

# Chapter 7

## Movies and Medical Ethics

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### 7.1 Introduction

Movies showcase our society's value system and prejudices, history, and ways of being. Because of the way they illustrate human interactions, scientific endeavours, and moral issues crucial to the health care profession, movies are used as educational tools to ignite enthusiasm, illustrate signs and symptoms of illness, recount medical history and scientific progress, and enhance our understanding of research, pharmacology, and clinical practice. As a major cultural art form, film is representative of individual narratives and social structures. Drama, action and comedy, among other genres, help film makers tell stories about relationships. Biopics portray heroes who may serve as role models to the medical scientific community [5]. Futuristic films and those that sometimes stretch reality provide thought-experiments to advance philosophical knowledge. Movies thus highlight contemporary social issues, portray society's perception of health care and disease, interpret bioethical claims, and foster discussions of complex moral issues.

By turning us inward, many feature films not only entertain, but also challenge us to learn more about ourselves. Film critic Pauline Kael wrote that "the revelation of human character is the highest function of movies" [7]. They prompt us to explore reasons as to why we think and act the way we do. Set in context, scenes from motion pictures provide powerful examples of ethical dilemmas and their resolution. They serve as springboards for debate, discussion, and showcase the phenomenology of illness. They place medicine in its historical perspective, relate the trials and tribulations of scientists, healers, patients, families, and civilizations, demonstrate cultural differences and relational challenges, or provide examples of conduct that is right or wrong; behaviors to be emulated or avoided.

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*Outbreak* (1995, Wolfgang Petersen),<sup>1</sup> for example, is a fictional film about whether to quarantine the town of Cedar Creek and perhaps kill its 2,600 innocent citizens in order to contain a deadly virus that, 25 years earlier, had prompted the US Army's systematic annihilation of an African village. Viewers can debate the moral reasoning that might sometimes justify sacrificing individual rights and freedoms in the name of social justice and public safety, also interpretable as the public good. More specifically, this film asks if there are limits to such actions. Would it ever be acceptable to kill a few in order to save the many and prevent the outbreak of an infection likely to decimate a nation's population [1]?

Judgments about right and wrong usually reflect a society's perspective of what ought to be done in certain circumstances. These form the basis for what constitutes normative behaviors subject to the effects of diversity, culture, time and moral reasoning. If ethics is defined as a system of moral principles or rules of conduct recognised in respect to a particular class of human actions or a particular group or culture, and "medical ethics" as the study of what might be considered proper conduct for health care providers but also of a moral philosophy, then a film that raises questions becomes an extraordinary conduit for reflexion and debate.

## 7.2 Film as a Starting Point for Studying Medical Ethics

Films allow us to think along the lines of moral principles and to consider how to resolve ethical dilemmas revealed through motion picture story-telling. Film is one of the most popular and widely distributed art forms in the world today and is consequently an attractive starting point for studying medical ethics. In considering various moral theories and perspectives to help differentiate right from wrong, or desire from responsibility, one must also ponder the political, behavioral, economic, legal, and psychological implications of any actions [15]. Situations can be viewed from the provider, patient, observer or societal perspective along with the rules, rights, virtues and principles that help resolve them. Physician-patient interactions might be framed using deliberative, paternalistic, interpretative or informative models. Narrative typologies such as chaos, witness, restitution, compromise, resistance or transcendence, relied upon in response to ethical dilemmas, can be identified when scenes are integrated with the viewer's personal and communal memories or experiences.

