

THE DOCTOR IN HOLLYWOOD FILM

by

Kathleen Hastings Butler

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Kathleen Hastings Butler

Approved: _____

Heyward Brock, Ph.D.
Professor in charge of the thesis on behalf of the Advisory Committee

Approved: _____

Dorry Ross, Bachelor of the Arts
Committee member from the Department of English

Approved: _____

John Montano, Ph.D.
Committee member from the Board of Senior Thesis Readers

Approved: _____

Alan Fox, Ph.D.
Director, University Honors Program

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ABSTRACT

The Doctor in Hollywood Film explores the role of the medical doctor in film from the 1920's to the present day - the time period under scrutiny being limited due to the availability and quality of films made before 1920.

There are many different categories of doctor types; in my study I pinpoint these different stereotypical roles and explain why they have evolved in such a way, using historical evidence and critical analysis. Overall, the pattern that has emerged resembles a bell curve. From 1920 to mid-century, film presented the doctor as a quack, a savior, and a villain – and sometimes all three at once. He was shown (notice the purposeful omission of a pronoun suggesting the presence of female physicians during this time frame) as infallible and heroic during the middle part of the century. From the late 1960's onward s/he has become a figure open to public criticism and doubt, stripped of much power and subject to civil suits and the whims of insurance companies. Specifically, the doctor's relationship with his/her colleagues and his/her patients is examined, with special concern paid to the trust present within these bonds. This project also evaluates the doctor's methods, how they have been affected by technology, law, and the pharmaceutical companies, and how these institutions have affected the doctor-patient relationship. This thesis analyzes the parallels between societal changes, the changing role of the medical doctor, and the reflection of this phenomenon in film.

Chapter 1

INTRODUCTION

“Honey, doctors are sadists who like to play God and watch lesser people scream”

(Juno 2008).

The above is a quotation extracted from *Juno*, a very popular film released in 2008 chronicling a teenage pregnancy. When the main character, Juno, is experiencing labor pains without the relief of an epidural, her stepmother makes this disconcerting comment. Any pregnant women watching, though hopefully already aware of the ordeal of childbirth, probably left the movie theater feeling even less thrilled about the prospect of giving birth. While personal experiences with doctors surely influence an individual’s idea of the “patient experience,” society’s perception of the medical doctor is, in part, due to the entertainment industry’s portrayal of the medical profession and the visual media’s influence.

Having been a cheap and reliable form of entertainment since the 1920’s, motion pictures especially have contributed to the American adult’s opinion of the physician and his counterpart, the psychiatrist. Doctor-centric movies made within the 20th century portray physicians, first, as uninformed quacks and mad scientists, then as infallible, god-like figures, and finally, especially in the past twenty years, as imperfect, uncertain, and oftentimes insecure individuals susceptible to public criticism and doubt.

The decline of doctor-patient relationship trust and the sully of the profession itself is a result of changes in the pharmaceutical industry and doctor autonomy and the defamation of the doctor and his work by film's embellished portrayal of this occurrence. In his non-fiction work *The Social Transformation of American Medicine*, Paul Starr identifies this pattern: "In America, no one group held so dominant a position in this new world of rationality and power as has the medical profession. Its rise to sovereignty in the late nineteenth and early twentieth centuries is the first part of the story...the emergence in our own time of a bureaucratic and corporate regime is the second" (Starr 4). Film is a magnifying glass of sorts, a lens through which audiences are presented with an exaggerated picture of reality – medicine included. As the medical industry changed over time due to technological advancements, changes were reflected on screen with exaggerations and flourishes for the purpose of entertaining audiences.

There are many genres of doctor-centric films. Topics frequently explored by Hollywood films include the role of female doctors, doctors facing ethical dilemmas, the benefits of traditional medical therapeutic methods versus innovative methods, the legitimacy and execution of psychiatry, the doctor's power, and the doctor striving for the professional perfection normally expected of him. There are various types as well, including the villainous doctor, the heroic doctor, the doctor playing God, and the doctor battling racism. Clearly, American film has explored the role of the physician in society and in doing so has injected certain ideals and misconceptions about medicine into the nation's consciousness. Over the past century, doctor-patient relationships have changed - partly due to Hollywood's portrayal of the M.D. in movies.

Film has been a widely influential medium for reaching the public, if not for its sheer ability to reach the masses, then for the nostalgia moviegoers feel upon entering a theater, purchasing a bucket of popcorn, and sharing it with a loved one. Film is “one of the most pervasive ways through which representations of illness, medical institutions, medical personnel and medical practices are established and confronted in the lay-person community” (Harper and Moor 1). The silver screen has touched every generation; the movies are still one of the few forms of entertainment that draw families and couples alike, the old and the young, the rich and the poor, male and female. Among other things, movies have addressed general and specific aspects of the medical industry.

Susan E. Lederer’s study of cancer and Hollywood film demonstrates the link between culture, film, television, media, and medicine. She says “...the slow erosion of public reticence about the ‘dread disease’ continued in the 1940’s and 1950’s, when magazine and newspaper articles revealed the diagnoses of such prominent individuals as composer George Gershwin...Babe Ruth...and athlete Babe Didrikson Zaharias” (95). Lederer cites the work of journalist Ellen Leopold, who “describes how breast cancer moved from ‘the closet to the commonplace’ in the years between 1945 and 1975; drawing on narratives written by women who suffered with breast cancer, she points to the importance of television in the domestication of that disease, especially such female-oriented programs as *The Young and the Restless*, which broadcast the first ‘fully realized version of a breast cancer saga’ in 1974” (Lederer 95). Clearly, the media affects popular opinions of disease and medicine.

In her article *Dark Victory: Cancer and Popular Hollywood Films*, Lederer discusses the implications of film on American moviegoers, specifically on their understanding of cancer:

Film was a powerful medium in the years before 1970. In the years between 1916 and 1970, cancer made periodic appearances on screen, contributing to American perceptions of what kind of disease it was, how it could be treated, how it required more research, and the kinds of outcomes one could expect from cancer. Learning about cancer from the cinema was perhaps a “dark victory,” insofar as the collateral messages in the flickering light of movie screens helped shape American expectations about disease, death, and doctors (114-115).

Clearly, the American public gleaned ideas from these films that were not necessarily true or were exaggerated to a certain extent. Cancer and the medical treatments for the malady were glamorized. For the first half of the century, invalids in the movies did not look sickly. Audiences were accustomed to consistent beauty, unfaltering power, and unwavering heroism. Truth was secondary to sex appeal. For reality, people could look to the real world. Culture has always had a major influence on filmmaking. The following case studies in film examine the relation of doctor films to culture.

This is a two-pronged research project. One portion of the research pertains to American films made between 1920 and 2010 while the other portion focuses on social, political, and scientific history as it relates to medicine in the United States. After my initial research as a Summer Scholar during the summer of 2008, I concluded that the newer the movie, the more imperfect the doctor. However, I continued my research over the winter of 2009 and watched about a dozen more films, many from the earlier decades

of the 20th century. Taking into account all twenty-one films, I noticed that the trend in doctor-patient trust and doctor capability as portrayed in film actually resembles a bell-curve with a standard normal distribution and the mean representing the 1950s.

From the turn of the century through the early 30's, there was a public attitude that the science and execution of medicine were limited and quite flawed, and had been for some time. Truly,

Doctors in America were not always the powerful and authoritative profession that they are today. A century ago they had much less influence, income, and prestige. "In all of our American colleges," a professional journal commented bitterly in 1869, "medicine has ever been and is now, the most despised of all the professions which liberally-educated men are expected to enter" (Starr 7).

Improvements in science, health care, and the economy led to much more successful and reliable medical techniques and medicines through the 50's and 60's, thus more trust in and a better societal attitude toward the physician.

According to Paul Starr, author of *The Social Transformation of American Medicine*,

Although independent professionals may lack the formal power of enforcement possessed by rulers and employers, they often derive power from the dependent emotional condition of their clients. Even when voluntary clients have the option of going to another professional, they may be unable to bear the disruption of long-standing relations (11).

This explains the unique power that the doctor had mid-century; he was most concerned with his patients. The doctor of the 40's, and 50's knew nearly all of his patients by

name, made house calls, received homemade gifts from especially thankful families; the doctor who had his patient's heart also had their trust, their patronage, and their money. Through the 40's, 50's, and early 60's, limited government involvement and minimal interference from pharmaceutical companies in doctor's practices were probably the most significant factors in keeping the medical industry as powerful and trusted as it was.

The late 1960s and all of the 1970s saw a shift in consciousness, with this came a shift in desire. A series of cultural upheavals affected everything in America, from politics to medicine. People wanted truth: gritty, uncomfortable, difficult truth. The movements of the 60's were fueled by frustration and dissatisfaction; they were reactions to years of social oppression and laws perpetuating injustice. Proponents of the women's and Civil Rights movements wanted to strip away the illusion of the idyllic American social experience and reveal the harsh realities hidden underneath in order to right the wrongs of inequality. A new hunger for truth required a change in Hollywood's approach.

The late 60's through 2009 have witnessed a trend toward reality. The medical industry has also undergone some major changes – some good, others detrimental to the reputation of the industry as a whole. It was this period, with its emphasis on closing the gap between the lower and upper classes (or at least creating a larger middle class) that drove people to question social norms – including the norms of medicine. Doctors, therefore, were portrayed more realistically than ever before, and they continue to be presented in such a light to this day. They are not necessarily portrayed more positively or more negatively; they are counted as members of the human race who often make mistakes rather than one-dimensional characters who easily fit the mold of either

charlatan or hero. Though doctors are still sometimes portrayed in film as heroes, the prevalence of doctor movies showing the flawed (but not villainous or dangerously incompetent) physician indicates the changing attitude toward these professionals: that doctors are, above all, human, and they make mistakes. The prevalence of medical malpractice suits and second opinions is evidence of this movement.

In the '80s and '90s, when health insurance companies, the pharmaceutical industry, and the federal government began to exert more influence on the medical equation, the face of medicine changed. Profit, rather than patient health and safety, became the goal. Social issues were tied to economic issues, and they were both tied to medical issues. This turn of events led to the decline of doctor autonomy and a lessening of doctor-patient trust.

These days, physicians wield less power within the medical industry; they more often than not are forced to submit to the policies of HMO's and encouraged to prescribe from certain pharmaceutical companies with the incentive of making more money and receiving various perks. Some doctors are able to resist the offers of drug companies; but, unfortunately, they cannot avoid being bombarded with requests to push products by company representatives.

