

The Cinema in the Teaching of Medicine: Palliative Care and Bioethics

Wilson Astudillo Alarcón¹ and Carmen Mendinueta Aguirre²

¹Centro de Salud de Bidebieta-La Paz. San Sebastián y ²Centro de Salud de Astigarraga. Gipuzkoa (Spain).

Correspondencia: Wilson Astudillo Alarcón. Bera Bera 31, 1º Izda. 29009, San Sebastián (Spain).

e-mail: wastu@euskalnet.net

Received 10 December 2006; accepted 20 December 2006

Summary

The cinema, as a window on human life and its ups and downs, is a very valuable tool for studying those situations that are most transcendental for the human being: pain, disease and death. Its idiosyncrasy and characteristics (ludic nature, sensorial and emotional impact, etc.) endow it with “formative skills” in many insurmountable situations, provided that it is backed up by a rigorous definition of objectives and a logical, coherent and structured educational design.

In this sense, the range of films that are useful in medical education is very wide, so wide that it is difficult not only to make a compilation of titles and plots but also fundamentally to make a selection of those that tackle disease from perspectives that are interesting for teaching. In this article emphasis is given to two fundamental aspects in current Medicine, with multiple areas of contact and intersections: terminal diseases –and patients– and bioethics. In the first case an analysis is made of films full of human and scientific elements that make them highly attractive teaching instruments for the broad and deep study of different terminal diseases as well as for the analysis of their individual and collective impact: *The Doctor*, *Wit*, *Ikiru*, *Begin the Beguine*/ *Volver a empezar*, *The Barbarian Invasions*/ *Les invasions Barbares*, *Marvin's Room*, *Patch Adams* or *The 4th Floor*/ *Planta 4^a*.

The second theme tackled, bioethics, is essential in medical practice and possibly has greater specific weight in the field of palliative care. As an element facilitating decision-making, it is underlying in such burning issues as euthanasia, aided suicide, doctor's responsibility, etc., magnificently reflected in films such as *Miss Evers' Boys*, *Philadelphia*, *The Fugitive*, *The Constant Gardener*, *Million Dollar Baby* or *The Sea Within*/ *Mar Adentro*.

Keywords: Teaching of Medicine, End of Life, Bioethics, Palliative Care.

*In this life all the time not devoted to love is time lost
That is the Dawn / Cela s'appelle l'aurore (1956)*

Luis Buñuel

The cinema feeds on human stories, where the patient and his/her ailment play a very important role because illness seems to burst in unexpectedly and can change the course of one's life and perception of reality¹. For the human being, this is a biographical experience within the context of his/her own life, with its own narrative structure, where illness exposes, in a certain sense, roots, weaknesses and strength. So as to better understand the patient under these circumstances, the doctor needs to develop, besides an intellectual basis, an emotional and sensitive basis which will allow him to appreciate the diverse elements that reflect how a person feels when he/she becomes ill and how vital problems are experienced,

the influence of spirituality, of surroundings and of the social networks in which the person participates.

The teaching potential of the cinema lies in the fact that it is a visual process, linked to leisure and entertainment, very close to the culture of the young and the not-so-young, hence it is a help not only for learning the values that the stories contained in the films foment, but also for respecting other cultural forms of understanding disease and reality. Its ludic nature contributes towards highlighting the more entertaining aspects of the world of knowledge. It is a very important vehicle for health education because it can facilitate the debating and learning of attitudes in care for the sick, reviewing classic diseases, mental diseases, impairments and disabilities. It makes it possible to make the most of past experiences, transmit knowl-

edge in construction, speak about the doctor-patient relationship, know and foment skills for teamwork, learn to “empathize” and combine technical-scientific training with humanistic training at the patient’s bedside^{2,3}. The cinema and television are, undoubtedly, two media with great impact and with huge possibilities for informing, divulging messages and educating the population and they can serve immensely in vocational training with adequate methodology.

Thinking about history in the cinema is related to how we think in medicine: what the causes of an event (clinical) are or what this event (case) is like, or what the agents (factors) involved are². The very reasoning that leads one to think of one situation and not another forms part of both historical practice and scientific-medical practice. Some films provide very important analytical tools for stimulating critical interest in the past and the present of scientific activity. Two interesting films in this aspect are: *Houses of Fire/ Casas de Fuego* (1995) by Juan Bautista Stagnaro, about the life of Salvador Mazza, an Argentinean doctor who made important contributions to the mechanism of action of the *Tripanosoma cruzi* in Chagas disease⁴ and *Dr. Akagi/ Kanzo Sensei* (1998) by Shohei Imamura about a doctor in a village on the Japanese coast who struggles to understand the reason for the hepatitis affecting his patients.

