

the picture of health

medical ethics and
the movies

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**movies help us explore relational
ethics in health care**

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MANY MEDICAL SCHOLARS HAVE NOTED the potential of movies to address broad philosophical and ethical questions pertinent to the practice of medicine. For example, Baños argues that movies are a better way to teach about the patient–clinician relationship than are didactic presentations.¹ Yamada, Maskarinec, and Greene note that movies provide a forum for helping learners understand that illness has a moral trajectory as well as a medical course; and to help students in medicine, nursing, and related health professions to see themselves as moral actors.² Saab et al. point out that a good movie causes learners to ask reflective, introspective, self-critical questions about ethics in the context of relationships and emotion,³ while Quadrelli, Colt, and Semeniuk demonstrate how it can teach students to resist social injustice.⁴ Indeed, movies clearly are a valuable tool to encourage us to puzzle through questions about doing what is right, avoiding cynicism and disillusionment, and maintaining kind and compassionate hearts.⁵ Movies facilitate reflection on such philosophical questions as the nature of medicine, sickness and health, life, death, and suffering.⁶ Although movies can promulgate important truths about the human condition, they rarely offer entirely accurate factual scenarios. As such, they may persuade students to ponder the possibility that factual information is not the only source of learning⁷; therefore, questions about ethics and meaning, for example, may be more effectively examined through artistic media such as film than through didactic presentations.

Film is especially well positioned to help learners interested in the health professions recognize that caring for patients necessarily embodies principles of relational ethics and intrinsically contains both inherent moral value and incurs inevitable moral responsibility.⁸ The theories and practices of relational ethics in health care have been developed primarily in nursing. Since one essay cannot do justice to the entirety of relational ethics as a moral philosophy, I will focus on only a few key themes often addressed in movies featuring serious illness and the patient–clinician relationship: empathetically understanding and respecting the experience and perspective of the suffering other; reflecting on the full range of personal emotions and judgments that emerge in response to the patient’s situation; exploring the “proper” professional connection between clinician and patient; and considering how to translate these dimensions into meaningful relationships in “real” clinical situations. These foci reflect the essential elements of relational ethics,^{9,10} that interactions with others are the location for ethical action¹¹ and a source of moral knowing¹²; that emotional engagement is as important as cognitive

understanding in developing empathy for the other; and that mutual respect, including acceptance of difference, must anchor all relationships.

Within this essay, I will reference easily accessible American narrative filmsⁱ that quickly capture a viewer's attention and engage him or her emotionally.¹³ Such hallmarks focus learners on essential aspects of patients' illness experiences (a submersion in the phenomenological world of the suffering other) and on the core aspects of the patient–clinician encounter. These sanitized, and at times unabashedly romantic conceptualizations can sensitize learners to practicing relational ethics.¹⁵ Specifically, engaging narrative illness movies may ultimately help learners refocus on the supremacy of relational ethics in promoting compassionate and effective health care.

awareness of and empathy for the other: the phenomenology of illness

A deep understanding of the other is fundamental to a relational ethics, especially the suffering (and therefore potentially threatening and disturbing) other.¹⁶ Alexander et al.¹⁷ coined the term *cinemeducation* to encompass the use of movie clips or whole movies as a method of helping educate learners about bio-psychosocial-spiritual aspects of health care. Essentially, cinemeducation assumes that movies provide insight about the phenomenology of illness—what happens to people when they become sick.¹⁸ Movies tend to focus on how illness affects a person's life and relationships, not on the medical details that often become the primary concern of health profession students, thus encouraging an important rebalancing for these learners. This shift in focus helps students learn to situate patients both within their subjective experience of illness and within the relationships affected by this illness.

