The Zooming Into Health Ethics Committee (ZIHEC) was founded in December 2005 at the American University of Beirut. ZIHEC presented movies and other audio-visual material to promote ethical principles among medical and other learners. The experience of the committee was published earlier. In 2008 ZIHEC decided to extend its activities to another level—interactive theater (IT). To achieve this aim, the ZIHEC cooperated with The Psycho-Social Working Group, a collection of professionals and volunteers brought together through an Executive Master’s Program titled “Psychosocial Animation in War-torn Societies,” via the partnership of the International Organization for Migration (IOM) and the Lebanese University.

In an IT the scenario is played live, first without interruption, then it is replayed with modifications introduced by the audience. In the repeat scenarios a member of the audience asks to stop the show at a point where she/he has a feeling that something wrong is going on. The person who suggests stopping the play is asked by a facilitator to indicate the reason(s) for the request and is invited to act the suggested changes. Afterward, the real actor(s), the spectator actor, and the audience reflect on their feelings regarding the modified act. In this way, the audience is given the chance to theorize about different possible solutions and, more importantly, to have hands-on experience.

Several authors have reported on the use of IT in medical teaching. For example, Kumagai et al used IT to promote the faculty instructors’ ability to facilitate discussions about multicultural issues. IT has similarities to Theater of the Oppressed (TO), created by Augusto Boal. In both cases there is a facilitator who gives the spectator the chance to create an act after analyzing what was presented; thus the witness becomes a creator of part of the script as well as an actor. The main difference between the IT model and TO is that there is no clear oppressor and oppressed in IT. Brown and Gillespie used TO to teach occupational therapy students how to deal with ethical distress. The strength of these kinds of audience-participant theater is that they promote analytic as well as critical thinking and give the spectator a chance to be actively involved, thus enhancing the learning process.

The Intervention

The scenario we used in ZIHEC was based on a real-life situation. It portrays an adolescent patient with acute myeloid leukemia who was treated at the Children’s Cancer Center of Lebanon at the American University of Beirut (See Table 1. The play can be viewed on YouTube). The patient’s main concern was to spend her remaining days with her European boyfriend without frequent admissions to the hospital and the side effects of treatment. The health team and parents’ concern was to prolong the patient’s life with no thought of suffering. The actors who played the first round and the director were all professionals. A member of the ZIHEC, who is a medical doctor and a clinical psychologist, supervised all the preparations that led up to the show and was the facilitator between the audience and the actors.

Four members of the audience asked to stop the play at different points, leading to four different versions of the play. A male spectator disapproved of the authoritarian role of the mother and asked to take her place. A female spectator was not comfortable with the doctor’s behavior and acted her own version. A clergyman and another female thought that they could convince the patient to take the new suggested treatment; both introduced new characters to the play who were not part of the original scenario. A young man thought by playing the role of her boyfriend he could persuade the patient to stay in the hospital and undergo the treatment. More details on the spectators’ interventions are shown in Table 2.

The time needed to prepare for this activity by all involved personnel was 96 hours; this was mainly spent in rehearsals. The play itself lasted only 6 minutes and 20 sec-
Table 1

Basic Script for Ethical Scenario

Scene 1: Adolescent girl in the hospital room chatting with “lover” on the Internet; she wants to spend the rest of her remaining days with him in Belgium. Mother convincing her to insert the second IV and take the required treatments. Both are conversing in parallel, in their own worlds/state of minds, but rarely to each other.

Scene 2: Entrance of the health team, discussing in medical lingo “the case in room 204 B: terminal case of leukemia, basic life expectancy a few weeks, deteriorating, not responding to treatment, we need to be aggressive in offering what is available, experimental drugs…”

Scene 3: The health team is interrupted by the mother of the patient. The mother asks about the next step of action and complains that her daughter is refusing further treatment. Doctor asks mother and the nurse to convince the daughter to continue taking the prescribed drugs.

Scene 4: Patient alone in her room, in the mood of dancing, love, and life. While dancing the patient falls onto the floor, parent rushes in and helps her in getting up. Daughter refuses help saying she can get up by herself. The medical team enters and tries to insert IV, daughter shouts “I don’t want any more of your treatment, let me die in peace!”

Table 2

Interventions by the Spectators

1. The empathetic father: this was the first of the spectators, a man in his late 20s. He tried to enter the world of his daughter by being a better listener and asking her questions related to her current lover in Belgium. The patient actress was sticking to her role of almost being totally shut off from the world of parents, medications, and the hospital. What happened was that there was a better communication between the empathetic father and daughter, but the conflict was not resolved.