As regards illness and getting ill, there are different types of films¹: “the healthy ones”, with no sign of ailments in their plots, the “significant presence of disease”, where it plays an important role in the screenplay, as in *As Good as it Gets* (1997) by James L. Brooks and films where the disease “central to the plot” as in *Panic in the Streets* (1950) by Elia Kazan, about the control of an outbreak of pneumonic

plague. Some pathologies have given rise to films like *Psycho* (1960) by Alfred Hitchcock or *The Silence of the Lambs* (1991) by Jonathan Demme which have left their mark in the history of the cinema. Other interesting films are: *The English Patient* (1996) by A. Minghella, about someone seriously burned, identity and care, *Miss Evers’ Boys* (1977) by Joseph Sargent, about syphilis and research with human beings, *Philadelphia* (1993) by Jonathan Demme, about AIDS, *Son of the Bride/ El hijo de la novia* (2001) by Juan José Capanella, about Alzheimer dementia, *This Girl’s Life* (2003) by Ash, about Parkinson’s disease, *My Left Foot* (1989) by Jim Sheridan, about cerebral palsy, *The Motorcycle Diaries/ Diarios de motocicleta* (2004) by Walter Salles, about leprosy, *My Life as a Dog/ Mitt liv som hund* (1985) by Lasse Hallstrom, about tuberculosis, *Shizukanuru ketto/ The Quiet Duel* (1949) by Akira Kurosawa, about syphilis, *A Beautiful Mind* (2001), about schizophrenia, *Good Night Mother* (1986) by Tom Moore, about epilepsy and *The Elephant Man* (1980) by David Lynch, about neurofibromatosis. Table 1 lists films which have been considered essential in teaching medicine⁵.

We doctors receive and collect stories which we compare with the one that the patient tells us, which can contribute as a model for approach to other “encounters”, and especially, to what the patient-doctor relationship entails. The cinema is very good at reflecting the materialization, circumstances and individual and social context in which things happen and has proved to be a suitable medium for describing disease as an individual experience and as a social phenomenon, not just as a biological fact or an abstract nosological entity⁶. As regards the cinema as a teaching element, quite often we opt for using scenes selected from highly peda-

Table 1: Films useful in teaching medicine⁵

1. *The Doctor* (1991) by Randa Haines
2. *Arrowsmith* (1931) by John Ford
3. *The Citadel* (1936) by King Vidor
4. *Not as a Stranger* (1955) by Stanley Kramer
5. *Pressure Point* (1962) by Hubert Cornfield
6. *Whose Life Is It Anyway?* (1981) by John Badham
7. *Miss Evers’ Boys* (1977) by Joseph Sargent
8. *The Interns* (1962) by David Swift
9. *Critical Care* (1997) by Sidney Lumet
10. *And the Band Played On* (1993) by Roger Spottiswoode

gical films and encouraging the participants to see the whole film and other related films in their spare time. Using a scene from a film that vividly represents a psychiatric disturbance allows us, for example, to avoid the ethical problems (confidentiality, achieving permits for the patients to go out, etc.) that are associated with the use of real cases and patients as examples in the classroom^{1,3,7-9}. The object of this approach is to improve lectures and classes with relevant discussions by reducing the time for viewing these films to a minimum. In order to make the most of the cinema, it should be complemented with good training about the world of the image, because teaching/learning to look at an image and decode it is as important as knowing how to read and understand a written text.

A fondness for the cinema develops sensitivity (capacity for observation and perception), creative ability (association of ideas, reflections, new ways of thought) and the expressive dimension (exteriorization of feelings and emotions), which can be highly significant for exercising medicine, particularly primary health care and thus make it possible to improve the doctor-patient relationship through the details seen. The cinema helps us find ways of interacting with patients which make it possible to learn how to respect autonomy (enable them to make informed decisions about events), discover the past as genesis of the present and see the utility of thinking critically in order to break with predetermined schemes. It contributes towards making what is learned more significant in the sense that it helps to incorporate learned

