the elevated – and quite rocky – bank of a stream running eastward near the West Bank known as the Wadi Qelt. Our group hiked this path, which originated near Jerusalem, taking us hours to reach its end in Jericho near the Dead Sea. Having walked the Wadi Qelt, I can attest that the setting is unsettling. Being robbed and beaten in any venue is unfortunate, granted crime has no address, but to be beaten, robbed and left for dead in the desert dry heat of the Wadi Qelt is particularly gruesome. One would have inevitably felt alone and hopeless until help arrived in the form of a stranger.

In the parable, the stranger was Christ; in our careers we imitate that example by helping patients (strangers) who are sick and dying and, in many cases, may feel just as alone and abandoned. I have visited patients in my present position at Albert Einstein Medical Center in Philadelphia and know from experience this is true: many have no one, except for those of us dedicated to imitating the Samaritan stranger. It is humbling to work in an environment as Einstein which has its origins in the faith—based charitable endeavor to help the poor and disadvantaged. (Even more so when I consider I was born there.)

To borrow a popular phrase, I walked the talk, in a physically demanding–and exhausting–endeavor. In fact, this vacation excursion in the dry heat of the Judean Desert actually connected and completed the life lesson that was the genesis for my career. In

the fullness of my lifetime I experienced two sentinel events, both physical extremes: from the freezing cold of an ice hockey arena at the age of fifteen to the punishing heat of the desert at the age of fifty—six. Both experiences were minor epiphanies reaffirming that my life's work has never been a career; it has always been a vocation to return to others what had been given to me: in parable and in practice. Because these two events, bridged over a forty—year span within my lifetime, affected me in such a fundamentally fulfilling way, it will come as no surprise that this conceptual framework will serve as an anchor and reference point, which I will revisit as I analyze, critique and reflect on films in medicine.

As part of my doctoral studies, I had the privilege of meeting and speaking with one of the world's preeminent bioethicists, the late Edmund D. Pellegrino, M.D., M.A.C.P., Professor Emeritus of Medicine and Medical Ethics at the Kennedy Institute of Ethics at Georgetown University in Washington, DC. His advice provided a structure and direction for my doctoral studies. During an interview with Drew's student newspaper, *The Acorn*, for which I was present, Dr. Pellegrino responded to a question about our careers in healthcare by stating that "medicine is, at heart, a moral enterprise."[3] In light of what I have just shared about a career influenced by a Samaritan calling, it is important for my doctoral studies to examine this statement. First, Dr. Pellegrino's counsel helped me to understand that my work, including research for a doctoral degree, should never be a passive event. I need to accept my commitment seriously because it will impact the lives of others. From a moral perspective, I must be concerned with the principles of right conduct and the distinction between what is right and wrong in medicine. Productive

[3] Pellegrino, E. Interview with *The Acorn* at Drew University, April 21, 2010.

research requires hard work without short cuts.

Second, his use of the word "moral" as an adjective to describe "enterprise" was not lost on me. While I may toil alone on occasion, my research is part of a greater concern I am required to share, not just when I defend my dissertation, but when I pursue work for a patient's benefit. Whatever my research produces is for the greater good of humankind, not for my own personal recognition. Successful health science research is an enterprise—wide team effort from its conception to execution and requires a moral compass to ensure the patient's well being at all times.

With respect to advice on ensuring I pursue the right area of research, Dr. Pellegrino's counsel was simple: "To write about something is to feel it."[4] To understand your research and assess your progress, you need to commit it to writing and review it on a regular basis. Your writing should reflect a professional passion, allowing you to fully appreciate and measure your achievements. You should only pursue research in which you have a genuine interest. If you find that you are losing interest, ask your mentor for advice. Asking for help is a sign of strength, not one of weakness. To paraphrase Dr. Pellegrino's expression, if you are not feeling it, then reassess your original interest and identify what has changed. Keeping a journal to write about your research is a simple method to not only chart your success, but to enhance your enthusiasm for your research. For years, I have kept a journal on films, but since meeting Dr. Pellegrino, I have kept one focused only on medicine in film.

This enthusiasm for film brings me to the second cause for which I credit my parents. They each loved movies, but enjoyed different types and genres. My father liked

[4] Pellegrino, E. Interview with *The Acorn* at Drew University, April 21, 2010.

Westerns and classics with John Wayne, Spencer Tracy and Tyrone Power; my mother enjoyed Frank Capra comedies and Rodgers & Hammerstein musicals. The combined effect was an affinity for film in general, that is, the respect for directors such as John Ford, David Lean or Robert Wise to tell a story through film. So upon reflection for how I arrived here, it is no surprise to me that I selected something that reflects two things I treasure: my Samaritan—inspired career coupled with my appreciation and affection for films.

Therefore, the subject of my dissertation is medicine in film, specifically how screenwriters and filmmakers dramatically present medical case studies and life—or—death scenarios in general release or made—for—television dramas, which can affect the public's perception of bioethical issues as well as its understanding of the medical humanities. In her introduction to the *History of Medicine in Film* course at Rutgers University, Professor Johanna Schoen suggests that "Medicine and medical care has been portrayed in American film from its earliest days."[5] However, the ways in which physicians and the healthcare delivery arena interact with patients and their families in film has changed drastically over the years. From a physician marrying his patient in *Dark Victory* to one assisting with a patient's self induced death in *The Suicide Tourist*, films can demonstrate a dramatic change in how the public views the healthcare delivery system and its perception of the role of physicians. As society changes its views and perceptions, films that deal with this subject matter change as well.

Therefore, my ***thesis statement*** is: I will argue that films mirror society; specifically, films based on bioethical issues and the medical humanities reflect the

[5] Schoen, Johanna, History of Medicine in Film, Course Introduction, Rutgers University, 2014.

changing mores, values and priorities of the American people towards medicine and healthcare delivery. Film is a powerful medium. Blackman argues that "Film is omnipresent, crossing boundaries of age, culture and time. Despite this, there is little conscious awareness of the medium's profound ability to influence our opinions– particularly about emotionally charged topics."[6] When film is coupled with the dramatized narrative of death, disease and suffering, it raises questions, which Dr. Michael Cark, professor at the Centre for the Humanities and Health, at King's College, London, submits to his students in his course, *Medicine on Screen: Doctors and Medical Care in Films from the 1920s to the Present*: "Why has medicine proved such an enduring source of fascination and inspiration for screenwriters, producers, directors and moviegoers alike? How have doctors and other health professionals been portrayed in fiction films, and what does this tell us about changing societal expectations of–and misgivings about–medicine? What kinds of narratives recur, and what wider social and moral agendas, aspirations and values have been conveyed or critiqued through the cinematic representation of doctors and medicine?"[7] These are the types of questions I respond to throughout my thesis. This thesis statement deserves some unpacking and also requires definitions of its terms. First, "society," for the purposes of this dissertation, is the American public. I could argue "America movie—going public," but not viewing the film does not negate its message or its measure of how Americans have changed their perception of medicine and healthcare delivery over time. Indeed, most of the films I reference in this dissertation were either filmed in the United States or released here. To

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[6] Blackman, Alexandra. Medicine in the Movies, JuniorDr: ttp://www.juniordr.com/index.php/experiences/medicine-in-the-movies.html.
[7] Clark, Michael. Introduction to Medicine on Screen: Doctors and Medical Care in Films from the 1920s to the Present, King's College, London.

be clear, when I discuss a foreign—made film, it should be understood that it contributes in the same way to my argument as if it had been made in America; rather; its message is not foreign to an American's experience.

Additionally, having guest—lectured in two Eastern European Universities (Saint Elizabeth's in Bratislava, Slovakia and The University of Georgia in Tbilisi, Georgia) as well as teaching at the graduate level for over twelve years to an international student body at The University of Scranton, I maintain that the American experience captured in film is our unique American experience. The responses on which I will focus would not necessarily cross the cultural barrier to other countries. We have a unique healthcare system in the United States, which has continued to unfold dramatically, even in the last three years with the Affordable Care Act.

Second, in my thesis title, I use the phrase, "responses to healthcare." This dissertation will demonstrate that Americans' response has indeed changed over time. The span of time would be roughly seventy years. As an example, earlier films had a patristic—based theme: the male physician was in charge with a plan for treatment, which was not always discussed with the patient as one would expect it to be in the 21st century. The physicians sometimes withheld critical information–on both diagnosis and prognosis–because they did not expect the patient capable to "handle the truth" to borrow a familiar movie phrase. Further, Americans are responding differently based on the type of films we are making. In the last twenty years, the physician is not necessarily in charge as the patient is now loaded with information and rights not previously seem or imagined as witnessed when Cary Grant marries his patient in *People Will Talk*. The romance and marriage initially appears more as a desire to save her from an embarrassing situation

than because he has fallen in love with her. Compare that with a film such as *Lorenzo's Oil*, where the parents of the sick child clearly become the ones in charge of care, not the physician. That is the response I will reference throughout as films are mirroring the changing tone of the physician–patient relationship. In financial terms, it is difficult to imagine that a patristic—toned, medical—themed movie could even be financed today, much less be released to a welcoming American public. Schoen agrees when she writes that "Popular understanding of medicine, health, and healing as portrayed in film corresponds to actual practices of medicine and medical research at the times the films were made."[8] In fact, I remember the first time I viewed *People Will Talk* and being mystified that a physician so dedicated to patient care could violate his own principles and begin an open romance with his patient. Indeed, it is difficult to immediately grasp what was acceptable in an earlier era, especially films made before the 1960s. Schoen provides additional insight: "In addition to the deliberate choices of plot—lines, locations and character development, films reveal a great deal about what was taken for granted at the time of each film's production: gender and race relations, physicians' paternalism and patients' autonomy, medical technology and expectations for care and cure; ethical and professional norms for medical research and decision making in patient care."[9]

When I was child in the 1960s, physicians were seen in a different light: paternalistic and humanistic, but clearly on a pedestal: *Ben Casey*, *Dr. Kildare* and *Marcus Welby*, *MD* to name three of the top medical television dramas. Each of these physicians, notwithstanding their individual strengths and weaknesses, was held up as a

[8] Schoen.
[9] Schoen.

pillar and to a higher standard. It was clear by the storylines, and by the ratings for these shows, that the American public valued the role of a physician in society. Schoen approves that observation: "Movies might shape, as well as reflect, assumptions about physicians' values and social authority."[10]

Third, I am arguing that "film" is a venue for expressing society's concerns about medicine and healthcare because it is an art, therefore, it is an expression of Americans' emotions about something that by its very nature can create anxiety and distress, that is, death, dying and dealing with a terminal illness. In our Medical Humanities curriculum, film was not the only art form to be considered. There is an incredible body of work just on painting and sculpture, but to paraphrase Dr. Pellegrino's advice, one should write about something which they feel moves them. As my introduction allowed, I was raised in a home where films were treasured and I have found it much easier to engage and write about this art form over others.

Schoen states that "films express both cultural ideals and cultural anxieties about medicine within the constraints of 'literary' genres: drama, horror, comedy, romance, tragedy and thriller." Each one of the films I will review and reflect on for this dissertation falls into one of the above referenced categories. Yet, the full body of films depicting medicine and healthcare delivery might require an entire book to catalogue and, even then, the body of work continues to grow. In 2011, Lance Daly released *The Good Doctor* in 2011, which portrays a physician who is anything but good. As a career healthcare executive, I have encountered more non—fictional episodes of questionable behavior from physicians and other caregivers, but never a physician who intentionally

[10] Schoen.

prolongs a patient's hospitalization because he is obsessed with her. Dr. Martin Blake, as portrayed by the British actor, Orlando Bloom, ends up killing his own patient through a series of miscalculated steps. As I sat in front of my television, I concluded this was the right time to stop viewing medical films if Hollywood has determined this is what qualifies as entertainment. The film certainly made Schoen's point that "horror" is one of the categories. There is nothing to be learned from a film such as this; it can only serve to negatively reinforce the lack of creativity working in Hollywood in that it brings nothing new to the discussion.

I suspect that the film making community will continue to explore this topic over time. Clark suggests that, "Narratives of illness and medical practice have been the subject of much detailed analysis and commentary by scholars in the relatively new field of 'Medical Humanities.' However, for much of the twentieth century, the cinema has provided mass audiences with an equally powerful and more readily accessible source of images and ideas about many aspects of health care and medicine, including the doctor—patient relationship, the promise and perils of medical research, changes in medical and nursing education and practice and patients' experience of serious illness."[11]

With respect to the term bioethics, Steinbock suggests that the "term 'bioethics' was coined in the early 1970s by biologists who brought to the public's attention two pressing issues: the need to maintain the planet's ecology, on which all life depends, and the implications of advances in the life sciences toward manipulating human nature."[12] Reviewing the themes contained in this dissertation will support Steinbock's contention

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[11] Clark.
[12] Steinbock, B. *The Oxford Handbook of Bioethics*. 2007. Oxford University Press, NY, p. 3.

that "…at its inception, the central issues in bioethics were research with human subjects, genetics, organ transplantation, death and dying, and reproduction."[13]

With respect to the final term, Brody allows that the "definition of 'medical humanities' may be approached via three conceptions—the humanities as a list of disciplines, as a program of moral development, and as a supportive friend. The conceptions are grounded by linking them to three narratives—respectively, the history of the modern liberal arts college; the history of Petrarch and the studia humanitatis of the early Renaissance; and the life of Sir William Osler. The three conceptions are complementary, each filling gaps in one or more of the others."[14] Brody's definition supports and validates the curriculum in my doctoral program; in fact, wherever I address a film's connection to medical humanities, it hovers over at least one of Brody's conceptions.

I suspect it is important to also reveal my personal experience with the healthcare delivery system has been formed from the perspective of one who has always been covered with a private (Blue Cross) traditional indemnity insurance product since birth. In fact, I not only have never been without health insurance, I have also been blessed to never have faced a catastrophic illness which could have deleted my coverage limits and savings. It is noteworthy to reveal this perspective as it has undoubtedly affected my perception; however, not my compassion or devotion to serving those less fortunate. My career is a testament to that belief.

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[13] Steinbock, p. 4.
[14] Brody, H. *Journal of Medical Humanities*, 2011, Vol.32(1), pp. 1-7.

My response to healthcare has been shaped by society in many ways. Most things in life are relative; it is only by seeing things in contrast that one can begin to see the difference. As indicated, I grew up in a home, parish and community where everyone I knew had insurance and access to very good physicians and hospitals. In my first career experience as a nurse's aide on a locked psychiatric ward, I began to see a startling and breathtakingly different world in which many patients neither had access to private insurance, not had they been raised in a loving, nurturing environment as I had. They had nothing and in some cases no one. But they had me and I earnestly believed I could make a difference one patient at a time. It is easy to be judgmental when you are in your early twenties; many in this age range see the world as black and white. But I remembered a quote often attributed to Mother Teresa of Calcutta, which I cannot authenticate, which said if we spend our time judging people, we will have no time to love them. One does not stop on the Wadi Qelt to help a beaten stranger without love in their heart. One isolated incident might not change an individual's world view on the plight of the mentally ill, but almost every patient had the common element of a desire to be loved in order to recover. It was not lost on me that even as an underpaid nurse's aide, I was the one who had to serve with love. Years later, in the late 1980s, when my daughter was hospitalized in Galway, Ireland, I found myself among many pediatric patients whose parents only visited them once a week, if ever. My response to healthcare is viewed through a lens from an environment of a loving and supportive family coupled with the contrast of working within intimate proximity to those who longed for what I had been given and taken for granted.

I witnessed events and behavior first hand in both the inpatient and outpatient arenas of behavioral health that one could easily opine were stranger than fiction. But I suspect the themes and story lines of many films I will review are based on true events or are dramatized from lived experiences. All of these films and my response to them have only served to reaffirm my life's vocation. There is nothing I would do differently in my career. Each position and experience has only reaffirmed the help afforded to me after feeling helpless laying on my back on frozen ice followed by the confidence I felt guiding me on a desert path: we have to serve others as we have been served. The films I will review demonstrate how we can both be saved by others through love as well as be damaged by them, either through neglect or indifference.

If the fall from pride is the greatest sin for mankind, then its antidote would almost certainly be humility. In fact, there may be no better underlying virtue than humility with which to write a doctoral thesis. Sir William Osler, M.D., C.M., (mentioned briefly earlier under definition of medical humanities) a Canadian physician and one of the founding professors at Johns Hopkins Hospital, considered the father of modern medicine by many, once wrote to his students to, "Remember how much you do not know."[15] By approaching this work with genuine humility, I may be capable of learning and discovering substantially more. With respect to this dissertation, it is always important for me to consider I have something new to learn. With respect to learning more about the role of medical humanities in film, Osler reminds us that it is helpful to identify an appreciation for the arts because it "recaptures the pure joy and love we

[15] *The Johns Hopkins Hospital Bulletin*, Volume XXX, Baltimore, MD, The Johns Hopkins Press, July 1919, p. 199.

feel…like revisiting an old friend.[16]

Long before I considered an advanced degree in medical humanities, I was deeply affected by the dialogue in a film that showed a side of a physician's humanity: the aforementioned 1951 Cary Grant film, *People Will Talk*, written and directed by Joseph L. Mankiewicz, and based on the play, *Dr. Praetorius*, by German writer, Curt Goetz. It is a movie that "represents a classic instance of the genre of the lone compassionate physician against an uncaring institution."[17] Early in the film, Dr. Praetorius is shown rounding his patients at a private clinic, which he founded, when he is confronted by a nurse employee who is concerned with achieving financial economy based only on issues important to her fellow nurses and the cooks. His response overwhelmed me: "No patient should be wakened from a health—giving sleep and be forced to eat breakfast at a time which pleases a culinary union."[18] Further, he noted with some annoyance: "I will not have all the patients bathed at the stroke of a gong for the convenience of the nurses. One of the reasons for my founding of this clinic is a firm conviction that patients are sick people not inmates."[19] Hearing this dialogue in a film was a sentinel event for me because it was the first time I realized the powerful effect a film's screenwriters can have in shaping opinion on the patient elevated above the physician.

In the next two chapters, I examine the plot of each film, specifically the dialogue and acting, which brings the medical narrative alive. It is important to note how the films selected were chosen and why others were excluded. Again following Dr. Pellegrino's

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[16] Brody, H. (2011) Defining the Medical Humanities: Three Conceptions and Three Narratives. *Journal of Medical Humanities, 32*: 1–7.
[17] New York University School of Medicine: Literature, Arts and Medicine Database. *People Will Talk*: http://litmed.med.nyu.edu/Annotation?action=view&annid=10100
[18] Mankiewicz, J. (Director). 1951. *People Will Talk* [Film]. Los Angeles, CA: Twentieth Century Fox.
[19] Mankiewicz.

advice, I am primarily writing about films which interest me. The films I selected were, for the most part, ones I found to be stimulating reflections on society. Not ones I always agreed with, notably suicide or abortion, but from which I was sometimes sympathetic to the character's plight, such as in *Vera Drake* where I was moved by Vera as she performed the mid—20th century version of back—alley abortions. Additionally, the films I selected were ones cited frequently in literature and / or which had received critical reviews for establishing new ground in the physician – patient relationship. There are, admittedly, films I have not selected, but as I continued my research, it became evident that at some point I had to draw a line or the number of films would become unmanageable. Another point to make here is that some films are on the edge of reality and appear too bizarre to include. As one example referenced above, Lance Daly's *The Good Doctor* is a perfect example of a film whose plot may be interesting, but it does not suggest a changing moral value or trend in healthcare. The plot seemed believable, yet odd, to the point of realizing this is not something about which the American public is worried. A second and much more popular film from 2002 was Nick Cassavetes' *John Q*, which had Denzel Washington taking a hospital's emergency department staff hostage in order to facilitate a transplant for his dying son. The film was certainly dramatic and suspenseful, but even though a transplant for an uninsured pediatric patient is heart—tugging, the film's focus was on the hostage drama and not, in my opinion, reflecting a trend where people hold hospital employees against their will to effect treatment. These are only two films I decided not to use. There were others, but I believe I have made the point on quantity and relevance.

Further, I have categorized the films into categories or themes, e.g. – mental

health, physician behavior, patient care, etc., because part of any dissertation is more than just an argument; one is trying to tell a story and hopefully make it interesting. I found grouping films into several categories to be an easier way to build a story. The categories are ones I identified rather than anything necessarily found in literature.

Chapter 2

MEDICAL HUMANITIES IN FILM

Physician Behavior

The medical humanities have been presented in film through different themes and genres since the 1930s. Physician behavior is one such theme that I have noted in four films; each one teaches a different lesson. As referenced above in *People Will Talk,* a physician marrying his patient, demonstrating a mid—1950s sense of paternalistic domination, was explored less romantically, but no less dramatically twelve years earlier in Edmund Goulding's *Dark Victory*. This 1939 film presented an eminently unlikeable socialite, Judith Traherne, as portrayed by Bette Davis, who appears to be a product of her well—to—do lack of upbringing. There are several important themes explored in *Dark Victory*, notably: a physician's candor and honesty with his patient; a physician crossing the line by becoming romantically involved with his patient; and the willingness of physicians to perform procedures that may not actually benefit the patient. The film proves that filmmakers were not "concerned with realistic representations of the disease, its treatment, and its outcomes…selectively projected some cancers rather than others, favoring those that were less offensive and more photogenic. Although the characters became weak and died, they did so without gross transformations of their bodies."[20]

The exposition unfolds as Judith is consumed with high society activities, which distract her from noticing a brain tumor is slowly robbing her of her senses. She receives reluctant treatment from a physician specialist and researcher, Dr. Frederick Steele,

[20] Lederer, S. E. *Dark Victory*: Cancer and Popular Hollywood film. *Bulletin of the History of Medicine*, (2007) 81(1), 94-115.

played by George Brent. Despite the age difference, he falls in love and marries her, even as he hides the truth about her terminal illness, while simultaneously searching for a cure.

Tension builds early on, as one suspects Judith has headaches and blurred vision when she acknowledges, "Everything went fuzzy. This is more than a hangover."[21] In an attempt to dramatize Judith's state of denial, she avoids Dr. Parsons, her primary care physician, who brought her into the world, even as she begins to fall when walking down the stairs. Eventually, she agrees to see Dr. Steele, who is finalizing plans to move away and study his cells ("bugs"). He immediately notices cigarette burn marks between Judy's fingers, indicating she cannot sense the feeling of heat on her skin. It is a testament to Davis's acting as she makes an annoying socialite interesting, even when she cannot remember the bridge game or theater play she claims she attended. Judith is scared because she has no parental supervision at age twenty—three. Fred assesses and diagnoses her immediately, although one begins to sense he has noticed more than her illness. To my thesis statement, Mr. Goulding is planting the notion, for the viewer, that a doctor falling in love with his patient somehow is not only plausible, but an appropriate romantic option. While there are still cases reported of physician – patient relationships, it breaks more barriers than it mends for the patient. This is a strong example of how society's view on the doctor – patient relationship has changed over time.

To further his examination, Dr. Steele conducts a pencil, dice and silk / carpet test against Judith's skin without showing her what material he is rubbing on her. Judith's right hand cannot sense any difference in what she is feeling. When the diagnosis is given, she acts very much her age when told she needs brain surgery. While in bed before

[21] Goulding, E. (Director). 1939. *Dark Victory* [Film]. Burbank, CA: Warner Brothers.

surgery, I was struck how sad it was that her parents were not there with her.

One of the most memorable scenes is when the doctors are all seen smoking in the surgical locker room, which one would never see today with society's knowledge of the dangers of cigarettes. In this locker room scene, you hear one physician claim, "I think I can promise a complete surgical recovery. Not that she'll live."[22] This not—too—subtle nuance suggests that the surgery will get the tumor, but not all of it.

After her surgery, Judith falls in love with Dr. Steele. Borrowing from school yard tactics, Fred admits to Judith's friend, Ann, that he loves Judith, which appears so improbable given the differences in their ages. By his station in his medical career, Fred appears to be in his early forties. While one can easily imagine an older man falling for a younger woman, it is more difficult to accept a wealthy woman falling for a man twice her age. In fact, their attraction appears so contrived and lacking genuine chemistry that it seems he only married his patient out of pity after Ann begged him to do so. Judith toys with the idea of living recklessly, but comes around to the idea of marrying Fred.

In the climax, Fred finally admits to Judith he is in love with her after she suspects Ann was seeing him behind her back. Judith decides to sell everything except her champion horse and move to Vermont to be with him. As she is cleaning his desk, she finds the negative prognosis in her own medical file. Judith still moves with Fred to Vermont where he examines cells ("bugs") and they appear to be very happy pretending she will not become ill again. Predictably, however, she starts thinking it is dark when the sun is out. Fred finds a cure, but Judith does not want to tell him she is sick again. Towards the end of the film, there is a scene where Judith informs Fred she is not going

[22] Goulding.

to New York with him to discuss his cure, to which he replies, "How can I go on without you?"[23] She calls his trip, "our victory over the dark."[24] Within minutes, she is suddenly completely blind while planting his favorite flowers and Martha, the maid, finds her praying on her knees asking not to be disturbed. In the falling action, and with a choir singing in the background, Judith apparently dies at peace.

From a medical humanities perspective issue, the movie's resolution finds Dr. Steele not being completely forthcoming with his patient's medical condition and her post—surgical prognosis. In one notable exchange between Fred and Dr. Parsons:

"Are you going to tell her?"

"Do you want her to know?"

"No."

"Then there's your answer."[25]

In any analysis of *Dark Victory*, the first issue must be based on today's informed consent and movement towards transparency. As such, it is difficult to believe that one would actually hide a patient's terminal condition. Fred preps the friend Ann for the reemergence of Judith's cancer, but not Judith herself. More alarming is the appearance that Dr. Parsons, Judith's primary care physician, is aware and also chooses not to tell her. This suggests a paternalistic bond over direct transparency and communication with the patient.