More recently, the widespread availability of the products of the technological revolution have given the average citizen access to a staggering amount of information that can be delivered in the form of televised news story, television program, websites, and the like. Shows like "Mystery Diagnosis" and "I Didn't Know I was Pregnant" on the Discovery Health Channel are disconcerting reminders for thousands of Americans that medical error and even diagnostic confusion are very real threats. These sources of

information, which do not often paint the physician in a positive light, coupled with films from the last twenty years, have contributed greatly to the breakdown of doctor-patient relations. Unfortunately, “The media are hungry to pursue topics that are not only controversial but draw in readers with desirable demographics...” (Groopman 216). The same idea applies to film. Sensationalism brings in audiences. However, there is danger in sensationalizing a profession as serious as that of the general practitioner.

As skeptical as Americans have become, we must remember that doctors are, on the whole, respectable, hard-working and intelligent people. There is no doubt that physicians play a critical role in allowing most Americans to maintain a high quality of life. Paul Starr, author of *The Social Transformation of American Medicine*, explains why medicine is one of the most unique and respected professions:

The medical profession has had an especially persuasive claim to authority.

Unlike the law and the clergy, it enjoys close bonds with modern science, and at least for most of the last century, scientific knowledge has held a privileged status in the hierarchy of belief. Even among the sciences, medicine occupies a special position. Its practitioners come into direct and intimate contact with people in their daily lives; they are present at the critical transitional moments of existence.

They serve as intermediaries between science and private experience, interpreting personal troubles in the abstract language of scientific knowledge (Starr 4).

For these very reasons, doctors must pay careful attention to the relationships they cultivate with patients. The doctor-patient relationship is a part of the medical equation that should be given as much weight as the sterile environment of a surgery; without a

stable, trusting doctor-patient relationship, errors in diagnosis or a failure to diagnose existing conditions can occur. This being said, doctors are not machines.

Though they preside over some of the most pivotal moments of life, doctors cannot always be expected to maintain the perfection of god-like individuals. Doctor Jerome Groopman offers his opinion on the subject in his bestseller, *How Doctors Think*, released in 2009: “Of course, no one can expect a physician to be infallible. Medicine is, at its core, an uncertain science. Every doctor makes mistakes in diagnosis and treatment. But the frequency of those mistakes, and their severity, can be reduced by understanding how a doctor thinks and how he or she can think better” (8). Admitting imperfection in the diagnosis procedure does two things (especially because a member of the M.D. in-crowd makes the statement): it tarnishes the modern day doctor’s reputation and justifies the decline in doctor-patient relations.

Over the years, especially recently, the once sacred doctor-patient relationship has broken down, leaving us suspicious of our doctor’s motives and skills. It is easier than ever to get a second opinion, to look up symptoms on WebMD, to sue one’s doctor. Today, there are fewer doctors than there were even twenty years ago because of the cost and rigor of medical school and the expense of running a practice that must be ensured in case of lawsuit. Fewer doctors means each practicing doctor must take on more patients than his predecessors did. Doctor’s appointments are often rushed because they have so many patients. Appointments may become impersonal when time is limited and doctors are sleep-deprived, stressed out, and in a rush to keep to a tightly packed schedule. Because people are not likely to develop an attachment to their MD’s, they are not reluctant to leave them for someone new. In most cases, time breeds trust. Jumping from

doctor to doctor leaves little opportunity for trust to develop over a long time between doctor and patient. One of the doctors Groopman interviewed, Falchuk, said,

A lot of people look at a specialist like me as a technician. They come to you for a procedure. And there is no doubt that procedures are important, or that the specialized technology we have these days is vital in caring for a patient. But I believe that this technology also has taken us away from the patient's story. And once you remove yourself from the patient's story, you no longer are truly a doctor (Groopman 16-17).

We think we know more than the professionals. Everywhere we hear and see stories of medical mistakes - on television, in the tabloids, on the internet, on the six o'clock news – and, of course, in the movies. For instance, Terry Schiavo's story (she entered a persistent vegetative state beginning in 1990 and died in a hospice in 2005 after her feeding tubes were removed) and the Dr. Kevorkian controversy in 1998 inspired a national argument about life support and euthanasia, respectively. The media does an excellent job of focusing on the negative stories, and medicine is no exception.

Consequently, "Our conceptions of disease and responses to it unquestionably show the imprint of our particular culture, especially its individualist and activist therapeutic mentality" (Starr 3-4). Naturally, the more we know about medical mistakes, the more we doubt every facet of medicine, so it is no surprise that patients have begun to challenge their doctors.

Many of the issues I have mentioned are reflected in films involving doctors. Following is an in-depth discussion of feature films with doctors occupying the lead roles. These doctors are analyzed and evaluated in relation to the issues addressed in each

film, the historical events occurring in tandem or immediately prior to the release of each film, and the effect this portrayal might have had on American audiences and their relationships with medical doctors.

Chapter 2

THE DOCTOR AND BIOETHICS

A number of doctor movies address the minefield that is medical ethics. In the broadest sense of the word, “Ethics is essentially concerned with the effects of and procedures involved in moral decision-making” (Jobson and Bogaert 82). The bioethical issues explored in the following films include euthanasia, life support, clashes between cultural practices in medicine, women’s rights within the medical profession, organ transplantation, and abortion.

Since 1900, the American Medical Association (AMA) has made major revisions to its *Principles of Medical Ethics* three times: in 1912, 1957, and 1980. In 1990 the AMA added a new section called *Fundamental Elements of the Patient-Physician Relationship*. In the 1912 code, section 4 of chapter II warns about advertising:

Solicitation of patients by circulars or advertisements, or by personal communications or interviews, nor warranted by personal relations, is unprofessional. It is equally unprofessional to procure patients by indirections through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned (Baker et l. 348).

The end of the paragraph states, “It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of

success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients” (Baker et al. 348). There is also a section on pharmacists in the 1912 but not the 1957 version. It reads: “By legitimate patronage physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, should be denied such countenance and support” (Baker et. al. 354). From 1912 to 1957 not only were the chapters shortened, but several stipulations were also removed completely from the code. The 1912 version seems to cater more to patient safety and satisfaction and the maintenance of a dignified doctor image. Interestingly, there is a section in the 1912 code that addresses patient care and payment:

The poverty of a patient and the mutual professional obligation of physicians should command the gratuitous services of a physician. But institutions endowed by societies, the organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes (Baker et. al. 353).

The code has a conclusion which states, “In a word, it is incumbent that under all conditions, his bearing toward patients should be characterized by a gentlemanly deportment and that he constantly should behave toward others as he desires them to deal with him” (Baker et. al. 353). Overall, the ethics outlined in the 1912 version are detailed and comprehensive, whereas the principles described in the 1957 revision are simpler, described in 10 short sections.

Essentially, the 1957 code of ethics is a condensed version of the 1912 set, simplified to lessen the chance for confusion because of “easily outdated practical codifications” (Baker et. al. 355). Each of the ten sections outlines recommendations for

effective and informed doctoring. They are physician-focused, revolving more around proper medical knowledge and execution than the doctor-patient relationship.

The 1980 *Principles of Medical Ethics* is even more stripped of detail; there are only seven short standards. Interestingly, one of the codes of conduct states: “A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services” (Baker et.al. 359). The 1980 revision, in giving doctors permission to associate with whomever they choose, gives them the option to become involved with pharmaceutical companies in less than professional ways. Not to say that this standard promotes illicit activity and is intended to encourage doctors to engage in less than savory practices, but the parallels between the changes in the AMA code of ethics and medicine’s relationship to the pharmaceutical companies seem to be more than coincidental. As the code of ethics changed, becoming more lax, so did doctor portrayals in film.

Doctors themselves have been aware of the influence of film on the public’s perception of bioethics since the 1930s. For instance, two “...leading medical researchers...Walter Bradford Cannon and Harvard surgeon Elliot Cutler, who chaired the AMA committee on the Protection of Medical Research, actively tried to suppress several 1930s films featuring experimentation involving animals because they believed these movies played no small role in harming the prestige of medical research and in gaining public sympathy for the antivivisectionist cause” (Lederer 93, in *The American Medical Ethics Revolution*). The defamation of doctors had been occurring since the 1850s – these two had had enough. Their concern regarding the release of these movies

to the general public illustrates their belief that film is a powerful enough medium to sway audiences.. Public perception of doctors began to change: “Medicine attracted enormous attention in the popular culture of the thirties” (Lederer 93). In 1935, the novel *Green Light* was published; 1936 saw bookshelves stocked with *An American Doctor’s Odyssey*; *The Citadel*, an enduring classic, followed in 1937. Though there was still the occasional literary jab at the physician, the 1930s saw a marked increase in the number of books and movies that presented doctors and medicine in a positive light. Clearly, writers were capitalizing on the public’s newfound interest in the purveyors of medicine.

Over the course of the 30s, “Three ethical precepts in particular attracted both novelists and filmmakers in the 1930s: the imperative against abortion, the prohibition of euthanasia, and the injunction to keep secret those things that the physician might learn in connection with his professional practice” (Lederer 94). In 1933, the play *Men in White* was made into a movie with Clark Gable as the head doctor. The film features the issue of abortion: a woman receives an illegal abortion from an unlicensed imposter because her doctor, upholding the Hippocratic Oath, refuses to perform the surgery. The illegal abortion is septic, and the same doctor who turned her down cannot save her. This is a pattern repeated throughout films made in the 20th century concerning abortion. Two films addressed in this chapter, *The Cider House Rules* and *If These Walls Could Talk* present this dilemma as well, with the former film clearly demonstrating doctors’ ambivalence toward the moral minefield of abortion and the latter presenting the procedure as a last resort for careless, immoral women who face dire consequences when they choose to terminate their pregnancies. In *Whose Life is it Anyway?* and *The Spiral*

Road, euthanasia is the topic of controversy at hand. Clearly, the ethical issues of the 30s have continued to puzzle doctors and interest moviegoers well into the 20th century.

Whose Life is it Anyway? (1981) explores ethics in great detail and culminates in a legal trial. The issue: patient rights – specifically, euthanasia. Should a suffering patient have the right to end his or her own life? When dogs are visibly suffering and can no longer care for themselves, they are euthanized because it is the “humane” option. Why is it not humane to do the same for a human being? What is it about human life that is so sacred? One might say that the only thing making human life more valuable than animal life is the distinctly human ability to reason. This may explain why a general practitioner, who deals solely with the body, is more likely to see euthanasia as “mercy killing” whereas a psychiatrist is likely to see the practice as killing. The grey areas abound; “In recent years popular opinion regarding assisted suicide and voluntary euthanasia in cases of serious physical illness has become more liberal, but in the field of mental health, psychiatrists are increasingly expected to prevent their patients from ending their lives by committing suicide” (Burgess & Hawton 113). In physical medicine, perhaps euthanasia is more accepted because it is a way of curtailing visible physical misery, and it is less commonly sanctioned in psychiatry because there is a stigma surrounding euthanasia that is meant to end mental suffering – suffering we cannot see and so have no proof of its existence.