Table 2: Films of interest in palliative care

<p><i>4th Floor/ Planta 4^a</i> (2003) by Antonio Mercero <i>And the Band Played On</i> (1993) by Roger Spottiswoode <i>Autumn in New York</i> (2000) by Joan Chen <i>Awakenings</i> (1990) by Penny Marshall <i>Begin the Beguine/ Volver a Empezar</i> (1982) by José Luis Garci <i>C'est la Vie</i> (2001) by Jean Pierre Améris <i>Critical Care</i> (1997) by Sydney Lumet <i>Dark Victory</i> (1939) by Edmund Goulding <i>Death of a Salesman</i> (1985) by Volker Schlöndorff <i>Dying Young</i> (1991) by Joel Schumacher <i>Girls' Night</i> (1998) by Nick Hurran <i>Ikiru</i> (1952) by Akira Kurosawa <i>In America</i> (2002) by Jim Sheridan <i>Inside I'm Dancing</i> (2004) by Damien O'Donnell <i>Iris</i> (2001) by Richard Eyre <i>Johnny Got His Gun</i> (1971) by Dalton Trumbo <i>Love Unto Death/ L'amour à mort</i> (1984) by Alain Resnais <i>Marvin's Room</i> (1996) by Jerry Zaks <i>My Life</i> (1993) by Bruce Joel Rubin <i>My Life Without Me/ Mi vida sin mi</i> (2003) by Isabel Coixet <i>One True Thing</i> (1998) by Carl Franklin <i>Patch Adams</i> (1998) by Tom Shadyac <i>Shadowlands</i> (1993) by Richard Attenborough <i>Son of the Bride/ El hijo de la novia</i> (2001) by Juan José Campanella <i>Steel Magnolias</i> (1989) by Herbert Ross <i>Stepmom</i> (1998) by Chris Columbus <i>Talk to Her/ Hable con ella</i> (2002) by Pedro Almodóvar <i>The Barbarian Invasions/ Les Invasions barbares</i> (2003) by Denys Arcand <i>The Doctor</i> (1991) by Randa Haines <i>The Sea Within/ Mar Adentro</i> (2004) by Alejandro Amenábar <i>Whose Life Is It Anyway?</i> (1981) by John Badham <i>Wit</i> (2001) by Mike Nichols</p>

concepts to our own life experience.

The cinema has constructed a great deal of fiction that develops around medical life in its whole dimension and we should be grateful for its interest in showing disability, the problems of terminal patients, daily life in hospitals, legal problems, etc. All this has made it easier to introduce the spectator into drama and melodrama which will serve as moralizing examples and will comfort his/her existence. We should bear in mind that the cinema, however, is not a scientific treatise and its scripts are not always adapted to historical and scientific truth and it commits excesses, even in films that do not belong to pure science fiction¹. The scientific elements that appear in films are such with relation to the screenplay; hence it is not unusual for there to be exaggerations and falsehoods. If it used as an educational tool, a profound analysis must be made of the treatment the film gives to the disease in question, assessing what is real and pointing out which are merely cinematographic devices.

The Cinema and Palliative Care

The end of life has been the object of attention of the cinema in many films (Table 2) which make it possible to explore the effect of advanced, chronic and progressive disease on the person suffering from it, informing of it and the reaction of those affected, those close to them and society in general, the phenomenon of death, suicide, individual/social mourning, the consequences on a symbolic and biological level of losses and ethical dilemmas¹⁰. During this stage decisions quite often have to be made that involve very important necessary moral deliberation about the part of the patient, subject to special protection whatever his/her condition, whether or not to prolong treatments and life, protection of their wishes, presence or not of suffering and pain, loneliness, etc.

The Doctor (1991) by Randa Haines makes it possible to assess the theme of the doctor-patient relationship, the experience of approach to the "other", when a surgeon, Dr. Jack MacKee (William Hurt) (Figure 1), head of a hospital service in San Francisco is diagnosed with laryngeal cancer and attended in his own hospital. Here he learns for himself that a patient needs a doctor who is not only an expert but who knows how to provide empathy and sympathy. He recognizes that the patient has to be the main character in this situation in which he/she has a right to know the truth. His change of attitude is sig-

nificant; before he proclaimed that the functions of a surgeon were to diagnose, operate and get out; after his treatment he says to his students that they have spent a lot of time learning the Latin names of their patients' diseases, now they are going to learn something easier, that the patients have names. He also advises them to take into account the patients' points of view and opinions, which will make it easier to understand them, calm them and satisfy them. Lack of information causes a conspiracy of silence that can be damaging although it is presented as an act of love¹¹. The conspiracy of silence is treated humorously in the film *Good Bye, Lenin* (2003) by Wolfgang Becker where a son who lives in East Berlin after the fall of the wall sets up a farce to make his mother, a very committed communist, with a serious disease, believe that nothing has changed so that her health will not deteriorate more.

