
Film Clips that Illustrate the Patient's Perspective in a Medical Interview

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Resumen

Un elemento importante en la atención al paciente es la necesidad de reconocer la perspectiva de éste por medio de una entrevista médica. En nuestra facultad de medicina nos hemos percatado de que los estudiantes a menudo tienen dificultades para conocer y comprender las circunstancias del paciente. Aquí se presentan seis extractos de películas que se centran en dicha comunicación médico-paciente. Estos fragmentos presentan tres facetas de la perspectiva del paciente (antecedentes, manifestaciones, reconocimiento) que pueden ser utilizadas para plantear un debate con los estudiantes y que se pueden integrar fácilmente en un programa de comunicación clínica.

Palabras clave: películas, cine, comunicación, participación de los pacientes, educación médica, currículum.

Summary

An important element in patient-centred care is the need to acknowledge the patient's perspective during a medical interview. At our medical school we have found that students often have difficulty understanding and effectively eliciting the patient's perspective. Six film clips that focus on doctor-patient consultations are presented and discussed. These clips illustrate three facets of the patient's perspective (background, manifestations, acknowledgement) that can be used in discussion with students and that can easily be incorporated into a clinical communication curriculum.

Keywords: Films, Cinema, Communication, Patient participation, Medical education, Curriculum.

The author states that this article is original and that it has not been previously published.

Introduction

A patient-centred approach to care is widely accepted in contemporary clinical practice. Medical students learn to acknowledge the patient as a person with a unique personal history and individual needs and to seek the patient's active participation in a consultation¹. An important element in this approach is the need to elicit the patient's perspective, which includes a patient's ideas and beliefs about illness and health-related behaviours, the patient's concerns about symptoms, the effects of illness on the patient's life, and the patient's expectations about treatments and outcomes.

At our medical school we have found that students often have difficulty understanding and effectively eliciting the patient's perspective during a structured medical interview. To help address this problem, I have compiled a collection of six film clips that focus on doctor-patient consultations and can be used to illustrate the patient's perspective and lead to discussion and reflection on the topic. In two clips (those from *The Doctor* and *The Hospital*) the patients are themselves actually doctors. The viewing access details for all clips can be seen in the Table 1.

*The Doctor (1991) by Randa Haines*²

Based on the book *A Taste of My Own Medicine* by Ed Rosenbaum, this story is about Jack McKee (William Hurt), a cocky young cardiovascular surgeon who develops laryngeal cancer. Dr McKee is stereotyped as the surgeon who displays little in the way of

empathy for his patients. His work is everything and his family life suffers accordingly. He is intelligent and respected by his colleagues and has an acerbic sense of humour that helps to keep other people at a distance. McKee's own diagnosis, however, soon puts him in a position of transition from doctor to patient. Not surprisingly, an epiphany of sorts in patient-centredness ensues.

The first 20 minutes of the film actually contains not one, but four instructive scenes, each displaying aspects of patients' perspectives. After the opening scene - a tense surgical operation where Dr McKee and his team save the life of a suicidal young man who has suffered a transected aorta - we notice in passing that McKee has developed a niggling cough and experiences a bout of haemoptysis. Then, in the first of the four subsequent scenes, he seeks advice from his own family physician, Dr Al Cade (Bill Macy). During a brief and somewhat perfunctory consultation, Dr Cade appears ambivalent about the patient's predicament. On the one hand, he solicits input by asking whether a referral is needed; on the other, he seems to not appreciate that the patient is deeply concerned about the cough. The scene ends with a preoccupied patient, unwilling to participate in the small talk initiated by the doctor, making a final plea for recognition: "No, I ... I ... I ... I keep clearing my throat. You know, it's like this habit thing." This is a crucial moment in the interview, where the visual and verbal cues indicate that the patient is genuinely worried that there may be something serious going on.

In a following scene, Dr McKee arrives late at his own office for a consultation with a middle-aged

Table 1. Viewing Details for the Film Clips.