In *Whose Life is it Anyway?*, Ken Harrison, a paraplegic, believes that he should be able to make this decision, but his doctor, Emerson, is adamant about keeping to the rules outlined in the Hippocratic Oath. He refuses to shirk his responsibility to preserve life at all costs – even if his patient, completely paralyzed and reliant on machinery for

survival, does not wish to go on living. The dilemma here is that Dr. Emerson is encroaching on Ken's freedom as a sane individual to make choices for himself. Doctors are trained to look at life and death as a black and white issue. According to Ken's doctors, once a physician has taken the Hippocratic Oath, (which states "First, do no harm"), s/he is bound to preserve life, even if it is a cursed half-life that leaves the patient forever dependent on hospital care and a veritable vegetable. In this instance, Dr. Emerson is playing God. Using machines to keep patients alive (life support), bring them back to life (defibrillator), or aid their bodies in processing energy (feeding tubes), is interfering in the natural process of life and death. Dr. Emerson's blazing determination to keep Ken alive against his wishes highlights a disconnect between the patient's needs and his doctor's desires. One could even say that Emerson is being selfish in his doggedness. This is where the law, perhaps the only emotionless institution, plays a role. Finally, after quite an ordeal, a judge grants Ken the right to remove himself from life support. This sends the message that perhaps doctors are not the best judge of things; perhaps they are flawed; perhaps they are not making decisions in the best interest of the patient, but in the best interest of their own ego and their bank account.

It is no surprise, then, that this film was released only seven years after the *The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research* was established in 1974. Patient rights were a topic at the forefront of ethical decision making. In 1976 a "Do not resuscitate order" was first litigated in the court case of Karen Ann Quinlan vs. New Jersey. In 1994, Oregon's *Death with Dignity* act was passed making the state the first in America to allow physician-assisted dying.

The changes that took place in the field of bioethics during this thirteen- year -time span seem to be a result of a new cultural awareness of the rights of the individual.

President Barack Obama's newly proposed health plan is quite relevant to the issues presented in this film; the "end of life" counseling provision included in the bill calls for the elderly (classified as those 65 and above) to visit their doctor and discuss how they want to live out their last days. This includes whether they will be on pain medication or receive a DNR (do not resuscitate) order and whether they will be kept alive on life support if matters become grave. This portion of the health bill (which probably will not be passed) gives seniors a choice as to how they wish to be taken care of.

Additionally, when a patient is no longer healthy or lucid enough to make his or her own decisions, it is the family members that decide what will become of their ailing relative, unless the individuals made a specific DNR request before they became incapacitated. The ability to choose to refuse life support or resuscitation and allow nature to take its course, I believe, is wise - and what's more, it is American.

Like *Whose Life is it Anyway?*, *The Spiral Road* (1962) tackles the subject of euthanasia. The headstrong novice doctor is pitted against the stubborn, seasoned doctor. Throughout the film, Dr. Anton Dreger and his mentor, Dr. Jensen, work to eliminate the plague and other epidemics in the thick of the island jungles. Their challenge as doctors is unique in that they must learn to communicate and coexist with the villagers. It is almost as if they are waging a war against the disease-ridden environment and the suspicions of some of the villagers. Jansen is a tough, wizened doctor whose years in the bush have

made him wary, skeptical of miracles, blunt. A naïve doctor, with a good head on his shoulders, Dreger seems prepared for the work ahead.

In some cases, the village leaders do not understand, and, therefore, mistrust western medicine. One particularly mistrusting village Chief, Berubi, who had seen the likes of Dreger and Jansen before, poisons one of the colonial doctors slowly by leaving him a constant supply of gin – his only diversion in such an inhospitable place. To Berubi, the presence of doctors in the jungle is representative of colonialism. The doctors are a threat to the chief's power: they have the ability to cure the deadly diseases he and his medicine men have been trying to eliminate, fruitlessly, for years.

Towards the latter part of the film is the encounter with Mrs. Waters, the leprosy-stricken wife of a prominent missionary. Here, Dr. Jansen has the chance to play God and chooses not to do so. There is much talk of God in this film, and God and medicine blend most in the scene surrounding this deteriorating, leprosy-stricken woman. Before entering her bedchamber, Dr. Jansen discusses with Anton why he had previously contemplated euthanizing Mrs. Waters to end her suffering and why he ultimately decided not to do so. He says, tearfully, that God must choose when to give life and when to take it away and that it is not his place to put Mrs. Waters out of her misery. One can only wonder: what is right? Is there kindness in letting Mrs. Waters waste away and giving her an indefinite (but probably short) time to remain suffering on earth? Some would say her projected time on earth is more like a sentence than a gift. Is there kindness in euthanizing her, when someday there could be a miracle cure for leprosy, however unlikely? (In the '60s leprosy-causing bacteria became resistant to the antibiotics that had been used for over 30 years as a cure; it was not until the 1980s that multi-drug therapy became the effective

treatment for leprosy). It is possible that Dr. Jansen is only hesitant because euthanizing Mrs. Waters would burden him with guilt for the rest of his life? Selfish? Perhaps. Perhaps not. Notice that this situation occurs in the jungle, in the absence of the watchful eye of the American government and the court system. Only here would euthanasia even become an option to discuss (at least in 1962).

As long as the abortion debate remains, so will the euthanasia controversy because both deal with human life: in the case of abortion, defining when life begins will end the argument. The divisive issue of euthanasia has polarized the medical community and American society alike time and time again. While some cry, “Always murderous,” others cry, “Sometimes merciful.” With euthanasia, the end of life is what is contested. The moment scholars, philosophers, scientists, and theologians can agree on these two definitions, abortion and euthanasia will no longer be divisive subjects. Scholars, philosophers, scientists and theologians will probably never agree on these issues. As long as the great thinkers of society remain perplexed, so will its lay people. In the end, Dr. Jansen does not euthanize Mrs. Waters, but his ambivalence indicates that euthanasia, to him, can be used for good in the proper situation. Depending on the viewer, the doctor’s demonstration of human uncertainty may be reassuring or unsettling; the only thing certain about his decision is that he is uncertain of its righteousness.

The Cider House Rules (1999) takes place in a 1940s Maine orphanage, St. Cloud’s that doubles as an abortion clinic. Dr. Larch is head of the orphanage, physician, and abortionist. The film poses the question: If a doctor is presented with a patient in need of an abortion, who will indefinitely suffer either physical or mental anguish without the procedure, should said doctor perform the operation despite its illegality?

Which tenet of the Hippocratic Oath is more important: (to paraphrase) Do not perform abortion or do prescribe regimens to the needy patient according to ability and judgment?

The main conflict in the story involves abortion and the central character's views on the procedure. What is primarily addressed here is not the legality of it (in 1943 it was illegal), but the morality. Throughout the film, Homer, the main character and adopted son of Dr. Larch, faces an internal struggle: he must choose whether to continue his training as doctor and abortionist under the tutelage of his adoptive father, or to forsake St. Cloud's out of his disdain for the practice. Doctor Larch, the head doctor and owner of the clinic, seems a little uncomfortable about his specialty as well, though he defends his motives when questioned by Homer. Larch's addiction to ether indicates inner turmoil that may, in fact, result from guilt over his chosen specialty within the medical field.

Homer often expresses his disapproval of the procedure, citing the fact that he could have been aborted as a child and is happy to be alive, though he has no parents. Dr. Larch sees the issue a little differently, highlighting the grey areas. He says, "If you expect people to be responsible for their children, you have to give them the choice of whether or not to have children" (*The Cider House Rules* 1999). Larch continues, saying that if a woman comes to see him desiring an abortion, he will give it to her because if he refuses she might go to a quack or "some moron who doesn't know how" (*The Cider House Rules* 1999). The woman who dies at the clinic, after having had a botched abortion somewhere else, is a prime example of this type of case. Each man represents a side of the public argument still being waged today. Homer, itching to spread his wings, eventually leaves the orphanage and joins a group of apple pickers on a farm in central Maine.

This latter portion of the film also addresses the issue of whose life is more important: the woman's or the baby's? Ultimately, Homer performs an abortion on Rose, a fellow apple picker, to prevent her from carrying out a shoddy and unsanitary abortive procedure on herself to rid her womb of her father's baby. Homer realizes that medicine, specifically abortion, is not as black and white as he thought, and that regardless of his feelings about abortion, it is his duty to preserve the lives of those already living. He begins to understand that working as a doctor is a calling, a living, and a constant struggle all at the same time - but not an invitation to impose his morals on others. Because he is a skilled doctor and abortionist, he has no choice but to fill the void at St. Cloud's left when Dr. Larch dies. In giving Homer medical training, Larch passes on a torch of knowledge that the young man is obliged to carry because he has the talent.

If These Walls Could Talk (1996) presents the divisive issue of abortion from both sides and from three distinctly different time periods of United States history. The women faced with the burden of making this difficult decision hail from all walks of life. Leaving the audience to develop their own answers, the film begs the following questions: Should abortion remain legal? How do the doctors who perform abortions really feel about their work? Is abortion murder? Will it ever become a non-issue? Are doctors who perform abortions bad people? Overall, the film inspires an overwhelming sense of disgust (the surgeries are somewhat graphic in nature; the physical and emotional pain of the three women is palpable) and confusion surrounding the procedure.

In the first portion of the movie, which takes place in 1952, the doctor is male and refuses to give Claire, a pregnant and desperate nurse who works with him in a hospital, any sort of help because of the illegality of the procedure. Ultimately, a female nurse at

the hospital surreptitiously aids Claire in finding someone to give her this abortion.

However, the suspicious-looking character performs the grisly procedure with primitive, unsanitary tools. He flees the premises, leaving her alone to suffer; she can barely drag herself to the phone to call the paramedics. Tragically, Claire dies of a hemorrhage on her kitchen floor before they arrive.

Was Claire's death worth avoiding the shame she may or may not have had to endure had she given birth to the bastard child of her brother-in-law? The dilemma for the doctor was grave as well - perform the abortion illegally or allow Claire to fend for herself and possibly die of medical negligence. Both Claire and her doctor were indirectly tied to one another through fate and circumstance; it just so happens that her doctor chose to obey the law and protect himself whereas Claire chose to protect the dignity of herself and her family. However, her difficult choice led to her death. In Claire's case, the abortionist was an unqualified, morally reprehensible character with a love of money, with no kind of concern for the women he serviced. Before abortion was legalized in 1973 with the Roe vs. Wade decision, did the law promote what was best for women, or, did it actually fail to protect them? The film does not answer this question.

In *If These Walls Could Talk*, not one of the women who receive an abortion emerges unscathed. In the second section of the film, Mrs. Barrows, a mother of the '70s with a large, destitute family deliberates about an abortion but does not receive one; she is blessed with a relatively happy ending. As a result of her choice, she probably faced monetary struggles in paying for a fifth child, but she did not face Claire's grisly fate, nor was she wracked with guilt or privy to a deadly shooting, like Christine.