Movies are not neutral occurrences. Quite the opposite, they present definite points of view (or multiple points of view), according to the filmmaker's agenda. In a way that most other art forms do not, mainstream cinema often insists on a seamless binding together of the character's and spectator's points of view. Watching a film, the audience literally sees through the eyes of the onscreen character.¹⁹ *The Diving Bell and the Butterfly* (2007) provides a striking example of this phenomenon. The protagonist Jean-Dominique Bauby (Mathieu Amalric), who suffered from locked-in syndrome after a massive stroke, is almost inaccessible to most viewers on a physical plane. But because director Julian Schnabel decided to tell parts of his story literally from the inside, through the juxtaposition of what he sees through his one still-functioning eye and in his vivid memories, the viewer experiences him empathetically and three-dimensionally. As in *The Diving Bell and the Butterfly*, illness films almost invariably lead the audience to sympathize with the plight of the patient.²⁰ In fact, medical educators report such connections when they use films with medical residents.^{21,22,ii} Students participating in discussions of films used in

medical education routinely pay great attention to the perspectives and viewpoints of others.⁶

Although contemporary films and television dramas often go to great lengths to achieve accuracy, medical content is always in the service of core story lines that are emotional and relational in nature.²³ Even when incorporating a diagnostic curiosity (e.g., *Mask* [1995] and Proteus syndrome; *Lorenzo's Oil* [1992] and adrenoleukodystrophy [ALD]), illness movies are primarily concerned with the relational implications that result from a specific medical condition. In the films *Stepmom* (1998) and *Terms of Endearment* (1983), for example, the central question revolves around how a mother dying of cancer can bear to part with her children, as well as prepare them to grow up without her and under the guidance of another woman with whom the protagonist has had a troubled relationship. For all the melodrama and tear jerking, the exploration and working through of this question is closer to how "ordinary people" experience their illnesses than how doctors experience their patients' illnesses.²⁴ Movies like *My Left Foot* (1989) or *Children of a Lesser God* (1986) are primarily about persons with physical difference (in the first case, severe cerebral palsy; in the other case, deafness) navigating in a majority nondisabled world and evolving a meaningful identity in relation to others that both incorporates and honors their physical circumstances.ⁱⁱⁱ

Such films give learners invaluable opportunities to see medicine through the eyes of people (rather than patients). In the dark and quiet of the movie theater,^{iv} viewers have a two-hour opportunity to reorient themselves, to adopt a different perspective on the meaning of illness that more closely parallels the agenda of the filmmaker rather than that of a clinician. Thus, movies offer an essential complement to the prevailing educational emphasis on the disease model and enable learners immersed in this perspective to see the patient and family situated in their lived lives.²⁵ A movie helps learners see wider relational dimensions and implications of illness than can be seen in a clinic visit.²⁶

awareness of self: emotional education

Since relational ethics is predicated on the ability to forge an emotional connection, clinicians should be familiar with their own emotional responses, both positive and negative, toward their patients and be comfortable working with them in a way that promotes a conscious, intentional relationship that benefits the patient. Unfortunately, their education in general does a poor job of emotionally preparing students for clinical practice. Little effort is exerted to develop emotional honesty^v in medical students or residents, for example,²⁷ either in terms of their own affective responses, or in terms of their awareness of others' emotions. Prosocial professional attributes of altruism, respect, compassion, and empathy are paid lip service, but are often not demonstrated by physician role models,²⁸ and students consequently spend little time learning how to cultivate such attitudes.³ Conversely, while students often see displays of and personally experience negative emotions

of fear, frustration, irritation, anger, and contempt toward patients, they only know that these feelings are “unprofessional” and should be stifled. Finding emotions so confusing, unsafe, and difficult, learners sometimes decide to adopt a position of emotional detachment and distance.²⁹

Successful movies about illness, on the other hand, must be emotionally evocative and, as such, engage the learners’ emotions.^{30,vi} In terms of health professions education, film is a highly effective method for allowing learners to explore the affective domain by stimulating reflection.¹⁴ Although some have argued that emotions evoked by movies are unimportant because they are not in response to “real” events, these emotions have depth and resonance because they are inexorably attached to the personal narratives of our own lives.³¹ Thus, narrative films can provide valuable access to viewers’ affective lives by “lighting up” disruptive or disturbing parts of the self that might otherwise be ignored or neglected. Movies allow learners to explore difficult emotions in nonthreatening ways,²¹ in privacy, without judgment, and without the expectation of action or alleviating suffering. Because the characters portrayed in movies are not “real” (not even those based on “real” people), learners can be more honest about their reactions than if they were discussing actual patients. This emotional honesty becomes a starting point for exploring other emotional responses.

