

# Review of Henri Colt, Silvia Quadrelli, and Lester Friedman, eds., *The Picture of Health: Medical Ethics and the Movies: Getting Familiar with the Cinema Education Methodology*<sup>1</sup>

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## ADVICE AT THE FOREFRONT

A standard approach to an educational book such as *The Picture of Health: Medical Ethics and the Movies* (edited by Henri Colt, Silvia Quadrelli, and Lester Friedman) usually starts by looking carefully at the contents. The editors come from varied backgrounds (Colt is a pulmonologist, Quadrelli is an oncologist, and Friedman is a well-known media scholar). The contents reveal the editors' main purpose and the structure through which they intend to deliver their main message: 80 commentaries on specific clips from a variety of films. Then we move to the preface, which is ordinarily just an overview of the book, including some sort of rationale behind the book and some acknowledgments. Yet the preface of *The Picture of Health: Medical Ethics and the Movies* is much more than a simple preface; it is actually a brief piece of methodology in cinema education, and its reading is absolutely required for the worthy use of this impressive book.

The preface advises about the three different parts included in the book. The first part comprises four powerful articles and we'll turn back to them shortly. Parts Two through Nine contain a selection of 80 different movies with an accompanying essay focused on a particular scene of each movie, which we will discuss further later. The third part is actually a list of films that might be used in teaching, but with no comments. As parts two through nine are categorized according to the type of ethical issues they illustrate, it becomes an easy temptation for educators to just focus on these parts of the book. If you are looking to exemplify certain ethical issues—autonomy, informed consent, professionalism, communication, professional responsibilities, sexuality, end of life, and several more ethical topics—and you can do this through a particular scene, it makes sense to jump eagerly into parts two through nine of the book, skipping the theoretical papers placed at the beginning. This is a mistake.

The preface warns about this methodological error: "It would be incorrect to presume that simply showing a film suffices to teach medical ethics, or that the integration of film could replace thoughtful reading and analysis of essential texts. Unless educators want to entice their students to reflect *de novo* about a subject, reading pertinent course material prior to viewing a film is a prerequisite for a more enlightening and enriching discussion." Movies are the starting point to foster reflection in learners, and without this reflective process—just assigning to the particular scene the teaching responsibility, expecting all the outcomes from the vignette even though illustrated with insightful comments—the results might be frustrating.

Certainly movies are one of the most powerful educational tools available, because the culture in which we all—teachers and learners alike—are part of (Alexander et al. 2005). Films provide a multilayered nucleus from which significant learning can take place; it also makes available a myriad of scenes and scenarios that can be dissected, critiqued, and used as examples to highlight moral dilemmas. They promote enthusiasm for learning, highlight themes, enhance discussion and reflection, and, sometimes, help illustrate specific teaching points. They can be effectively used as an experiential exercise, as part of problem-solving sessions, or as a metaphor to clarify or dramatically magnify perspectives about a disease process or health care-related issue. But at the basis of all these possibilities, reflection is required.

Once more the preface illustrates this condition with a movie example: "Movies are like the red pill offered by Morpheus to Neo, in *The Matrix* (1999): a disrupting challenge and a Wonderland scenario in which the rabbit hole goes deep." This is the deepness of reflection, the same challenge—here is our own movie example—in which the old monkey Rafik asks Simba, the Lion King, to look hard

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and deep into the pond and find his father's image in it. This is because Simba is not used to reflecting, and when he looks down into the pool all he sees is his own reflection. To reach his father, who lives in him, hard reflection is required.

And here comes my second specific advice: don't jump into the second part before reading the preface and the articles comprised in Part I. Get familiar with the methodology and with the broad possibilities each movie could offer your learners to reflect. Try to find first how do you want to push people to reflect instead of showing "how things can be done, or not, or to cope with this particular dilemma in this or that way." Movies are not like classic legends in which the conclusion is easily drawn at the end as in Aesop or in La Fontaine fables. Movies act much more as thought-provoking questions, as those performed by Rafik, which is a kind of Disney version of Socrates. In order to find the right questions and then illustrate them with film scenes for discussion with learners, a careful reading of part one is essential.