The second issue is socializing with – and then marrying – a patient so much younger seems odd compared to today's physician – patient relationships. It completed

[23] Goulding.
[24] Goulding.
[25] Goulding.

the story line, but except for a potential physical attraction for Fred, it is a stretch to believe he would willingly bond himself to someone so consumed with her own child like issues. One would expect him to discharge Judith from his care, and then discuss a possible romance.

One of the physicians in the film observed that, "We hope to cure with the knife and half the time we don't even know the cause."[26] One would expect that part of trying to treat and hopefully cure a patient is using the skill you have, which in the case of the surgeon would be a knife. However, the line is delivered with a not—so—subtle admonition that the skill is often employed with not enough consideration for or knowledge of what has caused the illness. Too frequently, this observation is still true seventy—six years later; that is, the business of medicine trumps the humanities of medicine. I have witnessed examples in my career where it is clear the dollar is the pursuit for the caregiver, not the cure of those in their charge. I hope that one of the tools I can employ with a doctorate in medical humanities is to gently remind physicians that the patient always has to come first without consideration for their ability to pay. While I take issue with Dr. Steele for romancing and marrying a patient, I also am unsure whether it makes up for not being forthcoming about her condition. It was a noble, albeit dishonest and unethical, gesture. It is more difficult still to imagine genuine true love between a married couple built on such a lie.

Another memorable line comes from Dr. Parsons when he sees Fred has no initial interest in consulting Judith: "You're always talking about the obligation of doctors to

[26] Goulding.

humanity. Well, Fred, there is humanity."[27] I am not sure I could improve on his point as the humanity was already there. Fred's initial exam with Judith resembled a conversation, demonstrating his genuine concern for the patient. The song Judith sings with the band, "Oh, give me time for tenderness, to hold your hand, oh give me time"[28] is symbolic of her acceptance that time is running out for her. The metaphor for the elapsing time is that, in her world, the sun is setting on her life whenever the room or daylight seems to grow darker. Fred's cure is indeed a dark victory because Judith will not benefit from the cure, but humanity will. Finally, American film historian and anthropologist[29], Matthew Kennedy, argues that even though audiences cried, the film made them feel "better because they knew two things; that the girl was braver than most of them and that nothing that bad would ever happen to most of them."[30]

The two lessons for medical caregivers are not to break the physician – patient relationship by becoming romantically involved. Comparatively, this theme was explored for the entire first season on the HBO series *In Treatment*, where psychologist Paul Weston's patient, Laura Hill, persuades him into having an affair with her. When he finally breaks and meets with her, it was such a disappointment because one could easily appreciate what a gifted therapist he was as well as understand the temptation of an attractive woman. This is the world we live in: a screenwriter explores a troubled woman's pleas for help through the complication of an affair with her married therapist. The second lesson is that caregivers need to be completely forthcoming with their

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[27] Goulding.
[28] Goulding.
[29] http://www.matthewkennedybooks.com/
[30] Kennedy, M. (2004). *Edmund Goulding's Dark Victory: Hollywood's Genius Bad Boy*. Terrace Books, p. 281.

patients regarding the true nature of their diagnosis and prognosis. Confiding in friends behind the patient's back is not only less than professional, but demonstrates a lack of personal maturity in how to comport one's self. The other film, referenced earlier, that presented a physician marrying his patient, aptly named *People Will Talk*, suggested that Dr. Praetorius genuinely loved his wife and her affection was reciprocal. Clearly, by the film's end they are deeply in love even as she carries another man's child. It was much more believable than *Dark Victory's* affair, but no less caution for physicians crossing the line into patient romance. One could argue that both Dr. Steel and Dr. Praetorius were imitating the best virtues of the Good Samaritan through support for their patients, however, the true charity in the parable is that the Samaritan remained anonymous and did not insert himself into the stranger's misfortune beyond providing for his total care.

A second medical humanities film, *Dirty Pretty Things*, made in 2002 by director Stephen Frears, looks at circumstances where a physician—in—training, whose career is aborted, is pressured into surgical procedures against his will. While the issues in this film certainly fall under the bioethical sphere, it is the struggle of the doctor against incomprehensible circumstances that make it a true medical humanities film. The film presents almost more drama than one can initially comprehend and, as the story unfolds, a cast of illegal foreign—born characters from the support staff of a London—based hotel, seeming all too real, march out as in a freak parade. It was very difficult to watch the central character, a young African named Okwe, struggle to do the right thing with his interrupted medical education as he was pressed into an impossibly difficult – and immoral – issue, while suppressing the love for his family, to whom he believes he can never return. Frears portrayal of these characters in London "pays homage to a model

established by Dickens' compulsive wanderings of the city."[31]

My first reaction upon viewing this film is that the acting was exceptional from the start; it never occurred to me I was watching actors. I was compelled by how someone with such obvious medical knowledge – and talent – ended up in the situation Okwe finds himself in. He refused to be involved in an illegal cover up in his native country and, as such, his house was fire—bombed, his wife was killed and he was charged with her murder leaving his daughter to be raised by his sister in Lagos.

Okwe is staying – or sleeping – in the apartment of his co—worker, Senay, a Muslim housekeeper, who appears to be a target of the Turkish embassy – and its sexually aggressive officers. When the mere appearance that Senay has a male guest threatens her immigration status, Okwe's Asian friend, Guo Yi, allows him to stay in the morgue of a local hospital. Okwe is a wanted man surrounded by the dregs of society and yet appears to be one of them. Everyone is using one another; there is a tendency of citizens to take advantage of those with illegal residency status as leverage. The support staff is aptly described as "the people you do not see who drive your cabs, clean your rooms."[32]

It is difficult to believe this film was pure fiction because it unpacked illegal and un—consented surgery inside a hotel. The first sign in the story that Okwe is not what he seems is when he is able to discern whether someone has a concussion and that the human heart found in one of the hotel bathrooms was a healthy one. It is interesting to watch how sick people and those in medical need are drawn to him. The complexity and

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[31] Hovet, T. (2006). The Invisible London of Dirty Pretty Things; or Dickens, Frears, and Film Today. *Literary London: Interdisciplinary Studies in the Representation of London*, *4*, 2.
[32] Frears, S. (Director) 2002. *Dirty Pretty Things*. [Film]. London, England: BBC Films.

demand of medical care Okwe is asked to deliver appears to never end, so he keeps chewing some sort of leaf or weed to stay awake.

The hotel's manager, Juan, sells kidneys for $10,000 and offers $3,000 to Okwe and Senay along with passports. Okwe tricks the manager towards the end of the film by sedating him and, after escaping, contacts his sister with the memorable line, "Hello Valerie, I'm coming home."[33]

Hovet argues that the "…kidney also resonates with the theme of invisibility that permeates the film. Like the central characters of the film, the kidney – however vital – is an organ we do not see, at least not on the surface. Passing someone in the street we don't know if they have one kidney or two, or if they might have received an illegal kidney in an underground operation. The secret lives of these organs runs parallel with the secret lives of the immigrant service workers whose complex inner lives remain cloaked and invisible by their social position. Further, these workers provide an equally vital function within the economic anatomy of the city. The larger point of the film, then, is not to simply reveal that London is now a patchwork of international neighborhoods, each with its own distinct markets, food, language, and culture. Far from remaining tucked away in their neighborhoods, the inhabitants of this new London are fully integrated into the economic life of the city, providing manufacturing, transportation, and cleaning – especially, like the kidney, those functions that dispose of waste that others don't want to see or experience. Their invisibility is not a result of where they live, but of their class position in a service economy designed to elide the humanity of those who provide

[33] Frears.

services – to the point where their very organs become items of exchange."[34]

The major bioethical issue here is illegal trafficking of live human organs. When one is engaged in acts so immoral and reprehensible, one can assume it is not worth mentioning that there is no informed consent from the donors. Creating a scenario where Okwe has to perform an operation or be threatened with arrest and deportation is unimaginable, yet Okwe responds by demonstrating that he is not only a skilled clinician, but in fact, much smarter than the corrupt hotel manager, Juan. Good triumphs evil at least temporarily as the evil will no doubt spread again as long as there is a market for human organs and people willing to bypass the system to move to the front of the line. Juan forced the wrong physician into service as an accomplice, but will not reflect on the pain and suffering he has inflicted on others. There is no discussion of how these organ recipients live or manage organ rejection and immune system issues or what type of infections the donors and recipients suffer.

From a medical humanities perspective, a belief in God is present throughout this film, but not in an overpowering or distracting way. There is a sense of hopelessness with most of the characters. At one low point of despondency, Senay admits that, "God has stopped talking to me."[35] How easy it is for those who are ill or not recovering to feel as though they have been abandoned by God. Her despair is real as she has sex with Juan to get out of the country with a valid passport. She is essentially selling her virtue instead of an organ in an attempt to pay for her release. At one point she compares it to the Greek story of paying Charon, the boatman, for her trip to the other side of the river Styx.

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[34] Hovet, T. The Invisible London of Dirty Pretty Things; or Dickens, Frears, and Film Today. *Literary London: Interdisciplinary Studies in the Representation of London, Volume 4*, Number 2, September 2006.
[35] Frears.

Another line of dialogue in the film, "Good at chess means bad at life,"[36] was symbolic of how none of the main players in this story are happy with their lives. Okwe admits, "I come to this churchyard often and think about my wife." This is not an act that one who actually killed his wife would do, so one can see this is a young doctor attempting to make the best of a life against obstacles most could not pretend to understand or overcome. At one point, Okwe sighs, "For you and I there is only survival."[37] But Okwe's survival is a lesson for everyone to never lose faith against all odds. Okwe is a modern day medical Jonah who continues to do the right thing even though succumbing to the pressure would be easier. As such, it should be required viewing for medical students.

There may be no more powerful medical humanity—based film on physician behavior than Akira Kurosawa's 1965 classic, *Red Beard*, in which a young and very proud doctor, Dr. Noboru Yasumoto, is assigned to the Koshikawa Clinic, a free health center in a run—down area in Japan, against his own wishes. He has no interest in being there and initially expends great energy trying to leave. There are a series of long vignettes that humble and draw him nearer to the suffering of the patients he treats. These events convince him to stay, which he does at the film's conclusion. Dr. Yasumoto is replacing another physician, Dr. Genzô Tsugawa, whose time commitment to the clinic has ended. Tsugawa describes the patients at the clinic as "slum people, full of fleas and lice. They even smell bad."[38] Dr. Kyojô Niide, known un—affectionately as "Red Beard" because of the color of his facial hair, is the physician leader of the clinic and a

[36] Frears.
[37] Frears.
[38] Kurosawa, A. (Director). 1965. *Red Beard* [Film]. Tokyo, Japan: Toho Studios.

demanding task master. Tsugawa states that being there makes you wonder if you want to be a doctor: "It smells like rotten fruit, smells of the poor. They're treated for free in the afternoon."[39] He says this to Yasumoto right in front of patients. He believes all of the patients would be better off dead. He shows Yasumoto the clinic, outpatient area, pharmacy, men's ward, etc. and you see multiple women sleeping on the floor in one room after another, all of which are the same, much as a prison. The patients even say they would be better off dead. Red Beard is further described as a dictator, stubborn, inconsiderate and radical. Interestingly, we get our first hint about Red Beard's focus on patient care when we learn that the south side gets the sun for the patients and the physicians and other care givers are given the damp north side.

Yasumoto studied to treat patients in Nagasaki, and at the beginning of the film tells Red Beard he does not want to be cooped up at the clinic. He states, "I'm leaving,"[40] but soon discovers he is there under jurisdiction of a magistrate and cannot leave or hide. Yasumoto tries to run, but stops when he sees a woman in a prison—like cell, who is known for killing men she seduces. He feels the whole house is like a prison.

At one point, Red Beard asks for Yasumoto's medical notes because he believes medical knowledge belongs to everyone. Yasumoto states he does not want to share his medical notes with Red Beard and says, "I'll break every rule. Get me some saké."[41] The nurse tells Yasumoto he cannot fool Red Beard by acting like a child and that no one will waste any time or sympathy on him.

The female killer patient escapes and finds Yasumoto, confessing that an evil man

[39] Kurosawa.
[40] Kurosawa.
[41] Kurosawa.

did something untoward to her when she was nine. However, this is an act to convince him she is a victim while tying up his arms to stab him in the neck until Red Beard saves him.

The rest of the movie is an interconnected series of long vignettes of human suffering with great characterizations that all include Yasumoto. Over time, these experiences will change the way he feels about treating the poor, the disadvantaged and those unable to pay for their care. The sentinel story, which affects Yasumoto, is told by one of the film's main characters, Sahachi, as he is dying. It reveals where Sahachi's wife, Onaka, was buried, but he believes she will one day return for him. When they met, he convinced her to marry even though she was bonded with her family, but she will not introduce him to her parents. After an earthquake, he could not find her body and believed she had vanished, but then he later ran into her with her baby, Tachichi, who was eight months old. "My own wife nursing another man's child in front of my eyes."[42] She leaves, but then comes to his home and explains that her family had consented for her to marry a man who had taken care of them. Onaka did not know how to tell Sahachi. She used the earthquake as a way to fake her own death. Onaka tricks Sahachi into killing her with a knife when she asks him to hold her. This is outside of my cultural and romantic pay grade, but in a heart—wrenching scene, Sahachi explains to the village as he lays dying that all of the good he did was in her memory. His last words are: "Onaka, you're beautiful. Come to me."[43] Yasumoto watches him die and is transformed from being consumed with himself to having a complete focus on patients. Before witnessing

[42] Kurosawa.
[43] Kurosawa.

Sahachi's death, another dying patient asked, "Why don't you wear your uniform, doctor?"[44] He helps Yasumoto see that patients will have more respect for him if he dresses the part. This transformation is evidenced as he begins to dress as a doctor, which does not go unnoticed.

Red Beard uses money from treating rich patients, with whom he willingly shares his belief that doctors play no part in life or death. "All doctors have to butter up rich men."[45] To my thesis statement, this single line stands out in contrast to the American public's present view on a mandate that the federal government should provide health insurance for everyone.

In another scene, Red Beard is in a brothel where the madam is torturing a twelve—year—old girl, which was very difficult to watch. Red Beard puts an immediate stop to it and when the madam calls in her customers to defend her, Red Beard kicks and breaks the limbs of almost all of his attackers, proving that the "doctors are role models in certain situations and are examples of how not to behave in other situations."[46] He then takes the young girl, Otoyo, to live at the clinic. She becomes Yasumoto's first patient. He cares for her, but she does not trust him at first. He claims she is "insolent and very lonely."[47] She is very comfortable cleaning floors and not talking and Red Beard is very patient with her for not taking medicine. Yasumoto does not have the same patience yet and becomes very upset. Yasumoto finds her on a bridge begging for money to buy a new bowl she broke. I noticed she still had the rips on her clothing from where she was beaten.

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[44] Kurosawa.
[45] Kurosawa.
[46] Asai, A., et al. (2012). Ethical reflections on the thoughts and lives of Kurosawa's doctors. *Medical Humanities*, *38*(1), 38.
[47] Kurosawa.

She takes care of Yasumoto when he becomes sick with fever and puts snow in the bowl to keep his head cool. She is very good and attentive taking care of him as she realizes how good he has been to her.

There is another back—story where we see Otoyo letting the homeless children steal milk: "New kindness in her make her pretend not to see."[48] Chobo, the young thief, tells Okoyo he would rather steal than beg and live as a horse because there is plenty of grass to eat. Yasumoto and another woman from the clinic overhear this and are moved to tears. The female clinic staff is moved to defend Okoyo when the madam tries to bring her back. Soon the little children are poisoned, but not Chobo because he threw up the poison. Okoyo watches over him as he fights not to die. He stole food that was poisoned and admits to Okoyo he should have begged. Based on their apparent cultural practices, the women at the clinic then scream into the well to save Chobo.

Yasumoto then marries a woman named Masae and claims he will not leave the clinic and will remain poor with no money and no honor. Red Beard tells Yasumoto he will live to regret staying.

Nakayama cites "Film scholar Stephen Prince [who] says that Kurosawa's answer is that life's meaning lies in the service of others."[49] This fits nicely with my discussion on the Samaritan call to serve others. Nakayama sees that, "Amid a hopeless landscape of death, disease, poverty, starvation, crime, and corruption, Kurosawa's view is a deeply humanist outlook that finds the best human instincts in the worst of environments and contexts. The medical drama is well suited to illustrate this outlook. Doctors act in

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[48] Kurosawa.
[49] Prince, S. *The Warrior's Camera: The Cinema of Akira Kurosawa* (Revised and expanded edition) Princeton University Press: Princeton, NJ (1999).

service to the health of others. To do so in the face of overwhelming odds adds heroism to their acts. Although it is unlikely that those of us in health care today will face the utter devastation of post—war Japan, we still respond to Kurosawa doctor— and patient— heroes because they reveal the noble work of medicine."[50]

Much as with the film *The Doctor*, which I will discuss later, this film is a medical humanities classic, especially for educating physicians. Yasumoto learns that medical science does not know everything and that we can only fight poverty and ignorance. Red Beard teaches him that politics has never really done anything for the poor. In fact, he argues, if it was not for poverty, half of these people would not be sick. Red Beard also teaches Yasumoto that sometimes a patient's silence masks great misfortune and that "nothing's so solemn as a man's last moments."[51] But after witnessing Sahachi's death, Yasumoto cannot bear to watch a patient die. He even passed out during his first operation. Red Beard is very compassionate while listening to the abuse suffered by one woman related to Sahachi, who stabbed her abuser, by offering to take care of her three children.

Akira Kurosawa's direction and Toshirô Mifune's acting (as Red Beard) are a powerful combination, producing a film that I found to be the best regarding medical humanities. This film can teach any caregiver that the best approach to medicine is through humility and that, in many cases, patients teach their doctors lessons in life they could never have imagined when they started in medical school. "Kurosawa also shares the insights that human adversity always lies behind illness, that intervention is necessary

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[50] Nakayama, D.K. Professionalism in Kurosawa's Medical Dramas . *Journal of Surgical Education Volume 66*, Issue 6, November–December 2009, Pages 395–398.
[51] Kurosawa.

to help the poor and ignorant, and anger against political idleness is justified."[52]

Conversely, there is a line of dialogue in Randa Haines' 1991 film, *The Doctor*, which captures the heart of medicine today: "Surgery is about judgment and to judge you have to be detached. A surgeon's job is to cut."[53] It focuses on a smug and thirty—something San Francisco—based cardio—thoracic surgeon, Dr. Jack MacKee, who treats his patients as chattel, until he experiences an epiphany borne out of his own cancer diagnosis and treatment at the same hospital where he practices. He learns more about life from a dying cancer patient than he could ever expect to or hope for and passes on his new insight and appreciation to his residents. Only someone who had experienced the symptoms, learned the diagnosis and suffered through the treatment for a serious malignant tumor could have written the book, *A Taste of My Own Medicine*, on which this film is based. *The Doctor* is a medical humanities lesson for medical students, residents and attending physicians about everything they should never forget when treating patients. As the film unfolds, we watch MacKee rushing into surgery, where he nicks a patient's aorta, which he tries to clean up before the patient dies. He appears competent and even content at cleaning up a mess he made from rushing in. His nurse, Nancy, does not enjoy or join in with the surgeons' revelry in singing Jimmy Buffet's "Why Don't We Get Drunk and Screw?" We see early on that MacKee is not a likable man, nor does he hang out with a likable group of physicians.

One ENT surgeon mentions a published paper about dialogue with unconscious patients, but MacKee does not appear to be interested. He lives a privileged life, driving

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[52] Asai, A., Sakiko, M., Yasuhiro, K. (2012). Ethical reflections on the thoughts and lives of Kurosawa's doctors. *Medical Humanities, 38*(1):38-43.
[53] Haines, R. (Director). 1991. *The Doctor* [Film]. Burbank, CA: Touchstone Pictures.

away in a late model Mercedes and arriving at a beautiful home with all of the trappings, including a lovely wife he does not seem to deserve and a son who thinks the default communication with his father has to be on the phone because MacKee is never home.

Among those things patients see and experience, but remained as awakenings for MacKee:

- Laughing at patients behind their backs or making inappropriate jokes, especially when they are vulnerable, such as cracking a *Playboy* centerfold comment to a post—op woman; a failed suicide patient should have taken up golf; and a post—stroke patient with slurred speech should move to Texas.
- Having to sit in a waiting room as "one of the herd."[54]
- Having to fill out the same or similar forms within the same organization.
- Having his name yelled out in a public waiting room: "MacKee."[55]
- Arguing with transport workers about the need for a wheelchair.
- Feeling exposed with a gown in a non—private room.
- Being treated as another patient and hearing one say to him: "I bet you feel like you don't know what's going on."[56]
- Being wheeled on a gurney and seeing the ceiling for the first time.
- Arguing with his nurse about a barium enema, of which he had received no informed consent.
- The manner in which he is told he has a malignant growth with no compassion.

[54] Hanies.
[55] Haines.
[56] Haines.

- The conduct of MacKee's physicians informing him they will discuss his treatment with one another as he feels he has become an after—thought in the conversation.
- MacKee's disappointment as he discovers his treatment is not working.
- MacKee's frustration with every healthcare worker starting a sentence with an apology: "We should drop 'I'm sorry' from this conversation and assume it just begins every sentence."[57]
- MacKee does not want to be treated as a diagnosis; rather, he desires to be treated as a person.
- He does not enjoy when caregivers start to do a procedure or take action without telling him why they are doing it, as when they put a tattoo mark on his throat for the radiation.

MacKee eventually goes to see a physician and then an otorhinolaryngologist about his coughing and lack of energy and learns that he has laryngeal cancer. When he goes to the exam room, Dr. MacKee mentions his name as if it will get him some respect, but he is told to take a seat. As the surgeon goes down his throat with a scope, MacKee can see what she sees on the monitor. MacKee initially appears nonplussed as he hears: "Doctor you have a growth. You have a tumor on your laryngeal."[58] She wants to schedule a biopsy the following day while he remains speechless, and the viewer is not sure if his shock is because he is a physician being treated by another doctor or because

[57] Haines.
[58] Haines.

he is still trying to absorb the news. When MacKee arrives home, he proceeds to get drunk because he cannot tell his wife he is sick. When he does finally tell his wife, Anne, she responds encouragingly with: "We'll beat it," to which he screams: "We don't have it. It's not a team."[59] I have never seen dialogue so precise at capturing the sense of isolation in dealing with a potentially terminal diagnosis, which stands in stark contrast to how terminal illness was dealt with in *Dark Victory*. Even as the patient delays telling his spouse, he is honest about his diagnosis. There is much more candor about the exact nature of an illness between the married couple in *The Doctor* than in *Dark Victory*, which supports my thesis statement's argument on how society's response to medicine has evolved.

MacKee learns that the tumor is malignant, a T—2 lesion, yet he insists on continuing to see patients and operate. When he claims he is scheduled to perform open heart surgery in the morning, his physician colleague responds, "Dr. MacKee, you've got cancer,"[60] which demonstrates how physicians immediately begin to label the patient by their disease state and assume they are incapable of continuing to perform daily routines or work. His conversation with one colleague, Dr. Blumfield, whom he had un—affectionately referred to as "The Rabbi," is interesting as MacKee becomes aware of how uncomfortable it is for him to sit in a wheelchair below the eye level of his own peers, that is, with "The Rabbi" looking down on him. MacKee becomes even more upset when he realizes the hospital knows his test results are common knowledge: "How did you hear? Did they post it in the men's room?"[61]

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[59] Haines.
[60] Haines.
[61] Haines.

The irony with MacKee is that even though he attempted to talk to his wife, he does not, in fact, know how to discuss his diagnosis, treatment and prognosis with either his wife or son and they are unsure how to respond to him even though this type of scenario has been at the center of his career for many years. MacKee wants to be active and needs the distraction of his practice to help him forget he has cancer. He does not want special treatment. When his radiation therapist, Dr. Reed, cannot see him, he is upset that he is being treated as a patient and not as a doctor. It is here that he connects with June, a stage—4 brain tumor patient, who reminds him that when he is sitting in the waiting room, he is, in fact, just another patient. When he receives an update that his cancer has not spread to his lymph nodes, he is still unable to share the news with his wife, even though it is good news.

MacKee's experiences begin to affect the way he hears his residents talk about patients. When a resident refers to a patient as terminal, MacKee insists that they refer to patients by name while they are still living. The conversations with June change the way he thinks about everything, from objects to people. One of his patients hugs him and he begins to understand what it is like to be a patient. Dr. Reed then tells him that he had hoped for a reduction in his tumor, which they have not seen. June takes him to the roof of the hospital, which is where she tells him she went when they finally told her she had a tumor. She tells MacKee how she laughed out loud. She advises MacKee to scream because "No one can hear you."[62] But he does not want to scream or jump so she advises MacKee to fight the disease. MacKee allows that he sees his tumor giving him certain freedoms that he never allowed himself, so he heads out on impulse to see Indians in the

[62] Haines.

desert, which is how he deals with bad news. With June in his car, they head into the desert singing "Up on the Roof." He shares that he always told his residents to, "Get in, fix it, and get out. That's what I tell my residents."[63] He asks June if she prays; then they dance in the desert to car music and she teaches him how to really let go and dance. It is clear he relates to June more than his wife with whom he continues to argue. This connects to a side plot about problems with his wife that was predictable and boring compared to the lessons he learns at work and from June, who dies near the end of the film. After switching doctors, undergoing surgery with The Rabbi and recovering, MacKee is a changed man who insists his residents alter the way they look at patients. Díez believes that "his objective is clear: if you feel like a patient, you will be able to understand and to treat them better."[64]

I saw medical humanities lessons in the following scenes:

- The viewer knows MacKee is a changed man when he willingly goes to the aid of a man having difficulty opening his car who is also suing MacKee's group.
- He fires Dr. Abbott after he tells her he does not want her operating on him in the afternoon when she is tired. When she refuses, he calmly responds, "You have one fewer patient; I'm out. Every doctor becomes a patient somewhere down the line."[65] He takes his chart from her.
- He holds June's hand at her bedside and tells her about his operation the next day. Because she had revealed a dream to him where she flew over his house with a

[63] Haines.
[64] Díez, J. E. B. *Journal of Medicine & Movies*, 3 (2007): 163.
[65] Haines.

full head of hair, which the chemo has taken away, he whispers, "I hope you always fly over my house with your lovely long hair."[66]

- He performs a heart transplant on a Hispanic patient and reassures his wife that good things come from the heart: "It's a beautiful heart."[67]
- He teaches the residents the importance of knowing patient names because they are frightened, embarrassed and vulnerable. As a result, he makes them patients for three days.
- He reads a letter from June on the roof where she advised him to let down his arms, which he does.