Title (Year of release)	Genre	Featured Actors*	Start**	Duration
<i>The Doctor</i> (1991)	Drama	William Hurt, Bill Macy, Wendy Crewson	0:00	22:57
<i>Analyze This</i> (1999)	Comedy	Robert de Niro, Billy Crystal	14:13	8:24
<i>The Hospital</i> (1971)	Drama/ Black Comedy	George C. Scott, David Hooks	14:59	5:33
<i>The Diving Bell and the Butterfly</i> (2007 - French)	Drama	Mathieu Amalric, Patrick Chesnais	6:42	7:00
<i>Ikiru</i> (1952 - Japanese)	Drama	Takashi Shimura, Atsushi Watanabe, Masao Shimizu	2:00	15:15
<i>Whose Life is it Anyway?</i> (1981)	Drama	Richard Dreyfuss, Kathryn Grody	41:18	6:00

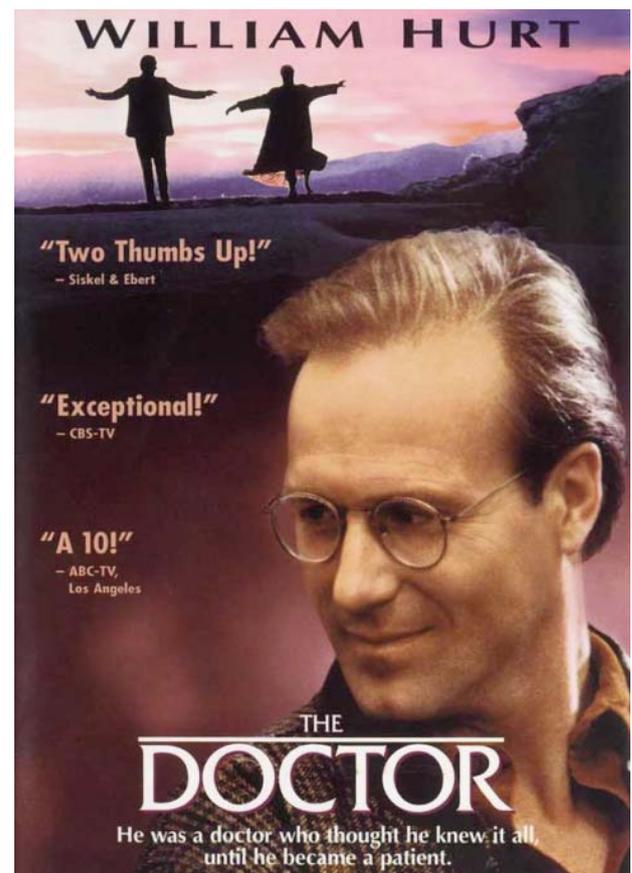
*Actors featured in the clips; **Time from the start of the film

woman who has recently undergone cardiac surgery. As he enters the room he does not look directly at the patient and his demeanor is somewhat detached. The patient is wearing a gown - undone at the front but still covering her chest. She appears worried. While the doctor prepares to remove staples from her chest wound, the patient reveals her main concern: "Doctor, er ... my husband ... er ... he's a good man, and he ... I think ... he's a little nervous." The doctor feigns an inquisitive and startled look at the patient's anxiety about her sexual appeal. "Will the scar all ways be so ...?" McKee's reply, whilst clever and witty, must horrify some viewers: "Tell your husband you look like a Playboy centerfold. You have the staple marks to prove it." He chuckles to himself; the patient is humiliated and hangs her head.

A little further on we catch Dr McKee on rounds, trailed by a group of eager residents catching pearls of wisdom about the role of surgeons - 'cutting' being more important than 'caring'. The group enters the room of the patient on whom McKee had operated in the opening scene. After some intellectual sparring among the residents, the surgeon at last gets around to paying some attention to the patient: "How're we doin'?" The patient, displaying obvious facial bruises, replies awkwardly: "I hadn't planned on ever waking up. I feel stupid." Dr McKee, the worst of surgical stereotypes developing with every scene, responds: "Hmm. Want my advice, Robert? Next time you want to give yourself some real punishment, try golf. There's no greater torture." Audible chuckles are heard from the residents, while the patient forces a look of amusement. The patient's perspective here is as obvious as the doctor's response is contemptible; which leads us to the turning point in the film - the last of this opening salvo of scenes, in which our surgeon experiences first hand the indignity of being attended by a doctor who, *inter alia*, does not express any interest in the patient's perspective.