In the movie *Motorcycle Diaries* (2004), for instance, the medical student Che Guevara spends time in a leper colony, and through his modeling of caring attitudes, viewers’ initial responses of revulsion have the potential to transform into caring and concern. In most illness movies, evolution in emotion occurs primarily as a result of the sympathetic portrayal of the characters. For example, films such as *The Elephant Man* (1980) or *Dying Young* (1991) intentionally evoke strong feelings of horror or aversion (in the first case to extreme physical anomaly, in the second to the visceral aftermath of chemotherapy), only to develop empathy for and identification with the initially grotesque protagonists. In this way, movies promote an ethics of relational engagement with the suffering other, rather than an ethics based on the detached, intellectual mastery of moral principles and theories.³²

cinematic depictions of the patient–clinician relationship

Movies also provide both concrete positive and negative role models of relational ethics in the patient–clinician relationship. Films such as *The Elephant Man*, *Patch Adams* (1998), or scenes in *My Life Without Me* (2003) help guide emerging health professionals on a path that incorporates emotional self-awareness, commitment to and engagement with the patient, and respect and sensitivity to the subjective experiences of the patient. The relationship that develops between John Merrick, who suffered from a highly disfiguring medical condition, and his physician Sir Frederick Treves, in *The Elephant Man* shows an evolution from patient-as-exploited (scientific) object into one of mutual caring and respect. *Patch Adams*

presents an idealistic medical student who defies his training to provide to patients health care that acknowledges their emotional needs and quality of life. In *My Life Without Me*, a young woman has advanced ovarian cancer. In the filmic depiction of breaking this bad news, the doctor clearly suffers along with his patient and mingles his helplessness and vulnerability with that of his patient.²⁰

Contemporary television medical dramas also tend to represent physicians in a positive light. These doctors are not so much heroic as human, sensitive, vulnerable, fallible to be sure, but ultimately caring and committed.^{23,34} While their tone is often soap-operish, the contextual seriousness (life and death are the stakes) often (although not always) retrieves these shows from pure silliness. Further, despite patently absurd situations (doctors falling in love with patients, violating all sorts of medical ethics codes to help them), they contain compelling depictions of physician–patient relationships, precisely because of these physicians’ willingness to become emotionally involved with their patients.³⁵ Doctors who worry about and struggle with the suffering of their patients, even when they transgress appropriate professional boundaries to do so, provide fertile ground for viewers to examine the complex parameters of relational ethics.

Other portrayals of doctors in movies as greedy, egotistical, uncaring, unethical, materialistic, or caring more about science than patients create negative role models.^{36,37} *Wit* (2001), for example, is replete with critical views of physicians as impersonal, emotionally distant, jargon-spouting, and insensitive.³⁸ In *Ikiru* (1952), the paternalistic physician lies about the patient’s terminal diagnosis of stomach cancer, which protects himself, but not the patient.²⁰ The physician Jack McKee in *The Doctor* (1991) initially demonstrates a glib, insensitive, and indifferent attitude toward his patients.¹⁹ Using examples from such films with learners to help build patient–doctor relational ethics entails an analysis of “anti-role modeling”; that is, encouraging learners to reflect on who they want to be as clinicians by contrasting it with what they witness on the screen.