At the time of its release, writing in *The Guardian* about The Doctor, Jane Martin, MD, noted that, "Firstly, as patients, particularly when seriously ill, we may want to believe that our physicians are capable of remaining invulnerable to disease because this would endow them with the strength to take care of us. We project into our doctors powerful fantasies about being looked after, and we need to see the fantasy figure as heroically invincible. But there is another side to this. Because the figure of our fantasy is invincible, he cannot have experienced our suffering, and this can leave us feeling desperately alone and misunderstood. Secondly, as doctors, we cling to the delusion that we are made of different stuff from mere mortals. This protects us from the intolerable idea that we too might fall victim to the ghastly afflictions of our patients. Every medic has at least one story about a colleague who conducted an entire operating list or clinic

[66] Haines.
[67] Haines.

while suffering from some dire malady that would have had anyone else off sick for a week.

Jack MacKee is described by director Randa Haines as 'a man who starts out in the realm of the gods. When he becomes a patient, he sees his entire world from another point of view. In the end he's no longer a god – he's just a man.' Godlike is definitely not how your average British junior doctor would see herself, but MacKee's conflict is a valid one. Stripped of his habitual defence [sic] – that dispassionate detachment which normally protects him from the fear of the diseases that attack his patients – he is forced to get in touch with another, more vulnerable self. The payoff for MacKee is a deeper appreciation of what life is really all about. A central theme of the film is the impact of MacKee's personal voyage upon those around him. 'I wrote the book with the idea that I was going to tell my story and maybe help improve medical practice,' claims Ed Rosenbaum, on whom the MacKee character is based."[68]

Patient Care

How patients are treated by both their caregivers, notably in *The Doctor* above, and the support they receive from their friends, family and community is movingly portrayed in Jim Sheridan's 1989 film, *My Left Foot*, which tells the story of Christy Brown, a Dublin—born man with cerebral palsy in the first half of the 20th century. He is part of a large Irish Catholic family with little means and tremendous love and has a dedicated therapist, Dr. Eileen Cole. Christy tells his life story to a nurse, Mary, who is watching him before he is presented to a large gathering of wealthy patrons who support

[68] Martin, J. Health: Doctors need a taste of their own medicine. *Guardian Business Insights: Essentials*. [London, England] 10 Apr. 1992: 33.

his art and life story. Mary falls in love with him and eventually marries him. It is important to note that this film challenges the viewer to witness the daily human suffering exhibited by cerebral palsy patients. It begins with Christy placing an album on a record player with his left foot, which appears to be the only part of his anatomy below the neck that he can control. The opening song was Mozart's Un'aura amorosa: "A loving breath from our beloved will grant sweet solace to the heart." Daniel Day—Lewis won an Oscar for this role, but his physical performance of a cerebral palsy patient's struggles is so realistic, it remains difficult to watch. In flashbacks to his birth, we hear the doctors tell Christy's father, "There's been some complications. Are you gonna put him in a home, Paddy?"[69] Christy's family keeps him in their home where he nervously sits under the stairs, "staring up at the rest of the family."[70] The contortions on his face suggest great physical strain. Only a family member who loves him could not be put off by Christy's facial expressions. Watching his mother carry him up the stairs was very moving; watching him go down the stairs after his mother was even harder. It was awful listening to the neighbors talk about him as a "moron" while he is lying in the street, as if he was not there.

There cannot possibly be a faster route to heaven than one borne from a continuous life of suffering. Christy's mother teaches him about their Catholic faith – inside the church – in a powerful way as she explains that they still need to light candles for the poor souls. The most powerful thing she taught Christy was that even if friends and family cannot understand, God always can.

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[69] Sheridan, J. (Director). 1989. *My Left Foot* [Film]. County Wicklow, Ireland.
[70] Sheridan.

Christy's family uses a sort of wheelbarrow to allow him to see much more of the town as he grows up. The neighborhood children try to include him in a very caring way in all of their activities. Christy's mother is good at seeing what he is really capable of versus the neighbor who treats him like an idiot. The scene where he spells out the word "mother" was beautiful, not so much from the physical exertion he went through to spell it, but because of the reaction of the family, ending with his father carrying him to the pub.

Blowing out the candles on his seventeenth birthday cake was emotional because it highlighted that Christy is a human being who is coping, not suffering, with his physical disability. It is encouraging for physicians and residents to watch how a patient participates with the whole community and his family:

- Christy scores a goal in a soccer game.
- He is included in spin the bottle.
- Christy paints with his foot.
- Christy stares at one girl's body in bed. He is very interested in women. Christy gives a painting to a girl he likes, but she returns the painting on which he worked so hard.
- Christy breaks up all the tension at dinner over porridge with humor because his father has a hard time becoming angry with him.
- Christy even devises a scam to steal coal because they are so cold, which his mother refuses because it was stolen. They sleep four to a bed to stay warm.
- There is another dramatic scene when the money his mother has been saving for Christy's wheelchair falls into the fire. Even with all that money set aside, they

ate porridge and had no coal for heat.

Christy meets Dr. Eileen Cole who specializes in cerebral palsy patients. “I’m not a child,”[71] Christy exclaims when he returns home after a short time at the cerebral palsy clinic, which was filled with children. Dr. Cole connects with his sense of humor when she gains entry to his bedroom by stating, “I can teach you how to say ‘Fuck off’ more clearly.”[72] Evidently, he has a sense of humor and is willing to work with her at home. As he makes progress, he stops speaking with his mother. He practices Hamlet while painting. “A broken body’s nothin’ to a broken heart,”[73] is his mother’s insight into Christy as she is concerned he has fallen in love with Dr. Cole.

As he makes progress, his mom becomes quieter, because there is too much hope in Christy’s voice. Christy tells Dr. Cole he likes her very much. His paintings go on display at a gallery.

Christy’s artistic potential is portrayed as promising, however, the gallery does not want Christy labeled as a crippled painter. His mother continues to be silent as Christy’s relationship with Dr. Cole becomes stronger. He continues to drink wine after the gallery at a restaurant where he tells Dr. Cole he loves her and that he loves all of the dinner guests, including Peter, whom she announces she will marry in six months. Christy struggles to tell them congratulations. He is grateful she taught him to speak so he could congratulate them on something that is breaking his heart. When Dr. Cole suggests

[71] Sheridan.
[72] Sheridan.
[73] Sheridan.

Christy take it easy with the alcohol, he responds, "You're not my mother."[74] He tells Dr. Cole: "I had nothing but platonic love all my life."[75] Christy pulls the table cloth with his teeth as Peter tries to pull him out of the restaurant, In despair, Christy then tries to commit suicide. His mother builds a room for him to paint again and the whole family joins in.

Later Dr. Cole comes to see Christy and asks a favor to attend a benefit, which ties back to the reminiscent backdrop of Christy's life story unfolding while flirting with Mary, a nurse who is spending time with him, before he is called to the stage: "the reminiscences of a mental defective – the title was from my blue period."[76] He is older now with a beard and labels the 800 pounds he earned writing a book as mad money for his mother. He appears in front of a group gathered for the benefit and screams for Mary, the nurse, to stay at the benefit when it is time for him to speak. A recurring theme throughout this part is a small quintet playing classical music. Mary comes back for him and cancels her date. Christy gives flower Mary a flower and they wander into a field where she literally jumps for joy exclaiming, "Let's drink to Dublin because Christy Brown was born there."[77] He marries Mary at the end.

This is another film that I thought rested more squarely in the medical humanities realm than in bioethics. With respect to the physician – patient relationship, I found Dr. Cole's approach to working with Christy honorable and above board. While he clearly developed a crush on her, I do not believe she led him on in any sense. The medical humanities story in this film is the unconditional and immeasurable love showered on

[74] Sheridan.
[75] Sheridan.
[76] Sheridan.
[77] Sheridan.

Christy by his family and neighbors. Christy was a loveable person with incredible needs, but his humor shined throughout the film. His mother was a living saint, even when Christy ignored her during his infatuation with Dr. Cole. His family loved him in spite of his disability. His physician helped him to the point where he mustered the confidence to flirt with a nurse and convince her to spend the rest of her life with him.

To continue the theme of examining patient care, it is important to include Josh Aronson's 2000 film, *Sound and Fury,* a roughly 90—minute docudrama. The film resembles a reality—based television show of the Artinian family in crisis with two sets of parents of deaf children (and their respective grandparents) weighing in on an emotionally charged decision to consider the invasive cochlear implant procedure, which would allow their children to hear. Both sets of parents (one couple deaf and the other with hearing) investigate the option of the cochlear implant for their respective deaf children. In the end, one child receives the implant while the other does not. As with the 1929 William Faulkner novel of the similar same name, the story is told from more than one perspective.

Rand Cooper sees Sound and Fury as a film which "…explores an area where technology, politics, and identity exist in a profoundly dynamic relation. 'What if we lose deafness in the future,' asks a group of deaf people assembled by the filmmakers, 'and there are no deaf people?' Until very recently, the idea would have been seen as a triumph of medical science. But we have come far along a path honoring diversity, equating language (including sign language) with culture and identity, and turning 'disability' into 'difference,' and it's hard not to hear something ominous in Chris Artinian's angry pronouncement that 'deaf culture as they know it is done.' 'If your

hearing culture was wiped out,' Peter argues back, 'hearing people would feel the loss and cry. Well, so will I.'"[78]

I am overwhelmed by the black—and—white hyperbole and underwhelmed by the Artinians as the central characters of this film. There is no grey area in this presentation; moreover, none of the participants appear to have a passive opinion. This may be at the prompting of the producers and director of the film and no doubt the families must have been coached to react, as hardly a minute goes by without drama. Deafness appears to run in the family – both literally and figuratively – as they tend to talk/sign ***at*** each other; rather, than ***to*** each other. It rarely appears as if they are listening, which may actually make it very similar to real life. As with most reality—based television programs, one might be grateful when it concluded that one would never actually meet these people. Essentially the film paints a fundamentalist portrait of our time here on Earth: we either live in the hearing world or the deaf world, and never the twain shall meet. While I am truly blessed to have my five senses, I have never reflected on the original sin of selfishness, discrimination and ignorance towards the deaf world and its culture.

The film opens with a cute deaf girl, Heather Artinian, reading, signing and talking with her hearing grandmother, Marianne. These two are the main attractions throughout the film; Heather, because more time is devoted to her than her deaf toddler cousin, and Marianne because she is an advocate for Heather to receive the cochlear implant. Many of the arguments Marianne suggests throughout the film are – no pun

[78] Cooper, R.R. (2001). Very Different Senses. *Commonweal, Vol. 128*, 5, 25.

intended – sound; however, it is the nagging and whining mother—in—law approach that detracts from her at times. Clearly, she has never had an unspoken thought and there are 90 minutes of evidence on hand to capture it.

Marianne's son, Peter, was born deaf and – commendably – has found contentment with his disability. He is very happy being deaf, stating that it is "very peaceful; who would want to change that? In my heart I know this is who I am."[79] Peter's angst toward the implant is that if his daughter receives it, she will be rejecting him. Peter's deaf wife wants Heather to be happy the way she is. The exaggeration and extremes I alluded to earlier hit full force when Heather's parents express concern that implants will create a new generation of robots. Their natural state is signing and living in the deaf world, and they suggest that spoken English is just moving one's lips with no meaning. Conversely, Peter believes that "sign" is visual and filled with emotion. Reading between the lines, you can almost sense fear that the hearing world has sinister intentions to do away with those in the deaf world. But that is the central patient care lesson for the viewer. All of these patients and family members present a view most caregivers might never perceive.

Because Heather is old enough to sign and intelligent enough to express her interest in a cochlear implant, we hear her rationale as to why she wants to hear alarms, smoke detectors, a saw cutting a tree, horns beeping and people talking. In a heartbreaking scene, we hear Heather plead, "I have hearing friends and I want to talk to them."[80] Even at her young age, she understands that most hearing friends will not learn

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[79] Aronson, J. (Director). 2000. *Sound and Fury*. New York, NY: Aronson Film Associates.
[80] Aronson.

how to sign. Her parents entertain the option and inadvertently string her along that they might actually proceed, but do so with methodical due diligence. You sense Heather's parents' earnest feeling that their child was blessed to be born deaf. The difficulty is listening to them simultaneously talk about the difficulties of being deaf, yet not wanting an implant for their child as a viable solution for deafness. While Heather's mother understands the hearing world appreciates music, rain, babies crying, etc., she believes that seeing it is good enough. I believe she may be suffering from a form of unconscious incompetence, that is, she does not know what she does not know, although one could naturally make that same argument about what hearing people know about the deaf world. Ironically, at one point, when Peter is weighing in on his acceptance of deafness, you can clearly see lightning through the window, though, one assumes, he remains unaware of its accompanying thunder.

From a bioethical perspective, the pro arguments offered for implanting the device include it being a relatively new procedure with virtually no substantive medical down side cited, that is, no discussion about any physical or mental side effects. The con arguments center on the technology implying that there is something wrong with being deaf. The pro group suggests the parents should avail themselves of this latest development, while the con group sees the technology as an insensitive statement against a disability that they have not only accepted, but one which they ardently defend. While the one ten year—old they visited who had received the implant had not fully achieved her ability to speak, the parents viewed that as a negative, rather than considering the child needed to stay in speech therapy to reach her potential. The most extreme statement made to advance the technology is when one of the grandparents asked the deaf son if

crippled parents should break their healthy children's legs so that they can all live in the crippled world.

The most powerful scene in the entire film is when the toddler who has received the implant has his hearing tested by an audiologist. When the child reacts to a sound for the very first time, she wisely observes, "His hearing was born today."[81] One can only hope that the parents who decided against the procedure saw this scene and reconsidered their decision. From a bioethical perspective, the argument essentially rests on the odds that having the procedure at a younger age produces better outcomes versus waiting until the child is old enough to make the decision, at which time the ability to adapt to the hearing world is less certain.

From a medical humanities perspective, I reacted to the consideration of one of the families moving to a deaf community in Frederick, Maryland, as a preservation of the living—in—two—worlds mentality. Heather's parent used her unfairly, including entirely too much activity geared toward having the implant procedure; then, abruptly deciding against it for themselves and extending that decision to Heather: "Your father and I have decided the implant is no good for you."[82] Marianne is Heather's best advocate because she wants to avoid all of the discrimination, bullying and insensitivity she saw Peter encounter as a child. Their arguments sound exactly like any young teenager being reprimanded for bad behavior. It was very difficult to regard Peter as an adult father as I kept waiting for him to be sent to his room.

"The title of Faulkner's fourth novel has sent readers and scholars to William

[81] Aronson.
[82] Aronson.

Shakespeare's *Macbeth*, if only to recall the speech by the tragic hero from which the phrase "sound and fury" comes.[83] In it, Macbeth describes life as "…but a walking shadow, a poor player that struts and frets his hour upon the stage and then is heard no more: it is a tale told by an idiot, full of sound and fury, signifying nothing."[84] The emotion contained in this film at times appeared to be full of sound and fury. In fact, the entire film is remiss of humor, which has always served as a healthy pop—off valve in healthcare, especially in stressful situations. Admittedly, pediatric surgery is not a laughing matter, but their interactions are devoid of any release until their child reacts to sound for the very first time and, even then, their emotions seem less genuinely happy than justified. It makes one wish there had been some attempt to make their collective decision—making process more appealing. I suspect they only ended up in the film because of the familial hearing disability and not because they were compelling – or interesting – characters. If silence truly can be deafening, then they succeeded.

Mental Health

Blackman believes that "At its best, film provokes an immediate and enduring bond with the viewer. As they are transported into the reality of the protagonist, there is potential for genuine empathy and greater understanding of individual experience. This gives filmmakers the power to alter our perception of an issue depending on their agenda. In medicine, and particularly mental illness, this agenda has changed over time as more is learned about the complex and ubiquitous nature of many conditions and the clouds of

[83] McHaney, T. L. (2009). Themes in The Sound and the Fury. *The Sound and the Fury-William Faulkner*, 149.
[84] Macbeth's famous soliloquy of act 5, scene 5 of William Shakespeare's *Macbeth*, 1611.

stigma slowly evaporate."[85] Blackman provides insight into how Hollywood actually perpetuated a myth that mental illness was similar to a category where you labeled patients as "crazy" or "looney," making them less sympathetic and more objects of ridicule: "In 1960, the film 'Psycho' was released. Norman Bates' creepily oedipal character slashing A—list celebrities in the shower (not to mention hiding his mother's skeleton in the basement) undoubtedly perpetuated misinformed opinions about the dangerousness of mental illness, and the confusion between schizophrenia and dissociative identity disorder."[86]

The popularity of a film in no way suggests that it is immune from portraying and even perpetuating an inaccurate picture of treatment for mentally ill patients. "The classic example of 'One Flew over the Cuckoo's Nest' (1975) suggests that psychiatric hospitals are akin to prisons, inhabited by patients with no autonomy and robotic staff completely devoid of empathy. Measures such as restraint and ECT are sensationalized [sic] and shown as a means of control."[87]

To my thesis statement, Blackman argues that we "Fast—forward 23 years and a very different perspective is seen in *Patch Adams*, highlighting the importance of humour [sic] and humanity in healthcare, whilst promoting medics as individuals complete with human complexities and flaws. Who could forget Patch's line 'You treat a disease, you win, you lose. You treat a person, I guarantee you, you'll win, no matter what the outcome.'"[88]

Filmmakers have focused on how patients with mental illness are treated over time. Graeme Clifford's 1982 film, *Frances*, based on the true life story of Frances

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[85] Blackman.
[86] Blackman.
[87] Blackman
[88] Patch Adams' 1998 screenplay Steve Oedekerk as cited by Blackman.

Farmer, an actress with undergraduate theatrical training, who starred in a little over a dozen films from the 1930s to 1940s, for which she received no industry recognition.

According to Waites, "…the Hollywood film version of Frances Farmer's life, seeks to cinematically capture the tragic rise and fall of this talented artist and unwilling celebrity victimized by her own mother, who was backed by the combined patriarchal industries of Hollywood and western medicine. In this process, however, the cinematic strategies by which the film is constructed belie the ostensible narrative purpose of the film—to lay blame for her systematic unraveling at the venerated feet of Hollywood and the medical establishment. As the film discourse constructs it, then, had Frances Farmer been more compliant and accommodating to the prerequisite qualities of 'womanhood,' as determined and ordained by conventional standards, she likely would have avoided the violence of the various operatives of the masculinist ideology by which she was ultimately subdued."[89]

During the time she lived, Frances held radical religious and political views coupled with a consistent tendency to work against those in authority. This film focuses on the multiple hospitalizations she had for alleged mental health issues and the battle of wills with her paternalistic Hollywood bosses, psychiatrists and overbearing mother, notably over her career. Her character's voice opens with a narration from a high school essay contest, which, for the time, was not well received. It includes, "There isn't such a thing as a God. …God just died of old age. I was never properly impressed with religion, but I didn't believe them. Somehow I found Him useful to remember, especially when I

[89] Waites, K.J. (2005). Graeme Clifford's Biopic, "Frances" (1982): Once a failed lady, twice indicted. *Literature/Film Quarterly, 33*:12-19.

lost something. It usually worked. If God loved all his children equally why did He let me find my red hat, while others lost their parents?"[90] This sentiment is embarrassing to the town as they absorb the headline, "Seattle Girl Denies God" and mortifying to her family. Shortly afterwards, Frances decides to go to Moscow as she tells her mother it is her life to live. A neighbor calls her a pinko sympathizer as Frances leaves for Hollywood.

A studio executive, Mr. Bebe, compares Frances to a Ford line worker and explains she is just an actress. This sentiment does not help her loyalty. Shortly afterwards, Frances marries without telling her parents and, she acknowledges, because the studio told her she could not. A consistent theme in this film is that Frances is brutally honest with everyone with no concern for how offensive her comments may be received. When she returns home for the movie premier of *Come and Get It*, she muses, "How can I keep making movies when people are starving?"[91] While it appears to be an honorable sentiment, one can never be convinced Frances is genuinely concerned about those less fortunate, only that an unlikable character tried to make you feel guilty about her own success.

Frances's marriage is presented as a joke and the arguments with her husband seem contrived or perhaps just bad acting. When the playwright tells her the difference between acting desperate and being desperate, it seems he is only trying to get her into bed. Then the film runs from one scene to the next, such as the Spanish War Relief, with no real transition or storyline except to show different scenes from her life. Frances' politics interfere with her movie contract, at which point the studio boss takes his gloves

[90] Clifford, G. (Director). 1982. *Frances* [Film]. London, England: EMI Films.
[91] Clifford.

off. A reporter pretends to be fan and gets her to confess she hates Hollywood. Frances' rejoinder to the reporter is timeless and classic: "You seem like an intelligent young man. Can't you find a more dignified way to make a living?"[92]

Frances wants to get out of her contract to decompress the anxiety she feels from the studio executives. Hollywood engineers Frances out of her next play to get her back. To further complicate her life, Frances is pulled over by the police because she is driving with her car lights on in a dim—out zone during the war. Inexplicably – or predictably – she fights with the police officer and is arrested for drunk driving. As this episode with the law unfolds, Frances is attacked by the studio, at which points she realizes that the same studio that lifts you up works to break and crush you. All of this builds to paint a picture of a woman who is very angry at the world and, despite her talent; Frances is headed towards a mental collapse.

During one of her many hospitalizations, the institution lies about injecting her with insulin, throwing her body into shock. Her attending physician, Dr. Symington, is condescending to her. While hospitalized, Francis' mother reads her fan letters. Frances escapes from the institution and is put into her mother's care as a legal guardian. When she finally gets clarity about the effect Hollywood has had on her life, her mother convinces her that she has to go back to Hollywood and thank her fans. Her mother does not have her best interests at heart. Francis' mother sees her behavior as a movie star who is throwing it all away to achieve anonymity.

From a bioethical perspective, the only place people want Frances is either in an institution or in Hollywood, which is presented as something of a Hobson's choice in that

[92] Clifford.

it really does not appear there is a difference. Physically, Frances has two options throughout the film: the loony—bin (as she describes it) or back to living with her mother. A potential suitor, Harry, plays a consistent theme in her life but one is never clear what the attraction is for him disregarding no real chemistry between the actors. When Frances tells her mother, "You're trying to break my spirit,"[93] one actually sides with the patient who is otherwise unlikable. If the lying about the insulin does not bother a medical humanities student, the description of the pre—frontal lobotomy as an inexpensive, fast, safe technique compared to removing a tooth should raise an eyebrow. The disingenuous and misleading description from her psychiatrist is unforgettable as he describes it as an "ice—pick technique, which only creates a loss of affect or an emotional flattening."[94]

There are two sentiments expressed in this film that make it a classic for a medical humanities student even though the film may never be regarded as such. The first statement is, "If you're treated like a patient you're apt to act like one."[95] I find this accurate for many people because we all are raised to act a certain way in certain conditions. The way in which Frances was treated by family, physicians and caregivers is unforgiveable. I think there was a paternalistic control cloud that hovered over her as a patient and as a studio contract movie actress, but ultimately she was not someone who could be conquered. The collective actions of people closest to her were intended to first tame and then punish her, but I think they all lost in the end, including Frances. They stripped her of her dignity and she had no one on whom she could depend, especially her own mother. It is interesting to note that her mother was really no different than the

[93] Clifford.
[94] Clifford.
[95] Clifford.

physicians and the psychiatrists.

The second phrase is, "An effective cure is based on one's faith in oneself and faith in God." I personally find it is a slippery slope when we think God does not exist because then nothing really matters if there are no eternal consequences. Frances certainly had faith in herself, which I think unnerved insecure people around her. She had self esteem that manifested itself in such a way that she appeared ungrateful, which was not something the movie executives appreciated. Frances was expected to act in a certain way with Hollywood money on the line and when she did not, a price had to be extracted from her, which she was not willing to pay. I only wish she had been a more likable character because then it would have been easier to muster more sympathy for her.

While not strictly a mental health film in the sense of dealing with patients and psychiatrists, Olivier Assayas's 2008 film, *Summer Hours*, presents a moving story of how a formerly well—to—do family deals with the death of its matriarch, whose wealth came from a French artist of some note. When she dies, her children are forced to divide the estate and its belongings to pay the estate tax. Rayns correctly observes that the "…themes that emerge – from interactions between the characters, from stray comments and lines of dialogue – are surprisingly unified. Time and again, the core issues are what parents want and hope for their children, what artists want for their work, and how people of different generations think about the past and about their individual futures."[96]

"At 75, I have to think of what comes next,"[97] Hélène the matriarch says to her son Frédéric, who immediately tries to change the subject. During a summer visit to her

[96] Rayns, Tony. Sight & Sound; August 2008, Vol. 18 Issue 8, p79-80, 2p
[97] Assayas, O. (Director). 2008. *Summer Hours* [Film]. Paris, France: MK2 Productions.

estate by all of her children and grandchildren, she begins to detail the furniture for her son and hands him a list of important pieces, including notes from Paul (the famous artist) on how to handle the pieces after his death. Hélène wants Frédéric to sell everything because she will be gone, but he wants to preserve the family estate. She refers to it as bric—a—brac from another era.