A young woman of the 1990s, Christine is the third and final character in the film. Her story revolves around her unwanted pregnancy. Christine's doctor is professional and kind but seems to harbor some guilt regarding her profession, though she tries to conceal it, especially when faced with pro-life protesters who demonstrate. At the end, while Christine is on the operating table, a protestor opposing abortion bursts into the room and shoots the doctor dead in a violent and bloody scene. Overall, the film seems to be a vehicle for communicating the dangers of abortion (which was legalized in 1973)- a cautionary tale for those women who might be thinking about the procedure as an option to rid themselves of an unwanted pregnancy and a warning for any doctor who performs the procedure. Simply put, not one of the three main characters receives an abortion without facing consequences. After watching this film, any average woman might think twice about terminating a pregnancy. The women who receive abortions are portrayed as victims of circumstance. Mrs. Barrows does not choose to have an abortion, and she does not. Though abortion had been legal for twenty-three years, *If These Walls Could Talk* communicates the message that the surgery should be a last resort, and those who play any part in its perpetration will probably face a bad end.

Gender ethics in medicine became a contested issue by the 1970s. Female doctors in lead roles rarely appeared – both in the profession and in films. For the most part, females in doctor movies appear as nurses, love interests, or both. However, there are a few films in which the female doctor is the central character or equal to the male doctor in importance. *Coma* (1978), for instance, gives a prime example of a female doctor and what she faces in the workplace because of her gender. The struggle that Dr. Susan Wheeler faces in her attempts to investigate the situation and get the other male doctors

behind her in her fight for justice is telling. Her boyfriend and fellow coworker, Mark, writes her off at first, thinking she is under a great deal of stress and dismisses her concerns. He consistently tries to make her believe that the oddities she notices are nonexistent. The hospital head, Dr. Harris, essentially tells her to quiet down and then sends her to the hospital therapist, Dr. Morland.

The therapist tells Dr. Harris that Susan's nervous energy and her concerns stem from her troubled relationship. Her boyfriend, Mark, is told by one of his coworkers to "exert influence over her" (*Coma* 1978). Susan continues to investigate the situation, and Dr. Harris calls her into his office again, saying, "Right now I can protect you because you're good. And frankly, because you're a woman" (*Coma* 1978). The moment she leaves the room, the doctor utters, "Women. Christ" (*Coma* 1978). This film does an excellent job of portraying sexism in the workplace – a phenomenon that began to be challenged when the second wave of feminism arose around 1963 with the publication of Betty Friedan's book The Feminine Mystique. The second wave of feminism also resulted in an increase in the number of women entering the medical profession. In 1970 nine percent of medical students were female; 1980 saw the percentage increase to around 25. Perhaps *Coma* is a reflection of the new wave of competent female medical professionals.

The 70's were a time of revolution – cultural, social, and, of course, medical. The changes occurring in society clearly influenced and affected the medical field. The second wave of feminism surely played a part in shaking the bonds between the female patient and her doctor: "By the 1970's, reformers had become intensely skeptical of professionals and the benevolent institutions they supervised. Perhaps nowhere was the

distrust of professional domination more apparent than in the women's movement" (Starr 391).

Two of the five films pertaining to medical ethics address abortion and present the procedure as a choice that often comes with consequences. *The Cider House Rules* and *If These Walls Could Talk*, both made well after the legalization of abortion in 1973, surely did not contribute to any lessening of the stigma associated with the practice. In these films, the characters who receive abortions are either helpless or disreputable, and their endings are certainly not happy. Perhaps the stigma remains among medical professionals because the Hippocratic Oath, the most ancient set of rules regarding medical practice, specifically states that no doctor should give a woman a pessary (chemical) to induce an abortion. Thousands of years of dishonor applied to abortive practices is quite difficult to erase with twenty-seven years of legality.

Euthanasia is addressed in *The Spiral Road* and *Whose Life is it Anyway?*. Reflecting societal trends, *The Spiral Road* (1962) portrays euthanasia as unacceptable in any case, while *Whose Life is it Anyway?* (1981) couches it as a less than savory option for the desperate.

Chapter 3

THE DOCTOR AS VILLAIN

Doctors begin to appear as villains more commonly in the latter part of the century, though the 20's and 30's had their fair share of "quack doctors." The doctor villains of the 20th and 21st century fall into two categories: negligent and morally corrupt. The appearance of the doctor villain in film follows a pattern dependent on the technological changes and modifications in the pharmaceutical and health insurance companies' relationships to medicine; because of rudimentary technology and poor regulation of the medical field, quacks tended to appear more often in the '10s and '20s. By the '50s, many improvements in the field and technological innovations had improved doctors' success rates and thus their credibility in the eyes of the public. Moreover, the doctors of the '50s did not have to deal with juggernaut drug companies yet, nor did they need to worry about the integrity of articles and studies published in medical journals that had ties with these companies. Therefore, "Prior to 1970, medical researchers had relatively little problem obtaining funding from the National Institutes of Health, and few medical studies were sponsored solely by drug companies (Abramson, 94)" Studies could remain purely academic because the money was coming from a neutral source with no interests invested in the success of the drug.

However, beginning in the mid-70s, pharmaceutical company interference in medicine led to problems. The doctor villain of the '80s, '90s, and '00s is characterized

by selfishness and a tendency to cater more to health insurance and pharmaceutical companies than to the health of patients. By the '90s, many doctors were being offered vacations; drug companies hosted elaborate free dinners for physicians – and some attended - subsequently agreeing to carry whatever drug the company was promoting. The pharmaceutical industry began to sully the already tarnished reputation of the medical profession even more. The more the drug companies got involved, the more clinical trials were compromised and statistics were skewed to make the drugs seem more appealing and safer. Since the 1990s, the evils of medical marketing campaigns that glamorize medications with the intent of seducing the general population have slowly been eroding the doctor-patient relationship: case in point – the Celebrex and Vioxx incidents.

Both drugs were marketed as safer alternatives to Ibuprofen, Advil, and Tylenol – also known as NSAID's (nonsteroidal anti-inflammatory drugs). These medications were marketed to the public in a series of television advertisements as more powerful (and far more expensive) versions of NSAID's that posed a reduced risk of stomach ulcer when compared to the over-the-counter pain medications (e.g. Ibuprofen and Advil). These claims were incorrect, and what is more, Celebrex and Vioxx actually caused more frequent and more serious side effects than did NSAID's. In 2001, the manufacturer of Celebrex, Pharmacia, sent out a letter to all practicing physicians stating that the FDA had identified marketing that “promoted Celebrex for unapproved uses and made unsubstantiated comparative claims” (Abramson 24). The FDA basically said that the risk of stomach ulcers and gastrointestinal complications was about the same for Celebrex and other NSAID's. Therefore, taking the more expensive Celebrex yielded no benefits over

taking a much cheaper drug such as Ibuprofen. Four months later, an article in the New England Journal of Medicine (NEJM) appeared stating the exact opposite: that Celebrex and Vioxx did, in fact, result in less irritation of the stomach. The NEJM did report, however, that “people who took Vioxx had at least twice as many heart attacks, strokes, and cardiovascular deaths and four times as many heart attacks as the people who took naproxen” (Abramson 26).

First of all, that the NEJM and the FDA published differing results is unsettling. It should be noted that in 2002 the NEJM, “loosened its editorial policy so that authors of review articles and editorials were allowed to have relationships, but not ‘significant’ relationships with companies that could be affected by what they wrote” (Abramson 26). Whichever study the reader chooses to believe, the fact remains the same: Celebrex and Vioxx are not safer than Ibuprofen, and the logical individual should choose to purchase Ibuprofen over the other two medications because the latter is less expensive. The most terrifying thing about this scenario is that doctors may be prescribing drugs to their patients based on misinformation! Those unfortunate individuals who suffered heart attacks due to the side effects of Vioxx or Celebrex were prescribed these drugs by doctors who trusted the medical journals that claimed their safety and efficacy. These doctors are villains by mistake. Perhaps this is why fewer and fewer people are entering medical school: simply put, making a medical mistake and getting penalized for it is much more common than it used to be. With all the new drugs on the market and the corruption within the industry itself, doctors can never be too careful.

In the following analyses, *John Q* especially addresses the effect of health insurance companies and the pharmaceutical industry on doctors. *Death and the Maiden* is strictly

the story of a corrupted doctor, a terrifying picture of a man without remorse. *The Penalty* displays a negligent doctor at his worst, and the great power he wields over his patients.

Around the same time the pharmaceutical industry began receiving negative attention, *John Q* (2002) was released. The film most certainly addressed issues pertinent to the time. *John Q* (2002) also portrays the doctor as villain, but in a less obvious way.

When John's son becomes critically ill and in need of a heart transplant, his health insurance company will not cover the cost, and his doctors do not have the authority to perform the surgery without insurance company approval. Unfortunately, "Today, medicine is not separate from money" (Groopman 9). Clearly in desperate straits, John attempts to save his son by holding several patients hostage in the emergency room.

During the ordeal, one of the male interns begins talking about the way things really work at the hospital. He says that with the HMO healthcare plan they pay the doctors not to run a lot of tests even if they suspect the patient needs them, and when Christmas time comes they get a hefty bonus check. The irony of today's advanced technology is that our health as a nation is actually declining. This is, in part, due to our unhealthy lifestyle habits, but it is also due to the negative influence on the doctor-patient relationship:

Often the breakthroughs and sophisticated technology themselves weaken doctors' ability to help their patients by drawing attention away from real encounters between real people working together to arrive at the best approach to each situation. As these relationships become less important, not only are we spending inordinate amounts of money on therapies that don't provide commensurate value, but our health is actually suffering (Abramson 11).

One of the hostages calls doctors "a bunch of God damn crooks" (*John Q* 2002). The intern continues, saying, "They pay the doctors not to test. That's the way they keep costs down" (*John Q* 2002). Dr. Turner, Mike's cardiologist, sits silently squirming then finally admits that there is some truth to this. John is a victim of today's circumstances.

Decades earlier, he may have had more luck in gathering enough money to pay for his son's surgery:

Prior to the rise of third parties, doctors stood in direct relation to their patients as healers and benefactors. According to traditional ideals, which are not entirely fictitious, doctors gave care according to the needs of the sick and regulated fees according to the patients' ability to pay, which was, in effect, the doctors' ability to charge (Starr 235-236).