It is possible to appreciate the complex situation experienced by patients in films such as *Wit* (2001) by Mike Nichols where the main character Vivian Bearing (Emma Thompson) (Figure 2) faces

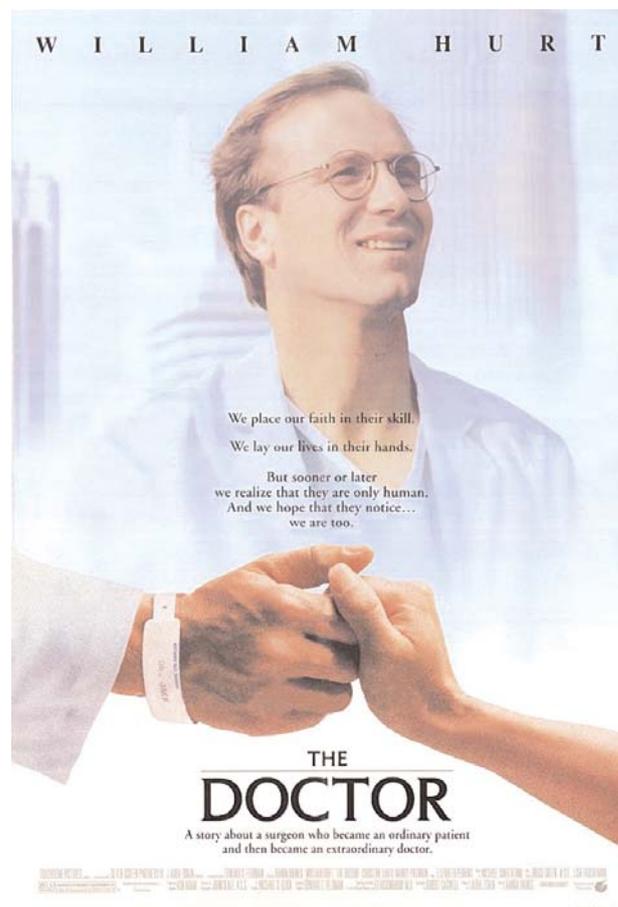


Figure 1: Dr. Jack MacKee (William Hurt) main character in *The doctor*

advanced ovarian cancer with generalised metastasis. She is a highly intelligent English Literature teacher, whose speciality is John Donne, a metaphysical poet with particular interest in death. With her perfectionist nature, great intellectual rigour and quest for the truth, during her last eight months she has to go through situations common to many patients such as the brusque revelation of her diagnosis or having to decide on her experimental treatment without being prepared for it¹². The film is set in an American hospital where her problem is treated very lavishly from the scientific point of view, with an aggressive treatment, but with little involvement of the health workers in matters beyond her disease, with the exception of one of the nurses. Vivian shows how she faces her disease, which follows a changing course in which she needs to have certain defensive strategies, such as humour, in order to keep going. During this time she meditates on her life, dependence, the meaning of not being able to decide or control what is happening to her, and the similarity between the cold and distant behaviour that she had with her students and that of the hospital staff looking after her, and regrets it. She is struck by the lack of empathy of the hospital staff

when informing her, asking her for her informed consent for tests and subjecting her to experimental treatment as well as the suffering that patients undergo owing to the long time they have to wait to know the results of their studies¹³. She realises how different it is to talk about death in the abstract in poetry and to talk about *her life and her death*. The methods she used in the university to extract the truth in what she taught are now no use for achieving a good death. She is aware of her failure. She admits that it is a time for simplicity, for goodness and admits her great ignorance in the face of death; she is afraid^{12,13}. Emphasis is given to the attitude of the nurse who devotes time to learning about her worries and offers a friendly ear, understanding and help so that she can adapt positively to her disease. Vivian talks to her about her will and her wishes and she is the one who sees that they are respected and that she is not subjected to savage therapy.

Facing up to the truth about their diagnosis and prognosis can cause profound changes in patients. In the person's solitude there is a struggle and a search that may lead to either despair or to a productive and efficient way of life, and a happy existence within daily limitations. This is also present in other films such as *Ikiru* (1952) by Akira Kurosawa where Kanji Watanabe (Takashi Shimura) (Figure 3), the main character, affected by stomach cancer, once he knows his ailment says that misfortune has another good side, misfortune teaches man the truth... cancer opened his eyes to life... men are frivolous, they only realise how beautiful life is when they face death and they have an opportunity to recover lost time, to "live", almost to be born again to spend their last six months in the feelings and commitments ignored during sixty years of life. In *Begin the Beguine/ Volver a Empezar* (1982) by José Luis Garci, Antonio Albajara (Antonio Ferrandis), a university professor with a terminal disease, who returns to his country, shows his strength of character versus death, resignation and acceptance and the fear he has of pain. These three films allow a reflection on the influence of events, no matter how critical they may be, which only acquire meaning within the complete narrative of a person's life.