Eloise, the housekeeper, took care of Paul and now takes care of the house for Hélène. Frédéric's brother and sister are too busy with their lives to take regular care of the house. He asks Eloise if she will stay if his mother passes, and she agrees to stay if the family keeps it. Then they all leave, and Hélène's alone again. "My estate is full of residue. Not their concern."[98] Suddenly, Hélène dies and Frédéric is picking out a cemetery plot. He stops the car to cry. This is typical of how many people react when they lose a loved one: they only cry alone and in the most unusual places. Frédéric's sister, who had shared a fondness for a tea set with Hélène, seems so alone in her grief, speaking in English and upset about Hélène's obituary in the paper.

Another son allows Hélène was drained after a trip to San Francisco. They question her relationship with her uncle. Her daughter thinks there was a sexual relationship between Hélène and Uncle Paul. All the adult children are talking about her afterwards. They liked the priest because he spoke of Hélène so well.

Frédéric addresses his siblings: "I guess we should get down to practical matters. You're all leaving. I'll be here and I'll have some issues to address. I'm sure there's a point on which we all agree: to keep Paul Berthier's memory and the house alive with its

[98] Assayas.

objects and furniture, its soul, so we can pass it on to our children."[99] But his brother Jérémie does not agree. He has a long term job commitment in Asia and will not have the opportunity to come to Europe. Their kids are removed from France and its language and, as such, if the house is not sold, they will not benefit from it. Frédéric's sister then announces she is getting married and while her siblings are happy for her, they realize this means she will be living in New York City. "In the end, I won't make it to France more than once a year. I don't want to take sides. I won't benefit from the house. It no longer means much to me or France."[100]

Frédéric agrees he wants to do what is best for everyone and the paintings by Jean—Baptiste—Camille Corot, as they are worth the most money. He is concerned about the exorbitant French estate tax. They could divide the paintings in three or organize one big auction. Eventually, he accuses Jérémie of having calculated the math to sell the home and its possessions, which devolves into a discussion that their mother was devoted to her uncle because she hated their father's radiator business.

It is strange to imagine one's home gone with other people living in it who have other routines. The family breaks down the house and pulls objects from the walls and other places in a very cold, insensitive manner. As part of the fallout and stress through which the family is suffering, Frédéric's daughter is arrested for possessing drugs and stealing. An argument ensues after she is released from jail, suggesting the death of her grandmother and the sale of her home is affecting the second generation.

The family's lawyer argues the case to French federals about donating most of the

[99] Assayas.
[100] Assayas.

estate to the state art museum to reduce their estate taxes. Later the family goes on a museum tour to see all the estate's objects: "Strange seeing it here. Doesn't it seem caged?"[101] The objects in the museum are inanimate unless you know their history as Frédéric eyes the vase he gave Eloise now appears to be part of the museum collection.

We see Eloise going to the house before the sale. There is emptiness, but beautiful acoustic music playing. Finally, it hits Frédéric's daughter that her grandmother is dead and the house will be sold. She is sad, but then walks off with her boyfriend. It was a very strange ending.

From a medical humanities perspective, I think this film's focus was on the practical and legal issue of settling an estate. How does one break up an estate and sell its possessions after someone one loves is gone? No matter how much they love each other, there is bound to be hard feelings if one person wants to maintain the past and the other siblings want the money that the sale can produce. I have never seen a film look at the aftermath of the financial dealings of an estate, but it translated into any culture as the story is the same. How do you preserve the past when you do not have the financial ability to save it? There is no clean answer that applies in every case for all the survivors. There is bound to be heartbreak in addition to the grief of losing one's mother. There is a lesson for caregivers in this film because it demonstrates the additional financial stress families may be forced to endure when a loved one passes.

Anatole Litvak's 1948 film *The Snake Pit* starring Olivia de Havilland as Virginia Stuart is more deeply disturbing and graphic than *Frances* in how mental health patients suffer at the hands of state institutions. Atkinson notes that the "…image in the film's

[101] Assayas.

title derives from an alleged archaic practice in which mentally ill persons were thrown into a pit of snakes as shock therapy to provoke their survival skills and thus restore sanity. This practice reminds me of a study conducted at a California state mental hospital years ago in which the investigators found, lo and behold, that patients assigned to a bare—bones ward with few activities and minimal staff tended to have lower readmission rates than those placed on wards with richer social milieus."[102]

Virginia marries Robert Cunningham, who genuinely loves her. Virginia's memory begins to lapse and she displays distant behavior, as evidenced within her relationship with her new husband. Her comportment appears bizarre and she ends up hospitalized (the snake pit), where her psychiatrist helps her understand that the root of her problem lies with her relationship with her father. It appears her mother did not love her and when she turned to her father, he sided with her mother. She wished her father dead, but when he died she was overcome with guilt, feelings of severe neglect and a relationship without closure, leaving her with an inability to have a healthy relationship with the new man she loved, her husband Robert.

Olivia de Havilland deserved the Oscar nomination for this role. Having spent four years in the mental health sector, I can attest that her performance was not only original, but convincing as well. One of the enjoyable things about watching bioethical—themed films is the remarkable insight screenwriters have into the illness of patients. When I hear Virginia say, "The sun isn't warm anymore,"[103] it addresses how empty her life is and how broken she is emotionally, unable to love. She knows there is something

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[102] Atkinson, R. (2005). Revisiting a classic: The Snake Pit. *Clinical Psychiatry News 33*, 8:21.
[103] Litvak, A. (Director). 1948. The Snake Pit. [Film]. Los Angeles, CA: Twentieth Century Fox.

wrong with her. "What's the matter with me? Is it a brain tumor?"[104] She talks to herself incessantly. When her husband comes to visit she asks, "Are you really Robert?"[105] There is a complete inability to accept the love of any man and she is desperately trying to understand the causes of her unconscious rejection of men, particularly Robert. Through treatment, she begins to realize that husbands and fathers are not the same thing. I was torn up a bit when she said in frustration, "I can't love anybody."[106]

When she leaves Ward One and goes into the "Snake Pit," Virginia realizes she is not as sick as she thought. She states one of the greatest lines of any mental health patient: "Some patients have delusions of grandeur; nurses have delusions of adequacy."[107] Based on how patients were treated, this is real insight into the quality of care she received as she suffered with a mental health disease.

I think the major bioethical issue was the lack of candor and informed consent with the patients' course of treatment. Recommending electroshock therapy because a patient has, "no insight or judgment"[108] appears to be an easier step than the investment of time to speak with the patient. When Virginia's psychiatrist, Dr. Kik, tells her, "I'm your friend" before he electroshocks her, it is as if he is using the procedure to establish contact with her. Virginia's frustration with her illness – and being treated by a man – is best captured when she asks, "Why are you so nice to me? Why are you so interested in me?"[109] It is difficult to trust Dr. Kik even as he replies, "Because I want to help you."[110]

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[104] Litvak.
[105] Litvak.
[106] Litvak.
[107] Litvak.
[108] Litvak.
[109] Litvak.
[110] Litvak.

Conversely, Atkinson sees Dr. Kik as "an exemplary psychotherapist. He is reliable, even—tempered, candid in his responses, warmly empathic, curious but not pushy, engaging but not overly familiar. He does come across as paternalistic, even indulgent at times, but that would be appropriate for anyone hoping to establish rapport with a regressed, terrified, distrustful patient. Virginia needs to learn in therapy that she can have a positive, constructive, trustworthy, and durable relation—ship with a man whom she does not equate with her father. This is the corrective bridge back to reengagement with her husband."[111]

Through hypnosis we learn there was a car crash with a man named Gordon and that this also plays into her problem with men. I found the hypnosis to be a more humane method of healing Virginia. I noted with interest that Virginia acknowledged she liked Dr. Kik's voice and that it supported the recovery process.

How much easier it must be to recover from a mental illness when there is consistent and unconditional love as Virginia received from Robert throughout her hospitalization. This was never really discussed in the film, but so obvious in comparison to other patients. From a medical humanities perspective, Robert admits to Dr. Kik that when you love somebody you are not looking for symptoms. This love and devotion from Robert stood in stark contrast to the unkindness between patients, which was pervasive and depressing. Even when Virginia did not remember Robert, he stayed loyal. How many spouses would bail when confronted with something this peculiar? Robert was a safety net waiting for her. The lesson here is that family and friends play an immeasurable role in the recovery of patients.

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[111] Atkinson.

I also had an issue with how they numbered the wards, indicating a not too subtle grading system for a patient's level of mental illness. The meetings these hospitals held with patients, when they were pressed to reduce their census, were particularly unkind. The pressure put on patients to act normal and convince psychiatrists that they are able to leave is beyond my imagination.

Again, based on my own experience as a mental health nurse's aide in the early 1980s, reforms in the treatment of seriously mentally ill patients did not make much progress from the time this film was made in 1948. It was not the same, but you could see remnants of how it had been. I think the disturbing thing that the film highlighted for me is that more often than not, staff members say and do more harmful things than patients do to each other. I used to note that the only difference between some staff and the typical patient was a key to go home at night. There was plenty of evidence to support that observation in this film.

HIV Patients

To support my thesis statement, there has been an increase in films centered on HIV—infected patients, reflecting a culture that is attempting to deal with empathy for an illness whose origin is frequently tied to specific behavior. There are two such films that deserve attention, but differ in approach. In Nelson George's 2007 film, *Life Support*, we meet a married urban HIV—positive mother named Ana, in recovery from drug addiction, who champions prevention and, to a lesser degree, sobriety within the confines of her community—based support group, Life Support. Duncan—Mao wrote that this HBO film is based on "…AIDS activist Andrea Williams…[who] works for Life Force, a Brooklyn outreach program funded by the Centers for Disease Control and Prevention, [and who]

has pounded the pavement with her rolling suitcase of pamphlets and condoms, speaking to everyone from IV drug users to senior citizens. 'The message is simple,' she says. 'Get tested; use condoms; don't get HIV.'"[112] In the film, her character's name is Ana, who is played superbly by actress Queen Latifah. In a minor plot line, she struggles to recover her daughter, Kelly, from her own mother, Lucille, who remains unconvinced that Ana would be a better role model and provider for Kelly.

In one of the first discussions among the women at Life Support, they discuss having sex with men who appear to be clean and HIV—free. The group is warned that, "There is no look."[113] The lesson is that anyone can carry HIV and assuming a man looks innocent is not a form of prevention. They discuss wearing female condoms and not differentiating among faiths, suggesting even Muslim women can contract the virus. When Ana talks to a pregnant woman about taking the early antiretroviral drug, AZT, to have a healthy child, it is almost an admonishment, "That baby needs medicine."[114] Ana explains that discovering her spouse was HIV—positive actually saved her life as she was able to take precaution in time. The women's group at Life Support focuses on HIV prevention as a recurring theme in sexually explicit, graphic detail.

Ana consumes a pharmaceutical cocktail for breakfast to manage her HIV illness. As mentioned above, she contracted the disease from her husband, who is oddly named Slick, as he appears to be anything but. I had never seen Wendell Pierce act before; he is a natural talent. As Slick rubs Ana's feet in one scene, he displays great life wisdom. He has insight into their lives, their illness and their future.

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[112] Duncan-Mao, A. (2007). Street Soldier. *Essence*, *37*, 11, 69-70.
[113] George, N. (Director). 2007. *Life Support* [Film]. Santa Monica, CA: HBO Films.
[114] George.

A side plot includes a young African American, Amare, sneaking in to Lucille's home after she goes to work to stay with Ana's daughter, Kelly. He is passed out and appears sick when Kelly returns home.

The most emotional plot line, however, is the drama over whether Kelly should stay with her grandmother, Lucille, who provides a stable environment, but is considering a move to Newport News, or spend the few remaining years before college with Ana, who desperately wants a second chance to be a good mother to her. When Amare grows sicker – and then disappears – Ana goes on a mission to find him; the viewer senses she does this to make up for the damage done to her daughter, Kelly. It seems she wants to prove she can be a competent caregiver and even criticizes Lucille for kicking Amare out of her home. This is a psychological mother – daughter game: Ana is constantly reminded of what a horrible person she used to be and, in an effort to win Kelly back, she responds by trying to show Lucille what a mistake it was to turn her back on Amare. Ana eventually saves Amare after heroically threatening the owner of a nightclub and is then reconciled with Kelly.

The bioethical issue here is not merely to have protected sex or use clean needles when it appears everyone capable of having sex or doing drugs in the community is HIV positive. Prevention is the medical remedy. Abstinence, of course, is never discussed even though it works 100% of the time. The counter—argument is that abstinence—only education will never be 100% effective because, in reality, there will always be people who have sex and abuse drugs, requiring enhanced education to prevent the spread of HIV when doing those things. The bioethical issue is having unprotected sex with someone and infecting them. The community is filled with people who have been

infected, yet one could not reasonably describe their contamination as unknowing or even unwitting. I once heard an argument for maintaining one's virtue by occasionally having to say "no." But *Life Support* presents a community of people who have not learned how to say "no" and who have difficulty saying "yes" to the medical reality of an easily preventable disease. The prevention is not convenient; moreover, it is certainly not romantic. But then almost none of the sexual relations in this film suggest anything romantic. While some might argue that fewer partners is a safer strategy, or even fidelity to one partner you truly love, that sentiment is not captured in *Life Support*.

From a medical humanities perspective, this movie is all about adapting and creating work—a—rounds from promiscuous behavior. In this world, everyone is in recovery, using drugs, HIV—positive, out of work, down on their luck, homeless or sick, etc. There is no joy in this community, only sadness and despair. This is hardcore urban life and it is not for the faint of heart. Yet, Ana is unrelenting in her desire to educate her community that, according to the screenplay, HIV is the leading cause of death among black women, aged twenty—five to thirty—four. She fires back at one unmoved woman, "This disease ain't no joke. When you all stop dying; I'll stop talking about it."[115] In fact, a revealing line of dialogue is employed to differentiate the nature of the disease from the resources required to manage it when Ana frames the HIV Magic Johnson has an "entrepreneur strain."[116] This is a sad story about the underbelly of life where people have next to nothing. People rarely have pleasant greetings for each other. The profanity is overkill. I do not know how one is supposed to nurture, sustain or overcome the

[115] George.
[116] George.

unpleasantness that is always beneath the surface. But Ana is a walking lesson for medical humanities students on the Samaritan vocation to care for strangers with little, if any, recompense.

Alternatively, Norman René's 1989 film, *Longtime Companion*, examines the symptoms, delayed diagnosis, treatment and untimely HIV—related deaths among a loose confederation of Fire Island, NY gay friends, beginning with the advent of the virus in the early 1980s on the national landscape through the end of that decade. Klawand states: "Written by Craig Lucas…*Longtime Companion* might be categorized as a platoon picture, the genre in which a small circle of friends grows steadily smaller. In this case, the platoon consists mostly of the people around Sean (Mark Lamos) and David (Bruce Davison), a wealthy, middle—aged couple who seem to keep their house on Fire Island perpetually filled with guests. The story begins on the summer's day in 1981 when *The New York Times* first noted the outbreak of a 'rare cancer' in the gay community. Reactions at Sean and David's house vary from mild uneasiness to dismissal, the latter phrased as a declaration of hatred for the *Times*. The story concludes, if that's the right word, in 1989, by which point the surviving characters have proceeded from utter denial to volunteer work with Gay Men's Health Crisis to civil disobedience."[117] The film is broken into timelines, which mirrors the stages of the HIV epidemic, which I have outlined accordingly:

7/3/81 – The film starts with the sudden appearance of "cancer" patients being admitted to hospitals with swollen lymph glands and spotlights gay men / couples in

[117] Klawans, S. (1990). Longtime Companion. *The Nation*, 54-55.

various stages of everyday living reacting to this news. They suspect it is connected to a drug called poppers (alkyl nitrites) used to enhance sex or possibly related to promiscuity.

4/30/82 – The scene moves to an Emergency Department of a hospital where one man believes he has chronic bronchitis. Again, friends suspect that he sleeps with too many men. He has a high fever and they wonder if it is too much time in the sun. They continue to express concern for one of the sick characters diagnosed with pneumonia. They wonder if there is a connection between the disease and his immune system or whether it is frequent visits to the bathhouses, where it is intimated that promiscuous and anonymous gay sex has been occurring for many years. At this point, they do not believe everyone gets the mystery disease. We see the first signs of the characters dealing with the challenges of a health care delivery system unprepared to deal with the disease, such as a shortage blankets. The hospitals are predictably worried about insurance coverage. We experience the emotional reaction of losing a friend with no clear understanding of what is really happening or what can be done to diagnose the condition accurately or provide efficacious treatment.

6/17/83 – Conversations turn to abuse of the body and comparing the progression of the illness to the black plague.

9/7/84 – There are more hospital scenes, concern over germs and scrubbing meticulously where a gay man has been kissed on the face. Everyone believes you can make yourself sick, but they wonder if you can make yourself well. The same couple worried in the previous timeframe learns that one of them has the disease. They reassure

each other with, "You look great"[118] when it is clear they do not. More characters are hospitalized and more of them are crying. There is no real character development; it might as well have been a documentary. There is no emotional connection with these characters.

3/22/85 – One character is listening to positive thinking tapes. They are stopping the sulfa drugs, focused on white blood count, dealing with seizures and damage to the nervous system. One actor is hiding his illness from a producer. He loses the ability to concentrate. Insurance coverage continues to be an issue, but he is not fired from his television show. It seems everyone is now hospitalized. They learn that the virus is in saliva. The viewer senses loneliness and despair. One patient is urinating in public with no concern for children nearby. One couple sleeps in opposite directions and you begin to note intimations that survivors are abstinent. The dialogue is tedious:

"I'm just afraid all the time."

"What do you think happens when we die?"

"We get to have sex again."[119]

1/4/86 – We see them being treated for end—stage AIDS, with IVs, diapers and a hospice nurse to assist with diapers. One man repeats the phrase to his dying partner to talk him into the light: "Let's go. It's OK, you can go."[120] Because there is no character development, there is no emotional drain; it is like a hospice video. We watch one character hold hands with his deceased partner, Sean. After Sean dies, they go through his closet while he is still in the room. They ponder how to list your partner in an obituary

[118] René, N. (Director). 1989. *Longtime Companion* [Film]. Los Angeles, CA: Samuel Goldwyn Company.
[119] René.
[120] René.

as a longtime companion.

5/16/87 – One character, David, dies and there is a funeral service and eulogy at a gay funeral chapel. Apparently, he was wealthy, but we never see him dying. "Life is only what you put into it."[121] They allude that David caught HIV by caring for Sean.

9/10/88 – There is a clinic setting where gays are helping people with AIDS, such as doing their laundry, cooking, etc. Again, some friends tell patients they look better when they do not. There is a verbal spat between an AIDS patient and one of the volunteers. The characters attend a gala benefit for those living with AIDS. Howard Palin, the actor, now has AIDS. They continue to fight the disease, but insist they are not victims. They unite by attending a small concert version of the song, "YMCA."

7/19/89 – Characters sit in front of a health department and wonder whether, if a cure is found, whether they will go back to sleeping around as was done during the end of World War II. The film ends with a beach party scene where, inexplicably, all of the dead characters reunite with the living ones.

The main bioethical issue the filmmaker dealt with was the lack of preparedness for the healthcare system to diagnose, treat and cure the illness. There is not much attention given to reactions from non—gay characters, which I would have suspected, as the entire film is set inside a gay vacuum. Their curiosity about the disease's cause seems amateurish. It is interesting to see the similarity between this film and *Lorenzo's Oil* (discussed later) as each has those most affected by the disease to be the ones trying to identify the cause and cure. But this film needed to highlight characters, as *Lorenzo's Oil* did, with a more serious determination to advance the cause of and cure for the disease.

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[121] René.

Collectively, I found their reactions to resemble victimization even though they insisted they were not victims.

From a medical humanities perspective, I think the one theme that came across loud and clear was the unconditional love for those sick and dying from HIV, especially in the scene where David catches the disease while caring for his dying partner, Sean. Similarly, those taking care of HIV patients' laundry and cooking were a moving example of the Samaritan vocation of helping those who need our help the most regardless of how they caught the disease. Notwithstanding the film's poor character development and mediocre acting, it was a testament to caring for the sick selflessly.

Chapter 3

BIOETHICAL FILMS

Environmental Health & Corporate Greed

In *A Civil Action*, a small law firm sues two large companies for the poison they planted in the ground, which found its way into a community's water supply, and caused the deaths of children from leukemia. The lawsuit bankrupts the firm, but in the end, the government steps in and punishes the companies.

Weinraub revealed this movie was a first as "…two giant corporations get prominent on—screen exposure as the major villains in the real—life story of the pollution of a New England town's water supply and the labyrinthine lawsuit by eight families accusing the companies of dumping chemicals that caused leukemia and led to eight deaths, including those of several children. One of the companies, W. R. Grace, reacted strongly to the film, kicking off a behind—the—scenes struggle over its portrayal during the making of the movie, even setting up its own Web site in November, www.civil—action.com. The other, Beatrice Foods, was largely broken up in the 1980's, and its subsidiaries were sold off. But at one point in the film, John Travolta, the star, lists some former Beatrice brands that are commonplace in millions of American households: Peter Pan peanut butter, Tropicana orange juice, Rosarita Mexican food, Swiss Miss cocoa, Samsonite luggage, Playtex bras and Culligan water systems. Even as the film was being made, W. R. Grace was sending letters and faxes to Disney lawyers expressing concern that the movie would repeat what Grace said were inaccuracies in the best—selling book by Jonathan Harr on which the film was based. The movie, like the book, is set in the 1980's and focuses on the obsessive legal efforts of a personal—injury

lawyer, Jan Schlichtmann (Mr. Travolta), on behalf of eight families in Woburn, Mass., against the two corporations. Mr. Schlichtmann loses virtually all he has in defending the families."[122]

This 1998 film by Steven Zaillian opens with Jan Schlichtmann, a plaintiff's attorney, pushing a wheelchair—bound victim into a court where he narrates that a "living plaintiff is worth more than a dead one in terms of victims."[123] We see from the opening case, Massachusetts General vs. Paul Carney, that Jan's real talent is negotiating for an out—of—court settlement, even if that settlement happens to be in the courtroom at the last minute.

Jan is a show—boating attorney, the type whose picture appears on the front page of phonebooks and on the side of city buses. While promoting his small practice's ability to always win money for its clients on a talk radio program, a female caller asks him live on air why he will not help her and her community from the high incidence of cancer, specifically children and leukemia. After visiting with the caller and her friends, Jan says no, because even though all she wants is an apology from a responsible party, he admits he cannot proceed without a deep pocket to sue. On his way home from the trip, Jan begins to investigate local industries, a tannery, etc., which he realized are subsidiaries of large corporations, including Beatrice & WR Grace. He states emphatically that "lawsuits are war and they begin with a declaration of war."[124]

The in—house counsel for Beatrice, Mr. Facher, played brilliantly by Robert Duvall as a baseball—loving man at life's twilight, will not be upstaged, upset or lose a

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[122] Weinraub, B. (1999). Corporations Cast as Bad Guys; 'A Civil Action' Defies Hollywood Practice, Using Real Names in Accusations. New York Times.
[123] Zaillian, S. (Director). 1998. A Civil Action [Film]. Burbank, CA: Touchstone Pictures.
[124] Zaillian.

minute's sleep over Jan's lawsuit. During a deposition, one father recounts the day his son died in the car on the way to the clinic. Facher admits that, "These people can never testify."[125]

Jan's law firm starts to feel the financial pressure of paying out $1.4 million in expenses to doctors, drillers, etc. They all start cutting costs, both at the firm and personally. A side plot has a neighbor watching all his kids drink water at dinner. He helps convince fellow employees to talk about how they dumped toxic waste into a "swimming pool."

Facher is also a professor at Harvard and we see excerpts from his lectures, which highlight the mistakes Jan is making in court. Two lessons he stresses are the sin of pride and to never ask a witness "why" because you cannot predict what the response will be. The sin of pride was what sank Jan as he essentially refused to consider the possibility that he had something new to learn.

The judge makes it very hard for jurors by insisting that Jan must provide an exact date when poisons entered the drinking water wells. They end up with an eight million dollar offer from Grace, which is less than the twenty million offered by Beatrice, which Jan declined. The families are not happy with their cut of $375,000. The decision splits up the law firm because they feel Jan made decisions without consulting them. Jan ends up alone, riding the bus, eating a tuna sandwich and beginning to focus on cleaning up the chemicals used in tanning. The owner of the tannery watches in horror as the pond on his property catches on fire as kids play with firecrackers. Ultimately, Jan's efforts lead to a $69.4 million dollar settlement against the companies from the federal government,

[125] Zaillian.

leaving him in bankruptcy court alone and broke.

The central bioethical issue for me is a for—profit, publicly traded corporation willfully damaging the environment in an effort to not pay the additional costs to properly dispose of chemicals and manufacturing by—products that poison human beings. A similar movie, *The Insider*, which is discussed below, highlights actions taken by McNeil's CEO after Tylenol was discovered to be contaminated in the 1980s. All of the products were pulled off the shelves across the country so that no other humans would be injured. It was the right, ethical and moral course of action regardless of the financial loss to McNeil's shareholders. It was the polar opposite of the decisions and actions taken by the two companies highlighted in this film. The executives running these firms, including their respective boards of directors, are directly responsible for the deaths and illnesses of the children.