In *Article 99* (1999, Howard Deutch), a frustrated black man wearing a combat jacket and black wool cap is surrounded by other patients in a busy Veterans Administration Hospital waiting room. Standing at the registration counter, he requests information about his health benefits. "I keep telling you," he is told over and over again by the obstinate white nurse who, positioned behind her countertop, seems to represent an unsurmountable barrier. "We cannot approve your eligibility until we have *complete proof* of disability (*italics mine*)." He reminds her that he has

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<sup>1</sup> In parentheses the year of film's release is followed by the name of the film's director.

filled out emergency disability forms three times, and that his medical records have been lost repeatedly during the last 8 months. The tension mounts as he is told again and again that “without certification there is no *actual* proof that you are disabled.” Finally losing patience, he bends over, shouting “You need some proof, all right, I’ll give you some damn proof!” He proceeds to remove his artificial leg, banging it repeatedly on the astonished nurse’s desk. One cannot help but commiserate with this fellow, and with all patients; because each of us at one time or another has probably had a similar experience facing recalcitrant administrators. The language of film allows us to sense the effects of disrespect for patients, possible racial discrimination, and inequalities of health care access without being personally subjected to the horrors of experiencing them.

As a visual art form, films are projected to large audiences, viewed in the comfort of one’s home, or nowadays, anywhere there is a computer screen or mobile device. Entire films or selected scenes help launch group discussions about particular practice situations; a dying patient, unwanted pregnancy, or family dysfunction. Portrayals of disease and its effects on persons and society are powerfully depicted, as are physician behaviors such as breaking bad news, narcissism, or impairment from drugs, alcohol and disease. Other times films are used to point out issues that affect social and public policy, showcase cultural bias and discrimination, or recount important facets of medical history. These illustrate many applications of the culture of medicine, including principles, values, codes, and norms transmitted through generations of medical practice, yet modifiable based on experimental thinking.

Choosing from among theoretical perspectives such as virtue ethics, contractualism, Kantianism, utilitarianism, social contract theory, and feminist, communitarian, religious or rights-based ethics to provide a frame of reference that supports moral reasoning however, is challenging. One effective alternative for supplementing discussions of ethical dilemmas is to apply the four-principles approach to health care ethics developed by Childress and Beauchamp more than 30 years ago, and still commonly used today in ethics consultation. These principles are *Beneficence* (the obligation to provide benefits and balance benefits against risks), *Non-Maleficence* (the obligation to avoid the causation of harm), *Respect for autonomy* (the obligation to respect the decision-making capacity of autonomous persons), and *Justice* (obligations of fairness in the distribution of benefits and risks) [2].

For example, in *Wit* (2001, Mike Nichols), Emma Thompson plays Vivian Bearing, a tough, intensely rational, middle-aged English professor and literary scholar whose area of expertise is the metaphysical poetry of John Donne. After learning she has advanced ovarian cancer, she undergoes high-dose chemotherapy as part of an experimental treatment plan proposed by Dr Kelekian, a medical researcher played by Christopher Lloyd. Viviane suffers enormously from the side-effects of therapy. As she nears the end of her life, her pain has become overwhelming. In one scene, her nurse suggests a self-controllable analgesic system that will allow her to self-treat as needed. Dr. Kelekian however, insists that what she needs is respite from her pain, and prescribes instead high doses of morphine that quickly

render Viviane unconscious. The nurse is unsuccessful in convincing the doctor that their patient may have preferred to make decisions herself regarding pain control and level of consciousness.

This scene could prompt discussion and debate about (1) the principle of beneficence, including whether beneficence justifies imposing one's will on a patient, (2) the principle of autonomy and self-determination in regards to the extent to which Vivian has a right to control her pain and medication use, (3) the practice of terminal sedation which aims at keeping a severely suffering patient unconscious until the time of death, (4) the principle of double effect for justifying the administration of drugs to alleviate suffering despite their possibly leading to an unintended albeit foreseeable death, and (5) the extent of a nurse's role as patient advocate. From a different educational perspective, the scene can also be used to transmit knowledge regarding ethics consultative services. By explaining how principles must sometimes be balanced against each other, or against other considerations about what might be morally proper or improper, a reflective equilibrium is defined in which one principle trumps another without rendering obsolete the principle that is outweighed, and that continues to undeniably exert an influence on feelings, behaviors, and decision-making.