"Terminality" does not have to be a period of affliction and anguished waiting for death because fortunately it also provides moments in which advantage can be taken of the therapeutic potential of good humour as seen in films such as *Patch Adams* (1998) by Tom Shadyac and *4th Floor/ Planta 4ª* (2003) by Antonio Mercero. This has been used in the care of

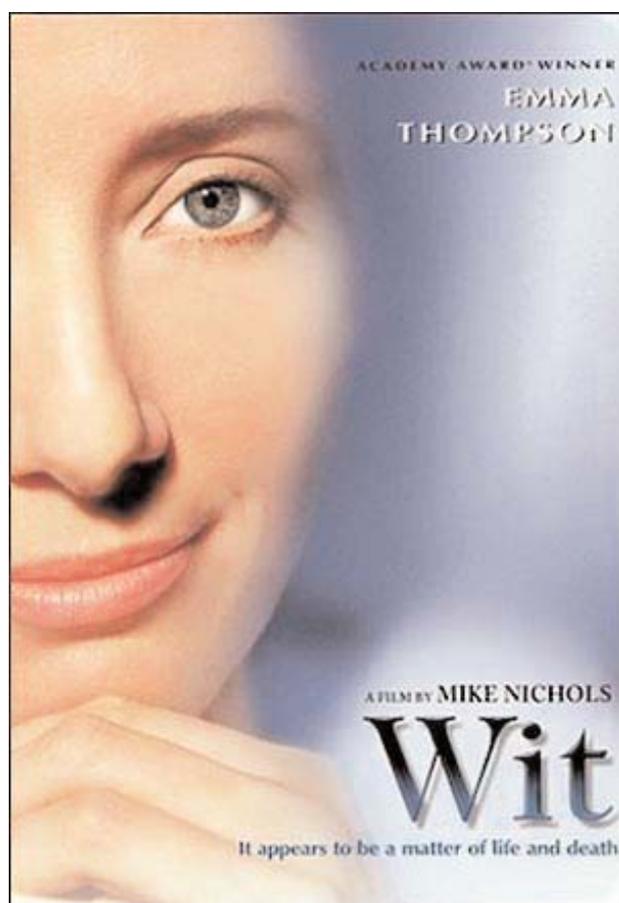


Figure 2: Vivian Bearing (Emma Thompson) main character in *Wit*



Figure 3: Kanji Watanabe (Takashi Shimura) main character in *Ikiru*

cancer patients (Figure 4), in intensive care units, in psychotherapy, in preoperative and even in actions for improving the self-care of health workers. Humour and laughter are useful when establishing a relationship between carers, patients and family members and help to break the ice in tense situations; at the same time they serve to foment confidence and reduce fear. For some people this acts as a “balancer” of concern in the face of death; it helps to produce hope, creates a feeling of perspective and of control of the situation and gives the person a better understanding of himself and others. A “positive effect for the patients” is that humour helps them to feel “connected” to other people, and the support given them serves to parry the perception of their situation, which would otherwise be overwhelming, and thus obtain better relaxation.

In *The Barbarian Invasions/ Las Invasiones bárbaras* (2003) by Denys Arcand we see a university professor, Rémy (Rémy Girard) (Figure 5), affected by an advanced cancer, who, at the end of his days, is trying to make sense of his death, when he realises that all the ideas and “isms” to which he had devoted his life have not given him the happiness he sought. The film shows a group of people engaged in living and surviv-

ing in a system that leads to frustration or self-deception, but in several interesting encounters they recover the basic values of the human being such as the mystery of love and affection, to find that we only remain in the memory of those who loved us, of those we learned from and those we taught something; this will allow the main character to find consolation and the death he wanted to have.

Marvin's Room (1996) by Jerry Zaks and *C'est la Vie* (2001) by Jean Pierre Améris make it possible to understand how we can intervene so as to favour death with dignity when patients reach the terminal stage, through the relief of unpleasant symptoms, the company of their dear ones and respect for the patient's will. The words of the philosopher López Aranguren about death with dignity are worth recalling: *it is that which is a decorous spectacle; which does not belie what our life was; which is in company and in our own surroundings*¹⁴.