From a medical humanities perspective, I am struck by the parents who I believe really did not want money; they only required an apology. Jan did not listen to what the parents really wanted. They needed closure for the loss of their children, which they never received. Money would not fix the problem, but that was lost on Jan, who appeared greedy as he focused only on his split of a potential settlement, which both companies offered. He lost the ability to make a rationale decision. The parents needed emotional support and the community needed the water supply cleaned. Jan's efforts did not address either of these issues, despite the parents pointing this out. Money clouded his judgment, his actions and his sense of justice. These families needed mental health services in addition to all of their other illnesses. The absence of a medical humanities—trained caregiver to rightfully address these victims' issues was dramatic.

Michael Mann's 1999 thriller, *The Insider*, opens with Jeffrey Wigand, a corporate officer and scientist for a big tobacco company, being fired from his job because he is deemed a threat to the organization's bottom line as he has concerns, which the company does not share, about the chemically enhanced effect of tobacco on consumers. He comes into contact with a producer from *60 Minutes*, Lowell Bergman, who eventually gets his story on the air, but loses his family and reputation in the process.

After Wigand's firing, the story moves to Bergman being driven around in a car in the Middle East under a hood. Bergman is attempting to get a powerful sheikh to meet with veteran reporter Mike Wallace, brilliantly played by Christopher Plummer. Wallace eventually takes on the sheikh and his henchmen as if he were a cowboy.

Wigand, played in a subdued, almost sedated way by Russell Crowe, packs up his desk, leaves the corporate office and drives to his expensive home in Kentucky with his attractive wife and their two beautiful children. He does not tell his wife immediately that he has lost his job.

Soon Bergman needs an expert for a tobacco story and Wigand's name comes up, but it is not clear that Bergman is contacting him because he has just been fired from big tobacco. Initially Wigand and his wife say no, but eventually he meets with Bergman almost as a spy at a hotel. He explains that he has signed a confidentiality agreement and cannot disclose anything to Bergman.

Wigand is a golfer and suspects he is being followed by big tobacco, specifically someone posing as another golfer on the driving range. Somehow his former employer thinks he might talk as they ask him to sign a post—employment confidentiality agreement that is above and beyond what he has already signed. He brilliantly frames it

as economic blackmail against his family.

Wigand turns back to Bergman, who observes, “This guy’s the ultimate insider. What if he was compelled to talk?”[126] They wonder if a court could compel Wigand to legally break his confidentiality agreement and engineer his insider knowledge into a court record.

We never hear in the beginning why they fire him except that the tobacco company felt he had poor communication skills. As a result of his inability to find a high—paying job again, the Wigands have to move and the wife is not happy about leaving their big home. Moving into a much smaller one appears difficult. In their new surroundings, it appears as if someone is watching them as evidenced by footprints in the garden. Wigand investigates and we learn he owns a gun. As a result of this suspected surveillance, Bergman and Wigand develop a rapport, which culminates with CBS—paid protection after Wigand finds a bullet in his mailbox: “I get extremely emotional when assholes put bullets in my mailbox!”[127]

Wigand is losing his family and is concerned that Bergman is using him: “I’m just a commodity to you, right?”[128] The police question him on his gun and take his computer so they can see the source of an obscene e—mail message. This leads to an eventual meeting with Mike Wallace where it becomes clear Mrs. Wigand doesn’t understand they were going to have an interview. In the subsequent interview, Wigand explains that there is a “delivery device for nicotine so you can get your fix. The process is known as impact boosting with ammonia, which makes nicotine more readily absorbable in lungs and

[126] Mann.
[127] Mann.
[128] Mann.

affects the brain and central nervous system."[129] We learn that the drug is coumarin. Wigand wanted it removed, but big tobacco would not take it out of the recipe because it would negatively affect sales. His genuine concern for the consumer is why they labeled him with poor communication skills.

Wigand then becomes a high school Japanese and chemistry teacher. He talks with the state attorney in Mississippi who is suing big tobacco. Big tobacco served him right in the high school with the CBS security around him. If he testifies in Mississippi, they can jail him in Kentucky. The entourage of state cops taking him to court was almost unbelievable. Wigand's family leaves him. He testifies for Mississippi and Kentucky tells him he cannot speak. The CBS attorneys warn Bergman and Wallace that they cannot air the piece because it might affect the sale of CBS to Westinghouse. It is clear big tobacco is going after Wigand. Bergman runs to the *New York Times* and convinces a reporter to run a story on what is being suppressed by CBS. Wigand and Bergman end up looking as martyred heroes in the subsequent fallout, and Wigand's daughter clearly sees him as a hero just in the way she looks at him. The piece is finally aired after continuing coverage by *The Wall Street Journal*. For Bergman, he wins when they air the piece, but in the end he quits because CBS did not support him.

We find that this episode led to the $246 billion settlement with the US against big tobacco, but the source of threats against Wigand was never identified. Wigand also ends up as teacher of the year.

The film is incredibly suspenseful. James observes "…two *Insider* scenes in particular that strike me as demonstrating the parameters of classic Mann. In the first,

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[129] Mann.

Wigand, feeling he has been betrayed by Bergman, is cracking up. His family has left him and he's holed up in a hotel room, refusing all calls and visitors. The hotel wallpaper is a hideous pattern of tropical islands in blues, yellows and greens. We see Wigand in profile against it then suddenly the wall becomes a huge screen showing his kids playing in their garden. In the second, Wigand stands on the shore of a lake where a long convoy of official vehicles is waiting to take him to testify on behalf of the State of Mississippi against the tobacco companies. He has just learned that if he testifies he may be jailed on return to his own state for breach of confidentiality. He must make up his mind there and then whether or not to risk imprisonment. So internalized is the crisis Crowe's extraordinary performance has built to at this point that all Mann has to do is watch him waddle, dwarfing him with a crane shot. Both scenes are powerful emotional climaxes, the first Mann at his most imaginative and risky, the second similar to big—scene moments from his other films. And it is the latter scene, which Mann says was shot exactly how and where it happened in real life that feels the more contrived."[130]

From a bioethical perspective, the major issue here is chemically altering a product, which already presents a health hazard, to make it more addictive, and then hiding that information from the general public even though the company is a publicly traded one. Assuming that the threats on Wigand and his family were real and that the tobacco company was the source suggests a moral evil. It is one thing to attack a person because you think he constitutes a threat to your company, but another to frighten women and children with physical violence.

The medical humanities lesson in this story is from Wigand: he refused to be part

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[130] James, N. (2000). No smoking gun. *Sight & Sound, 10,* 3, 4-17.

of – or cover up – a chemical and process that he thought would be harmful to other human beings. In spite of everything he lost, including his family, Wigand admitted he would do it all again. He put the health and well—being of other human beings – all strangers to him – above his own and his family. Wigand was an odd man, but one of principle and ethics, whom money could not buy.

Drugs and Experimental Procedures

In Penny Marshall's 1990 film *Awakenings*, we learn that "The human spirit is more powerful than any drug."[131] A pure researcher, Dr. Malcolm Sayer, takes a job as a clinician in a state—run mental institution where his compassion and interest for patients identifies a similar behavior pattern among post—encephalitic patients. Based on his fascination with plants, he attempts a cure, which results in incredible, albeit temporary, results for his patients.

In the early part of the twentieth century, we are introduced to eleven—year—old Leonard Lowe, who notices his handwriting is becoming less legible as he has a problem carving his name into a bench. He is staying home sick from school and then the story morphs into the 1960s in the Bronx, where we meet an unemployed clinical researcher, Dr. Sayer, applying for a position in the lab at Bainbridge Hospital. He ends up taking a job as a clinician, for which he has no experience. We learn Bainbridge could not fill the job so they picked Dr. Sayer because he was a warm body.

In his first interaction with Bainbridge's patients, Dr. Sayer examines a woman with care and concern. He touches her and cleans her glasses. He is very curious about patients, but his passion is plants and research. The patient, Lucy Fishman, is

[131] Marshall, P. (Director). 1990. *Awakenings* [Film]. Culver City, CA: Columbia Pictures.

unresponsive, but she has reflexes as he watches her catch her dropped eye glasses and then a baseball. He sees that other patients are capable of this same physical feat, but his co—workers call it the "will of the ball."[132]

Dr. Sayer is a loner. He lives, eats and plays the piano alone. He will not go out with his co—worker nurse, Eleanor, even for coffee. Dr. Sayer's house is a mess and he falls asleep surrounded by books that offer little comfort.

Dr. Sayer becomes obsessed with finding out what many of the patients have in common.

He loves opening the window for fresh air at the hospital and watches a young girl playing hopscotch. He learns more about forty—something from Leonard's mother and how his body closed down when he was 11, but he stayed at home in his room until he was twenty. Dr. Sayer notes that Leonard's electromyography (EMG) changes when he hears his own name.

Paying more attention to these patients than it appears they have ever received in the past, Dr. Sayer plays classical music for them and tries to find the right music for patients that make them eat. His curiosity leads to wonder about the l—dopa drug and if the post—encephalitic tremors essentially turned the patient into stone. Dr. Sayer convinces his boss to sign up one patient as he believes that the symptoms are similar to those of Parkinson's. He hopes it will bring Leonard back from wherever he is. He allows Leonard's mother to give him the drug in orange juice at 200 milligrams, but he shows no response. Dr. Sayer wonders if the orange juice neutralized the effect and tries again with milk. Then he increases the dosage to 500 milligrams, sits by Leonard's bed and falls

[132] Marshall.

asleep while observing his patient. When he awakes, Leonard is gone from his bed and found sitting at a table writing. The subsequent reunion with Leonard and his mother is very well done and touching. Ruth Nelson's performance as Leonard's mother is convincing.

Dr. Sayer then experiments with all of Leonard's motor skills. When Leonard sees a Polaroid, he looks at himself in the mirror and begins to realize he has aged. He is nervous about falling asleep. Sayer films him re—learning everything. Leonard is back into reading. Then he expresses interest in going outside, which we saw at the film's outset is where Leonard enjoyed being when he was young. Dr. Sayer walks around with Leonard and they see the bench where he tried to carve his name. Leonard's perception had advanced to the point of understanding that Eleanor has feelings for Dr. Sayer.

Dr. Sayer refers to the times when there were brief promises in patient care as "awakenings."[133] With the results from Leonard, Dr. Sayer tries the treatment on all of the post—encephalitic patients and they all begin to show signs of recovery, although Lucy believes it is still 1926. Soon everyone is going out on a day pass. Leonard foregoes the day trip, however, to flirt with a female visitor in the cafeteria, Paula. He tells her that her father knows when she visits him even though he is a stroke patient.

One patient notes, "I feel old and I feel swindled"[134] as he contemplates everything that has happened while he was immobile. Paula comes back to visit, which makes Leonard's mother uncomfortable. Leonard is high on life and wants to go for a walk on his own. At a hearing in front of a panel of psychiatrists, one physician

[133] Marshall.
[134] Marshall.

inappropriately asks Leonard if he is aware of the unconscious hostility he is exhibiting toward them. In what may be the best line of the film and the best indication of how intelligent Leonard truly is, he responds, "How can I know if it's unconscious?"[135] The psychiatrists have to take it under consideration. They are concerned Leonard may not be able to adjust to the different world of 1969. They tell Leonard it is an experimental drug, which ends with a physical scuffle over him wanting the freedom to go for a walk. As a result of not receiving what he wants, Leonard starts stirring up the patients as if they are troops.

Soon Leonard regresses, shows tremors again and throws Dr. Sayer on the floor. Dr. Sayer adjusts his medications and he appears to get better, but with noticeable ticks. Leonard stops and cannot move, but then comes around again. He admits that he feels as if he is not a person anymore, just a collection of ticks. He has some type of fit and asks Dr. Sayer to record it on camera because he wants Dr. Sayer to learn from him. He is frustrated because he cannot keep his eyes in one place to read anymore; he feels he has let everyone down and has become grotesque. Dr. Sayer keeps adjusting his medications and Paula still visits him. "I feel well when I see you,"[136] Leonard tells her. Paula will not let him go and dances with him, which seems to calm him down a bit, then noticeably more. She cries as they dance. Leonard wonders, "How kind is it to give life only to take it away again?" "Now we have to adjust to the realities of miracles."[137] Dr. Sayer allows that they do not know what went wrong any more than they know what went right, but, as cited earlier, "the human spirit is more powerful than any drug." They all learn that the

[135] Marshall.
[136] Marshall.
[137] Marshall.

simplest things in life are the things we have forgotten and, as a result, Dr. Sayer finally musters the courage to ask out Eleanor.

Duffin wrote that as "based on the autobiographical account of neurologist, Oliver Sacks, this deeply moving film uses gentle humor to explore the experience of people who have been stripped of their ability to communicate with the rest of the world. Williams plays the bumbling but well—intentioned doctor with a measured grace, which is well matched by Julie Kavner in the role of Eleanor, the supportive and intensely pragmatic nurse. De Niro's portrayal, not only of his character but also of the Parkinsonian symptoms and the grotesquely deforming side—effects of dopamine, is a neurological as well as artistic 'tour de force.' As Leonard's mother begins to prefer her son's vegetative past, she demonstrates how all persons in a patient's sphere suffer the effects of institutionalization. The individuality of the awakened patients and their passion for real living is a sobering reminder of the 'unthinkable,' possibly conscious—but—incommunicado existence of people whose mental status is unknown."[138]

I think the principal bioethical issue in this film is experimenting on patients who are not physically, intellectually or emotionally able to comprehend the full extent of the on—site and homemade drug trials. The researchers, including the well—intentioned and medically humane Dr. Sayer, really do not know enough about l—dopa, nor were they prepared for its side—effects, its complications and the cost of continuing the treatment. It is clear most of the psychiatrists are only there putting in time and have no real interest in patients other than collecting a paycheck. Dr. Sayer brings a curiosity to his job that real clinical psychiatrists have long since given up, which supports my experience

[138] Duffin, J. NYU School of Medicine. Literature, Arts & Medicine Database, 2/4/97.

working in mental health in the early 1980s.

In one memorable scene, which every physician should watch, Dr. Sayer visits Dr. Ingham, played by the late Max von Sydow, who was the original expert on patients surviving encephalitis. He learns that the infection damages the brain and shows Dr. Sayer videos of his previous treatment of these patients and how the virus affected their brains. "It didn't spare their higher faculties."[139] Dr. Ingham assumed their brains were overheated because the alternative was unthinkable. And yet the unthinkable is exactly what Dr. Sayer was focused on. His interest and solitude spent on plants produced his idea to try l—dopa in the first place.

Dr. Sayer's boss, Dr. Kaufman, was less than supportive. All the employees contributed money to help other patients with the initial success of l—dopa, while Dr. Kaufman was focused only on the cost of the drug and not on a potentially safe way for the patients to recover. One almost senses that if all of the patients were cured, he would be concerned about keeping his job without any patients. Unwittingly, he did hire Dr. Sayer, who approached the patients from another angle and brought a genuine curiosity and hope for their recovery.

In Ralph Nelson's classic 1968 film *Charly*, we meet an eminently likeable–and mentally challenged–middle—aged Bostonian named Charly Gordon who is pulled from the serenity of his simplistic happy life by his therapist, who convinces him that a new invasive neurological procedure can make him smarter. After the procedure is performed, he falls in and out of love with his therapist, the attractive Mrs. Kinnian, as he gains intellect and loses it again. His promise lifts the movie above many of the others I have

[139] Marshall.

examined: "Charly Gordon is a fellow who will very shortly be what he used to be."[140]

There's something that disturbs me whenever I watch an actor, who I know is not a mentally challenged person, play the part of one in a movie. It is as if I am uncomfortable because at some level, no matter how good the imitation, I feel they are doing a mockery of the mentally challenged community. I had the same reaction with Sean Penn in *I Am Sam* and again with Robert DeNiro in *Awakenings* (see above). But after a half—hour or so of viewing, I slowly realized why Cliff Robertson won an Oscar for best actor for this role. To his acting credit, I completely bought into his portrayal. The film begins and ends with Charly on a swing set and I am struck by Charly's understanding of something most of us forget: how to have fun as we did as children, that is, not to be childish, but rather, to embrace the joy that we felt as children. This is something Charly never unlearned due to his mental condition. Charly is being tutored and encouraged by Mrs. Kinnian, who it appears from the outset has taken a real interest in him. It is not initially clear to the viewer whether she is really a "Mrs." It is clear she believes Charly is capable of more, but we have not learned yet what the "more" might be. Mrs. Kinnian quizzed Charly about the commonality of "shoes and gloves." "You wear them,"[141] Charly responds. "Airplane and automobile. You ride in them,"[142] Charly again answers correctly. This give and take frames a picture of just how low Charly's intelligence quotient is. To remind us that at times the joke is on us; Charly grimaces and makes a very funny face into the mirror, which is really two—way glass. This is the viewer's first clue that Charly is being tested and that the institute conducting the test,

[140] Nelson, R. (Director). 1968. *Charly* [Film] New York, NY: ABC Pictures.
[141] Nelson.
[142] Nelson.

including Mrs. Kinnian, is not being truthful with him.

Mrs. Kinnian asks Charly to "make up a story about these people,"[143] as she shows him a drawing of four family members eating dinner together. He stops as he has to identify the mother in the picture. He remembers his mother putting her hand on his head saying, "He's burning up."[144] This is the only clue we get about Charly's background and how he came to be mentally challenged.

Next we meet Charly's coworkers – all men – at a large—scale bakery, where Charly is a one—man clean—up crew, sweeping the floor. Initially, these men appear interested in Charly, but it soon becomes apparent that they are almost sociopathic in their desire to make fun of him. In the first work scene, they have filled a pail in his locker with raw dough (yeast), which rises throughout the work day from the heat and spills out onto the floor. Almost in an effort to play along, Charly throws the dough all over him and laughs with his coworkers, not realizing they are laughing at him.

In a subsequent scene at the institute where he is treated, a lab mouse named Algernon has had experimental surgery, which enhances his mental capacity and apparent capability, and is placed into a maze to find food. They ask Charly if he would like to be in a contest with the mouse by drawing a way to the food on a diagram that replicates the maze that the mouse will go through. Charly is initially confident, stating, "I can beat [the mouse] because I'm bigger."[145] So Charly tries very hard to figure his way out of the maze on paper before the mouse finds his way in the same maze for food. He is a bit dejected when he loses, declaring, "How would you feel if you was [sic] dumber than a

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[143] Nelson.
[144] Nelson.
[145] Nelson.

mouse?"[146]

When she drives him home, Mrs. Kinnian wants to see his room in the boarding—house where he lives. Charly is really not interested in bringing her up, which sets the stage for how completely asexual Charly is. Her request seems weird, but she uses this time in his Spartan room to ask Charly about an experiment. Once she is comfortable with Charly, she shares that the mouse had an operation to make it smarter. Charly appears interested because he would like to figure out what it is the guys at work say to him.

At the institute, Mrs. Kinnian argues for Charly among "retardates"[147] for the surgery because of his level of motivation. Her colleagues are worried because Charly is a grown man. They are concerned about the post—operative period and the need for an accelerated education program with a full time teacher.

Back at the bakery, Charly's low—life co—workers continue to psychologically abuse him by getting him drunk at a local bar and convincing him that it is going to snow. They tell him that the first snowflakes always fall at the corner of Manning & Standish, so they ask Charly if he will stand there and call them when the snow starts. To be a good guy, Charly stands at the corner for what appears to be most of the night. Even the local police are little help; though it is obvious he is mentally challenged by his appearance. Because he does not answer as a normal person would and indicates he is waiting for snow, the police leave him. Eventually he retreats to the comfort of his swing set and then runs into Mrs. Kinnian who tells him he has been approved for the operation. Charly is

[146] Nelson.
[147] Nelson.

clearly overjoyed, exclaiming, "I made it!"[148]

I think it is a sin to laugh at mentally challenged people, but sometimes Charly delivers dialogue that makes one laugh, such as when he wakes up from his operation and turns to Mrs. Kinnian: "I don't feel no [sic] smarter."[149] Shortly thereafter, he takes the same mouse test and the mouse wins again. The scientists at the institute are initially unimpressed, finding that, "He's shown no comparable intellectual progress"[150] when compared to the mental curve of five mice. Charly is frustrated, and says, "I'm sick of being beaten by a mouse and everyone is laughing at me."[151] He retreats to a bumper car venue and acts quite aggressively toward other drivers. Back in his room he remains upset and much more emotional since the surgery until he sees that Mrs. Kinnian has put Algernon, his cage, the maze and the drawing in Charly's room: "And what are you doing here? I'm not going to race you."[152] Charly's landlord overhears and admonishes him for not treating one of God's creatures well. Charly takes the talk to heart and begins to race the mouse again in his room and beats the mouse. He then runs through the streets yelling, "I beat him!"[153] When he finds Mrs. Kinnian, he asks innocently, "What happens now?"[154]

We soon discover what happens now as Charly begins to pay attention to Mrs. Kinnian's body. His mental capacity appears to be advancing exponentially as he can punctuate a sentence that even Mrs. Kinnian cannot do. He asks her what happened to Mr.

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[148] Nelson.
[149] Nelson.
[150] Nelson.
[151] Nelson.
[152] Nelson.
[153] Nelson.
[154] Nelson

Kinnian and she says he died. Charly wants to know if she was in love with a coworker, Frank, but she does not answer. Charly continues his education by taking more computer—based educational tutorials and his knowledge begins to expand. The notes on his blackboard begin to have more interesting words and even sentences. His coworkers catch him reading a book on the English constitution. At the risk of feeling inferior to Charly, one coworker shows him all the mechanics of using a machine that makes dough. Coworkers seem amazed when he runs it on his first attempt, but then you realize the man who showed him is upset that even Charly can do what he does.

Events begin to develop quickly as Charly grows smarter. He continues to work with Mrs. Kinnian, but appears distracted by her breasts. She does not want to discuss her personal life and tells other doctors she is resigning after the convention. Charly receives a note in his pay envelope that he has been fired because his coworkers do not want to work with him if they cannot make fun of him. Mrs. Kinnian shows Charly Faneuil Hall and other sites in Boston. One notices Charly's hair is now combed and he starts to talk in a voice that has lost the slower pace of the old Charly. Now he has a sense of humor as well. He wonders aloud why people who would never laugh at a blind person will laugh at a moron. We see that increased intelligence equals loss of friends. Mrs. Kinnian says to Charly, "Now you're growing and growth causes pain."[155] He completes his grade school education in five weeks and absorbs abstract theory, but as the scientists at the institute observe, Charly is emotionally still a child.

Charly's paintings appear progressively more disturbed. There is concern over whether he is being turned into a side—show freak and that he is not showing any

[155] Nelson.

indication of a mental ceiling. Then Charly shows up at Mrs. Kinnian's home unannounced and attacks her sexually. Given what had appeared to be her genuine interest in Charly, she screams at him, "You think anyone would ever want you? You stupid moron!"[156]

Charly retreats and we see him riding a motorbike with a biker gang and even dancing in discos and smoking weed. Mrs. Kinnian shows up at his apartment and remarks that she saw his motorcycle outside. Then she inexplicably decides she does want him and they become romantic. Charly wants to marry her and she remains concerned she would not be able to keep up with him mentally. They go sailing and Mrs. Kinnian tells Charly, "True love is letting go."[157]

In an immaculately groomed three—piece suit, Charly attends the institute's Algernon/Gordon symposium, which starts with a film that was taken, unbeknownst to Charly, when he made faces into the mirror. He hesitates to go on—stage to meet the audience, but eventually walks out, looking very refined and calm. When Charly is asked how he feels about his development, he responds, "Grateful, sir."[158] He acknowledges he is able to see the world and things as they are and what they are becoming. It becomes clear he is smarter than everyone in the audience and predicts the way the last 44 years have gone with television, computers, etc. He then asks Professor Nemur to answer the question: "Chary Gordon?" He tells them they are not as smart as the mouse. The answer to the question is: "Charly Gordon is a fellow who will very shortly be what he used to

[156] Nelson.
[157] Nelson.
[158] Nelson.

be."[159] With that he pulls a dead Algernon out of his pocket and asks, "Professor Nemur, why didn't you tell me the success of the operation is only temporary?"[160]

Charly runs from the symposium to the playground where it all started. He sees himself as he used to be and feels as though he is running a maze as the mouse did, but the old Charly is everywhere. He is scared to go back to being the old Charly. Still in his suit, he runs back to his room, which is filled with all the elements of an extremely intelligent person representing how his brain has filled up. He goes to a bar and has a drink, watching a retarded man having difficulty balancing a tray full of glasses. When he cannot balance it, Charly goes over to help, which abruptly ends the laughter from the crowd.

Back at the institute, we learn that the entire phase 5 group of mice is dead. Mrs. Kinnian confronts the other doctors about why she was not informed. Doctors appear more concerned about their standing in the scientific community and not about Charly. Mrs. Kinnian is interested in Charly and corrective surgery. Charly asks them, "How can I help?"[161] Charly begins to explain to the doctors how to continue the experiments and has to dumb it down for the scientists to understand. He allows that they are, "trying to capture something, which is scientifically premature."[162] The scientists tell Charly his evaluations were correct and he states that "it is too bad. It was such a promising theory."[163]

Mrs. Kinnian and Charly are alone again in his room having coffee. She asks him

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[159] Nelson.
[160] Nelson.
[161] Nelson.
[162] Nelson.
[163] Nelson.

to marry her: “Now. Tonight.” Again she asks, “Marry me. OK, don’t marry me.” Charly responds: “Motion carried. Please leave.”[164] He retreats to the swing set looking like a simpleton.