### **7.3 Engaging Viewers and Delivering Messages Cinematographically**

Much of the experience using feature films in medicine is related to efforts at enhancing the viewers' capacity for compassion, empathy, understanding, communication, and recognition of patient suffering. In *Yesterday* (2004, Darrell Roodt), for example, a young black South African mother named Yesterday is infected with HIV by her husband. During the course of the film, she learns to understand her HIV/AIDS and acts in her own best self-interests as a consequence of her understanding [16]. After projecting the film in its entirety in a medical school classroom, a group of medical students reflected on the appropriateness of the way informed consent for HIV testing was obtained from her, about her reactions to the matter-of-fact tone of voice used by the doctor who told her she was infected with the deadly virus, and questioned why Yesterday's disease was so devastating when AIDS had become a controllable, chronic disease in most Western countries. But students also wanted to discuss the film's aesthetics. They wondered, for example, whether the filmmaker had intentionally used landscape, time, and colour to portray a sense of loneliness, despair, human pride, beauty, dignity and courage in the film's protagonist [13].

Every part of a feature film, including the opening credits, is intended to contribute to a film's narrative and message, as well as to its entertainment, intellectual, commercial, and artistic value. Cinematic techniques such as dialogue (or lack thereof), motion, lighting, camera angles, image-frames, special effects, and musical soundtrack are used collectively to evoke feelings and reflection. "The fact is, I am quite happy in

a movie, even a bad movie,” says narrator Binx Bolling, in Walker Percy’s 1961 novel *The Moviegoer* [12]. Whether in the theatre or in the comfort of our living rooms, alone or in the company of friends and strangers, the moments spent absorbed in film are cherished because of emotions intensely lived, experiences revived, fears identified without danger, or dreams acknowledged. We are engaged yet, the game of life is played out, gambled on, observed and experienced without personal risk. Lessons are learned and imaginations flourish as stories told, through the cinematic process, become exposed to our moral, aesthetic and personal judgments.

Films are also an enchanting and particularly effective vehicle for illustrating values and concerns of our times. We may wonder, of course, whether increased popularity for violence and vitriolic video games overcomes our fears of global annihilation by infectious diseases. After all, *The Hunger Games* (2012, Gary Ross), based on Suzanne Collins’s 2008 best-selling young adult science fiction novel depicting teenagers brutally murdering each other in a futuristic world, generated a record breaking 152.5 million dollars in sales during its first weekend in theatres in the United States. This is more than six times as much as a recent medical thriller, *Contagion* (2011, Steven Soderbergh), which generated 22 million in first weekend box office sales. This fictional film, released shortly after the H1N1 swine flu scare, depicts relatively realistic medical, scientific and social interventions during a Meningoencephalitis virus pandemic that kills more than 26 million people worldwide.

Cinematic techniques and film genres (such as science fiction, horror, biopic, war, adventure, animated, historical, film noire, comedy, action, and drama) are for the most part intentionally used to empower a film and its message. They can occasionally create unintended effects beyond the film-maker’s intention and become a vehicle for social commentary or discussion of public policy. One possible example is the popular comedy *Multiplicity* (1996, Harold Ramis) [14]. Probably geared first towards providing good entertainment, great laughs, and unique visual effects (with modified split screen, on set compositing, and other visual effects), the film is about Doug Kinney (Michael Keaton), who has three nearly (and therein lies the plot) identical clones created for him by Dr. Owen Leeds. The director’s use of humour tends to downplay the seriousness of the cloning debate [9]. The film was released in July 1996, the same month as Dolly the female sheep, and first mammal to be cloned from an adult somatic cell, was born after more than 200 failed attempts. The timing of the film’s release put a light and humourous movie into a very different (and unanticipated) context.