The cinema, as an art centred on people, provides its own analysis even of death. In this aspect *Death of a Salesman* (1985) by Volker Schlöndorff, based on the work of the same name by Arthur Miller,



Figure 4: Patients with osteosarcoma in 4th Floor

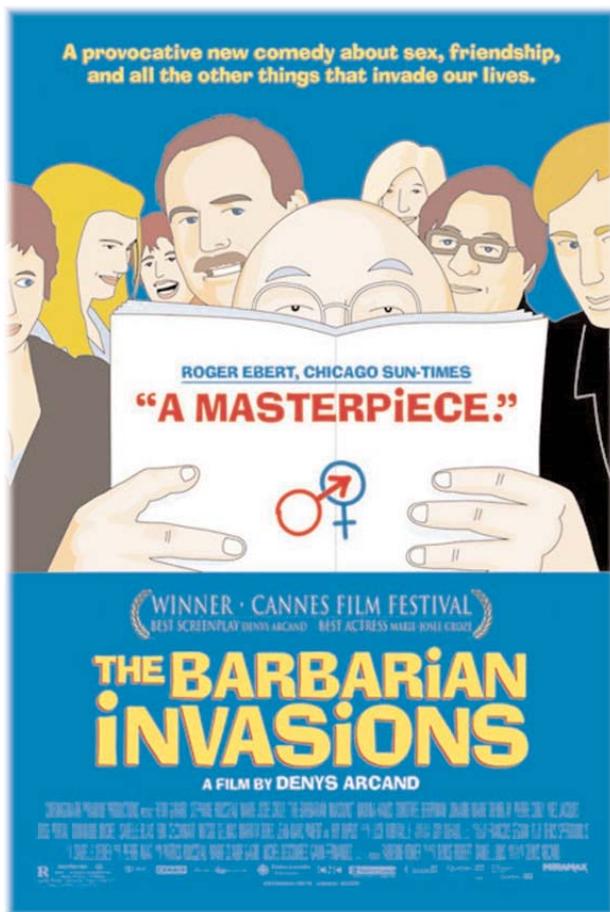


Figure 5: Caricature of the characters in *The Barbarian Invasions*

and *Love Unto Death/ L'amour à mort* by Alain Resnais deal with diverse themes relating to death, such as suffering, physical pain, total pain, suicidal behaviour, death and mourning which health workers should be aware of. Both films emphasise that one of the objectives of today's medicine is not merely to cure but, when this is not possible, to seek the way in which the patients can die at peace. This entails great moral responsibility on the part of the doctors. The potential suicidal person, for example, tends to resort to health workers for help in dying, which means that the latter should not neglect to give all-round support in time to prevent suicide through despair¹⁵.

The cinema can also help to bind many of society's serious wounds - group mourning of a nation, after suffering inflicted by terrorism, wars, attacks - through the story or thanks to the characters in these stories who have become scriptwriters and managed to express themselves and share their experience with everyone, in a deeply curative act (16). This occurs with films that take the spectator to past, recent or current conflicts, which have not been sufficiently digested because at the time it was considered

that clarifying them would be inconvenient for reasons of national security, "peace processes", patriotism, etc. In this respect there are films such as *Night of the Pencils/ La Noche de los lápices* (1986) by Héctor Oliveira, about torture under the dictatorship in Argentina; *Blessed by Fire/ Iluminados por el fuego* (2005) by Tristán Bauer, about the suicide of an Argentinean veteran in the Falklands war; *Born on the Fourth of July* (1989) by Oliver Stone, on the consequences of the Vietnam war. Reviews of the suffering of veterans or victims of any war, attack or unjust regime and the suffering of civilian society are always contemporary because society is slow to forget these aggressions which are followed by mourning, disabilities, fears and madness, and a profound valour and sensation of lack of meaning, of defencelessness and abandonment in which the victims are left. Seeing these films can allow us to console ourselves, recognise and better perceive what should be valued, fight and if possible mature. We owe this curative action to the cinema, which makes it possible for people to mourn, thus avoiding greater and more persistent post-traumatic damage¹⁶. This is normal, since the purpose of tragedy is to reach catharsis, purification, through compassion for unmerited suffering, and the fear of misfortune of those who are exposed to similar perils⁷.