The bioethical issues are as simple as Charly before the surgery:

- Conducting an unproven neurosurgical procedure on a mentally challenged man with no family or support to help him understand the outcomes or side effects.
- Being unprepared to deal with his advanced intelligence, including his emotional attachment to and sexual desire for Mrs. Kinnian. Further, she sends a series of conflicting signals to Charly about an inappropriate non—professional relationship.
- A company allows a group of below—average employees to take advantage of a mentally challenged man and buys into their lies to have him fired.

Ironically, all of the medical humanities lessons come from Charly. He shows more respect and concern for the mouse than the researchers and scientists did for him. The original story on which this film was based was titled, *Flowers for Algernon*, which came from Charly’s concern that someone should put flowers on Algernon’s grave. The scientists are consumed with how Charly’s progress affects them and their reputation, and there is never any real concern for Charly as a patient. While one can see some concern for Charly from Mrs. Kinnian, it is obvious she misled Charly from the beginning, including that she was married. While she fights with the researcher s at the end of the film, even Charly recognizes that it was too little too late, sending her out of his life at the film’s conclusion.

[164] Nelson.

George Miller's 1992 film *Lorenzo's Oil* is similar to *Charly*, but the title character has no shortage of family and friends who love and support him through his illness. A seven—year—old Italian diplomat's son, Lorenzo Odone, develops Adrenoleukodystrophy (ALD), a rare inherited disorder that almost always leads to progressive brain damage, failure of the adrenal glands and eventual death. The film chronicles how the parents cope with the progression of the disease and the medical community's inability to successfully treat it. Only by researching it themselves are Lorenzo's parents able to generate a breakthrough with almost no support from medical research experts and against the wishes of the not—for—profit organization that raises money for the disease.

The film opens with a healthy Lorenzo flying a kite on the beach in the Comoros Islands and playing with a young African man, Omouri, who is possibly a student. There is a definite bond between the two. We will never see Lorenzo this happy again. When he returns to Washington, DC, there are unexplained incidents in school and a bike riding accident on Christmas Day followed by a Christmas tree accident that the parents and Lorenzo's physicians cannot initially explain. Then the biology lesson begins. I have never watched a movie with so much technical and medical detail, but it kept me riveted throughout. Initially, all of Lorenzo's neurological diagnostics appear normal. We learn that ALD is a degeneration of the brain only found in males where fat cells attack the brain and is a disease in a group of genetic disorders called leukodystrophies, which damage myelin. It is carried by mother to son, which appears difficult for Lorenzo's mother to handle as she is concerned over having waited so long in life to have one child and it is now too late to have another.

They try a special diet, which does not work at first. Lorenzo also requires special schooling. Even though this is a film, watching the progression of Lorenzo's disease is incredibly depressing. The actor playing Lorenzo is talented as is it is sheer agony watching him imitate the physical signs of this illness. As part of their effort to understand what is happening to their only son, the Odones want to convene the first symposium on ALD. The parents in the support group do not understand the point of rushing it. Through painstaking research born out of the love only a parent could muster, they discover that olive oil with triglycerides or oleic acid in triglyceride form is a possible cure. The family clearly struggles as his condition worsens, yet their love and belief in Lorenzo is unmistakable. The Odones have a very strong marriage that endures through his illness. They clearly have a belief in God in the Catholic tradition, which is almost suppressed in the film, and never give up on Lorenzo even when it seems he no longer can hear. His mother even throws the nurse out on Christmas when it appears she is only treating Lorenzo as a comatose patient. The mother asks Omouri to come from Africa and spend time with Lorenzo. Although they wonder aloud as a family if Lorenzo cannot love, see or speak, then how can they know what is in his soul? It is very touching when Omouri sings to him in an African language.

Finally, a British scientist, six months from retirement, agrees to do the research on pure oleic acid in triglyceride and a relative, Deirdre, agrees to serve as Lorenzo's rat (guinea pig).

When Lorenzo moves his little finger, it is exhausting and exhilarating. He is able to give a sign where he says that "one day you will hear my voice and all these words I'm

thinking will get outside my head."[165] The testimonials at the film's conclusion from patients benefiting from "Lorenzo's oil" were truly heartwarming.

I saw two bioethical issues here. The first is that the interests of the scientists and the medical research community are not always the same as the patients and parents. The film suggests there is a tendency to think we should take our guidance from physicians because they are the ones with the medical degrees. But the medical community does not always have the same vested interests, such as the life of a small child. Science is not always collaborative and it was only through the family's efforts that a cure was found. My reaction was if a non—physician could take the time to do this, why not someone else? The answer is that ALD is indeed a rare disease and there is no money that can be made from the research – certainly not enough for a pharmaceutical firm to invest time and resources.

The second bioethical issue is how the ALD foundation also ended up focusing on raising money, but seemed to me to be out of sync with what was best for the patients. When the parents running the foundation only have children who are already dead, I found myself thinking they were engaged in this fundraising as a sort of therapeutic legacy for their deceased children and not to push through a treatment as soon as possible. The foundation can serve the families best by informing the parents of breakthroughs, even in the experimental form. It is not as if they were pushing chemotherapy. I thought it was immoral not to tell other parents there was a possible cure. The fundraising group appeared to be more of an ALD parent group therapy. The ones running it seemed condescending and too trusting of doctors and their clinical trials. They are focused on

[165] Miller, G. (Director) 1992. *Lorenzo's Oil* [Film]. Los Angeles, CA: Universal Studios.

everything but the parents still dealing with the disease.

From a medical humanities perspective, one learns that "life has meaning only in the struggle. Triumph or defeat is in the hands of the gods…So let us celebrate the struggle."[166] This was from a Swahili warrior song and was quoted at the film's outset as an indication of what we were about to see. Symbolically, Lorenzo's father claimed, "We should treat Lorenzo's illness like another country. The doctors are in the dark. He should not suffer by our ignorance. We should take responsibility."[167] He saved his son's life, and the lesson for us, as with other bioethical films, is that family and loved ones sometimes matter more in the course of treatment than what medical practitioners can deliver.

I did not enjoy or approve of putting Lorenzo in front of the medical school audience even though I am a proponent of medical education. His slurred speech asking why people are all here was a clear indication he did not understand how he was being used. This was not right; it was almost as though the patient is a clinical show and tell. Having him walk across the classroom made it appear as if they were more interested in the disease than the patient.

When the one physician tells the parents, "I'm a scientist and I'm no use to you unless I maintain objectivity,"[168] it is as if he is admitting he only knows what he knows and cannot absorb a breakthrough from a parent. The science of medicine appears to be heartless even when there is unofficial collaboration.

Duncan wrote that "at the very least, the film will help to educate the public about

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[166] Miller.
[167] Miller.
[168] Miller.

the medical aspects of a rare disease, raise funds for research in developing treatments for incurable diseases. Perhaps the filmmakers should have shown a little more caution in stating the effectiveness of the oil. But regardless of whether the treatment works in the long run, the Odones' achievement should not be underestimated: they have set a magnificent example for medical progress, which few of us would be able to emulate."[169]

In *Wit*, the late Mike Nichols' 2001 film about a college English professor, Vivian Bearing, who appears single with virtually no family or friends, is diagnosed with terminal ovarian cancer and agrees to an aggressive form of treatment under the care of two physicians who have no real interest in her as a human being, but only in the success of their clinical trial. She dies alone and lonely. Belling notes that "At the very beginning of Wit, Vivian Bearing remarks on the ironic banality of the clinic's conventional greeting: 'How are you feeling today?' She considers the grammar of responding to the question. Well? Good? (Poorly? Bad?) Her pedantry may be comical, but it also establishes that language is never arbitrary. In Bearing's painful experience, the question should be understood not literally but ironically, for it does not seek an honest answer. This is most evident when the oncology fellow, Dr. Jason Posner, remembers halfway through an interchange with her: 'Oh Jeez. Clinical. Professor Bearing. How are you feeling today?' This rote gesture toward unfelt feeling betrays him not only as an unempathetic doctor but also as an imprecise and careless thinker. Although she is very, very sick at this point, Bearing replies drily: 'Fine.'"[170]

From a medical humanities perspective, I was taken with the iconography of Saint

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[169] Duncan, I. Nature. Lorenzo's Oil, Vol. 364, August 5, 1993.
[170] Belling, C. (2013) Begin with a Text: Teaching the poetics of medicine. *Journal of Medical* Humanities, 34:482-486.

Sebastian's picture next to Dr. Bearing's hospital bed. That same image was also present – in a much larger wall painting by Peter Paul Rubens – during a flashback in Professor Evelyn Ashford's office. Professor Ashford appears to have been the closest thing to a friend. From teaching the Confraternity of Christian Doctrine (CCD) in my parish for many years, I shared with my students the classic image of Saint Sebastian, which shows the original attempt to martyr him by tying him up and shooting arrows at him. The story does not end there, however; he survived the attempt on his life and later confronted the emperor who had ordered his execution. I saw this as analogous to Dr. Bearing's battle with cancer as her caretakers kept torturing / dosing her with lethal doses of chemotherapy and she hung on longer than anyone predicted she could. Her last name suggested someone capable of "bearing" the suffering.

While hospitalized, Dr. Bearing appears to have no friends or relatives (save for Professor Ashford) and never watches any television. Watching her die is exhausting because there are virtually no distractions. In retrospective scenes where she is teaching in the classroom, one wonders whether her treatment of students is connected to the unloving and removed portrayal of her father seen in flashbacks. Was this woman ever truly loved?

The image of Saint Sebastian suggests she was Catholic, and yet it is interesting that with all of her knowledge of John Donne and his theme of salvation anxiety, she still did not appear spiritually or mentally prepared for death. Her observations about her treatment are pithy and sarcastic, and I do not see any effort on her part to self—reflect about her own imminent death or how she has treated others in her life.

The bioethical issue for me in this film is that the lead researcher, Dr. Harvey

Kelekian, played to perfection by Christopher Lloyd, is interested in the success of a clinical research trial, which requires a long series of chemotherapy treatments. Dr. Bearing's terminal ovarian cancer is a means to an end for him. It is as if she is a part needed to complete a science experiment. There is no genuine physician – patient relationship I can see, which is difficult to believe because she seems to be an intelligent and capable professional given the scenes of her teaching college English. Dr. Kelekian's assistant, Dr. Posner, is a mirror image and understudy. Both physicians to me are more concerned with the outcome of the study and not the survival of the patient.

The paradox with her former student and now lead physician caretaker, Jason Posner – aptly named after the horror genre series – is that he is completely internally focused and totally consumed with his career to the point where the patients are incidental, notably when he incompetently called the code and climbed over Dr. Bearing as if she was not even in the bed. His intent was clear: keep this woman alive to continue the study despite her request to not resuscitate. His actions are at odds with a career and a medical subspecialty that requires his focus to be only on others. Dr. Posner possesses zero social skills. He can only come alive when he talks about cancer cells, which unfortunately happen to be living within – and killing – human beings. Belling observes that "When Posner says, 'you grow cancer, he uses the second—person pronoun in the generic sense—one or 'I.' But in its literal force, 'you' means his addressee, Bearing, who is indeed growing cancer. Posner's enthusiasm causes suffering because he is unable to read the person before him. He reads others in the same way he observes cancer, in a petri dish rather than a patient, and his innocence includes himself: 'Cancer's the only

thing I ever wanted.'"[171]

The one scene where he is performing a cervical exam and has Dr. Bearing pointed toward the door which can be opened to view her exposed was embarrassing to watch. Dr. Posner is clueless. One wonders whether there is some sense of payback with how she treated him as an undergraduate student when he had difficulty with her course and she refused to extend him any slack. The one nurse who eats a Popsicle with Dr. Bearing was the only example in the film where I saw a caregiver display genuine concern for the suffering of a patient. It was above and beyond what is required and I was not surprised that it was a nurse who rose to the occasion.

Terminating Life

In Joan Micklin Silver's 1992 drama, *A Private Matter,* Sissy Spacek and Aidan Quinn play Sherri and Bob Finkbine, an Arizona—based middle class married couple of four children, who – as the film begins – appear to have a fairly happy life together. Because Mrs. Finkbine has a regular part—time job as "Miss Sherri," a popular romper room—style children's show, she is a local celebrity of sorts in the Phoenix community. Bob is a public high school teacher and while it was still somewhat uncommon for housewives to work in the early 1960s, Sherri's television income helps them maintain a somewhat comfortable suburban lifestyle, especially considering they have four children.

While in the early stages of carrying their fifth child, Sherri learns that a European sleep tranquilizer, Distaval (pure thalidomide), which Bob brought back to the U.S. from a student trip, has received press coverage because of the birth defects it causes in

[171] Belling, p. 486.

children. Sherri's interest in this potential danger stems from having taken the drug after becoming pregnant. Her obstetrician, Dr. Werner, explains that there is a high probability that her unborn child will be born with phocomelia (Greek for "seal limbs"), which is stunted growth in the arms and legs.

The rest of the picture revolves around the couple wrestling with the decision to abort the child, which takes on a bigger societal dimension once the local media, their family, friends and employers become aware of their situation. This produces a fairly tense – and even threatening – situation with both of them losing their jobs. The film ends with Bob and Sherri flying to Sweden to have the abortion. The end credits tell us they later had two additional (healthy) children.

There is something with this couple that just makes them so unattractive. Much as a Spielberg film, the children in *A Private Matter* were more interesting than the adults even though they were not really the focus of the film. To begin, I think there was bad casting; I just did not buy any real chemistry between the two lead characters so throughout the film I had to continue to remind myself that both were acting in a made—for—television movie.

I thought the film tried too hard to paint the picture of an ideal suburban family. The director was telegraphing something bad is coming as the plot appeared to be too happy and conventional. Sherri's curiosity in Distaval was subtle at first, but once she and Bob were in Dr. Werner's office, the film takes off. This is essentially a message film and the director takes the gloves off and hits you over the head with it: before Roe v. Wade, abortion was a difficult and humiliating option for women living in a man's world. To a large extent, I have no doubt that is exactly what it was like back then, but the actors

were not compelling enough characters to make it interesting. Bob may be the most boring man I have ever watched on film in a very long time. Sherri just played victim throughout the second half of the film.

It is a challenge to watch a film representing how medicine was practiced in the 1960s, beginning with the Finkbines visit to Dr. Werner. When the "termination" option is broached, it is delivered first to Bob in a separate room where Sherri can see the two of them talking. It is almost as if she is a child and they have to help her along. Termination of the unborn child is presented as a Hobson's choice in as much there are no other options. Dr. Werner tees up the situation by informing the Finkbines that thousands of these children have been born with phocomelia in Europe and it is probable their baby will be deformed.

Dr. Werner is all about Dr. Werner: "The law is the law and I'm not about to break it."[172] But he's willing to facilitate it; in fact, if it was his wife, he would recommend a termination: "I would not hesitate."[173] The conversation with Sherri is condescending: "We can deal with this Sherri." "You've done nothing wrong Sherri. It's the drug that's done the damage. It's not your fault."[174]

The first conversation Bob and Sherri had alone to discuss this was actually fairly realistic for a married couple's dialogue. They talk about hiring full—time help, giving up the television show permanently, and how a deformed sibling will fit in with their other four children and whether it would be fair to them. Sherri asks Bob why he went

[172] Silver, J.M. (Director). 1992. A Private Matter (Television Movie). Santa Monica, CA: HBO Films.
[173] Silver.
[174] Silver.

out of the exam room, "I'm not a child Bobby."[175] His response was a cop—out: "Dr. Werner was just trying to protect you."[176] Her most pointed observation was, "You scheduled the operation. You didn't ask me."[177] But as with most men, Bob is looking for a permanent and immediate fix to a problem: "What's the problem? Man – I say we do something about it. Forget it and move on with our lives."[178] But Sherri is not comfortable with the procedure as an only option and the immediacy of ending the pregnancy, especially that they are discussing and deciding all of it in a vacuum without the benefit of advice from family and friends: "What I hate about it most is that it has to be secret. Like I'm doing something dirty."[179]

Sherri's meeting with the unnamed psychiatrist, played brilliantly by William H. Macy, is a farce as he automatonically goes through a list of rhetorical questions designed to be answered in the affirmative: "Do you feel guilty? Do you feel like you should be punished?"[180] He explains the law in a matter—of—fact, covering himself legally along with his physician colleague's manner.

The headline in the Phoenix sums up Sherri's problem: "Pill may cost Phoenix woman her baby."[181] It appears after she discusses her situation with a newspaper reporter at a neighborhood gathering. Things spiral out of control and the rumors spread faster than either one of them could have imagined. It is interesting that Bob scheduled the abortion without really validating Sherri's consent and Sherri went to the newspaper

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[175] Silver.
[176] Silver.
[177] Silver.
[178] Silver.
[179] Silver.
[180] Silver.
[181] Silver.

without checking with Bob. Dr. Werner is only concerned with his career and not his patient as he wonders out loud if she thinks Sherri's doing something wrong and part of her wants to get caught and punished.

Friends and neighbors turn and reduce the issue into a black or white decision of five years in the slammer or a monster baby. The television reporter's questions are beyond insensitive, "What does it feel like to decide to kill your own baby?"[182] When the abortion has to be postponed, Bob tells her after talking to Dr. Werner again without her. Sherri loses her job because the television producer explains, "Our viewers won't accept you working with children."[183] Inexplicably, the hospital releases Sherri's name when they were applying for the court hearing – an interesting contrast to the world of patient confidentiality in a post—HIPAA healthcare world.

The bioethical issue is a decision to end the life of an unborn child (terminate the pregnancy) when there is strong evidence that Distaval may have caused a deformity for the Finkbines' fifth child. Their decision focuses primarily on how a potentially deformed child will affect their lives. Little consideration or concern is given for ending the life of the child. This is crystallized for me when Sherri reacts angrily at Bob when he tells the television reporter the names they had picked for the child: "You told them the names. I don't want it to have a name. Don't you know that?"[184] Apparently Bob did not know. It is easy to see where Sherri is in the decision making process at this point as she is no longer referring to the child as a human, but as an "it."

We look at bioethical decisions today as ones that should be discussed in an

[182] Silver.
[183] Silver.
[184] Silver.

informed and non—pressured arena. This appears to be impossible within the context of this film. Sherri is rightfully concerned that judges and doctors and lawyers are talking about her and yet she is the one that has to go through with the procedure: "I'm just all alone on this one."[185] Throughout the film, the male dominated medical, legal and media treat her consistently as someone incapable of dealing with an issue that belongs to her and Bob. As long as the issue was kept quiet, Dr. Werner would be paid for scheduling the procedure as a dilation and curettage and no one would be wiser for what had really occurred. Sherri's talk with the media was probably a subconscious cry for help.

The bioethical issue for me is that the diagnostic technology at the time would not allow imaging of the unborn child. Part of Sherri's concern is that she does not know for sure if the baby is in fact deformed. The unanswered bioethical question for me is: was the child deformed? They would have had some indication after the termination as to the status of the baby's limbs, but this is never addressed.

Steve Morris, as with most Hollywood films, plays the hospital administrator as an unethical character. He offers to pay for the procedure because it will be better if Sherri is out of circulation for awhile. Where is the concern for a distressed patient? The hospital board sees the entire situation as a woman in need and a lousy law. They do not want to be called murderers or baby—killers. From a medical humanities perspective, society at the time did not allow for an informed medical decision and the patients (mother and baby) never appear to be the focus; it is all about the law and perception and the unknown, that is, is the baby really deformed? As a (practicing) Catholic, it was a challenge to watch a period piece where a serious issue was never given serious reflection.

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[185] Silver.

Most of the scenes are people reacting to rhetoric, which is a far cry from what the Finkbines really needed to address their dilemma – all seven of them.

The story the Finkbines brought to the small screen pales in comparison to Public Broadcasting Service's 2010 airing of John Zaritsky's *Frontline: The Suicide Tourist*. There is nothing fictional with this story as I essentially watched a man with terminal cancer end his own life by traveling to Switzerland with a PBS crew filming the event. The somberness of Craig Ewert is overwhelming and yet he is neither an interesting or likable man. "I am dying. There is no sense in trying to deny that fact, nor my conviction that the end of my long journey is rather close. I cannot stay where I am."[186] Craig was diagnosed with ALS, which based on my experience running a neurology service line, is truly an awful way to die. But this film was all about Craig's right to end his own life and the effort he had to go to another country to end it. He arrives at the place where he intends to sip poison and we learn his body will leave in a hearse.

Craig began to think about suicide as he watched his body drain away. It is difficult to feel sympathy for someone you meet in a television special, which runs less than an hour. My first reaction is he does not come off as a sympathetic character. I feel badly for the situation, but not for him. We hear about the courtship with his wife as the Catholic meets the atheist. There is a segment about their relationship, and its difficulties, but there is nothing about this couple – or the way they are introduced – that makes you want to care. Craig is professor of computer science. Mary is a homemaker. They moved to Europe after their kids were raised. In 2006, he felt weak and was subsequently

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[186] Zaritsky, J. (Director). 2010. *Frontline: The Suicide Tourist*. (Television Reality Drama). Chicago, IL: PBS.

diagnosed with ALS. Then they found an organization called Dignatos with a human rights lawyer and over one thousand deaths to his credit.

Assisted suicide is legal in Switzerland. It is the only place where you can travel as a guest to kill yourself. They take increasingly provocative positions: "Suicide is a marvelous possibility for a human being."[187] Craig has to swallow the poison to legally kill himself, which makes the "assisted" a questionable modifier. He is not tired of living; he is just tired of the disease.

The Ewerts say goodbye to two children. This is not fiction and one wonders why the viewer has been pulled into all of this. If he really has concluded he needs to die, why is a television production crew necessary? One wonders if the Ewerts are not pawns in a larger social – political game. Before dying Craig proclaims with some authority that "there is no everlasting soul, no afterlife."[188] One can be assured that Craig now knows the answer.

Mary uses a power toothbrush on Craig's teeth. Why? If you're about to kill yourself, why brush your teeth? He rails against the God he claims he does not believe in forbidding suicide and yet claims it is technology's fault he is still living.

Mary wheels him through a park with pretty flowers and music trying to make him happy. Craig sees plant he believes are dying, which they are not. He wants to die with the first movement of Beethoven's 9th symphony playing, which ironically has the following words later on in the symphony:

Joy all creatures drink
At the breasts of nature;

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[187] Zaritsky.
[188] Zaritsky.

All good, all bad
Follow her trail of roses.
Kisses she gave us, and wine,
A friend, proved in death;
Pleasure was given to the worm,
And the cherub stands before God.
Before God!

The viewer watches Craig go through the mechanics of finding a doctor who thinks he should die with sleeping medication. "We can assure you will not wake up anymore."[189] The doctor does not use the word "die." He wants to make sure Craig is really ready to die. Craig does not want his children there because he would want to talk to them. He does not want them there and the decision was made they were not to be there. But they can always tune in prime time to watch the special.

They want to film it so Swiss officials can see he killed himself to avoid trouble with the law. They begin with a drink that will prepare his stomach for lethal sedative so that he will not be in any pain while he is killing himself. As unlikeable as this patient is to me, watching a human take his own life as if it is a clinical procedure is difficult.

Mary says, "Have a safe journey? See you again,"[190] which I found insensitive to his atheist beliefs. She wishes him a good sleep. She sits at the end of bed rubbing his feet. Craig asks for apple juice because the poison tastes bad. He wants his music on. How could anyone allow cameras in while their husband is dying? They continue to film a dead man after he is gone. As required under Swiss law, the doctor contacts officials.

We learn this cost Mary $4,500 for the suicide, cremation and shipment of ashes back to the US. She calls children and friends. She allows that "where he is is really

[189] Zaritsky.
[190] Zaritsky.

immaterial."[191] How touching. She packs his wheelchair on her way home, which bothered me even more as she could have donated it to someone in Europe who needed it.

There is an old quote from Thomas Aquinas that for people with no faith, no explanation is possible and for those with faith, no explanation is necessary. I feel sadness for people who do not believe in God. Craig never looked sadder than when he was killing himself. Where was his happiness if this was his solution?

As a Catholic, I cannot abide this type of solution. I understand his pain, misery and feeling of hopelessness. But it is a slippery slope when we all start ending our lives because we feel we cannot go on. Like abortion, it turns into a cash industry with little regard for human dignity or suffering. I do not have ALS so I cannot understand what he went through. But I think he wanted attention and acceptance for what he was going through and somehow PBS fit the bill for him. This was really a bioethical film and, for me, it was absent of any medical humanities considerations unless you credit the apple juice they gave Craig to neutralize the taste of the poison.

In *My Sister's Keeper*, a married couple, with a daughter dying from a terminal illness, deal with the medical emancipation of a younger daughter who no longer wishes to serve as a donor to continue to save her older sister from an illness she cannot survive. At the beginning of Nick Cassavetes's 2009 film, the main character, Anna Fitzgerald, does a voiceover: "Up in space you've got all these souls. Down here on earth they have sex, bam coincidence. Most babies are products of drunken evenings and lack of birth control. Only people who have trouble making babies actually plan for them."[192] But the

[191] Zaritsky.
[192] Cassavetes, N. (Director). 2009. *My Sister's Keeper* [Film]. Los Angeles, CA: Curmudgeon Films.

Fitzgeralds do love their children. Anna continues by explaining that she wants to sue her parents for the rights to her own body as she is a "designer baby,"[193] made in a dish to be spare parts for her sister, Kate. She feels that if she does not give her sister a kidney, she will die and it will be her fault.