Dr McKee's chauvinistic male colleagues recommend he consult an 'ENT man' who actually turns out to be a woman, the attractive Dr Lesley Abbott (Wendy Crewson). We then cut to Dr Abbott's consulting room where McKee is seen waiting patiently as the doctor enters. His attempts to engage her with pleasantries and humour are met with one brick wall response after another. After a cursory enquiry about symptoms, Dr Abbott proceeds to examine the patient's neck, followed immediately by laryngoscopy. Instructions are brief to the point of being non-existent. Images are displayed on nearby television screens. Scarcely giving the patient time to recover from the procedure, the doctor states the main finding: "Doctor, you have a growth." The doctor stares at the patient, as if interested only in what sort of reaction is produced. A long pause follows and the patient appears stunned. The explanation that follows is

delivered mechanically and dispassionately. The patient, taken aback, can barely say thanks before the doctor is gone. For students, the scene illustrates the patient's perspective as much by omission than commission. The doctor has made no attempt to elucidate the exact nature of the patient's symptoms and what his fears might be - let alone any history of risk factors or other relevant background information. She does not give him a chance to ask questions, nor ascertain his preparedness for the biopsy procedure that has been recommended.



Analyze This (1999) by Harold Ramis³

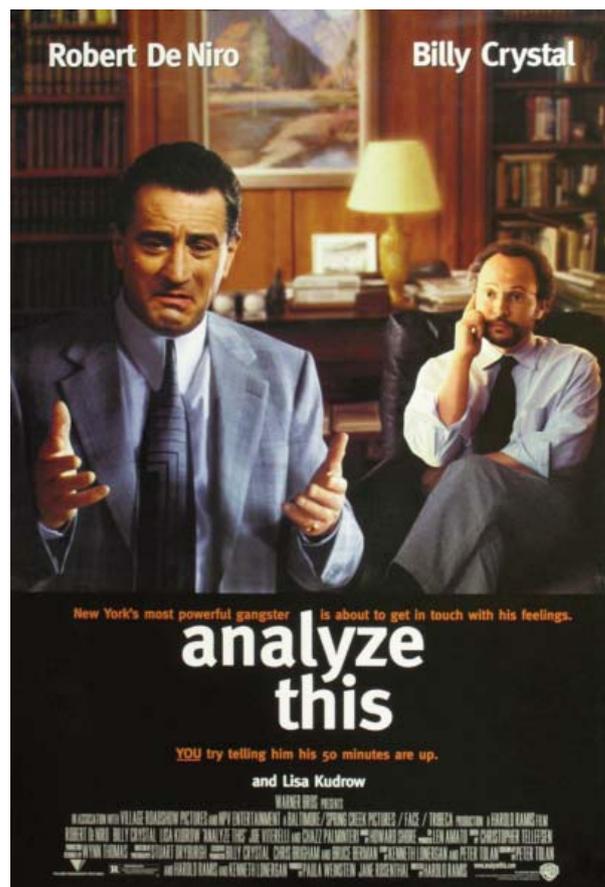
Paul Vitti (Robert De Niro) is a tough New York Mafia boss with a problem - he has begun to suffer panic attacks. A chance rear-ending episode on a Manhattan street leads him to consult Dr Ben Sobel (Billy Crystal), psychiatrist and psychoanalyst. Here we catch two early scenes in the film, each illustrating the explicit perspective of a likeable patient who just happens to also be a thug. The first scene serves as a prelude to the second. Vitti attends the local Emergency Room under an assumed name, believing he is having a heart attack. With his corpulent and dimwitted sidekick, Jelly, on hand, we catch Vitti in a consultation room awaiting the return of

the resident doctor with his test results. Unfortunately for the keen young doctor, he makes a forgiveable mistake of misjudging the patient's reactionary attitude. No sooner has he entered the room proclaiming *"Good news, Mr Evans: your heart is just fine ..."* than his position in the doctor-patient relationship becomes unsalvageable. A proffered diagnosis of 'panic attacks' quickly leads to an amusing barrage of repugnance and disbelief from the patient: *"Do I look like a guy who panics?"*, followed by violent retribution. Perhaps by better understanding the patient's demeanour, the doctor would have saved his skin by abandoning his role as an information provider and switching back to that of a symptom explorer.