Another hazard related to using motion pictures in the study of medical ethics is that films can be misleading, either in the way heroes are portrayed, science is interpreted, or when films are biased or grossly misrepresent real-life situations. Sadly in these cases, notions of stigmatisation, stereotyping, and discrimination are often reinforced [3]. Many examples of bias or misrepresentation are in films representing persons with mental illness or disabilities. Compare the late Oscar winner Heath Ledger’s depiction of the Joker as a psychopathic schizophrenic clown in Christopher Nolan’s 2008 *Batman-The Dark Knight* with the more docile and realistic portrayal of schizophrenia by Russell Crowe playing mathematician John Nash in Ron

Howard's Oscar-winning 2001 film *A Beautiful Mind* [10]. Compare also the comical but unrealistic portrayal of dissociative identity disorder by actor Jim Carrey in the Farrelly brothers' 2000 comedy *Me, myself and Irene* with the realistic portrayal of borderline personality disorder in *Girl Interrupted* (1999, James Mangold). In order to counteract the audience's reliance on preconceived notions of disease or disability, the dangers of misrepresentation should probably be pointed out using a preamble that encourages the viewer's reflective engagement. This means that lecturers must engage in substantial preliminary reading, not only about the film and the disorders being portrayed, but also in preparation for discussions about the ethical issues being addressed. Clint Eastwood's acclaimed 2004 film, *Million Dollar Baby*, for example, reinforces preconceived negative notions about disability, particularly as compared to films that more accurately depict the personal journey of a person facing newly trauma-induced paraplegia such as *The Waterdance* (1992, Neal Jimenez). This critique of the film can, of course, be a springboard for discussion of a number of issues, not the least of which is society's depiction and understanding of disability [17]. But *Million Dollar Baby* can also be used to reflect on a variety of other medical ethics subjects such as individual and social perceptions and treatment of disabled persons, quality of life, self-determination, respect for patients, human values versus religious doctrine, and perhaps most significantly, voluntary euthanasia. The film shows the life of champion boxer Maggie Fitzgerald, played by Hilary Swank, who, as a result of a boxing accident, goes from being portrayed as a physically active and vibrant athlete-hero to that of a despondent, ill-appearing, bed-ridden, ineptly cared for amputated quadriplegic. The film's imagery however, falsely associates disability with worthlessness, loss of dignity, sustained total dependency on others, illness, and impending death. Furthermore, many elements pertaining to laws in connection with disabilities, medicine, and end-of-life care are either ignored or misrepresented. At the end of the film, Maggie relies on her friend and trainer Franki Dunn (played by Clint Eastwood) to bring an end to her life. After some soul searching (although he never seems to really doubt that he is doing the right thing), Franki injects adrenaline<sup>2</sup> into her intravenous line, disconnects her from the ventilator, and leaves the hospital without telling anyone.

## 7.4 Extracted Sequences Illustrate Memorable Moments of a Film's Narrative

In addition to using full length feature films, short movie scenes can be used quite effectively in the study of medical ethics. Logistics, time constraints, rules and regulations, film unavailability, and lack of material resources frequently prohibit

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<sup>2</sup>Adrenaline (probably epinephrine), is a stress hormone that stimulates heart rate and accelerates respiration. Such an injection is completely contrary to acceptable practices with well established protocols of physician-assisted death by removal from mechanical ventilation where anxiolytics and sedatives are used to avoid suffering from air hunger.

watching an entire motion picture, making the selective display of short film sequences a requisite alternative, especially in the classroom or lecture hall. Scenes are viewed as a running narrative in the context of an entirety that includes motion, framing, dialogue, soundtrack and special effects. Selectively identified and extracted, they can be used to illustrate facts, events, ideas, emotions, or prejudices. While this may be efficient for showcasing particularly memorable moments of the narrative, it does not necessarily do the selected film justice in respect to its aesthetic, academic and commercial significance. Furthermore, extracted scenes can amplify the challenges of using motion pictures to promote reflection on ethical issues. Scenes must be appropriately and accurately placed into context by lecturers, who, while introducing the overall sense of the film, might inadvertently or intentionally garnish their preambles with editorial comments, judgments, or personal biases. Because film relies very much on emotive manipulation, and because affect and cognition are interwoven at both conscious and subconscious levels, scene selection predisposes to a situational bias that can be very persuasive in the absence of powerful counterarguments.