Each member of the Fitzgerald family narrates the film at one point or another with different perspectives. We learn that Anna is a perfect chromosomal match who will be Kate's genetic savior, but she intends to get an attorney to assert her rights. The mother, Sarah, serves in a hospital and is played weakly by Cameron Diaz. The father, Brian Fitzgerald, is a fireman and is completely believable as a parent dealing with a complex bioethical issue. The family wonders what choices they will have for Kate if the transplant does not work. If it does work, Kate will have to be careful the rest of her life. The parents fear they went against nature and that this latest development is their comeuppance. They also wonder when Anna started wanting to make her own decisions.

As the family reacts to Anna's declaration of independence for the rights to her body, Brian wonder aloud if the family is beginning to take sides. At eleven years of age, they realize Anna has rights. Sarah wants to save Kate and is upset because the family dynamic does not suggest that Anna would go to a lawyer without talking to her parents.

Kate admits she does not mind her disease killing her, but allows it is also killing the family. She is sorry she took all the attention when her brother, Jesse, needed it more. And Kate is especially sorry that Anna was used and hurt for her survival. We begin to see that the elephant in the living room is that Kate has accepted death and her mother will not acknowledge it as a possibility. One of the nurses tells Sarah that death is a

[193] Cassavetes.

normal process of life.

Kate attends her prom with another cancer patient, Taylor, who was a delightful distraction and respite in an otherwise depressing and contentious family saga. They have a family trip to the beach, which is where Kate wants to be, and it was one of the most beautiful scenes ever filmed accompanied by Priscilla Ahn's "Find My Way Back Home," which addressed the anticipated loss of a child:

Don't you go,
Away, I know,
Without your love,
I'll never find my way back home
'Cause you and me,
So happily,
Make all our dreams of make believe reality.

The courtroom scene was so intrusive. Every question is about whether Anna was asked for her permission, which she was not. Alec Baldwin portrays the lawyer who goes through each procedure along with the clinical details. Anna understands that Kate has accepted death and she does not want to continue to have her body picked apart when there is no hope for Kate. No one knows how to tell Sarah that the claim for medical emancipation is because Kate is not going to live.

The bioethical issue here is as clear as it is complex. At the suggestion of one physician, the Fitzgeralds had years earlier made the decision at a crucial – and hopeless – point in Kate's progression of the disease to essentially order another child to serve as backup parts. They did this at a time when Kate was much younger as a last resort. They did it out of love for a child that they could not fathom putting in the ground. They did it without consideration for the human being that would become Anna. As a parent, I

understand their intentions, but this was a mistake. Could two seemingly intelligent adults really not foresee that Anna would grow up and have her own thoughts about having her body serve as a backup. I cannot imagine the pressure on both Kate and Anna. Did either parent consider the loss of affection and attention on Jesse? For me, this was a case of misusing medical technology as a hedge with no clear assurance it would save their daughter's life. It was a slippery slope of bioethical considerations spinning out of emotional control for a family too caught up in love and affection to make the right decisions. They elected an option that produced results with which they were not prepared to deal.

This is a story about love for a child with a terminal illness. It is a story about parents not being able to deal with the potential death of a child. They opt for what seemed to me to be a *Pet Cemetery* option: you are not going to get what you want. This truly is an Irish story; it does not have a happy ending, because I think the parents, particularly Sarah, were not able to accept the obvious. I do not blame Sarah. She was desperate for any answer and she proceeded without thinking things through completely. In a pure medical humanities tradition, someone appears on the medical landscape, Taylor Ambrose, who distracts Kate like an angel and takes her to the prom. Sometimes people suffering in a medically challenging and emotionally charged drama need a healthy distraction. There was a genuine sense of connectivity for Kate as Taylor was very ill too and could relate to her treatment and its side—effects more than her family.

It was very hard not to feel sorry for Anna who asserted that it was her body and she wanted to be able to make her own decisions about what to do with it. The film needed a medical humanities trained caregiver to help Sarah accept the inevitable. The

inevitable was easier for everyone to accept when they considered that Kate might run into Taylor as she entered heaven.

In Alejandro Amenábar's *The Sea Inside*, a middle—aged Spaniard, permanently paralyzed as a young man, is under the constant care of a family who loves him, but he has exhausted his will to live and wants to end his imprisonment and suffering. The 2004 film opens with the sounds of a hypnotist discussing the image of an ocean to Ramón Samoedro, a paraplegic, who became paralyzed when he dove into shallow ocean water as a young man. He lives with his brother, José, his wife, Manuela and their son, Javi.

Ramón discusses his day with his lawyer Julia, including breakfast, listening to debates, and using a straw to operate his computer. He must have his position in bed switched every three hours. His conversation with Julia is about his quest to die. "Why die?" Julia asks. Ramón responds with: "Life for me has no dignity."[194] He does not judge and does not want anyone to judge him or the person who helps him die. Ramón has been twenty six years in this condition. His mother took care of him originally and his father tells the story of how he jumped in the surf and broke his neck.

A local girl, Rosa, comes to visit him. We can see there is chemistry. She has a radio show. He asks her if she is single, just in case he has a chance. She says his eyes are so full of life. "I came to make you feel like living. I want to be your friend."[195] Rosa discusses Ramón on her radio show after he sends her from the room crying. The lives of Ramón's family are all centered on him.

Julia starts a second interview with him talking about his youth, but he wants to

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[194] Amenábar, A. (Director) 2004. *The Sea Inside* [Film]. Los Angeles, CA: New Line Cinema.
[195] Amenábar.

talk about suicide. He was a ship mechanic at age 20, but there are no pictures of him around. Javi watches soccer with him to get away from adults at dinner. "The sea gave me my life and then took it away."[196] The accident is recreated where he saw his life flash before him. The director uses the lawyer going through Ramón's pictures as a way to show his life – it is very powerful. Regarding his girlfriend, the question was whether he was willing to love in this condition. We learn the girlfriend left. Julia asks if Ramón if he has kissed a girl kissed in 27 years.

Rosa comes back to visit with her two children. They misbehave. The boy thinks Ramón's a faker. Julia asks Manuela what she thinks about Ramón's wish to die and she says it is what he wants and that it is not important what she thinks.

There is a scene where he daydreams and gets out of bed and flies to the beach. There is beautiful classical music playing while he is flying. He imagines meeting the lawyer while walking on the beach and kissing her. Julia reads all of his material and tells him his writing is wonderful and his voice, if published, will help his case. She passes out. She has an illness and also wants to die because of her illness. Ramón says living in hell is worth it only to meet woman like Julia. She still wants to help him with his book.

A paraplegic priest is portrayed negatively because he speaks about Ramón's request to die without any knowledge of the case's particulars. Ramón's family loves him. His older brother tells him nobody kills anybody in this house. Rosa comes to see him while she is crying over a plant closing down. She cares for him deeply. The Jesuit paraplegic comes to the house with seminarians. They go back and forth. Manuela tells him he has a very big mouth. He is ramming his theology down his face and not the right

[196] Amenábar.

way. Julia comes to see him in her wheelchair on the feast of the Epiphany. Whenever there is talk of the legal maneuverings to let Ramón die, you can tell the family is against it. His brother yells at Javi for listening. He allows that Ramón will get a shot and be killed like a dog.

His pregnant hypnotist friend puts her pregnant belly up against his face during a visit while Julia continues to work on a book with him. He talks to her about making love to her. They kiss while she is in her wheelchair. Now there is a rivalry between Rosa and Julia. Then Julia suddenly tells Ramón she is going to end her life. "If you want my love…we could leave together."[197] The legal maneuverings are again discussed with the hypnotist, who ironically appears consumed with ending Ramón's life while carrying one. She does not understand that most people unaffected by this case do not even want to discuss, much less think about, killing other human beings.

A new wheelchair becomes a project for grandson and grandfather so he can go to court and tell justices he wants to die. His book is entitled *Letters from Hell*. Ramón goes to see the judges, but they will not listen to him. His argument is based on whether the secular state should allow someone to assist another when they cannot take their own life. Ramón writes to Julia and asks her to end his life after the judges say no. The family does not know about this. Ramón announces that, "the person who truly loves me will be the person who helps me."[198] His brother yells at him for how much they have sacrificed.

The toughest and most tender part of this entire film is when Ramón reads a poem to Javi in his newly published book dedicated to the son he never had. The family says

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[197] Amenábar.
[198] Amenábar.

goodbye knowing he will not be coming back. Javi, Ramón's brother and Manuela are crying as they know he will not return. Rosa gets a hotel room with a view of the sea. She brings her children. "I believe that living is a right, not an obligation."[199] Ramón films his death and the viewer watches him sip from the glass. "Hot" is his last word. In his mind he goes back to drowning in water.

As with the Frontline story, it is difficult to condone someone taking their own life. It is also impossible to understand what it is like to be trapped in a body. But unlike the Frontline story, Ramón is an incredibly interesting, resilient and thoughtful person. I did not want him to die for my own selfish reasons. In that sense, I connected with his family. Ramón did not want me to feel sorry for him. He wanted to be left alone in his decision to discontinue living.

From a medical humanities perspective, Ramón's family is the centerpiece. The genuine and consistent love they demonstrated in their round the clock care was truly touching. And it was very hard work as they had to take care of him as if he were an infant. They never complained and never gave the slightest indication that taking care of Ramón was an ordeal. This stood in stark contrast to the Jesuit who I found as interfering in affairs where he did not know all of the details. He has a voice and the right to an opinion and to share that opinion as he understands Catholic teaching and Canon Law. What I did not care for was that it did not appear as if he was having a conversation to gain an understanding of what Ramón's life was. He thought because he was in a wheelchair, he could understand Ramón's situation. So many other priests could have given him such better counsel and a willingness to listen. That is what Ramón needed

[199] Amenábar.

more than anything else – to be heard.

Finally, Mike Leigh's 2004 British film, *Vera Drake*, centers on a middle—aged woman living with her devoted and hard—working mechanic husband, self—consumed son and homely daughter in 1950s England. Her principle occupation appears to be cleaning homes for the wealthy, but it is soon revealed that Vera performs a procedure that terminates pregnancies on the side; rather, under the radar from her family and the authorities in a country where the procedure is still illegal at the time. Vera does not charge for her services, but her friend, Lily, who brokers the procedures, charges women a fee, which Lily never reveals to her. Vera spends the rest of her time caring for her family and her ailing and seemingly senile mother. She is genuinely loved by all around her, yet her life seems devoid of true joy. When one young girl's termination leads to an infection, the authorities become involved, leading to Vera's arrest and subsequent imprisonment.

I remember a relative once told me the definition of gossip is hearing something you like about someone you do not. Some of the idle gossip between Lily and Vera cries out for someone to tell them both to mind their own business when they justify ending a pregnancy: "She's got seven kids already…the husband…can't control himself if you ask me. Serves her right."[200] No one is asking for Lily's opinion. The questions Lily asks, of women who approach her for assistance, are beyond inappropriate. She takes their money while simultaneously judging their condition in a predictably condescending way. Lily talks incessantly to justify the procedures she brokers under Vera's nose. Lily is the type of person whose funeral is not well attended.

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[200] Leigh, M. (Director). 2004. *Vera Drake* [Film]. Los Angeles, CA: New Line Cinema.

There is a simple, Gump—like manner about the way Vera performs the abortions, as if she is treating athlete's foot, especially when giving post—op directions to her patients. It sounds like a recipe for baking a cake: "Tomorrow or Sunday you'll have a pain down below. Get yourself to the toilet. You'll start bleeding. It'll all come away. You'll be right as rain. What you need now is a nice hot cup of tea. Take care dear."[201] When you compare this tender touch to the pregnant woman who has been raped and goes to her physician and a psychiatrist for a humiliating evaluation to justify a legal abortion, the rationale behind Vera's actions becomes apparent. In fact, Vera states her case very clearly to the police when she is arrested: "I help young girls out when they can't manage. I help them start their bleeding again. Abortions – that's not what I do dear. I don't charge for the abortion."[202] What is never said, but becomes clear is that this happened to Vera as a young girl and her silent mission is to assist other women in the same situation with no financial benefit, which, no doubt, could be a substantial amount of money. That Vera suffered through this personally is essentially the real dark secret of the film.

There are multiple back stories, which I think are used to paint a type of hagiography of Vera. The courtship of her daughter by Reg was charming, especially the marriage proposal: "What do you reckin? Do you wanna?"[203] In fact, their first kiss does not occur until after she accepts Reg's offer. Vera's husband George's partner is Stan and his wife Joyce is probably one of the most annoying characters ever invented for a film:

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[201] Leigh.
[202] Leigh.
[203] Leigh.

"Can I have my washing machine now please?"[204] Everything in the plot builds up to their happy night where all of the characters gather at the same time for their daughter's engagement party when the police arrive to question Vera.

Vera hides nothing from the police: "I know why you're here. Because of what I do."[205] Her husband says nothing to her when she tells him. In fact, none of the actors, according to the Internet Movie Data Base[206], except for Vera, knew what she did until this scene was filmed so their reactions were quite genuine. Vera appeared to be overwrought with guilt for something that she performed so cavalierly. Vera's arrest changes the family dynamic as they all deal with the public mortification of their mother's secret profession. Joyce appears completely unconcerned and makes her feelings known by refusing chocolates on a depressing Christmas, while still smoking. The daughter looks like a dullard. The son, Sid, is upset with his mom, "How can you do those things mom?"[207] Sid is at an age where the world is black and white. The Dad's advice to Sid is endearing, "You can forgive her Sid; she's your mother."[208] While the future son—in—law has the best Christmas ever: "Smashing."[209] Vera receives two—and—a—half years in jail. The film ends with the family just sitting around the table in silence.

This film's bioethical issue is relatively easy. Vera is ending pregnancies under the radar of local law and medical providers to assist women who believe they have no alternative. The situations appear to be extreme, such as rape, too many children, inability

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[204] Leigh.
[205] Leigh.
[206] http://www.imdb.com/title/tt0383694/trivia?ref_=tt_trv_trv
[207] Leigh.
[208] Leigh.
[209] Leigh.

to care for children, etc. The pro—life side would see it as the termination of a viable pregnancy, that is, the ending of a life. The pro—choice side would see it as offering an alternative to women in no (mental or financial) position to raise a child.

The typical questions come to mind. Who defends the child's interests? Is it really a child yet? Why is the legal alternative to a D&C so humiliating? A cynic might say that this film is a very polished puff piece for the right to an abortion. But it is much more in my mind. The acting in this film is so powerful all around, especially, in my humble opinion, the tour—de—force by Imelda Staunton as Vera. It is a very persuasive piece that shows a woman genuinely trying to help women she believes really need her special skills. Yet the fact she does it under the radar tells you she understands, at some level, that what she is doing is wrong. Her lack of emotion and willingness to fight for her own rights is what convinced me. If she really was a true champion for her calling to help women, she would have fought harder in court. But I may be assigning twenty—first century American assertiveness and logic to a mid—twentieth century British culture.

Vera certainly helps women with a kindness and tender caring heart that cannot be disguised, but the circumstances under which she does it are less than sterile and ideal. This is what leads to the infection, no doubt, of the young woman, whose family exposes Vera. The medical community, naturally, works with the law to ensure that this alternative option is silenced.

I think from a medical humanities perspective, I tried to set aside my rather strict pro—life Catholic approach to abortion, but could not get over the way that Vera was used – or pimped – by Lily for a fee about which she knew nothing. For Vera, it never was about money. It was always about saving other women from what she experienced. I

have to say that I did find that admirable, even though I thought what she did was wrong. I also do not believe she was as forthcoming as she should have been with women. From an informed consent perspective, as I stated earlier, her post—procedure instructions did not support the seriousness of what was going to happen when the pregnancy ended, but I am not sure she was capable of informing them in a more intelligent way.

Chapter 4

MEDICAL FILMS AS A TOOL FOR MEDICAL EDUCATION

Based on the literature reviewed for this dissertation, I will argue that there are definite educational benefits for any medical student or resident watching a film based on bioethics or medical humanities. I will also tie in the conceptual framework of my dissertation related to the Samaritan vocation all future providers in training possess as well as my thesis statement to show that motion pictures as an art form reflect the changing values and mores for medical students.

Having spent over half of my 35—year career in academic medicine environments, I am all too familiar with recently minted physicians, fresh out of medical school, who –absent the virtue of humility – believe they have been gifted to medicine to push back its frontiers. With an investment of almost 100 hours watching, and in some cases re—watching, motion pictures for this dissertation, it seems obvious that viewing *Red Beard* might be the perfect antidote for pride as it focuses on a physician who initially acts as though he is God's gift to medicine and then, as events unfold in the storyline, is humbled when he realizes the patients are a gift to him. A similar benefit could be yielded through viewing *The Doctor* or *Wit* as they both allow a practitioner to develop a better understanding of the patient experience and the inherent flaws within acute care delivery.

The literature strongly supports film as a teaching tool for medical education: "The medium of film has been used in medicine and medical education since the late

1890s."[210] Alexander claims: "It is a teaching tool that is receiving considerable attention in the medical literature."[211] Darbyshire suggests that, "The use of cinema in healthcare education has a theoretical basis. Cinema utilises [sic] sight and sound and the process of interacting with audio—visual media, watching and listening, is comparable with much of the practice of medicine where we observe and listen to our patients. Also, the ability of film to engage learners in discussion is a part of the active learning processd [sic] part of the constructivist learning theory in which learners actively build concepts or ideas upon pre—existing foundations. Aspects of social learning theory can also be applied when students are exposed to both positive and negative role models."[212] Alexander, et al have even coined the term '"Cinemeducation' [which] refers to the use of movie clips or whole movies to help educate learners about biopsycho—social—spiritual aspects of health care."[213]

In fact, as early as 1926, Montague wrote movingly about the "…unquestionable and satisfying results obtained by employing the motion picture film as a method of educating medical students."[214] Montague was not referring to films from Hollywood; rather, he was using film as a medium to instruct medical students and residents on the diagnosis and treatment of diseases, many of which may be rare. He makes the point that viewing a film is a legitimate and productive educational tool.

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[210] Essex-Lopresti M: Centenary of the medical film. *Lancet 1997; 349*: 819-820.
[211] Alexander, M., Pavlov, A., Lenahan, P. (2007). Lights, camera, action: using film to teach the ACGME competencies. *Family Medicine*, 39, 20.
[212] Darbyshire, p. 28.
[213] Alexander M, Hall M, Pettice Y. Cinemeducation: an innovative approach to teaching psychosocial medical care. *Family Medicine*, 1994;26(7):430-3)
[214] Montague, J.F. What Motion Pictures Can Do for Medical Education. *Annals of the American Academy of Political and Social Science, 1* November 1926, Vol.128, pp.139-142.

Shapiro, et al actually submit that residents and medical students have the capacity to be more emotionally engaged when watching a motion picture about a specific illness than they would be in treating a patient with the same illness in a clinical setting. They suggest "…a conceptual model, the Don Quixote effect, to…argue that going to the movies can produce an emotional idealism that may help physician viewers achieve more positive attitudes of empathy and altruism.[215] These are the very qualities one can assume moved the Good Samaritan to help a beaten stranger.

To illustrate this argument, the authors ask, "Why are medical students and residents moved, sometimes to the point of tears, when they watch the story of a terminally ill patient with AIDS in the movie *Philadelphia*, but are often fearful, annoyed, or resentful of a real—life patient dying under similar circumstances? How is it that these doctors in training roundly condemn the insensitivity of the physician played by William Hurt in *The Doctor* but then can exhibit similar behaviors toward their own patients? And what is the reason that our learners, when watching the movie *The Fisher King*, like and even identify with the homeless protagonist but often treat such individuals with contempt when they come across them in an emergency room or community clinic?"[216] I have suffered from the same extremes in mental health where I found working with certain patients so exhausting, yet would certainly have connected with them on a different level had I encountered their story in a film. If familiarity can indeed breed contempt, then I suspect even healthcare providers are susceptible.

The advantage to watching a film is that it allows the storyteller (the director) to

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[215] Shapiro, J., Rucker, L. Families The Don Quixote effect: why going to the movies can help develop empathy and altruism in medical students and residents, *Systems & Health 22.4* (Winter 2004): p445.
[216] Shapiro, p. 445.

take the viewer to another place and time for a short while. While many of the films discussed in this dissertation wrestle with moral and topical issues, there are many alternatives for physicians—in—training to view that are not as complex. "Patch Adams, a film about a medical student who seeks to restore humanism—and humor—to patient care, is morally uncomplicated and straightforward."[217] Further, the first medical film I ever watched, *People Will Talk*, ends with one of the happiest scenes of any movie as Cary Grant conducts the medical school's student orchestra in Brahms' Academic Festival Overture, while his new bride feels her baby kick for the first time as she holds her father's hand while sitting together in the audience. Similarly, the end of *Lorenzo's Oil*, where real life testimonials are played over the end credits – all patients testifying to improvements in their condition because of the love of Lorenzo's parents combatting his disease. This is an important point to unpack. Lorenzo's parents seemed to possess the material wealth and political connections to easily discover their cure and not have made it public. By sharing their sacrifice with all patients stricken with Lorenzo's illness, they shared their cure – and love – with the world. This point also illustrates the changing approach to a disease and its cure in Hollywood. Older films were centered almost solely on an individual's plight, to the neglect of others, while *Lorenzo's Oil* is a story made for the world.

Even as Hollywood dramatizes clinical tales with additional fictional characters, dialogue and subplots that were never part of the original story and action designed to move the viewer to take the patient's side against seemingly uncaring and indifferent caregivers, Shapiro argues that "…added value for physician learners can be extracted

[217] Shapiro, p. 446.

from the movies, particularly in their ability to evoke strong positive emotional responses to suffering others who might, in clinical situations, be perceived with despair or disgust."[218]

I suspect the most important point Shapiro makes in her argument for advancing medical education through films is that while viewing a movie the physician is "…freed from… immediate clinical responsibility. In the protected 2—hour space of a movie, there is nothing the learner is supposed to do. In fact, much as the learner, so exquisitely trained to take charge and make critical decisions, might wish to intervene in a given situation portrayed on the big screen, during a movie action by members of the audience is not permissible. Therefore, going to the movies forces the primacy of emotional response. What appears in film evokes feelings of joy, sorrow, or anger, and the learner has the luxury of experiencing emotions for which he or she bears no accountability in the real world. Emotions that in clinical settings are perceived as distracting, perhaps dangerous, now become cathartic and even enjoyable in their full expression."[219]

Jon Hallberg, MD, an assistant professor of family medicine and community health at the University of Minnesota agrees with this sentiment: "When I watch a film, I step out of my known world and into another, getting lost in a different place and time; I'm a voyeur and a traveler and a witness. The scenes and phrases get under my skin, swirl around in my brain, and occupy my thoughts for days—even years. In 90 or 100 or 180 minutes, I can be moved, transported, or maybe even changed a bit forever. Give me

[218] Shapiro, p. 447.
[219] Shapiro, p. 447.

a film with well—written dialogue, some clever editing, and great cinematography, and I'm in heaven."[220]

In support of students viewing an entire film in lieu of carefully selected scenes, Weber writes that "…we found that having students watch the entire movie was part of the learning process. They came to know the film characters as complex people rather than just teaching props, much like a home visit versus an office visit. In this way, we also found that students relate to the characters in the films as if they were real patients, attempting to think about how they (as future doctors) might better understand issues that occur outside the office for a family. The students were given a rare opportunity to get to watch what happens to a family when one member is affected by illness. While students reflected that they get glimpses of this with actual patients in their clinical experience, the films allowed them to see that there might be a lot more going on in the patient's life and within the family unit than had first been considered. It also allowed the students to witness a diversity of complicated family scenarios that they may not encounter for many years in real life. The course offered them insight into dealing with these future situations."[221]

In an approach akin to a stress reduction technique, Hallberg remembers that "…when I started medical school in 1988, I thought I'd lose interest in…film; I thought there wouldn't be time for such 'frivolities'…but…movies became my escape, my sustenance, my connection to the world during those study—filled years...and taught me about justice, ethics, yearning, love, …in ways that my conventional medical school

[220] Hallberg, J. Minnesota Medicine, 8 Films Medical Students Should See, Jon Hallberg, M.D., July 2007
[221] Weber, p. 319.

courses could not. I've since realized that films not only were an escape, they've enriched my life as a physician. I suspect they do the same for others."[222]

With respect to enhancing a practitioner's ability to appreciate bereavement, Furst believes: "Depictions of bereavement in film may offer clinicians and students a better understanding of grief and the psychological process of mourning."[223] As opposed to the options for access to film thirty years ago, Furst believes that the "…ready access of film in video and DVD formats may increase the emphasis of bereavement issues in medical education and heighten the sensitivity of clinicians to identifying bereavement in patient care, enhance the empathic response to bereaved patients, and lead to better care through early referral to resources and targeted interventions."[224]

In my work at Einstein with palliative care, I have noted how this remains an area of need and interest for internal medicine residents. Furst reaffirms this need: "The importance of death and dying issues in health care cannot be overstated. The use of film has the potential to communicate the universality of this experience and the degree to which it affects people's lives. It could potentially serve to increase emphasis of bereavement issues in medical education and increase the sensitivity of clinicians to identifying bereavement as an important clinical issue and potential risk factor for poorer outcomes. Heightened sensitivity to the psychological process of mourning may enhance the clinician's empathic response to those bereaved and could improve the quality of care through early referral to resources for more comprehensive support or targeted

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[222] Hallberg
[223] Benjamin A. Furst, M.D., Bowlby Goes to the Movies: Film as a Teaching Tool for Issues of Bereavement, Mourning, and Grief in Medical Education *Academic Psychiatry*, Sep 2007; 31 (5); 407.
[224] Furst, 407.

interventions for this higher risk population."[225] There is not enough internal evidence at Einstein to show that patients have a better hospital experience and shorter length—of—stay when palliative care is consulted as early as possible. If film could enhance a resident's understanding – even through a fictional narrative – it will benefit patients.