2. The humane attending: this was played out by a lady in her 40s who has a background in nursing. She was very expressive during the discussion part of the forum; she strongly disapproved of the lack of care of the medical team. She resisted acting out her claim on stage: “I don’t know how to act.” The facilitator responded that most of the people on stage are not actors and that she is strongly encouraged to step up but in no way forced to; she agreed. This lady played the role of the physician. However, she changed the givens: she added from her own mind that she had been attending a very important conference in Europe and that they had come up with an effective treatment for the illness. This was completely opposing to the original script where it was clear that the new medications are still in the experimental phase! She talked to the patient in a calming manner, allowing her to vent her emotions. The spectator actor made use of the fact that the patient enjoys communicating via the Internet and gave the adolescent the Web site for this new discovery. (She got a big applause from the audience and came out with a very big smile and exuberant energy: victory!)

3. The priest: Two individuals volunteered to play this part. The first, a lady in her mid 20s who acted as the patient’s friend. The other was a Christian priest who played himself. The lady started chit-chatting with the patient remembering old times and planning future activities. The friend then told her that she had a surprise and that she brought someone along to talk to her. The priest walks in, introduces himself, and asks her what the problem is. The patient, who had stopped her Internet chatting, talks liberally with the priest. The latter requested the mother and friend to leave them alone, which they agreed to. The priest argued that God determines the timing of her death and that the time limit she has put to herself (a few weeks) was not in her hands. They eventually agree to ask the doctor to give her the treatment at home. However, the physician refused, saying that this is experimental and she needs to be monitored closely in a hospital setting. The priest then asked if she can relax at home for a few days to come back for her treatment. The doctor refused again.

4. The Belgian lover: this was a man in his early 20s. The young man wanted to play the role of the lover and went up to sit on a chair and pretended to be chatting with her via the Internet. He went along very well with the original script, promising her that he will leave the hospital where he is getting his treatment very soon and come to Lebanon to see her. He was very calm, chose his words carefully and confidently, and was relentless in convincing her to get her treatment. She eventually gladly and lovingly agreed. (Big applause from the audience and sense of “mission accomplished.”)

Discussion

The play raised several ethical questions: What is the best quality of care in this case? Is experimental treatment “indicated”? Who should be the final decision maker? How much say does an adolescent girl have about her end-of-life decisions? What is culturally appropriate in this case: parental authority or individual autonomy? Can the medical team reach a healthy compromise?

One audience member analyzed the behavior of the medical team and judged it to be deficient. As a result, this individual became invested in finding a better alternative. In replaying the role of the doctor, this spectator attempted to humanize the interaction by identifying the patient by her name rather than the room number and taking time to communicate empathetically with her.
It is noteworthy that all the audience interventions aimed at convincing the patient to stay in the hospital and receive the new treatment. The health team also refused any compromise. For example, the doctor refused the negotiation to give the treatment at home; similarly, the idea of providing home care by a qualified team was not considered. This audience of medical professionals uniformly embraced the option of experimental treatment and seemed to value anything that prolonged the patient’s life irrespective of quality. These health professionals may have viewed death as the enemy and the loss of their patient as failure. Accommodating the patient’s desires, i.e., respect for the autonomy of the patient, was clearly not a priority.

It is worth mentioning that none in the audience raised the issue of the cost of experimental treatments to society. This is surprising if we keep in mind that provision of health care is a main concern in Lebanon, where the majority of the population is not covered by any form of health insurance.

We do not think that professional actors are a requirement for successful IT performances. The audience members who became involved in the acting were convincing performers and engaged the attention of the rest of the audience. In our judgment, motivated medical students/nurses could successfully mount an IT play. It is also possible to rely on volunteers from a drama club in the university if it exists.

The major barrier we encountered to using IT in teaching was the cost, which was much higher (almost four times) than using a movie. Nevertheless, the potential of this method is intriguing. Faculty who had used movies to teach ethics and subsequently experienced IT found the latter to be more exciting because of the active involvement of audience members compared to discussion only. Role playing is known to result in better retention of knowledge. For this reason, despite the expense, we remain committed to continuing to explore IT. In future sessions, we hope to evaluate audience reaction more systematically and to extend the reflective process to include “circles of reflection,” in which the audience reflects first on the original play, then on subsequent iterations.

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