Addressing the controversial and emotion-laden issue of unwanted pregnancy, for example, one might choose a visually impactful scene from *If these walls could talk*, a made for television movie (1996, directed by Nancy Savoca and Cher) that tells the abortion stories of three different women in the 1950s, 1970s, and 1990s. In the story set in 1952, a time when abortion was illegal in the United States, widowed nurse Claire Donnelly (played by Demi Moore) discovers she is pregnant from an affair with her brother-in-law. Unable to find help from her medical colleagues, she very graphically attempts to make herself abort using a knitting needle, and ultimately dies after a clandestine procedure. A very different perspective of unwanted pregnancy is found in *Knocked up* (2007, Judd Apatow), where a drunken young woman named Alison Scott (Katherine Heigle) and goofy, irresponsible male acquaintance Ben Stone (played by Seth Rogen), have a one night stand, following which they go their separate ways. Alison later suspects she is pregnant however, and informs Ben of the news. They venture together to the doctor's office, where they are addressed erroneously as Mr. and Mrs. Stone. They see their "baby" during the ultrasound examination that confirms Alison's pregnancy. Alison's mother tries to persuade her to have an abortion, but Alison refuses. We follow Alison until she gives birth to a little girl, with Ben surprisingly choosing to be at her side. The film ends with Alison, Ben and their infant happily moving in to a Los Angeles apartment together. An anti-abortion argument can readily be presented by lecturers selecting these two particular scenes as example topics pertaining to unwanted pregnancy because the emotive imagery graphically presented in both films; close ups of a moaning Demi Moore introducing the knitting needle into her vagina in the first, and images of fetal movements on pelvic ultrasound in the second, are very persuasive.

Scenes serve as effective springboards for discussion and debate, illustrate the phenomenology of illness, place medicine in its historical perspective, relate the trials and tribulations of scientists, healers, patients, families, and civilizations, demonstrate cultural differences and relational challenges, and, as mentioned earlier,

provide examples of behaviors to be emulated or avoided. Psychologists have shown that a person's normal attention span is about 20 min, and for online videos, it is closer to about 60 s! About 5 % of viewers will have abandoned an online video within 3 min [8]. Limiting film sequences to no more than 3 min, therefore, allows sufficient time for discussion and helps assure the audience's attention throughout the sequence.

## 7.5 The Value of Informed Awareness

While it is beyond the scope of this essay to describe technical issues in depth, there is no doubt that informed awareness about how a scene works or why a scene is shot a certain way contributes additionally to an appreciation of the art of film-making. Information about how some cinematic techniques add to a scene's effectiveness, also helps enhance the viewers' understanding of many of the finer points of a movie's message that might otherwise be missed.

In *Malice* (1993, Harold Becker), medical narcissism is perfectly illustrated by Dr. Jed Hill's (Alec Baldwin) famous "I am God" monologue. The movie is about Andy and Tracy, a happily married couple who would like to have children. Jed finds himself operating on Tracy order to remove a ruptured ovarian cyst. Suspecting torsion of her other ovary, he feels obliged to remove it, rendering her unable to bear children in the future. A lawsuit ensues. During the pretrial deposition with opposing attorney Dennis Riley, (Peter Gallagher), he answers a question against advice of counsel. The scene cuts from one individual to the other, lingering on facial expressions as we alternately see and hear Hill's arrogant outburst. Bluntly reciting his own qualifications and insidiously mocking the attorney, Hill ends his monologue saying "You ask me if I have a God complex: Let me tell you something, I am God."

In other instances of film making, the best is sometimes left unsaid. Early in the film *Live and Become* (2005, Radu Mihaileanu), a mournful soundtrack written by Armand Amar accompanies a slow camera shot that ends in a powerful, still portrait reminiscent of photos by Kevin Carter or Sebastião Salgado. Set in a Sudanese refugee camp sheltering Ethiopians displaced during the 1984 civil war, a doctor is shown gently closing the eyes of a malnourished young child cradled in his mother's arms. The camera moves between close-ups of the dying boy and the handsome, grief-ridden yet accepting gaze of his mother. There is no dialogue; the imagery is slow, the lighting is discrete. The scene sets the stage for a film about racism, love, identity, and service.