John Q portrays the medical industry of the new millennium as a money-hungry operation that puts a need for cash profits before the needs of the sick and helpless patients it insures. Doctors are presented as cogs in this evil machine, greased only with the money they gain from caring for paying patients. Today (as in 2002) there is some truth to this:

In the United States, private foundations play a critical role in financing education and research. Employers, unions, and insurance companies are centrally involved as intermediaries in the financing of services. Some of these external agents are mainly interested in profit in the narrow sense. But often, by providing medical care or paying costs associated with it, governments, political parties, foundations, employers, unions, and voluntary agencies hope to derive a different sort of benefit: good will, gratitude, loyalty, solidarity, dependence. The prospect of advantages of this kind makes medical care an especially strategic arena of political and economic conflict (Starr 8).

Here, John (the little guy) is the hero while the industry (big business) and its workers are the villains. Not only does John's story evoke pathos, but Americans also love to rail against "the man"; here "the man" is represented by the insurance companies.

In the 1990s, the highly publicized stories of Dr. Kevorkian and Harold Shipman certainly did not do much for the doctor's reputation. Dr. Jack Kevorkian euthanized patients who wished to end their suffering (a practice that is, of course, against the law). Shipman, a serial killer, was "an English doctor who killed around 250 of his patients during a career that began in 1970 and ended in 1998" (Baker and Hurwitz 33). He

knowingly injected them with diamorphine, a fatal drug. Certainly, the doctor in *Death and the Maiden* is not unlike Shipman. *Death and the Maiden* (1994) presents the audience with a particularly cruel specimen of devilish doctor. This film is as much a commentary on human nature as it is on the power a doctor possesses. Doctor Miranda, of an unnamed South American country, has been recruited by the new regime's police to supervise the torture of political dissenters. Paulina, the protagonist, is one of them. At one point, Dr. Miranda discusses the progression of his behavior from benign caretaker and doctor to evil power-hungry rapist, citing a feeling of ultimate power as his reason for repeatedly raping Paulina, played by Sigourney Weaver.

The secret police brought Dr. Miranda in to keep the patients alive, but after seeing Paulina's torturers rape her he wondered if he could exercise the same power over her. He says, "I could hurt you or I could fuck you. I loved it" (*Death and the Maiden* 1994). Though there were many others who tortured her with metal rods, shocked her, and raped her, it is notable that Dr. Miranda is the man for whom she harbors the most hatred, even though Dr. Miranda's rapes were not accompanied by additional violence; the others were. This suggests that the doctor is a figure in society who is expected to resist the temptation to do wrong, expected to be a morally perfect person - and when he consciously (or unconsciously) commits a wrong, society is even more shocked and appalled than if a normal civilian committed the same crimes. Because patients put their lives in doctor's hands (in this case involuntarily), doctors are expected to uphold the Hippocratic Oath at all times while simultaneously striving for moral perfection. Here, in a role reversal also utilized in *John Q*, the doctor is the villain, and the dissenter turned patient is the hero.

The silent film *The Penalty* (1920) broaches an interesting topic. The first scene displays a young boy, the victim of a car accident, in critical condition lying in bed. A novice doctor, whom we later come to know as Dr. Ferris, terribly unsure of himself, soon arrives at the boy's bedside. He amputates his legs unnecessarily, later realizes that his decision was poor and amputation could have been avoided, and then attempts to conceal his error from the boy's family and his mentor by insisting that the amputations were called for. This doctor's uninformed and rash decision to amputate the boy's legs and then lie about his mistake to his colleagues and the boy's parents begins a chain of events that affects the entire city.

Today, Dr. Ferris' amputation of the boy's leg would be considered negligence, which is defined as "...some variation of the theme of failing to have and to use reasonable knowledge, skill, and care. This is sometimes called 'simple' or 'civil' negligence" (Hurwitz and Sheikh 83). Though Dr. Ferris' actions might be called reckless by some, he is not reckless because his mistake is a product of lack of knowledge, not an informed decision to take an extreme surgical risk. Recklessness in medicine is, "...an attitude of mind regarding a violation and implies understanding that a substantial risk is incurred in taking (or omitting) an action, but nevertheless choosing to take it. This is sometimes called subjective recklessness" (Hurwitz and Sheikh 84-5). Most professionals would agree that his cover-up afterwards is his truly unethical action. Lying about a medical error falls into the category of gross negligence which is defined as "...seriously deficient behavior" and could "...be considered criminal" (Hurwitz and Sheikh). The boy is so traumatized by this unfortunate turn of events that he loses all faith in justice and, after he has grown older, becomes a ruthless leader of the crime underworld, a Satan of

sorts – known throughout the city as Blizzard. The film initially portrays Dr. Ferris as a dishonest scoundrel; later he is characterized as a proficient physician. The negligence of the physician in this 1920 film probably did not alarm contemporary audiences because they had just barely emerged from an era marked by poor regulation of the industry and medical ignorance:

In 1900, before physicians had successfully consolidated their authority, medicine was still a beleaguered profession. Or so many of its practitioners saw themselves – beleaguered by unscientific sectarians and quacks who preyed on the credulous sick; by druggists who plagiarized their prescriptions and gave free medical advice to customers; by too many of their own profession, turned out in profusion by medical schools; by hospitals that stole patients from them and denied them admitting privileges; and by public dispensaries and health departments that offered medical services to many people who doctors believed could afford to pay (Starr 198).

Dr. Ferris was probably representative of a member of the army of newly minted doctors that had been “turned out in profusion. Near the end of the film, it is revealed that Blizzard has a contusion in his head from the car accident that Dr. Ferris failed to recognize. This contusion (to be more accurate, it should be called a cerebral contusion), affecting the part of his brain that directs emotion and violent impulses (the temporal lobe), compounded with the unnecessary loss of his legs, was in essence what caused Blizzard’s violent actions. When Dr. Ferris operates on Blizzard’s brain he redeems himself by returning Blizzard’s brain chemistry to its normal state, thus allaying his violent and irrational streak. When this film was made,

There was a public fascination with science and the belief that surgery on the brain was a daring new frontier. Perhaps even a trust, engendered by the publishing of both mistakes and brilliant successes, kept malpractice cases, which began slowly in the 1850’s, at arms length from neurosurgeons until the mid-twentieth century. This first wave of “the malpractice crisis”... was to crest in the 1970s (Pinkus 124).

The surgery performed by Dr. Ferris was pure Hollywood fantasy. Normally, a mild cerebral contusion (basically a bruise on the brain) will heal on its own with rest and the prevention of low blood pressure, sodium deficiency, and excess carbon dioxide in the blood. If the contusion is particularly bad, surgery may be necessary to bring swelling down – but surgery for this severe a contusion should take place soon after the head injury occurs! Realistically, Blizzard’s contusion would have healed naturally. If his injury were serious enough to require surgery, he would have died by the time Dr. Ferris operates on him in the film. In addition, his turnaround would not have been so very drastic.

With this successful (though scientifically inaccurate) operation, the film comes full circle and sends the message that doctors at once have the power to destroy and the power to create - the power to mangle and the power to manipulate nature.

It is true, however, that brain surgery was quickly becoming more common and successful in the United States during this period:

Neurosurgery gained full professional status during the years 1890-1935. At the start of this time frame surgery on the brain was a rare and courageous feat. By 1935, board certification of practitioners who had completed a specific and rigorous residency program was commonplace. Neurosurgery was held in awe by a public fascinated both with science and the mystery that operating on the brain involved. During these years, the societal scaffolding that would both support and enable the specialty to flourish was also put in place. Paid for by the enormous wealth accumulated by the Carnegies, Rockefellers, and other post-Civil War industrialists, the reform of medical education became a metaphor for improving the health of the country” (Pinkus 118).

Scientific advancement played a major part in improving the quality of healthcare and thus the doctor-patient relationship. By 1920, it was moving toward a trusting relationship.

Because of Blizzard's miraculous emotional recovery and the seemingly simple, painless, and quick nature of the brain surgery that allows him to regain "normal" brain function, contemporary audiences may have developed erroneous notions in regard to brain surgery. The film also seems to be a commentary on the dangers of novice doctors. Sometimes a neophyte doctor can be more dangerous than the lack of a doctor. Experience can be the only characteristic separating a disaster-waiting-to-happen from a doctor.

The doctor villains of *Death and the Maiden*, *The Penalty*, and *John Q* are each unique in their experiences and how they relate to patients. The negative effect their actions have on their patients and on audiences is the one thing that they share in common. The doctor in *Death and the Maiden* represents the only truly evil and tortuous physician of all the films in this study. The rarity of the truly evil doctor character suggests that society does not generally perceive doctors as men or women capable of committing such ruthless acts as Dr. Miranda does in *Death and the Maiden*. It is possible that people refuse to believe a doctor, a supposed keeper of human life, could have the gall to torture another human being. The doctors villains of *The Penalty* and *John Q* are certainly not murderous like Dr. Miranda. They are selfish and treat their patients poorly - Dr. Ferris is reckless while Dr. Turner of *John Q* is more concerned with money than with patient safety. Dr. Turner is a member of the generation of doctors that does not charge a patient according to what that patient can afford – probably another reason for the disdain shown by some toward today's doctors.

Chapter 4

THE DOCTOR AS INNOVATOR

Every profession has its mavericks and its traditionalists; medicine is no exception. The films discussed in this chapter address the divide between the old and new schools of doctoring and touch upon new doctors' methods of innovation and what this means for medicine. Today, among doctors and patients alike,

You hear this kind of criticism – that each new generation of young doctors is not as insightful or competent as its forbears – regularly among older physicians, often couched like this: “When I was in training thirty years ago, there was real rigor and we had to know our stuff. Nowadays, well...” These wistful, aging doctors speak as if some magic that had transformed them into consummate clinicians has disappeared (Groopman 4).

Clearly, many of today's veteran doctors have little respect for or faith in the new medical school routines and in the doctors they produce. Two films reflecting this sentiment, *Patch Adams* and *Awakenings*, not only explore the dynamics of relationships between “traditionalist” doctors and “innovative” doctors, but they also show what can happen when innovation is successful and when it falters. *Kinsey* demonstrates the possible public reaction to controversial studies pertaining to medicine and the human body. In Dr. Kinsey's case the public represents both resistance to and acceptance of new medical findings.

In their attempts to better the lives of their patients these martyr-like neophyte doctors sacrifice money and time, and put their reputations at stake. In the eyes of their older, oft contemptuous counterparts they are rash and naïve. Among established doctors

there is an obvious (and sometimes justified) disdain for risk-taking, yet the innovators forge ahead – they realize that without risk there can be no gain and they alone are willing to take risks – perhaps they feel they have nothing to lose. At the end of each film, the rebels are triumphant.