Similarly, Jung explored death and dying as "…an ultimate process that every human being must experience."[226] He argues that dying "…is more than a biological occurrence. It is a human, social, and spiritual event, but the spiritual dimension of patients is too often neglected. Whether death is viewed as a 'wall' or as a 'door' can have significantly important consequences for how we live our lives. Near death experience is one of the excellent evidences to prove that there should be spiritual component being separated from the human physical body when we experience death. People have called it soul, spirit, or nonlocal consciousness. Caregivers need to recognize and acknowledge the spiritual component of patient care. Learning about death and dying helps us encounter death in ways that are meaningful for our own lives. Among the several learning tools, utilizing cinema with its audio and visual components can be one of the most powerful learning tools in death education."[227]

Most of the literature describes film education as optional or elective courses, implying the physicians are free to attend or not participate. The physicians' voluntary action stands in contrast to the commitment they have made to enrollment in medical school or acceptance in a residency or fellowship. Shapiro reminds us that, "In the clinical setting, although learners have, at some level, chosen to be physicians, on a

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[225] Furst, 410.
[226] Korean J Gastroenterol Vol. 60 No. 3, 140-148 / Death Education for Medical Personnel Utilizing Cinema / Hyun Chae Jung
[227] Jung.

day—to—day basis they may feel trapped. They certainly do not have the ability to leave at any time and so are locked into situations that they may find aversive, frightening, distressing, or demoralizing. Conversely, people choose to go to the movies. And if what is portrayed on the screen is difficult to absorb emotionally, they nevertheless feel that they are present of their own free will. They also know they can leave whenever they wish, without consequence. Therefore, movie goers have a sense of control over the emotions they are experiencing, as though they are freely chosen."[228] Just in preparing this dissertation, there were films I freely chose not to watch, specifically, *First Do No Harm*, in which a young child suffers from epilepsy. Because one of my children was diagnosed with this disease, it would have been too much for me to watch, even though it was a movie. The same lesson is there for physicians, that is, they can choose to learn from film or not based on the type of disease category in which they have an interest or learning deficit.

It becomes easy to observe that through film, physicians can enhance their compassion and understanding. The expected outcome or essence of the aforementioned Don Quixote effect for physicians is that Cernavtes' fictional Man of La Mancha is "…not himself offered as a role model for young physicians in training. Rather, it is the effect he exerts on his practical servant that has something to teach us. Sancho Panza does not succumb to the extreme delusions of Quixote. However, by allowing himself, on occasion, to live in and even to love the world of Don Quixote's chivalric imagination, he becomes a more honorable, compassionate, and tender person. In contemporary society, we believe that going to the movies can be an effective way to trigger the Don Quixote

[228] Shapiro, p. 448.

effect, this ability to see one's small and ordinary life as occurring in larger, more significant terms, in physician learners."[229]

Gramaglia argues that: "Medical humanities can offer an insight into human illness and in a broader outlook into human condition, understanding of one self, responsibility. An empathic relation to patients might be fostered by a matching approach to humanities and sciences, which should be considered as subjects of equal relevance, complementary to one another."[230] Specifically, Gramaglia pushes for the use of motion pictures in psychiatry training, "…based on …considerations about the relation between images and archetypes, archetypal experience and learning."[231] Gramaglia argues that "…the meaning of the movie is far from being univocal: it depends on the message the director wanted to convey; on what the viewer is capable of understanding…it also depends on the Director's and the viewer's unconscious, which inevitably emerge in the meaning they assign to the movie."[232] I would add that the screenwriter has no less effect on the viewer. In many cases, it is the power of words that remain long after the film has ended.

Gramaglia cites Wileman, suggesting, "There is evidence to support the idea that visual images may present an advantage over the spoken word with regard to learning reinforcement and knowledge retention."[233] In summary, Gramaglia believes that movies are an effective medium for education as it is "…related to the large amount of information that can be presented in a given amount of time or the ability of images to

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[229] Shapiro, p. 450.
[230] Cinema in the training of psychiatry residents: focus on helping relationships Gramaglia et al. BMC Medical Education 2013, 13:90.
[231] Gramaglia.
[232] Gramaglia.
[233] Wileman, R: Visual Communicating. Educational Technology Publications, 1993.

clarify otherwise complex concepts. It is also likely to be related to individual variation in the optimal sensory modality of learning, since some people seem to learn better from visual images than from written or spoken words alone."[234]

Welsh cites Hyler in addressing "…some advantages to using 'Hollywood' portrayals of psychopathology as compared to videotapes of actual patients. He mentions that 'a good deal of thought (and money) has gone into the often high production values of these films, resulting in graphic, dramatic, and often prototypic illustrations that are not easily found in real life.'"[235] Welsh cautions educators that "…the dramatic effect may help the student to remember the desired material, but it is important to keep in mind that these portrayals may also be exaggerated and misleading. The educator must be aware of this potential and be sure to point these issues out to the students. A good example of this is in the movie *Trainspotting* when, after presumably being administered intravenous naloxone following a heroin overdose, the main character is revived within 2 to 3 seconds. It is important that students know that medication works quickly but never as fast as 2 to 3 seconds (the onset of action of naloxone being 60—90 seconds)."[236]

Objectives

The following is a description of how a training program could work as a medical education tool. Over the course of an academic year, a training program could incorporate seven or eight carefully chosen films to be viewed as an elective social activity. The main objective would be to enhance physicians' awareness and

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[234] Gramaglia.
[235] Hyler S, Moore J: Teaching psychiatry? Let Hollywood help! Suicide in the cinema. Acad Psychiatry 1996; 20:216.
[236] OD's and DT's: Using movies to teach intoxication and withdrawal syndromes to medical students / Welsh, Christopher J. View Profile. *Academic Psychiatry, 27.3* (Fall 2003): 182-6.

understanding of and compassion for what patients are experiencing in their illness and treatment.

As part of the objective for this type of activity, I submit that it is important to revisit Shapiro's discussion on the Don Quixote Effect; specifically, how can this effect be inculcated through the use of film? As a first step, Shapiro suggests "…it is obviously important to seek out movies that tend to evoke desired emotions of empathy, compassion, kindness, and caring. Films such as *Terms of Endearment*, which movingly portrays a young wife and mother dying of breast cancer, or even the bleaker *Leaving Las Vegas*, about a fatal descent into alcoholism, provide rich opportunities to explore essential emotional reactions."[237]

Content

Wit

Just as this dissertation has covered a variety of topics in medicine, Darbyshire also suggests that the "use of cinema in medical education has the potential to teach students about a variety of subjects, for instance…nurturing an ethical discussion around palliative care and dying using the cinematic adaptation of American playwright Margaret Edson's *Wit* (2001)."[238] A key learning from *Wit* would be the lesson a future attending physician could learn on developing as a professional. Ber & Alroy argue that: "The core competency of professionalism is manifested through a commitment to carry out professional responsibilities, adhere to ethical principles, and show sensitivity to a

[237] Shapiro, p.450.
[238] Darbyshire, D., Baker P. *Medical Humanities*. 2012 Jun;38(1):28-33. doi: 10.1136/medhum-2011-010026. Epub 2012 Jan 25. A systematic review and thematic analysis of cinema in medical education.

diverse patient population. The movie "*Wit*" lends itself to discussions of professionalism on multiple levels."[239]

The Doctor

This may be the best film ever made for dramatizing the epiphany a physician experienced as he traveled from diagnosis through treatment to cure. Any physician—in—training will recognize physicians similar to Dr. Jack MacKee. The character development and acting is superb and the story is compelling.

Red Beard

Conversely, this foreign made film may be the best for humbling even the most proud and egotistical physician. Even though it was made in the 1960s and is based on a different culture, its message and effect shine through fifty years later.

The Snake Pit

This film can help physicians, especially those not focused on a career in psychiatry, to understand what some mentally ill patients are suffering through; moreover, it helps one understand how the stigma that has existed with the mentally ill was exacerbated by the very practitioners dedicated to treating it.

Life Support

For any physician working in an urban academic environment, this film is a must to understand the culture and lifestyle of the poor and underserved, especially as it relates to education and prevention of disease.

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[239] Ber, R., Alroy, G. Teaching professionalism with the aid of trigger films. *Medical Teacher, Vol. 24*, No. 5, 2002, p. 528.

Lorenzo's Oil

A pediatrician at The Children's Hospital of Philadelphia once told me that 90% of pediatrics is treating the parent. This film is a testament to the love and determination of two parents to save their only child. Thankfully, it is one that shows the parents' marriage surviving, even thriving throughout their ordeal.

People Will Talk

Granted, no pun intended, it helps if one is a fan of Cary Grant, but the screenplay's legacy on patient centered care was written years before some of these concepts were embraced by modern day health care systems. Paternalism is overshadowed by true love and a happy ending.

Activities

Gramaglia suggests, "Full—length movies or selected clips can be used and movie images are developed in a group setting. Such setting allows brainstorming and sharing processes; the group members are enriched by the mutual exchange of each member's perspective and experience. The group members can identify with the different characters and hence experience the situation depicted in the movie from different perspectives. This experience can turn into knowledge, both from a cognitive point of view and, more importantly, an emotional one. The group members can choose and discuss the movie scenes they consider particularly striking, thus raising a reflection on characters. Role—playing of scenes with role inversion is used so as to put feelings,

emotions and thoughts into words, which can be elaborated and finally integrated with the help of the group leader.[240]

Shapiro suggests that educators must "…offer means for helping learners develop insights into how to distinguish between the potentially damaging versus valuable effects that can result when we go to the movies. Reflective discussion aimed at activating the Don Quixote effect can guide physician learners to better identify and understand the emotional reactions they feel will make them better physicians and better people and investigate how to manage and work with more negative emotional reactions. Through this process, learners can develop both a healthy skepticism toward the excessive simplification and idealization that characterize most mainstream movies and an awareness that, at their best, movies attempt to reach past the difficult complexities of the real world toward the essential humanity and connection inherent in human suffering."[241] The important counsel here is that leadership is required to conduct these in—services.

Shapiro also champions *Wit* as an "example of how the Don Quixote effect can be triggered…"[242] Using one of the last scenes from *Wit*, she allows that, "Medical students understandably may feel overwhelmed and even at times repelled when confronted with a patient with endstage disease. Yet, watching the movie version, students generally feel empathy toward the luminous Emma Thompson in the title role, even when she is vomiting, bald, and clearly dying. In one of the movie's final scenes, Vivian's mentor comes to visit her. Shocked at the suffering of her former student, instead of using language and intellect as a futile defense against death, the old professor simply crawls

[240] Gramaglia.
[241] Shapiro, p.450.
[242] Shapiro.

into bed with Vivian, and holds her while reading from the children's book The Runaway Bunny. Many students are moved to tears by this scene. Discussion enables students to move from the level of literal reality to that of idealism. When asked what they are feeling, they reply with words such as empathy, sorrow, caring, and compassion. They express admiration for the old professor's spontaneous gesture toward Vivian. Yet when asked whether they might mimic any aspects of this behavior, most students offer many reasons why it would be inappropriate, unprofessional, or impractical. In the real world of medicine, there are, of course, many barriers to such an act. Approaching a patient with such intimacy is not professional and might evoke shame and guilt in a student. Further, the patient herself might well smell bad, or be vomiting, or be hypersensitive to touch. She would likely be barricaded from access by tubes and monitors. The narrow hospital bed might not accommodate two bodies. But when urged to probe the meaning of this act, students discover that they would like to make a similar gesture in intent toward the patient and symbolically begin to figure out strategies for moving emotion."[243]

With respect to the physicians' growth is professionalism, specifically in the scene where Dr. Posner "…places Dr. Bearing in the stirrups and is about to begin a pelvic exam when he stops and says he needs to have 'a girl in the room.' Dr. Bearing is seen in the stirrups as the physician leaves to find a medical assistant. Questions for learners after seeing this clip can be focused to address the various aspects of professionalism:

1. How would you describe the quality of the doctor—patient relationship in this scene?

[243] Shapiro, p. 450.

2. What attributes of professionalism are demonstrated?
3. What aspects of professionalism could be improved?
4. How would you feel if Dr. Bearing was a member of your family?
5. What factors might contribute to the physician's behavior?"[244]

"Medical professionalism includes expert knowledge, self—regulation and fiduciary responsibility to place the needs of patients ahead of the self—interest of physicians. In teaching medical professionalism to our medical students only the behavioural [sic] elements are dealt with. One of the challenges facing medical educators today is how medical professionalism can be taught. At the authors' faculty of medicine brief videotapes (trigger films) of amateur actor physician–patient encounters in various clinical settings (taken from genuine encounters) are used as a stimulus for discussion and instruction of medical professionalism."[245]

Evaluation Methods

One possible evaluation method could resemble what Tarsitani, et al implemented for psychiatry and mental health, beginning with a beta test in 2004 with "five 2—hour interactive sessions for Year 2 psychiatric residents, alternated with frontal lectures. Five commercial movies were chosen: *Joan of Arc: The Messenger* (1999) by Luc Besson (mood disorders, delusional disorders); *A Beautiful Mind* (2001) by Ron Howard (schizophrenia, psychotic disorders); *Birdy* (1984) by Alan Parker (post—traumatic disorders, dissociative disorders); *Betty Blue* (1986) by Jean—Jacques Beineix

[244] Ber & Alroy, p. 528.
[245] Ber & Alroy, p. 528.

(personality disorders), and *The Madness of King George* (1994) by Nicholas Hytner (mood disorders due to a general medical condition)."[246]

The authors of this study actually edited what was presented to the students, focusing on scenes directly related to the illness in context, "...according to clinical logic (premorbid personality, prodromic [sic] signs, clinical picture and possible treatments), while respecting a narrative continuity."[247]

After each "case" was presented using the films mentioned above, multiple—choice questions were distributed "…about differential diagnosis, prognostic evaluations, treatment options and other clinical issues. A show of hands to the questions was followed by interactive group discussions among residents, with facilitation by teachers. PowerPoint presentations were used to show diagnostic criteria, guidelines and treatment algorithms, as well as outlines of scientific evidence regarding every question, in order to verify opinions and to provide scientific information in response to doubts."[248]

On a 5—pont Likert scale (1 strongly disagree / 5 strongly agree), students rated the following: "Cinematic clinical cases are useful and should be a required part of the clinical psychiatry course, producing an overall mean score was 4.2."[249] According to their article, "Resident feedback consistently included an appreciation of projected movies and a willingness to participate in further sessions in the Year 3 course."

In a separate psychiatry related article, Bhagar used a "…scene from *The Hours* (2002), by Stephen Daldry…to portray a depressed and suicidal woman; another from *A*

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[246] Tarsitani, L., Brugnoli, R., Pancheri, P. *Medical Education* 2004 38: 1187 Cinematic clinical psychiatric cases in graduate medical education.
[247] Tarsitani
[248] Tarsitani.
[249] Tarsitani.

Beautiful Mind (2001), by Ron Howard, to show delusions, visual and auditory hallucinations; and finally, one from *As Good As it Gets* (1997), by James L. Brooks, to demonstrate compulsive avoidance."[250] Residents who participated in a survey taken before and after watching movies suggested a statistically similar result.

"A recent reform of the medical curriculum at Tel Aviv University School of Medicine endorses a patient—centred [sic] view of medicine, a biopsycho—social approach to disease and lifelong learning."[251] As such, its "…Department of Behavioral Sciences launched a programme [sic] called 'Medicine, Patient and Society.'"[252] In an effort to launch the new program's clinical pillars of learning, a workshop was developed, entitled: Medicine, Cinema and Culture.

The authors claim "the workshop consists of 8 meetings of 4 academic hours each, during which students watch a full—length movie and then participate in a 1—hour, small group discussion. The programme [sic] was targeted at the first 2 semesters of the clinical years, which are liminal in terms of the socialization [sic] process by which the future doctor—identity of the students is determined. The students' worldviews are challenged; they have to learn to cope with human suffering and death in a professional setting. Moreover, they are, as never before, confronted with different kinds of doctors, constituting potential role models. University hospitals represent a cultural system with a separate, unexpressed system of values, into which the student is introduced. Cinema was chosen to answer this liminal identity challenge, as it allows for a comprehensive

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[250] / Medical Education / 2005 / 39: 973 Should cinema be used for medical student education in psychiatry? / Harpriya A. Bhagar

[251] Medicine, Cinema and Culture: a workshop in medical humanities for clinical years Etienne Lepicard & Keren Fridman. Medical Education. 2003;37: 1030-1040.

[252] Lepicard, et al.

approach involving all the senses, rather than the application of cognitive knowledge only. The artistic point of view offers an alternative perspective on medical issues, and as part of entertainment culture, cinema has an important cultural dimension."[253]

"A pilot programme [sic] was conducted in spring 2002. Two groups of 8 students were to meet 4 times, twice during their internal medicine clerkship and twice during their paediatrics [sic] clerkship. Because of security issues, only 1 group succeeded in meeting 3 times. The films *Wit* (2001) directed by Mike Nichols, *Red Beard* (1965) by Akira Kurosawa and *Lorenzo's Oil* (1992) by George Miller were seen and were followed by discussion when time permitted. Two staff members from the Behavioural [sic] Sciences Department were present and contributed to the discussion. Changes in setting occurred during the pilot, as the first meeting took place around a small television in the staffroom and the next 2 were held in the main hospital hall, with a large screen and a more cinema—like atmosphere. It became evident that the workshop had to be an integral part of the clerkship morning hours. The merits of the presence of additional staff members were discussed, because although their presence offers valuable input to the discussion, the students' discussion was more open and unhindered in their absence.

At the final meeting, students were asked to fill in evaluation forms containing the following questions:

1. To what extent did participation in the workshop offer an opportunity to discuss significant clinical experiences?
2. Did exposure to the different kinds of caregivers presented in the movies lead students to identify with a certain character?

[253] Lepicard, at al.

3. To what extent did the workshop present different perspectives on the medical world?"[254]

The positive results of the evaluation, together with the constructive structural changes in the course implemented by departmental staff, led the faculty teaching committee to extend this workshop to all students in 2003.[255]

"The core competency of systems—based practice refers to the awareness and responsiveness of the physician to the larger context and system of health care as well as the ability to effectively call on system resources to provide care that has optimal value. A clip from the movie *The Doctor* is used to teach this competency. After the clip is shown, learners are

asked the following systems—based questions:

1. How do 'front office staff' impact patient satisfaction?
2. How do our values match with those of our coworkers / employees?
3. How can we maximize consonance between our values and those of the bureaucracies in which we practice?"

Lee & Ahn examined these themes, including: "…patient—centered medicine, the doctor–patient relationship, public expectations for doctors, human suffering from illness, empathy for patients, social responsibilities of doctors, and the effective distribution of healthcare resources. For example, after having viewed the film *Patch Adams,* students explored the problems resulting from the increasing disconnection patients feel from their

[254] Lepicard.
[255] Lepicard.

doctors. The debate topics afterwards consisted of the importance of a holistic and patient—centered approach, as well as examining the doctor–patient relationship. On the other hand, some students criticized *Patch Adams* for giving the public unrealistic expectations as to how the 'ideal' doctor should function. These students also discussed how doctors could maintain a balance between social expectations and their own. After viewing *The Doctor*, "students discussed the issues of doctors' understanding of suffering from illness, and the idea of compassion for the patient.[256]

Macnaughton, as referenced in Lee & Ahn, argued that "arts and humanities subjects may be valuable in medical education but that not all medical students respond enthusiastically to this teaching. Thus, he suggested humanities courses in medical education satisfy two structural conditions: freely chosen options and some integrity as part of the medical degree, such as the special study module (SSM) in the UK. We opted to provide our course to all 126 students in their second year of study. Although we agree with the advantage of an optional program for humanities teaching, our findings supported the theory that a mandatory class of literature and film can accomplish its goals of an increased understanding of the medical profession."[257]

[256] Lee, Y., Ahn, D. Medical-themed film and literature course for premedical students. *Medical Teacher, Vol. 26*, No. 6, 2004, pp. 534–539

[257] MacNaughton, J. (2000) The humanities in medical education: context, outcomes and structures, Journal of Medical Ethics: *Medical Humanities, 26*, pp. 23–30.)

Chapter 5

SUMMARY AND CONCLUSIONS

I once had a Domincan theology professor, Thomas O'Meara, who feigned dissatisfaction with the end of Dante Alighieri's three—part masterwork, *The Divine Comedy*, because, upon approaching God in *Paradiso*, the writer's last line is: "The Love which moves the sun and the other stars."[258] Rev. O'Meara joked that it was the Franciscan influence on Dante that made him end with something so "mushy" as love to close his trilogy. With all joking aside, love remains the common thread throughout this dissertation, beginning with why I entered the field of healthcare (as an imitation of the Good Samaritan) and following with the films discussed.

One may not enjoy the end of *The Sea Inside*, but the love of Ramón Sampedro's family is what supported the viewer through the difficulty of watching him suffer. There is no doubt he would have lived as long as he did without the love of his brother's family. As improbable as it appears in the 21st century, could Dr. Praetorius actually marry his pregnant patient knowing the child is not his without unconditional love in his heart? The hope that one day, Okwe would see his children again in *Dirty Pretty Things* is what kept him going. In fact, only the love of a parent could mask the moral dilemmas he faced. That same parental love is what drove Ana in *Life Support* to prove herself worthy again to be a parent as a recovered addict. What would possess someone such as Robert Cunningham to continue to visit his wife, Virginia in *The Snake Pit* unless he loved her without reservation? How can one understand the sustained

[258] Alighieri, Dante. The Divine Comedy: Paradiso. Translated by Allen Mandelbaum, Bantam Dell, NYC 1984, p. 303.

commitment to the poor and forgotten sick by Drs. Niide and Yasumoto in *Red Beard* without seeing it through the lens of love? "Film is a medium that not only ignites enthusiasm for learning but also adjusts the lens by which that learning takes place."[259] The learning that took place for me throughout this dissertation is that love drives the determination and dedication to serve others in healthcare. "It has been said that no other art form pervades the consciousness with as much power as film."[260] These films, even when filled with violence and indifference, still rest against the backdrop of love from family, friends and even strangers. Love is the perfect imitation of the Good Samaritan.

A film I did not include, but worth mentioning in a concluding note, is Martin Scorsese's *Bringing Out the Dead*. The central character of the movie, Frank Pierce, suggests that "medicine, ideally, is 'less about saving lives than about bearing witness.'"[261] For me, that witness is the role of the Good Samaritan, which even in a slightly judgmental approach, is seen later in the film when an emergency room nurse turns to a cocaine addict and says, "So you've been snorting cocaine for three days and now you feel as if your heart is beating too fast and you would like for us to help you. Well, to tell you the truth, I don't see why we should. I mean, correct me if I'm wrong here, if I'm mistaken. Did we sell you the cocaine? Did we push it up your nose?"[262] Tough love from the nurse, but still love for someone lost, no doubt, from a poverty of the spirit, if not poverty of material.

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[259] (Winter RO, Birnberg BA. Family systems at the movies. Fam Med 2005;37(2):96-8.) as cited in Movies and Medicine: An Elective Using Film to Reflect on the Patient, Family, and Illness Catherine M. Weber, PhD; Hugh Silk, MD(Fam Med 2007;39(5):p. 317.

[260] ('Movies and Mental Illness' D. Wedding, M Boyd, R Niemiec. 3rd edition, Hogrefe publishing, 2009 – as cited by Blackman).

[261] Death, Medicine, and Religious Solidarity in Martin Scorsese's Bringing Out the Dead David M. Hammond, Beverly J. Smith Logos: A Journal of Catholic Thought and Culture, Volume 7, Number 3, Summer 2004, p. 109.

[262] Logos, pp. 111-112.

Gramaglia argues that "…movies are chosen according to their potential of bringing to the viewers' conscious attention themes which can be roughly grouped into three main areas: First, movies can offer the opportunity of mirroring and facing oneself with the meaning of being involved in a helping profession. The multi—faceted relation between the individual and his job includes issues about the individual, the group he works with, its relations and dynamics, the organization he belongs to, motivations, the different methods / approaches adopted by different professionals and, in a broader perspective, vocation and destiny. Second, some movies are aimed at allowing reflections on one's shadow sides. According to Jung, everyone carries a shadow, and the less it is embodied in the individual's conscious life, the blacker and denser it is. Some of these dark, unconscious parts of personality can also show up in one's job. For example, they can arise as the shadow side of power in the medical profession. Power can lead physicians to swing between an exciting omnipotence ("I can do anything") and an overwhelming sense of responsibility ("everything depends on me"); such conditions are both dangerous because they neglect the value of relationship and deny the importance of the patients' role. Last but not least, the work on movies can be used to discover the feminine (anima) inhabiting every human being and to help developing the feeling function. According to Jung, the anima is the part of individuals enabling them to receive, to hold, to cry; to pay attention to details and shades, i.e. to achieve the discrimination of values depending on the feeling function (considering Jung's model of the four functions); to go deep into meaning and pain; to promote and take care of life. The work on one's emotions and feelings is extremely important, and aims both at being aware and at holding them. The emotions aroused by a certain situation allow a deeper

understanding of the situation itself. It is the feeling function, not the thinking one, which allows us to manage and recognize values."[263]

Hallberg wrote that "…film...brings together so many of the other arts – literature, theater, photography, music. The alchemy that results from the careful mixture of those elements creates a kind of visual and aural magic."[264] For me, film holds the superlative measure in the arts when it comes to communicating the magic that is caring selflessly for others.

[263] Cinema in the training of psychiatry residents: focus on helping relationships Gramaglia et al. BMC Medical Education 2013, 13:90.
[264] Hallberg.

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