In addition to cinematic techniques such as close-ups, wide angle views, rapid cut sequences, lighting, action scenes, silent pauses or the use of violence, humour, and drama to name but a few, an actor's manner for portraying a role will also affect how viewers think and feel about a subject. Consider the smug, Scotch-sipping ICU director Dr. Butz's (played by Albert Brooks) tirades about health care finances in *Critical Care* (1997, Sidney Lumet), the slightly over the top satire of the



American health care system; or witness the restrained acting of Robin Williams as the compassionate Dr. Malcolm Sayer advocating for human experimentation with L-Dopa to treat encephalitis lethargica patient Leonard Lowe, whose rage, frustrations, and dystonia are expertly portrayed by Robert De Niro in Penny Marshall's 1990 film *Awakenings*.

Informed awareness might also include several other elements. Before projecting a movie sequence, for example, one could (1) share enthusiasm about the film, the actors, or the director, (2) explain why the particular sequence was chosen, (3) provide some background history that might help the audience connect with the sequence, (4) frame the scene in the context of the film, (5) furnish a background story about the characters represented in the scene, and (6) point out what the audience might pay particular attention to in the sequence.

In James Whale's *Frankenstein* (1931), the monster, played by Boris Karloff, has been mistreated since his creation, especially by Dr. Frankenstein's fiendish assistant Fritz, who the monster ultimately kills. Able to escape, it rushes through the woods towards a nearby village. Emerging from the bushes, the monster sees little Maria, a farmer's lovely young daughter, who takes its hand and sits with it by the edge of a lake. She offers him some flowers; bringing a strange smile to his lips and making us wonder whether he isn't human after all. No longer a victimised research object, the monster has become humanised in the viewers' minds though the delicateness of the setting. As Maria and the monster sit by the lake together, each in turn toss a flower into the peaceful waters until none is left. Staring with surprised sadness at his empty hands, the monster seems to have an idea, and gathering Maria into his arms, playfully throws her into the water where she drowns. The horror! The monster has needlessly killed an innocent little girl! Whatever compassion many viewers might have felt has either disappeared, or been transformed to pity as the monster runs from the scene in dismay.

Viewers might be intrigued to learn that because Maria drowns, censors in 1931 felt the sequence was too violent. Suggestions were made to cut the scene before the monster throws her into the water, but legitimate concerns were raised that this might leave the impression that Maria had been molested: the scene was removed and not shown in the film's original theatre release. In fact, this marvellous sequence was not restored until 1986! Another interesting tidbit of information is that James Whales, the film's British director, had spent 2 years in a German prisoner of war camp during World War I. It is perhaps not a coincidence that the monster's first tormentor is called Fritz, a name allied soldiers used to refer to Germans. Finally, the word "monster" is actually an older term from the life sciences whose etymology derives from the old French *monstre* (to show or demonstrate) used to describe a person, animal or plant with a marked structural deformity [4]. With his deformed features, originally grotesque demeanor, flat head and scar-covered face, Boris Karloff's personification most certainly fits this description. *Frankenstein* is rich in scenes that might be used to illustrate ethical issues relating to research and creation, but this one in particular, especially if coupled with scenes from other movies such as *The Elephant Man* (1980, David Lynch) or *Freaks* (1932, Tod Browning), powerfully introduces audiences to discussions of monstrosity and human dignity.

## 7.6 Aesthetics; A Valuable Addition to the Message

Film, unlike most other art forms, is able to personalise even the most arcane philosophical commentary. Through its heterogeneous combination of image, sound, movement, storytelling and special effects, it uses the visual, aural and theatrical to offer viewers a fabricated, true-to-life, exaggerated or virtual reality that is experienced as our own, and provides images that renew emotions, create ideas, or foster thought-experiments. Having some knowledge of the filmmaking process helps establish a measure of intent in the cinematic image and additionally aids in the analysis of cinema [6]. Reflecting on how a scene's aesthetics might contribute to the effectiveness of its message, therefore, becomes a natural subject of any post-projection discussion.