#### UNDERSTANDING THE CINEMA EDUCATION METHODOLOGY

In the first article, Albert Jonsen's reflection deals with Frankenstein and the birth of medical ethics. The work of bioethics is to examine the points at which the biosciences touch human life, in individuals and in societies. The purpose of the examination is to discern how science and its products can bring benefits with as little harm as possible. Bioethics seeks to form a picture of human person and human society that can guide the vision and intention of scientists. Bioethics has evolved as a form of moral philosophy that attempts to analyze these cases of moral perplexity about how humans should treat the creature and to render advice about how best to proceed, in light of our understanding of moral principles. This is what we call clinical ethics (pg. 9).

I would like to complement this wonderful essay on bioethics, with the other movie version of *Mary Shelley's Frankenstein* (1994), and the dialogue between the creature and his creator, Dr. Frankenstein: "Do I have a soul, or you forgot about that? Who am I? You made me and now you let me alone. Have you ever thought about the consequences of your acts?" That is an outstanding lecture on bioethics indeed.

In the second article, Peter Dans tells of his experience in using movies to teach ethics and represents an excellent opportunity for using the cinema education methodology. What you get out of a film often depends upon what you bring to it, such as your stage in life, attitudes, and the cultural climate at the time you viewed it. In large part, films provide snapshots of the conventional wisdom of the day. Using short scenes, knowing your audience, breaking the audience into small groups, and understanding how much time you have to wrap up the session provides some kind of conclusion that encourage the attendees to continue rational discussion (since the intent is to continue to wrestle with it) rather than heated argumentation. When asked about eth-

ical dilemmas, the students describe the vignettes as rarely true dilemmas, but what might be called everyday ethics.

The third article by Johanna Shapiro—who has been for many years the feature editor of the section Literature and the Arts in Medical Education, from the Family Medicine Journal—explores some key themes often addressed in movies. Empathy for the other and the phenomenology of illness is one of these relevant topics. 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 professional 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. This is quite a real path to teach empathy because "watching a film, the audience literally sees through the eyes of the onscreen character" (21). An important point addressed is the discussion among students after seeing the film, so they can pay attention to the perspectives and viewpoints of others. Besides learning issues related to medical care and illness, students are able to see life through the eyes of someone else.

Dealing with cinema education is also useful in allowing clinicians and students to become familiar with their own emotional responses, an issue often neglected in medical education. Little effort is exerted to develop emotional honesty in medical students or residents, either in terms of their own affective responses, or in terms of their awareness of others' emotions. When students experience negative emotions and nothing is done to construct a real affective education, learners sometimes decide to adopt a position of emotional detachment and distance, and this comes to attitudes lacking professionalism. 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. Because the characters portrayed in movies are "not real," learners can be more honest about their reactions than if they were discussing actual patients. This emotional honesty becomes a starting point for exploring emotional responses.

Professor Shapiro stresses an important point in dealing with emotions provoked by films. She emphasizes that education using film must not stop with the evocation of learners' emotions but further guide learners through discussions with their peers and role models. 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.

The fourth and last article by Stephen Crawford and Henri Colt, one of the editors of the whole book, adds some enriching perspectives in using film to teach medical ethics. Movies allow us to go beyond the illustrations of theories and principles, so that we might develop not only a range of rational and analytic skills, but also a range of emotional and interpretative ones, including those habits of the heart. The standard models of ethical decision making so commonly taught in medical school classrooms—the

step-by-step approach seeking an answer—are disrupted by films, opening doors to multiple questions which may never fully resolve an issue. Discussions among and with students and colleagues, independent of their level of knowledge and experience, are thought-provoking and can be intensely personal, transforming ethics education into a pendulous experience that oscillates from scientific debate to an exciting and often uneasy voyage of moral inquiry. This educational scenario forces us to reflect on who we are, who we have become, and who we long to be. In this sense, film, as art, can affect the root of our being.