Patch Adams (1998), a film set in the 1960s, pits a doctor espousing traditional medicine against a medical school student with innovative, and sometimes controversial, methods. The main character, Patch, adheres to a nontraditional bedside manner, paying special attention to the patient's happiness. He is a heroic doctor in training with a secret weapon – his sense of humor. He can get anyone to crack a smile, and he uses this talent to form bonds with his patients, thus giving them a better quality of life and fostering the development of trust between patient and doctor. In today's doctoring world, he is the exception. According to Dr. Jerome Groopman, author of *How Doctors Think*, a book on the diagnosis process of the physician, Dr. Adams employs the perfect method for obtaining the most effective and appropriate doctor-patient relationship. The resistance he faces from Dean Wolcott, one of the heads of the university, shows how regimented and rooted in tradition the field is. When Patch arrives at medical school, one of the first lectures he attends addresses the doctor-patient relationship. The dean says, "It is our mission to rigorously and ruthlessly train the humanity outta' you and make you into somethin' better" (*Patch Adams* 1998). Patch believes the exact opposite and chafes under Dean Wolcott's methods. After all, how can a doctor fully understand his human patient if he retains no human qualities himself? The film explores two differing schools of thought on patient care: that of Patch, which is all about treating the hospital patient as

a human, and not a bed number, and that of Dean Wolcott, who believes the doctor-patient relationship should be strictly business.

The doctors and professors Patch works with tout the necessity of keeping the patient-doctor relationship impersonal. Dean Wolcott emphasizes objectivity on the doctor's part. At one point Wolcott says, "The truth is, Hunter, passion doesn't make doctors. I make doctors" (*Patch Adams* 1998). Dean Wolcott represents "old medicine" - he's afraid of change and clings to tradition because of this. Patch asks his roommate, Truman, "What's the difference between a doctor and a scientist?" Patch answers his own question with one word: "People" (*Patch Adams* 1998). This simple quotation defines Patch's methods. He believes that patient happiness is a part of patient health, and not something to be pushed aside or taken lightly. In the end, Patch's methodology is accepted by the medical community and even encouraged. That the hospital sees concrete results from Patch's comprehensive methods is a testament to his beliefs and hard work.

Made in 1990, *Awakenings* depicts a doctor disobeying his superiors by taking an ethical risk with human experimentation for the sake of his patients. *Awakenings* begins with a flashback. A young boy named Leonard Lowe starts to experience strange muscular problems. His ability to write and function normally fades away. He continues to deteriorate until he is finally confined to his bedroom. Flash forward to 1969, Bainbridge Hospital in the Bronx – Leonard Lowe's new home. Dr. Sayer is interviewing for a position in the neurology department. Though he does not have much clinical experience (he was formerly a neurology researcher) he is hired anyway. During his first day on the job, he experiments with the reflexes of an old woman, Lucy Fishman, who is

afflicted with dementia as a result of complications from encephalitis. He believes she is still “alive” inside and there are measures to be taken that will bring her out of her stupor. He calls the other doctors in to show them her ability to catch a ball, but they think he is trying to show off and chalk up her reactions to reflex. They think he is trying to “make a good impression.”

Over time, Dr. Sayer notices the same reflexes in other patients. Looking through the files of all his patients, he notices that they all survived encephalitis. He consults an older doctor, who treated encephalitis patients in the 1930’s. This veteran doctor says that the disease “didn’t spare their higher faculties,” but Sayer thinks otherwise and begins working on proving this (*Awakenings* 1990). After working with Leonard Lowe and Lucy Fishman to stimulate their reflexes through specific exercises, he looks for a way to medicate them, possibly bringing them out of their vegetative states. After attending a convention on Parkinson’s disease he decides that L-Dopa may help the patients emerge from their state of perpetual paralysis.

After consulting a higher up (and arguing a bit) he gets consent to give the patients L-Dopa, the Parkinson’s medication. When a small, sanctioned dose does not work on Leonard, he increases the dosage without approval until Leonard emerges from the coma completely. Astounded and excited, Sayer gives the medication to the other patients, who react just as Leonard did. Sayer shows a video of a talkative Leonard to members of the medical community. Leonard and the others begin enjoying life: they go dancing and socialize amongst themselves. Then, after a week or so of full recovery, Leonard begins to show signs of an adverse reaction to the medication. He becomes angry and belligerent, he develops tremors, and he attempts to lead a rebellion of all the

patients. As the days pass, Leonard's tremors get worse and worse until he finally falls back into his former unresponsive state. Sayer is devastated, but realizes that miracles are sometimes fleeting.

Awakenings addresses matters of ethics, innovation, and skepticism as they apply to medicine. Dr. Sayer's curiosity and undying faith in the resilience of the human spirit lead him to push scientific boundaries and risk patients' lives for their own sake. Dr. Sayer's endeavor to bring a patient, Leonard Lowe, out of a coma, leads him to butt heads with a more experienced neurologist at the hospital. Here the clash between the "good doctor" (Sayer) and the "bad doctor" (veteran, jaded doctor) occurs. It is interesting to note that while Sayer is characterized as the "hero" or "good doctor," whose innovative methods wake these patients from their comatose state, his experimenting could have gone horribly awry, rendering him the "bad" doctor and his adversary the "good" doctor.

While Sayer does get permission to use L-Dopa on the patients, he is only supposed to administer a small dosage. When this prescribed dose does not work on Leonard, he waits for an opportune time, sneaks into the storage cabinet, and procures a dose almost double that of the previous one. This time, the medicine brings Leonard out of his coma. There are several different types of ethical philosophies, and the righteousness of Sayer's actions changes according to the ethical lens applied. Looking at the situation with a consequentialist lens (the end justifies the means), one may claim that Sayer is justified in his actions because the outcome of his experiments is essentially positive. From a moral absolutist standpoint, he is in the wrong because he deceived

others and broke the law. Ultimately, all the patients fall back into their comas, and the results of the experiment cannot be duplicated in the following years.

Determining the morality of Sayer's course of action is particularly difficult, because the patients he treats are unresponsive. They cannot communicate orally (or physically); therefore, they cannot make their own decisions regarding their care. The Hippocratic Oath states: First, do no harm. The Oath also states, however, that the doctor must give care to an ailing patient. Inconsistencies are also present in the AMA code of ethics. For instance, in the *Fundamental Elements of the Patient-Physician Relationship* (1990) tenet one states: "The patient has the right to receive information from physicians and to discuss the benefits, risks, and costs of appropriate treatment alternatives" (Baker et. al. 360). In the same document, rule number five stipulates: "The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient reasonable assistance and sufficient opportunity to make alternative arrangements for care" (Baker et. al. 361).

The issue with coma patients is that they cannot discuss information given to them regarding their care because they do not have the ability to speak; they have no way of refusing treatment or choosing which treatment would be most appropriate for them. At the same time, rule five compels doctors to treat as long as "...is medically indicated"...but how can the doctor know when an unresponsive patient is beyond help? (Baker et. al. 361). If one interprets rule five as a call for doctors to treat a patient as long as said patient is technically living and there is hope, however small, of recovery, then Sayer's colleagues would be the doctors at fault because they did not continue treating, or at least attempting to treat, the coma patients at Bainbridge Hospital.

Sayer's disregard for the law could have killed his patients. However, it did not, and he is marked as heroic. Dr. Sayer had good intentions and did all he could to the best of his abilities for his patients. He thoroughly researched L-Dopa, poring over medical journals and publications to ensure the soundness of his experiment. He cared for them enough to risk his career and reputation, and though he did break the law by giving higher doses than were sanctioned, he facilitated a miracle.

The event that took place in Bainbridge Hospital in 1969 could be called by several names: fluke, streak of luck, miracle – or even act of bravery. Perhaps Sayer believed that the risk for these patients was worth the possible death - because a comatose existence is a veritable death. *Awakenings* implies that the use of radical experimentation is appropriate in situations of desperation that seem to have no reasonable alternative.

Kinsey (2004) which takes place in the 60's, explores the meeting of the old and new in medicine and how it can sometimes create societal backlash. Kinsey, who was really an unofficial doctor and healer, became curious about sex and the lack of knowledge regarding this important aspect of human life. His study of the mating patterns of Gall Wasps and his own personal struggles with sexual dysfunction prompted him to become curious about human sexuality. He decided to write a book on the subject. His sex study revolutionized the way Americans viewed sex and caused many to challenge their own preconceived notions about what was acceptable and what was not, what was normal and what was not, and what was common and what was not. Kinsey was a pioneer in the field of sex study who refused to take no for an answer, and his unusual method of asking volunteers about their sexual history was a novelty at the time. The movie clearly portrays Kinsey as a man who was considered a menace during his time

but a great influence nonetheless. He was a healer of sorts, in that he published information about certain sexual behavior that had not been available to the public.

His work was beneficial to homosexuals and bisexuals everywhere: exposing the high rate of homosexual acts in humans showed that attraction to individuals of the same sex is a common and natural occurrence – a function of nature rather than an aberration (as was previously thought). Talking openly about taboo subjects can dispel myths and, in regards to behavior, help people realize that they are the rule – not the exception. Kinsey presented sex as a normal biological function of humans – like breathing or sleeping - whereas before he arrived on the scene it was considered by many to be a “dirty deed” that doctors did not discuss with their patients. His books gave many people the freedom to be at ease with their desires and sexual practices. Like Patch Adams and Dr. Sayer, Kinsey was a maverick – a maverick who wished to do things a little differently if only for the sake of the human race and science.

Interestingly, all of these films were made after 1990 and depict positive, realistic images of doctors of the 1960s. That there is no example of a contemporary doctor risking his own well-being for the sake of his patients suggests nostalgia on the part of Hollywood and perhaps a lack of desire to effect change in today’s doctors. The 1960s were a time of cultural and social experimentation and innovation– perhaps this attitude was perpetuated in the medical field as well.

Chapter 5

THE DOCTOR PLAYING GOD

Doctors playing God by pushing the boundaries of science commonly appear in Hollywood film. From Frankenstein to Dr. Moreau, the overly ambitious and incompetent (a lethal combination) doctor is easy to find. These men conduct their experiments in the hopes of furthering the cause of science and medicine and helping the human race. However, not one of them reaps the results he is expecting; instead each directly and indirectly inflicts hardship on those who are unfortunate enough to become entangled in their failed experiments or cross paths with one of their creations.

Dr. Jekyll and Mr. Hyde (1931) is an adaptation of the novella The Strange Case of Dr. Jekyll and Mr. Hyde. The film takes place in 19th century London. Dr. Jekyll is a rich physician with a successful medical practice; he is an inspirational and respected member of the medical community. The film begins with Jekyll giving a speech at a local university on a new theory of medicine. He believes man is “truly two. One side of man strives for the nobilities of life. This we call his ‘good’ self. The other “seeks an expression of impulses that bind him to some dim animal relation with the earth” (*Dr. Jekyll and Mr. Hyde* 1931). Jekyll goes on to say how these two forces inside men are responsible for the eternal struggle which plagues him. Jekyll thinks that if these two natures could be separated, man would not be constantly battling his animal-like impulses; he would be free.