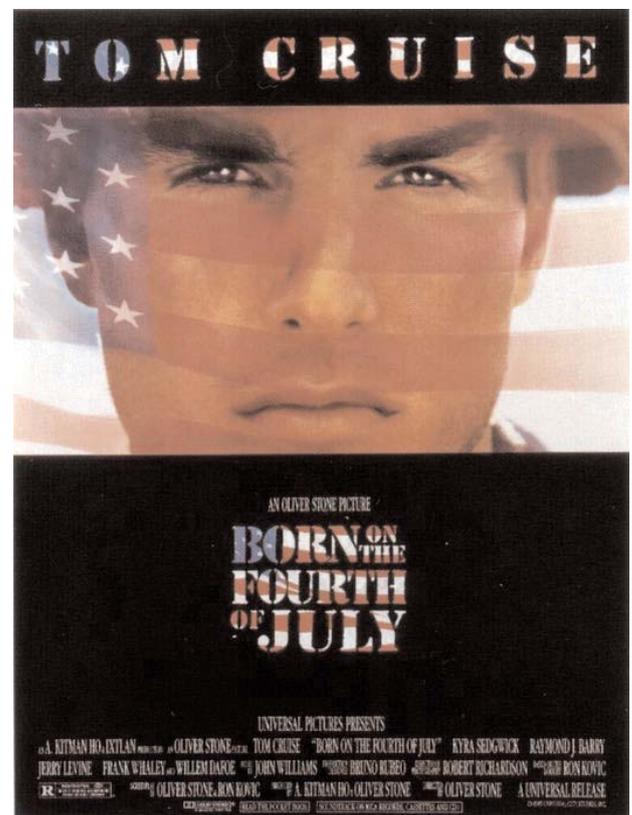


Figure 6: Ron Kovic (Tom Cruise) main character in *Born on the Fourth of July*

The Cinema and Bioethics

Health action has to be governed by ethical principles. Bioethics makes it easier to make the best decisions for the patient in the most prudent way through philosophical reflection and deliberation. The right decision entails taking into consideration a complex network of social values and the patient's values, criteria of goodness or prudence and other fundamental dimensions in the best interest of the patient and his/her family. In ethics, reasons are only persuasive arguments that do not completely annul other perspectives and the reasons of other people; hence further details about the same matter or problem should be included as a true moral imperative⁶.

The cinema is a medium of audiovisual narrative that uses human stories and reflects the materialization, circumstances and context in which it occurs very well. It is a suitable vehicle for narrating the experiences of patients and the situations of clinical practice in which ethical conflicts appear and decisions on them must be made. Since we human beings are structurally moral and ethics is the backbone of our acts, a good film becomes a paradigm of morality. The cinema, or life as a whole, merges with ethics as a practical reason of life and of human habits. Thus it offers specific situations, about particular patients, to be dealt with, and can become practical, prudential

knowledge, which, together with principals, gives the wishes of the patient their due importance. Many bioethical themes in "terminality" can be studied through classic films that call attention to disease; thus paternalism, the doctor's responsibility, euthanasia, aided suicide, the sense of suffering, etc. can be dealt with. This is the era of the ethics of responsibility with respect to everything and everyone, with reason also but with emotions, wishes, values, beliefs, etc., responsibility with respect to other human beings and traditions, nature and the future⁷. Petitions for help in dying entail great moral responsibility for the doctors which falls fully within bioethics and public opinion is becoming more and more concerned with this.

Many films are of interest for bioethics, films which help us to reflect on diverse themes. Among these are: *The Decalogue II/ Dekalog II* (1989) by Krzysztof Kieslowski, moral life and making sensible decisions; *The Quiet Duel/ Shizukanaru Ketto* (1949) by Akira Kurosawa, medical secret, paternalism and justice; *That is the Dawn/ Cela s'appelle l'aurore* (1956) by Luis Buñuel, song of love, friendship and freedom; *Red Beard/ Akahige* (1965) by Akira Kurosawa, the virtuous doctor; *Dr. Akagi/ Kanzo Sensei* (1998) by Shohei Imamura, the scientific loneliness of a paternalist doctor; *Miss Evers' Boys* (1977) by Joseph Sargent, syphilis and research with human beings; *Philadelphia* (1993) by Jonathan Demme, AIDS^{17, 18}; *The Fugitive* (1993) by