In the second scene, Vitti takes his problem to the aforementioned psychiatrist, stating that the problem is not his but, rather, that of a 'friend'. His somewhat unconventional approach to this consultation, and the psychiatrist's efforts to make something of it, results in a truly funny cinema scene. It should have already become clear to the viewer that Vitti's perspective is influenced by a mixture of pride, bravado and denial. The scene begins with an amusing moment where the psychiatrist, Dr Sobel, is seen counseling a patient with some sort of acquiescent personality problem. Suddenly, Jelly barges in and, in a brief but entertaining confrontation, pays off and dispatches the clueless patient out the door. Dr Sobel, now a captive of the Mafia, is stunned as Paul Vitti enters the room. The opening exchange between a suspicious Mafia boss and a bewildered shrink is the beginning of a multifarious doctor-patient relationship that becomes the theme of the film. It is Vitti - not the doctor - who eventually gets the consultation under way; in the process he contemptuously asserts control by occupying the doctor's armchair - the doctor being humiliatingly relegated to the less ceremonial patient's seat. On the command of *"Alright - so, who starts?"*, Dr Sobel, while cleverly having deduced that the friend is, in fact, a defence mechanism employed by the patient, also misjudges this formidable client by replying *"Why don't you tell me why you think you need therapy?"* The doctor then receives a hilarious lesson in communication when Vitti angrily reprimands him: *"I don't need therapy - I just told you that - it's for my friend"*; followed by: *"You know, you guys are supposed to be so good at listening - you can't even remember what I said to you two seconds ago"*; and, finally, a classic put-down: *"I gotta tell you, Doc, I ain't that thrilled with the level of service up to this point."*

The consultation then continues in a similarly humorous and instructive way, the doctor in damage control but saving face when he diplomatically confronts his patient with the likely diagnosis. At one point, when the doctor suggests medication, the patient's retort is a very straightforward display of his perspective: *"Drugs? Can't do drugs - I don't do drugs."* The scene ends with

perhaps the most instructive moment of all, when the patient, looking relaxed and clearly satisfied with the way things have gone, acknowledges the immense therapeutic value of discussion and the benefit to be had from 'unloading' one's problems on to a willing listener: *"You know ... It's a funny kind of a thing ... but, you know, I feel better after I got all that off my chest. I feel like a load ... a load is off my shoulders."*



The Hospital (1971) by Arthur Hiller⁴

This darkly humorous film looks at the dysfunction inherent in big city hospitals in America at the time — patients are wrongly diagnosed and poorly cared for while general chaos abounds. Dr Herbert Block (George C. Scott) is the brilliant chief of medicine at the hospital. Sadly, Block's life is a shambles. His wife has left him, he is impotent and his children have both disowned him. And he has a drinking problem. Deciding to 'heal thyself', Dr Block decides to consult a colleague psychiatrist, Dr Joe Einhorn (David Hooks).

The scene begins one morning with Dr Block arriving at his office, where his diligent secretary immediately presents him with a laundry list of staff complaints and

administrative tasks. Block looks disinterested and distracted and soon interrupts the mundane monologue by getting up and leaving the office to seek out the psychiatrist. With the request, "Can I have a minute, Joe?" he enters his colleague's smoky office and, unsolicited, proceeds to submit his presenting complaint: "I've been having periods of acute depression, recently. Apparently, it's becoming noticeable. A number of people have remarked about it." What then follows is an informative rendition of both the history of his complaint and his clinical perspective. Block displays insight and objectivity as he ambles around the office, generally avoiding eye contact with the psychiatrist, often pausing to stare into space or at the floor, sometimes clenching his hands together, and overall looking anxious and preoccupied. He recalls "entertaining suicidal thoughts as a college student" and portrays his former self as "the boy genius; the brilliant eccentric; terrified of women; clumsy at sports." He describes his relationship with his wife as one of "sado-masochistic dependency", compounded by the self-blame for an equally bad relationship with his estranged "shaggy-haired Maoist" son and a daughter troubled by abortions and drugs. As the self-inflicted diatribe goes on, there seems to be discordance between the depth of self-analysis and his reluctance to relinquish some