Some questions one might ask are (1) how is the viewer involved: is the scene relying on the viewer's affective engagement with the visual image or with the narrative structure of the sequence? Are the viewer's personal experiences and sensitivities being engaged? (2) How was the scene composed? What is actually seen in the frame? What has been left out? (3) How are the characters framed? What does the film maker want the viewer to focus on? (4) What camera movements and angles were emphasised? Was the camera stationary, or was it moving, and if so, how quickly or slowly? Did the lighting direct attention on a particular area of the frame? Does a particular person own a certain colour? Is anything of significance happening off camera? (5) Were rapid cuts used to move between characters and objects in the scene? How does this affect the viewer's intellectual or emotive reactions to the sequence? (6) Does the scene incorporate pictorial realism or fantasy? Does this contribute to the viewer's active or passive engagement? (7) How is music, background, colour, sound effects, voiceover narratives, or dialogue used to complement the frame? Is this done to enchant, excite, sadden, mystify, horrify, alienate, or question the viewer?

For example, in *Extreme Measures* (1996, Michael Apted), Dr. Lawrence Myrick, played by Gene Hackman, is a reputable physician researcher who as it turns out, severs the spinal cords of deceived, unconsenting homeless people in order to use them as guinea pigs in his experiments with nerve regeneration. His objective is to make wheelchair bound, paralysed people able to walk again, but many of his "research subjects" have strange symptoms, remain permanently paralysed, or die as a result of his interventions. These wrongdoings are discovered by a young emergency room physician, Dr. Guy Luthan, (Hugh Grant), who in the course of his investigations is briefly made to believe he too is paralysed. The cost of quality health care, research misconduct, and the moral dilemma (is it?) of exploiting patients for the greater good, are just a few of the ethical issues that can be addressed from a scene towards the end of the film in which a white-coated Dr. Myrick defends his clandestine and unauthorised human experimentations to a bloodied, but fully recovered gun-brandishing Luthan.

A series of medium shots show a confident and perfectly in-focus Myrick. These alternate with close-ups of an obviously troubled Luthan. Occasionally, the camera

shoots Myrick perfectly, including within the frame a head shot of a young, wheelchair bound woman employee of the hospital. As the subject of his thesis transitions away from what he does to what might be in the best interest of his “patients,” an out of focus Myrick is suddenly framed with the in-focus face of the woman, teary-eyed but approvingly hoping to be cured by his experiments. Bland background scenery and the absence of music help focus the viewer’s attention on what is being said. At one point during Dr. Myrick’s lengthy monologue, he rhetorically asks Luthan: “If you could cure cancer by killing one person, wouldn’t you? Wouldn’t that be brave? One person and the cancer’s gone tomorrow. When you thought you were paralysed, what would you have done to be able to walk again? Anything.”

## 7.7 Conclusion

Our perception of what is seen on camera, and experienced off-camera feeds our imaginations because cinema represents a structured realism that is experienced intuitively. Its language connects both consciously and unconsciously with viewers compelled to become active participants in the art form, if only through their hearts and minds. As a means of expression and understanding, therefore, motion pictures are a powerful vehicle with which to comment and reflect upon societal issues and the effects of individual narratives. Furthermore, the interpretation of a constructed and sometimes fabricated or virtual reality creates opportunities for self-examination, recognising that perceptions are processed by our personal experiences, memories and judgments. We search for what we do not know, and we project, as if film were a mirror, all that we are, have been and might become during our individual life journeys.

As Jean Mitry suggests, a universe of forms and relationships are created *through* images, not illustrated *with* them. “The image is objectified perception” he writes, “supplied directly by my consciousness, it is the product of a permanent relationship between the external world and myself, between my observation and the objects I observe.” [11] Cinema is thus able to reconcile reason and emotion into a visual art form that is at once entertaining and thought-provoking. What we learn from movies is readily transported into our daily lives, and for those involved in the health professions, bridges the gap between cinematographic illusion and the realities of patient care.

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