The cinema education methodology opens the door to introduce a sense of responsibility and accountability for our actions, and even guilt as well. Guilt is a fundamental emotion essential to the development of our affective-cognitive structures of conscience and the affective-cognitive-action patterns of moral behavior. Guilt and regret moves us to reappraise our values and standards, and to care for the other as much as, if not more than, we might have cared for ourselves. We may find that we are no more capable of pardoning ourselves than we are of standing on our own shoulders or looking ourselves in our own eye, and like others, we may find that it is more difficult to pardon ourselves than it is to pardon others for the injury they do to us. A healthy sense of guilt allows us, perhaps, to start over. While unable to forget the action or forgive ourselves for harm caused, we can ask to be forgiven.

### BUILDING YOUR OWN EXPERIENCE IN TEACHING WITH MOVIES

Now you are ready to jump into Parts Two to Nine of the book. Here you can find all kinds of movie clips with short but incisive commentaries by dozens of well-known scholars in bioethics, medical humanities, and a variety of other fields. There are classic movies, such as Bette Davis' *Dark Victory* and Cary Grant's *People Will Talk*. And then there are more recent productions in which the ethical issues in medicine are explicit: *Wit*, *My Life, As Good as It Gets*, *Awakenings*, *Lorenzo's Oil*, *A Beautiful Mind*, *John Q*, *Frankenstein*, *Gattaca*, *Autumn in New York*, and *Steel Magnolias*. Some of them I have been using myself, not just to illustrate a certain clinical ethics dilemma, but to also stress the human condition. Before becoming physicians, nurses or any other health care professionals, we were first human beings, and this is what lies at the bottom of any ethical decision. There are many outstanding movies here, some of them my favorites, that I have used frequently for teaching, like *Marvin's Room* or *Shadowlands*, although with different scenes than the one the authors recommend. There are other movies in parts two to nine I have never used in teaching, but may provide excellent fodder for discussion. But, again, this depends on each educator's experience as well as the learning objectives involved.

Which movies are useful for teaching this or that point? This is a common question people ask of me. My answer

is analogous to what is written above: "What you get out of a film often depends upon what you bring to it." Useful movies for teaching are those that are valuable to you, those that touched you and lead you to reflect. I can share what movies touched me and why, but I am not able to say what will impress you and be part of your life. So you need to build your own experience before sharing with your audience. For me, when a movie seems remarkable I always find the way to incorporate it in my teaching set. In a couple of papers I published some time ago, you can find an appendix with those movies I usually put into my cinematic teaching scenario, and some comments I provide along with them (Blasco et al 2006; Blasco et al. 2010a).

Cinema is the audiovisual version of storytelling. Life stories and narratives enhance emotions, and therefore set up the foundation for conveying concepts. Movies provide a narrative model framed in emotions and images that are also grounded in the everyday universe. As in the clinical setting, the patients' life histories are a powerful resource in teaching. When the goal is promoting reflection—including both cognitive and emotional components—life histories derived from the movies are well-matched with the learners' desires and expectations. To foster reflection is the main goal in this cinematic teaching set. The purpose is not to show the audience how to incorporate a particular attitude, but rather to promote their reflection and to provide a forum for discussion. And this works for any kind of audience, despite cultural background or language (Blasco et al. 2010b). *The Picture of Health* provides educators a useful and thoughtful compendium to do this even more effectively.

After all this, a remaining question comes up. Does this movie teaching methodology depend on the charisma of the presenter or can it be well developed by anyone? There is no definitive answer. All I can say is: if you love movies, if you like to teach deep from your heart, you deserve to try this. Try it and wait for the surprises! ■

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