responsibility to the doctor. The psychiatrist and patient then engage in serial discussions about the details of how the latter might commit suicide and whether he is impotent, before Block winds up the consultation with a dismissive self-rebuke: "Let's just drop the whole thing, Joe. I feel humiliated and stupid. I've just got to pull myself together and get back into my work. I'm sorry I troubled you. Take care of yourself. I'll see you later." Whilst Block presents as a man who clearly needs help, the doctor in him defies his own attempt to do something about it - perhaps a common trait among medicos?

The Diving Bell and The Butterfly (Le scaphandre et le papillon) (2007) by Julian Schnabel⁵

In 1995, 43-year old editor-in-chief of French *Elle* magazine, Jean-Dominique Bauby (Mathieu Amalric), suffered a stroke that left him afflicted with locked-in syndrome, a condition manifested by preserved cognitive function in the presence of quadriplegia, mutism and lower cranial nerve palsies; vertical gaze and upper eyelid movement are more or less preserved. Using blinks of his left eye to communicate via a code developed by his therapist and transcribed by his publisher's assistant, Bauby was able to compose, letter by letter, an insightful memoir of his struggle.

With the soothing sound of Charles Trenet's *La Mer* in the background, the film opens with Bauby, known as Jean-Do to his friends, coming out of a three-week coma, unaware of what happened to him, what is going on around him, and where he is. While a nurse busies herself in his room, all we hear from Bauby is his unspoken voice. A few moments later, the door opens and a senior doctor arrives accompanied by a younger doctor and a couple of female attendants. The senior doctor, neurologist Alain Lepage (Patrick Chesnais), sits on the bed and introduces himself. We then witness a novel tête-à-tête where the doctor's attempt to counsel and inform the patient is met with utterances of rebuttal and disapproval that are perceived only by the viewer as voiceovers or subtitles. Addressing Bauby by his familiar name, the presumptuous Dr Lepage tries to establish rapport by saying "Think of me as a friend", to which Bauby replies "Just be a doctor." Having described the nature of the injury to Bauby's brain, the doctor goes on about prolonging life ("This is life? This is life?"), everything else in Bauby's body being normal ("Normal?"), advising him to rest up for a while ("What else am I doing?"), and commending him to a couple of 'gorgeous', 'miracle worker' therapists ("Please, no miracles"). Here, the voice of the locked-in patient has offered a deeper understanding of the patient's perspective than might otherwise be seen in dramatic depictions of the doctor-patient relationship. It takes time and effort to communicate with the communication impaired.





man manages to invoke all the sinister signs that our patient is suffering: “... if you’ve got these symptoms, you won’t last a year: first, if the pain is kind of heavy; second, if you can’t stop burping unpleasantly; and your tongue is always dry ...” He goes on through an inventory of complaints that become increasingly familiar to the anxious Watanabe: “... you can’t get enough water and tea. And then there’s the diarrhoea ... and, if it isn’t diarrhoea, well, then you’re constipated. Your bowel movements go black ...” and so on until our patient is left stunned and terrified.

A little while later Mr Watanabe is called in to see the doctor (Masao Shimizu); the barium meal radiograph is on the viewing box and, to the discerning clinical eye, a stomach cancer can be seen. The doctor asks him to sit down and then delivers the news: “It looks like you’ve got a mild ulcer.” Mindful of the conversation he had in the waiting room, our patient appears shocked and drops his coat on the floor before he has a chance to sit down. His attempts to extract a more frank and, paradoxically, more treatable diagnosis are futile: “Honestly ... please tell me ... the truth. Tell me it’s stomach cancer ...”, to which the doctor replies, “I just told you, it’s a mild ulcer.” Devastated, Mr Watanabe buries his face in the doctor’s desk. The chance encounter in the waiting room has completely clouded his perspective, reminding us of all of the things that influence our own perspectives on health and disease.