After his speech, Jekyll chooses philanthropy over aristocracy; he goes to the free wards instead of going to socialize with the Dutchess, one of his many influential companions. He is then late to dinner at the house of Muriel Carew, his fiancée. Jekyll and Muriel steal off into the garden alone, where he pleads with Muriel to marry early. They approach her father requesting an early marriage, but he feels their two-month engagement has not been long enough. Jekyll leaves the party dejected. With his good friend and professional colleague, Lanyon, he begins to walk home. On their way, they witness a big commotion. Jekyll runs over to the alley, pulling a large brute off a woman who is being beaten. He helps her up into her apartment to be sure that she is unharmed, where she proceeds to seduce him. He begins kissing her. Lanyon walks in on them and quickly brings Jekyll to his senses. Jekyll uses his natural urges as an explanation for his indiscretion; he says, "Can a man dying of thirst forget water?" (*Dr. Jekyll and Mr. Hyde* 1931). Later that night Jekyll concocts a potion, takes it, and transforms into Mr. Hyde, a disgusting – even ape-like-creature. He only stays in this state for a few minutes however, and when he hears a knock at the laboratory door Hyde quickly changes back to Jekyll and answers the door.

The next day he and Muriel discuss their future, and she says she will be going to Bath for a while with her father. She asks him to wait just a little longer, though he is going mad with longing for her. One night, while he is puttering around in the lab, he receives a letter from her saying that she will be away for over a month. As he reads this, a pot on the stove boils over – perhaps representative of his frustration. Succumbing to his impulses, he makes the potion again, turns into Hyde, and goes searching for Ivy Pearson. He discovers her at the Variety Music Hall and offers her fine clothes and a nice

place to live in exchange for her love. She tries to run away, but he forces her into a living arrangement, abusing her mercilessly, both mentally and physically, for a month.

Daily, he makes the transformation from Jekyll to Hyde. One day Hyde picks up the paper. He reads that Muriel and her father will be returning the next day. He leaves Ivy, returns to his normal state, and sends Ivy a fifty pound note. He then goes to Muriel. The General, after some persuading on the couple's part, says they can be married the next month. When Jekyll arrives back home, Ms. Pearson is waiting for him in the parlor. She tells Jekyll of the horrors that Hyde has inflicted upon her. Jekyll gives her his word that Hyde will never return. Later that night, while Jekyll is walking to an important dinner hosted by Muriel, in honor of their upcoming union, he turns back into Hyde involuntarily. Instead of attending the dinner at Muriel's home, he runs to find Ivy and ends up strangling her out of blind rage and jealousy of her love for Jekyll. Hyde, though he is a brute, knows his (Jekyll's) engagement to Muriel will be on the rocks if he does not see her, so he concocts a plan.

Enlisting Lanyon's help, he makes another batch of the potion, gulps it down, and returns to the form of Dr. Jekyll once again. He then travels to Muriel's home. Determined not to involve her in his dangerous double-life any longer, he tells her "I set you free" and dashes away (*Dr. Jekyll and Mr. Hyde* 1931). However, he does not leave the grounds of the Carew household. Jekyll hears Muriel sobbing inside and inches over to the big bay window where he watches her cry. When hair begins to sprout from his knuckles, Jekyll realizes he is again mutating into Hyde. Hyde creeps inside and instigates a brawl with Muriel's father and the Carews' butler, Hobson, ultimately killing the former. The police chase him to his house; there he changes back to Jekyll, but

Lanyon reveals Dr. Jekyll's secret to the police. They are in disbelief until he involuntarily makes the transformation to Hyde. Finally, he is cornered and shot.

Dr. Jekyll and Mr. Hyde (1931) is a prime example of medical curiosity gone too far. Throughout the film, Jekyll and his colleague Lanyon discuss where science is going next, what is appropriate for the doctor to change, and what is not. Lanyon believes there are certain realms which the doctor should never explore; the human soul and psyche top the list. Jekyll, however, disagrees and cites a nearby gas lamp as the by-product of insatiable curiosity which he feels should not be stifled. Jekyll is a bit of a radical in his beliefs – an experimenter. Before he gulps down his homemade potion for the first time, he writes a note to his beloved Muriel that reads as follows: “If I die it is in the cause of science. I shall love you always. Through eternity” (*Dr. Jekyll and Mr. Hyde* 1931). He is obviously aware of the dangerous nature of his experiment but continues with it anyway. Throughout the film, it is clear that he values scientific advancement for the good of the human race and over his own safety – a utilitarian to the core (and later, the safety of several others). As a result of his curiosity, he (Hyde, to be precise) harms many civilians before he is shot by the police. Dr. Jekyll plays with fire and gets burned (well, shot to be exact). To the audience this sends the message that experimentation is dangerous; that the creative, overzealous doctor should not be trusted even if his intentions are good.

Frankenstein (1931) too, is the story of an overly confident doctor with brilliance but no discretion. Dr. Henry Frankenstein plays God in the most obvious way. The film begins with a warning from the narrator about the potentially disturbing, shocking content of the movie. We first meet Dr. Frankenstein and his assistant, Fritz, as they are spying on a funeral. When the funeral party departs and the gravedigger dumps

the last bit of dirt onto the coffin, Frankenstein and his lackey climb the fence and dig up the body. However, they decide that this corpse (and its brain) are not of the quality necessary for their major ‘project,’ so they drag it up a mountain intending to use it for other experimental purposes. On the way there they find another, more suitable, dead body, remove it from the gallows on which it hangs, and then realize they cannot use the brain for their experiment because the neck is broken. They decide they must find another brain, so Fritz steals one from the local university. Unfortunately, he accidentally steals a brain that was extracted from a criminal – unbeknownst to Frankenstein. They plan to fuse the best body parts from the two bodies and the brain stolen from the university to fashion a perfect human specimen and bring it to life.

Meanwhile, Henry’s betrothed, Elizabeth, worries about him at home. She expresses her concern to a friend, Victor, and they both decide to go talk to Henry’s medical school professor. While they are visiting the area, Henry imbues an amalgamation of body parts with life, the resulting creature escapes, and matters turn chaotic. After the monster accidentally drowns a young girl (his naïveté regarding his own strength is strangely reminiscent of Lennie’s in *Of Mice and Men*), Henry embarks on a mission to destroy him, leading to a showdown pitting creator versus creation. In the final scene of the movie, Frankenstein’s monster pitches the scientist off the top of a windmill; a miracle keeps him from death. The mob of villagers, who also aim to destroy the monster, light the windmill on fire and help Dr. Frankenstein escape.

Like *Dr. Jekyll and Mr. Hyde*, this is a cautionary tale of what can happen when the doctor gets too ambitious, too wrapped up in his desire to explore uncharted territory. In *The Social Transformation of American Medicine* Paul Starr states:

In retrospect, the turn of the century now seems to have been a golden age for public health, when its achievements followed one another in dizzying succession and its future possibilities seemed limitless. By the thirties, the expansionary era had come to an end, and the functions of public health were becoming more fixed and routine (197).

Until the 1930s, medical improvements were happening quickly and the public developed optimism regarding the direction of medicine.

Dr. Frankenstein, in approaching and overstepping the boundaries of science by creating the monster, lets his curiosity get the best of him and indirectly endangers many people. As the monster is imbued with life Henry even goes so far as saying, “In the name of God! Now I know what it feels like to be God!” (*Frankenstein* 1931). In the most literal sense he feels that he is playing God. Dr. Frankenstein’s untimely death probably made doctors in the 30’s think twice before they experimented with human life.

Just because a doctor or scientist has the power and intelligence to do something does not mean he should. Frankenstein goes to great extremes in bringing the monster to life: grave-robbing, forsaking his family, and, finally, leaving the university. At first, Dr. Frankenstein’s old professor challenges him and his desire to bring life to a cold mass of stolen body parts. The professor understands the potential for disaster, warning him that he has “created a monster” and that it “will destroy [him],” but Henry defends himself by saying, “Doctor, where would we be if no one ever wanted to look beyond?” (*Frankenstein* 1931).

Ultimately, Frankenstein destroys his creation and is freed from his self-imposed torture. The final message of the film lies in this very scene. As humans, we have the

potential to help and to hurt ourselves and others. However, in trying to better the plight of humanity, there are only so many aspects of life that should be tampered with.

Frankenstein is a commentary on the danger of playing with nature and the importance of knowing where the realm of science ends and the dominion of God (the God that Dr. Frankenstein mentions) begins. This film, based on a gothic novel, was probably meant to instill fear of the unknown in that audience and pity for the monster, who is merely a victim of circumstances subjected to a world that he does not understand and people that do not understand him.

Extreme Measures (1996) is a more recent film with a similar message. Dr. Myrick, a brilliant man with the desire to cure paralysis, kidnaps and experiments on human subjects without their consent. Dr. Guy Luthan, the “good” doctor, discovers Myrick’s secret and confronts him. In trying to convince Guy of the goodness of his project, Myrick muses, “If you could cure cancer by killing one person wouldn’t you have to do that? One person and cancer’s gone tomorrow” (*Extreme Measures* 1996). In Myrick’s case, paralysis is the cancer he’s trying to cure, but he has overlooked one important thing. According to Dr. Luthan, Myrick cannot experiment on and kill others, holding them against their will, even if he has good intentions. In Myrick’s search for a cure for paralysis, he is also searching for fame, glory, and power. Luthan emphasizes the wrongs he is committing, declaring, “You’re a doctor and you took an oath and you’re not God” (*Extreme Measures* 1996). Myrick, however, is a utilitarian: he believes that his actions are justified because his plan is brilliant, and that he is justified in killing a few to promote scientific advancement for the good of many.

The Island of Dr. Moreau (1997) displays the quintessential mad scientist – the modern day Dr. Frankenstein. Like Dr. Frankenstein and Dr. Myrick of *Extreme Measures* he has good intentions, but he tries to accomplish his goals with criminal behavior. The pain inflicted upon the creatures he creates as a result of his experiments is horrendous and unfair, but he tries to justify their existence in the name of science. With his experiments, he wishes to create an individual who is “incapable of malice,” but he succeeds only in creating countless man-beasts that live in mental anguish because they are neither human nor animal (*The Island of Dr. Moreau* 1997). Souls cannot be scientifically engineered; this is where Moreau fails. He gives life to many disfigured and disturbed beings only to have them revolt as a result of the discontent they feel in their lives of limbo between the human and animal world.