Table 3: Films of interest for Bioethics^{6, 7, 12, 13, 15-20}

<p><i>Dark Victory</i> (1939) by Edmund Goulding <i>Death in Venice/ Morte a Venezia</i> (1971) by Luchino Visconti <i>Dr. Akagi/ Kanzo Sensei</i> (1988) by Shohei Imamura <i>Drunken Angel/ Yiodore Tenshi</i> (1948) by Akira Kurosawa <i>Eyes Without a Face/ Les Yeux Sans Visage</i> (1959) by Georges Franju <i>Ikiru</i> (1952) by Akira Kurosawa <i>Johnny Got His Gun</i> (1971) by Dalton Trumbo <i>Lightning Over Water</i> (1980) by Nicholas Ray and Wim Wenders <i>Million Dollar Baby</i> (2004) by Clint Eastwood <i>Miss Evers' Boys</i> (1977) by Joseph Sargent <i>Philadelphia</i> (1993) by Jonathan Demme <i>Red Beard/ Akahige</i> (1965) by Akira Kurosawa <i>That is the Dawn/ Cela s'appelle l'aurore</i> (1956) by Luis Buñuel <i>The Constant Gardener</i> (2005) by Fernando Meirelles <i>The Decalogue II/ Dekalog II</i> (1989) by Krzysztof Kieslowski <i>The Fugitive</i> (1993) by Andrew Davis <i>The Proud Ones/ Les Orgueilleux</i> (1953) by Yves Allegret <i>The Quiet Duel/ Shizukanaru Ketto</i> (1949) by Akira Kurosawa <i>The Sea Within/ Mar Adentro</i> (2004) by Alejandro Amenábar</p>

Andrew Davis, ethics in research¹⁹; *The Constant Gardener* (2005) by Fernando Meirelles, critique on ethics in the development of new medicines by the pharmaceutical industry²⁰; *And the Band Played On* (1993) by Roger Spottiswoode, AIDS; *Talk to her/Hable con ella* (2002) by Pedro Almodóvar, vegetative state; and *Million Dollar baby* (2004) by Clint Eastwood and *The Sea Within/ Mar Adentro* (2004) by Alejandro Amenábar, both awarded Oscars by the Academy in Hollywood for the best film and the best foreign language film, they share the problem of quadriplegia and deal with the same theme, euthanasia and petition for help to die, in different ways²¹ (Table 3).

These films tell stories where diverse values, duties, reasons and feelings come into conflict and where some doctors take as a reference the Principles of Biomedical Ethics by Beauchamp and Childress (1979)²², which establish respect for people's autonomy, beneficence and non-maleficence and justice. Many directors have shown bioethical problems and dilemmas in different cultures and at different moments in history, worthy of mention among them are Akira Kurosawa and Shohei Imamura, for Japanese cinema; Yves Allegret and Georges Franju, for French cinema; Wim Wenders, for German cinema; Manuel de Oliveira, for Portuguese cinema; Luis Buñuel and Julio Diamante, for Spanish cinema; Ingmar Bergman, for Swedish cinema; Roberto Rossellini and Luchino Visconti, for Italian cinema; Nicholas Ray, John Ford, King Vidor, Stanley Kramer, Robert Wise and Edmund Goulding, for American cinema⁷.

Respect for people includes at least two ethical convictions: first, that individuals should be treated as autonomous beings, and second, that people whose autonomy is even more reduced if they are patients in terminal phase, should be the object of special protection. *An autonomous being is the individual capable of deliberating on his/her personal objectives and acting under the direction of this deliberation*, hence it is necessary to facilitate the patient's participation in decision-making with appropriate knowledge of his/her disease, perspectives, etc. always with as much delicacy as possible. Beneficence refers to acting for the benefit of the patient, maximizing possible benefits and minimizing possible risks. Non-maleficence attempts to avoid harm to the patient and not subject him/her to risks or tests that are unnecessary in biomedical research^{6, 7, 10}. Justice is impartiality in the distribution of risks and benefits. The practical procedures of these principles, i.e., informed consent, evaluation of

risks and benefits, equitable selection of subjects for experimentation and, above all, not forgetting that the obligation to do no harm is greater than the obligation to do good, will be the actions that the main characters and actors offer us in more or less poetic contexts and in also more or less aesthetic referential settings⁷.

Conclusions

The cinema, with its powerful influence on intellect, senses and empathy, is a highly important teaching instrument for helping students and health workers to have a better understanding of the sick person. By means of a suitable use of selected films it is possible to teach and create a framework of very useful dialogues for generating positive attitudes regarding the situation and care of patients and their families, while facilitating the acquirement of skills that allow the professionals to offer ethical responses to the concern and dilemmas proper to this stage of life. The cinema can also help to achieve greater social sensitizing to disease, loneliness, palliative care, matters relating to death, suicide and grief and the bioethical education of health workers.

Acknowledgements

The Editors would like to thank the translation team of the Languages Service of the University of Salamanca for their collaboration in the English version of this Journal.

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