Ikiru (1952) by Akira Kurosawa⁶

Kanji Watanabe (Takashi Shimura) is a minor official in a civic office. ‘Worn down completely by the minutiae of the bureaucratic machine and the meaningless business it breeds’, he searches for new meaning in his life. His wife has passed away and his only son has his own life to live. Sadly, the lonely ‘Watanabe-San’ has also developed symptoms that, to a Japanese person, can only mean stomach cancer. His workmates have noticed that he is taking ‘stomach medicine’ and is unable to finish his lunchtime noodles.

A narrator guides us into an early scene that shows Mr Watanabe in the waiting room of a medical clinic. He is at a washbasin drinking something that appears to be milk of magnesia. Waiting to be told the report of his barium meal by the doctor, he then takes his seat and is approached by a fellow patient (Atsushi Watanabe) - a man who observed him drinking the medicine. The man deduces the nature of his problem and, through inference and implication, proceeds to lead the vulnerable Mr Watanabe on a trail of heightening anguish. Proclaiming that stomach cancer is a death sentence and insinuating that inoperable cases are euphemistically diagnosed as ‘mild ulcers’, the



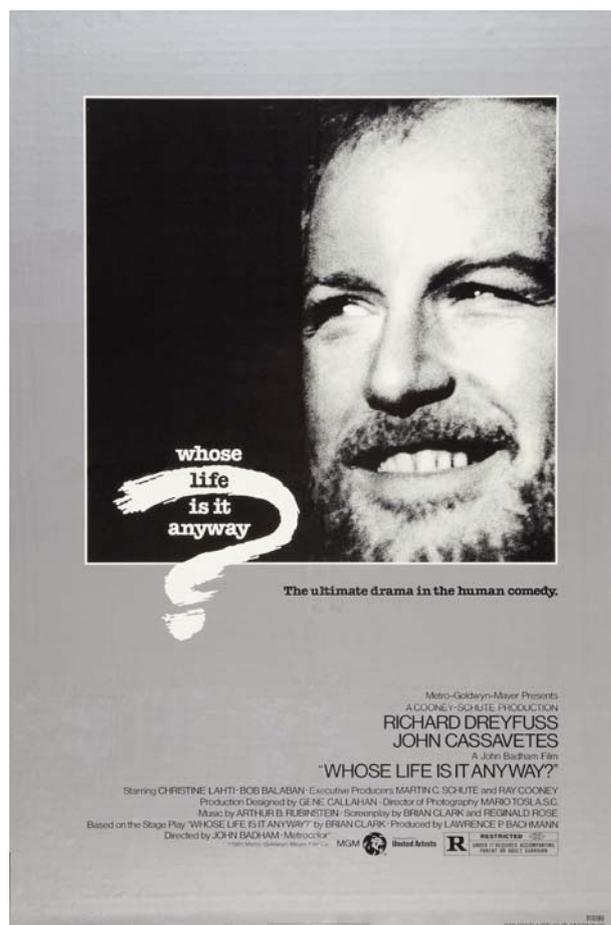
Whose Life Is It Anyway? (1981) by John Badham⁷

Ken Harrison (Richard Dreyfuss) is a sculptor who has been left quadriplegic in a motor vehicle accident. Unable to face a future of incapacitation and dependency on life-support systems, he demands that his doctors let him die. Whilst the film focuses on the overriding issue of euthanasia, there are also opportunities to consider the clinician-patient relationship in a number of settings. Although physically powerless, Harrison is a man of powerful conviction, tinged with bitterness, which is plainly evident in this scene. His doctors, struggling to deal with the dilemma they must face, decide to refer him to a counselor, presumably to make him more manageable and, ultimately, to get him to change his mind.

