“Medicine has got some terrible limitations, and I wish there was something more I could say. There just aren’t any words.”
Kenneth Tigar as Dr Califano in “My Life” (1993; directed by Bruce Joel Rubin)

These words are spoken in a film. A physician has just told his patient that the cancer treatment is not working. The sense of helplessness expressed by Dr Califano is surely familiar to physicians who have had to bear medical bad news: not only medicine but language itself seems to have failed both doctor and patient.

While research of course continues to emphasize medicine’s capacity both to cure and, in the absence of a cure, to relieve suffering, there will always be times when doctors have to give devastating information to patients and their families. A common complaint among new physicians is that they seldom feel that their training has prepared them for the task of bearing—carrying, sharing, and tolerating—bad news. Exploring film representations of the interaction may allow clinicians to imagine the process differently, helping all participants cope at a time when both medicine and language are forced to confront their limitations.

In a 2-week elective on medicine and film for fourth-year medical students, part of the Medicine in Society curriculum at Stony Brook University, the students and I explore the way that giving bad news is represented in movies. Thinking about fictional, overtly constructed, and richly textured representations of these conversations, and approaching them as scenes, allows students to consider the place of learning bad news as a dramatic turning point in actual patients’ life narratives, as well as the subtleties of staging and experiencing the interaction that are not always captured in clinical guidelines.

We approach the “bad news scene” in two ways. First, students construct their own scenes; only then do they analyze those in films. In the first part of this two-part article, I will focus on the writing exercise.

Writing Scenes

Dr Califano: “We’re losing ground, Bob. The tumor’s growing.” [Bob and his wife are holding hands. At these words, he pulls his hand away from her and listens alone.] Scene from “My Life.”

Medical humanities teaching often focuses exclusively on the content of fictional texts (films, poems, novels), to the exclusion of meta-questions of form. But such texts are not conveniently...
and engagingly packaged instances of real life: like all texts, they are constructs, their elements invented, included, and arranged by authors, directors, and others with the intention of producing particular effects. Fictions about medical topics need to be read or viewed not as sources of real-life good and bad role models, but as cultural artifacts, deliberately representing certain versions of health care to an audience.

For this reason, rather than have the students begin by taking the relatively passive role of film viewers, I give them a preparatory writing exercise designed to have them think as the filmmaker, the constructor of the scenario and its text, instead of as the consumer of its content. I ask the students (they are almost at the end of fourth year) to remember a time during their clinical training when they were present at the giving of bad news and then to write up a version of the interaction in the form of a scene out of a movie, bringing it with them to the first class.

Dramatizing the interaction leads students to imagine fully the specific subtexts of a single unique interaction, to fill in the nuances of body language and implication, and to try and see things from multiple points of view. They approach the interaction as part of several extended, and at this moment intersecting, stories. They also recognize the scene-like qualities of actually giving bad news: the particular setting, the two central characters (physician and patient), the formulaic shape (beginning with the physician in possession of information that marks a change for the worse in the patient’s future and ending when the physician has conveyed that information to the patient, the patient has reacted, the two have reached a plan for their next interaction, and—ideally—the patient is ready to leave) and the ways every actual encounter plays out variations on the formula.

Beyond these bare structural characteristics, true both in clinical real life and in films and other narratives where medical bad news is given, are the emotional aspects of this event. Giving bad news is a moment of profound interpersonal drama and narrative significance in the experience of being a doctor or a patient. It is a moment that tends to be imprinted indelibly in recipients’ memories as a biographical turning point; it is about exchanging words that have intense material and narrative effects, frequently dividing lives forever into the periods before and after the news. To this extent, the “bad news scenes” in films may resemble the experience of real-life patients and doctors more than most other filmic scenes, capturing the sense in which real life suddenly becomes drama. An apparent difference is that the film scene is created for an audience, whereas in real life, privacy is usually emphasized, but in fact patient and family may become a retrospective audience as they recall and retell the scene’s details, often repeatedly, processing and revising the meanings of the news. I suggest, then, that here real life may resemble fiction rather than the reverse and that the doctor is a kind of author, or director, or editor.

We begin the first class session by discussing the writing exercise. Some students choose to read aloud from their scenes while others simply describe them. We focus both on the content of the actual experiences they are recounting and, significantly, on the choices made in converting these remembered events into scenes from an imagined movie. The point is to have the students become aware of the narrative, performative, and dramatic aspects of the work of bearing bad news. Who are the characters? What is the setting like? What exact words did they, as writers, have the people use? How did they convey reactions, body language, elements not present in the spoken dialogue?

What marks the beginning and end of a scene? And, perhaps most significantly, who is their imagined movie audience expected to sympathize with? The patient or the clinician? Who is the protagonist of this mini-story? Who is the villain? Is there a hero? Students’ scenes tend to depict news given inadequately, with the sympathies on the side of the patient. We discuss possible reasons for this, from the students’ frequent sense that bad news tends to be badly given, to the way in which their outsider status can lead them to identify more with the patient’s suffering than with the doctor’s discomfort. We then explore ways in which the scenes might be rewritten to make the doctors seem both better at the task and (it would follow) more sympathetic as characters.

The students are led, then, to think about giving bad news as the creation of a dramatic scene. They can step back as dramatists, not to diminish the real impact bad news has on patients, families, and clinicians but to recognize the way in which getting bad news tends to be framed in recipients’ biographies as a “scene.” This enables students to identify more clearly the pivotal role of the physician character in determining whether or not the scene is a disastrous part of the patient’s extended life story or the first step in a positive response to a challenging turn in the plot.

After discussing the written scenes, we immediately view two film clips, and in later sessions we watch several more films that include “bad news scenes.” In the second part of this article, to be published in the July-August 2006 issue of *Family Medicine*, I will discuss the films and what we make of them.

Correspondence: Address correspondence to Dr Belling, Stony Brook University, Institute for Medicine in Society, HSC L3-086, Stony Brook, NY 11794-8036. 631-444-2765. Catherine. belling@stonybrook.edu.
REFERENCES