translational applications: putting relational ethics into practice

The ultimate goal of cinemeducation is to facilitate students’ ability to make links between movies they see and how they might feel and behave in actual clinical situations. Consequently, education using film must not stop with the evocation of learners’ emotions—whether awareness of one’s own emotions or empathy for the emotions of the suffering other—but further guide learners through discussions with peers and role models.¹⁴ Such a group process is designed to assist learners in carrying forward their “movie learning” into their daily lives, by addressing the question of how to bridge the gap between the illusion of the movies and the reality of patient care.^{4,15} Through various written and imaginative exercises, learners can practice putting themselves in the position of a particular patient’s doctor and explore different ways to establish connection and caring; they can repeatedly imagine, rehearse, and play variations on their interaction.²⁰ Because

the film's audience is expected to respond emotionally and cognitively, but not necessarily to act, it may help learners to think about their relationships with patients in more creative ways.³¹ Finally, these discussions can assist learners to develop a healthy skepticism toward the excessive simplification and idealization that characterize many narrative illness movies, while maintaining awareness that such movies attempt to reach past the difficult complexities of the real world toward the essential humanity and connection that should bind together clinician and patient.

The nature of the medium itself is particularly powerful in this regard. Film, the audiovisual version of storytelling, emphasizes emotions and images. Movies are sometimes about language,^{vii} but they are indelibly about powerful visual images,³⁹ usually supported by a musical score that intensifies the emotions evoked by the screen images.⁴⁰ A younger generation of learners that has come of age in the milieu of powerful visual and musical cues enjoys and benefits from learning about how cinematographic techniques strengthen the message of the film.⁴ For example, the movie *Wit* raises many ethical issues about doctors' treatment of patients, the nature of clinical trials, and the coming to terms with one's own death with some dignity.³⁷ Yet, medical students who have viewed the film most often mention the visual impact of a single scene that transpires not between the physician and the patient (a John Donne scholar, Vivian Bearing played by Emma Thompson), but between the patient and her old teacher (Eileen Atkins). In this scene, Bearing is in great pain and dying. The professor has come to visit, but quickly realizes the extent of her former student's illness. She climbs into the hospital bed and begins reading a children's story. This scene becomes fixed in learners' minds as a metaphoric touchstone, an iconic representation for how they wish to care for terminally ill patients.

Integrating movies into medical education provides a powerful way to address relational ethics by presenting learners with moving scenarios rooted in relationship dilemmas and evolution. Watching a movie enables students to understand and emotionally resonate to the life experiences of a protagonist-patient; to explore problematic, shameful emotions while reflecting on how to transform them into more positive responses through their identification with the film's protagonist; and to observe in an emotionally engaged way various options for embodying or rejecting relational ethics in the patient-clinician relationship. Finally, through facilitated discussion, medical learners can rehearse different possibilities for uniting insights and attitudes toward self and other into an ethical, respectful, and caring clinical relationship.

NOTES

i. In the tactful words of a Brazilian family physician and medical educator who regularly incorporates film in his teaching, "American movies are particularly useful, since they tend to tell stories in a straightforward and uncomplicated manner."¹⁴

ii. Occasionally, this cinematic foundation collapses, as is evidenced in an article reporting that when family medicine residents viewed excerpts from the movie *Million Dollar Baby*, they resisted the director's agenda to elicit sympathy for the act of euthanasia performed by the character played by Clint Eastwood, and indicated that they would both desire a different outcome for themselves if they were in the same situation as the patient (a female boxer who, as a result of a fight injury, was paraplegic and an amputee), and would adopt a different position as the treating physician.²²

iii. While I have heard anecdotal reports of medical student parties organized around the popular television drama *House* (and beer), with the goal of guessing the diagnosis of a new medical zebra before the brilliant Dr. Gregory House and his medical team identify it, the allure of this show is not primarily the revelatory diagnostic denouement but the playing out of witty, complex, and ultimately moving relationships among the emotionally damaged eponymous protagonist, his patients, his medical team, and the hospital administration.

iv. Increasingly younger generations choose to view films through a range of Internet-based modalities.

v. Directed inward, emotional honesty means admitting one's feelings and thinking about their implications (self-reflection). Directed outward, it means expressing one's feelings and acknowledging those of others (teaching and clinical care that appreciates the emotional, as well as technical/intellectual, development of physicians).

vi. In fact, movies are so good at creating emotional connection that one physiology professor uses still film clips to keep his students emotionally engaged during lectures!³³

vii. Witness the way the phrase "Make my day" has entered our modern lexicon.

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