The scene opens with Harrison being wheeled to his meeting, engaged in conversation with the porter but already expressing his contempt for the forthcoming appointment. Upon meeting the counselor, Kate Boyle (Kathryn Grody), in a hospital lounge, Harrison's cynicism is undisguised by the thin veil of black humour that he shares with her and anyone else within earshot. The introductions concluded, Ms Boyle opens the session with a very direct statement: *"There is a rumour going around that you don't want any more treatment"*, to which Harrison replies with equally direct assertions: *"Good ... (Ms Boyle: Why good?) ... because I didn't think anyone around here heard me"*, and soon more angrily followed by *"Because I don't want to go on living like this."* Ms Boyle then attempts to reconcile Harrison with his disability by suggesting mechanical aids that may restore his artistry and by invoking trite precedents, such as the creative output of famous disabled artists such as Monet and Renoir. Harrison is utterly unconvinced and becomes steelier in his resolve to pick holes in any argument that conflicts with his perspective. The more Ms Boyle attempts to float ideas past him the more indignant he becomes. When she eventually concedes defeat and rises from her chair, Harrison delivers the final vindictive blow: *"You know, you are amazing, you know? All you goddamn people are the same. Every single time that I say something even a little bit awkward you just pretend I haven't said anything at all. It's amazing. Why can't you try to relate to your patients like human beings?"* The patient's perspective is now as much directed at what he perceives as being the shortcomings of the professions, rather than simply his own clinical care.

Discussion

I would like to propose that there are three main facets of the patient's perspective that can be invoked and applied to each of these film clips during



reflection and discussion with students. These facets together can serve as a simple framework to guide students through consultations with real patients. The first of these might be termed the 'background', which, as the term indicates, comprises the varied past experiences in the patient's life (remote, recent or current), mixed in with the complexities of personality, that together influence responses to illness, disease and treatment. This mixture is evident in *The Doctor*, where we observe the natural stoicism of the healthy (and presumably non-smoking) male surgeon being suddenly confronted by a symptom (haemoptysis) well known within the profession to have sinister implications. The matter of personality is briefly evident when we encounter the apparent matrimonially submissive nature of the heart surgery patient. In *Analyze This* it is the ignorant bravado and boldness of the Mafia boss that not only dominates what we perceive to be the perspective but also ultimately results in a satisfied patient. In *The Hospital* we observe the despondent and burnt out Dr Block, and in *Whose Life* it is the uncompromising devotion to artistic creativity that underlies the perspective of John Harrison. In *Ikiru* it is perhaps more the waiting room incident immediately preceding the consultation that most influences the outlook of the impressionable Mr Watanabe.

The second facet of the patient's perspective that students should examine is what I would call the 'manifestations' of the perspective. By this, I mean the physical and vocal aspects displayed by the patient during a consultation. When Dr McKee visits his family doctor we can discern a look of unease and hesitation in him at the end of the interview - seemingly unnoticed by his doctor. In *Analyze This* Paul Vitti tosses a charming and comic blend of angst, suspicion, intimidation and gratitude into the consultation pot. In *The Hospital* the manifestation of perspective is the body language of preoccupation and detachment that we observe in Dr Block; and in *The Diving Bell* it is the unique portrayal of what might be called 'thought in conversation' that evokes the feelings of Jean-Do.

The remaining facet for consideration is the crucial matter of the doctor's 'acknowledgement' of the patient's perspective. Dr Sobel is not only attentive but remarkably astute in his acknowledgement of Paul Vitti's fears and concerns. In *The Hospital* Dr Einhorn actually articulates his reaction to his patient's self-diagnosis: "I see a man exhausted, emotionally drained, riddled with guilt." In most scenes, however, we see little in the way of mature or considered acknowledgement of the patient's perspective: Dr Cade wonders aloud about a referral; Dr McKee is arrogant and insensitive; Dr Lepage

is presumptuous; the doctor in *Ikiru* is puzzled; and, in *Whose Life*, Kate Boyle is at a complete loss as to how to respond to her client. And, finally, to what extent do we actually see doctors *initiate* some sort of attempt to elicit the patient's perspective? This would be an ideal question to put to our student viewers.

In summary, these six film clips and the scenes contained therein offer potent and often realistic insights into how the patient's perspective may be manifested and elicited. Together, they also provide variety and entertainment and can easily be incorporated into a clinical communication curriculum.

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