The film, based on the book by H.G. Wells, is a commentary on the limits of science and medicine. Moreau is trying to play God, and he pays dearly for his selfish and unholy aspirations. There is no logic to his process, but his inflated ego would have him believe that he, and he alone, can accomplish the previously impossible. It is almost as if he were conducting these experiments for his own amusement, out of boredom and curiosity. His scientific ambition, while admirable in its purest form, is dangerous and cruel when put into practice. Moreau’s aspirations are checked when his creations turn on him – a warning to the would-be experimenter that tampering with life is best left up to nature and evolution. If man-beasts were supposed to exist, they would. The film relates the message that the human race always has, and always will, contain a trace of the animal, and that no doctor or scientist can breed this inherent wildness out of the human

psyche. Inversely, the human ability to reason cannot be injected into animals. We are what we are and they are what they are and there can be no fusion of the two.

The doctors in these films have one thing in common: they toy with human nature. They constitute a very specific brand of doctor villain. Though they all have good intentions, their unchecked ambition is dangerous and their experimentation goes horribly awry. All three men justify their destructive and inhumane experimental methods by declaring that they are carried out in the name of science. If innovative doctors are one side of the coin, then Dr. Jekyll, Dr. Frankenstein, and Dr. Moreau are the other. Their unwavering confidence in themselves is their downfall because they do not consider failure as a possibility, and they are not careful in their experiments. The difference between this brand of doctor and their innovative doppelgangers lies in their inability (or unwillingness) to recognize early obstacles and misfortunes as warning signs to discontinue experimentation. Stubborn doctors may be the most dangerous of all.

Chapter 6

THE DOCTOR AS HERO

The heroic doctor is perhaps the most common physician figure represented in the movies of the 20th century - or at least in the ones analyzed as part of this study. Some films that portray the doctor as hero are *Doctor Zhivago*, *The Great Moment*, *Bury My Heart at Wounded Knee*, *The Painted Veil*, *The Millionairess*, *Magnificent Obsession*, *Guess Who's Coming to Dinner?*, and *No Way Out*. The classic doctor-hero is rarely flawed or vulnerable – he is a superhero of sorts, never questioned or doubted. He has the uncanny ability to rush to the rescue when the situation reaches the pinnacle of desperation. Hubris is what separates the heroic doctor from the doctor who plays god – the latter allows hubris to blind him to reality.

Doctor Zhivago is a romantic, dedicated to his profession and his woman. *Doctor Zhivago* (1965) depicts doctoring as an idyllic career. From the start, Dr. Zhivago has prestige, power, and the admiration that comes with such a position. In one particularly telling scene at the beginning of the film, a dressmaker working with a beautiful and wealthy young woman named Tonya advises her to pursue Dr. Zhivago, describing the “general practitioner as a highly desirable mate for high class women” (*Doctor Zhivago* 1965). The film downplays the grisly, and sometimes sad, reality of doctoring. Throughout all of Zhivago’s trials and tribulations, he maintains an air of maturity, courage, and selflessness - though his affair with Larissa is a small stain on his

impeccable record. Even in this he maintains some dignity because he does not leave his wife Tonya – they are separated by unfortunate circumstances. In the end it is Dr. Zhivago's unwavering, almost exasperating sense of duty and righteousness that causes him to be separated from Larissa. Though he does have a few flaws, Zhivago is undoubtedly the most heroic and moral character in the film.

Dr. Morton, of *The Great Moment* (1944), sacrifices money and glory in order to help suffering patients. With the help of a colleague, he invents ether. In a selfless gesture, he divulges the process for creating this anesthetic to the medical community before he can get the invention patented. In this sense, he is a hero, for he chooses to help all of humanity instead of ensuring his own personal and financial gain. This movie, though filmed in 1944, takes place in the mid-19th century. Use of ether was first demonstrated in 1846 (Groopman 28). The most plausible explanation for this late tribute on film is probably that the discovery was contested: Dr. Jackson and Horace Wells both claimed to have stumbled upon the use of ether before Morton. However, the film clearly shows that it was Morton who perfected the procedure for the use of ether, not laughing gas (this is the substance Wells was using to knock out his patients).

The Great Moment brings to light the difficulties of discovery in medicine. Morton did not discover anesthesia on his own - he had help from Jackson in identifying the necessary chemicals for the composition of ether, and he got the idea for the most efficient anesthetizing process from Horace Wells. This story seems to suggest that invention in medicine, as is also often the case in other fields, does not come from radically new ideas but from the amalgamation of many people's ideas and contributions. The ethics of medicine are also addressed in one of the last scenes. A group of doctors

and surgeons from the American Medical Association who understand the value of ether demand that Morton tell them the ingredients for “lithium” before he can get his patent. Morton is very hesitant at first because turning over the secrets of ether before he can get his invention patented will cause him to miss out on potential riches. Following the Hippocratic Oath religiously, he ultimately gives up the secret of the formula so that no more patients will have to suffer during surgery without the numbing powers of ether. In this sense, he is one of the indisputable heroes of medicine, for he chooses to help people instead of ensuring his own personal and financial gain.

In *The Great Moment*, dentistry is portrayed as the brutish counterpart to traditional medicine. Before the common use of ether, people feared the dentist and his pain-inducing metal extraction tools. Dentistry was essentially viewed as the fallback for anyone who could not succeed as a doctor. In large part because of the invention of ether, dentistry is now a respectable and lucrative profession given a good deal more regard than it used to receive.

The main character of *Bury My Heart at Wounded Knee* (2007) is a doctor and heroic to the core. For the Lakota Sioux of the Dakota Territory, the late 1800s were a time characterized by hardship after hardship. Some tribal members, like the legendary Sitting Bull, resisted relocation to their last breath. Others, like Ohiyesa – also known as Dr. Charles Eastman – assimilated. Charles’s father suspects that white culture will prevail; he says, “There is no future outside of the white man” (*Bury My Heart at Wounded Knee* 2007). He realizes the desperate state of all Native Americans who choose to cling to “the old ways.” The Sioux father puts his son on a train to Illinois, encouraging Charles to leave the Sioux tribe behind and acquire an education in Christian

schoolhouses and at a prestigious white university. Charles, who shows an astute capacity for schooling from the very beginning, follows a prestigious career path. His decision to pursue a career in medicine impresses the “Friends of the Indian” organization, and they invite him to speak at a luncheon. Here, Charles is honored as an exemplary Sioux: he has assimilated into white culture and has chosen one of the most demanding and philanthropic “white” professions. When he is asked to help at the Board of Indian Affairs (which is, ironically, comprised entirely of white men) Charles assumes a representative position for the Sioux. To the white men, his career in medicine suggests that he is intelligent in all matters; ergo these men have faith in Charles to do what is best for his tribe.

Following a year-long stint in Washington, D.C., Dr. Eastman travels to the Sioux Pine Ridge reservation to assist with the epidemics of measles, influenza, and whooping cough. The primitive “hospital” established there, the poor condition of the sick, and the fact that Charles is the first and only doctor on the reservation are indications of how little concern the government has for the tribe. Sadly, men begging for bottles of cod liver oil constitute a large portion of the infirmary’s business - the oil contains a negligible amount of alcohol. At one point Charles writes to Senator Dawes, saying “That the Sioux would bear the wretched taste of Cod Liver oil for the ounce of spirits contained in the bottle is, to me, the whole of their experience contained in a nutshell. I no longer deny them” (*Bury My Heart at Wounded Knee* 2007). This doctor is so disgusted and discouraged with the treatment of the Sioux that he allows them this “luxury,” which would not be acceptable under normal circumstances. In *Bury My Heart at Wounded Knee* the infirmary is a barometer for measuring the welfare of the people, and the doctor

in charge is the steadfast pillar of strength and hope doing his best to slow the peoples' rapid slide into poverty and a lifestyle stripped of many of their cultural traditions.

The Painted Veil (2007) explores the intricacies of practicing medicine in a third-world country with old-fashioned ideas about germs and medical precautions through the trials and tribulations of a pathologist-turned-doctor, Walter Fane. He suspects his wife is having an affair, so, to nip her philandering in the bud, he volunteers to work on ending the outbreak of cholera in the isolated Chinese village of Mei-Tan-Fu – and takes her with him. The traditional cultural beliefs of this tiny, rural Chinese town ultimately interfere with the methods of western medicine. When Dr. Walter Fane and his wife Mrs. Fane first arrive in Mei-Tan-Fu, they hear noisemakers exploding across the river. Their neighbor (and only other Englishman in the village) informs them that the villagers use these to frighten the “bad spirits” spreading the cholera. As evidenced by this scene, Walter's western medicine will be at odds with traditional eastern methods. This is the primary challenge Walter will face in alleviating the outbreak. For example, the doctor faces a great deal of resistance when he tries to change the location of the burial site for the recently deceased victims of the outbreak. Because the people traditionally bury them near the river, the pathogens are leaking back into the village's water source by way of the groundwater passing through this contaminated soil and infecting more villagers.

Until Dr. Fane arrives, the cholera outbreak in Mei-Tan-Fu is a vicious cycle because the people do not know that a virus is causing the spread of the disease or how to rid themselves of it. Even the local warlord believes the gods have cursed the village with this fate. The film highlights the scarcity of doctors in certain areas of the world and the resulting high demand for them. In the village, Dr. Fane is a commodity. When he arrives

the men in charge of the clinic are surprised to hear that he has never seen Cholera in a patient before and has not had any clinical experience, but they gladly accept his assistance anyway. Walter is a jack-of-all-trades - a true Renaissance man. His specialty is in pathology; he also works as a doctor, and he has the skills of an architect. He is truly a hero to this village, and to his wife, who, in watching him work and in making a concerted effort to understand his work, finally realizes the depth of his dedication, sacrifice, and intelligence. Though his intentions in going to Mei-Tan-Fu were not entirely pure, he more than makes up for this in his actions.

The doctor of *The Millionairess* (1960) plays both hero and love interest. The millionairess herself, Epifania Deperaga Parerga, is a beautiful, sheltered young Londoner who has inherited her millions from her late father. He has left one condition which she must follow in order to keep the money: the man she marries must pass a test. For the test Epifania will give him 500 pounds which he must turn into 15,000 by the end of three months. If he cannot do this she must not marry him.

When we first meet Epifania, she is married to a man who could not pass her father's test. Her father was a wise man, for she soon discovers that her husband has a mistress, and he leaves her. Epifania is distraught, and embarks on a mission to learn ways to make a man happy. Her lawyer, Mr. Sagamore, takes her to a psychologist, Dr. Adrian Bland. When he realizes how much Epifania is worth he begins to try to woo her, telling her she is "the most interesting woman in the world." The man is just as bland as his name suggests – the only way he can keep Epifania mildly interested in his conversation is by lavishing her with attention. They are at the open air market one day when he calls her father a "dreary, money-grubbing old boor." He tells her that

throughout their sessions all she talks about is money and her father and that there is no room for anything else in her life – men included. She becomes so incensed that she pushes Dr. Bland over the stone wall into the river. The scene draws some attention - including that of an Indian doctor that Epifania had previously encountered at the river as he was gliding through the water in his rowboat. She feigns an arm injury so he will rush to her side, but he quickly realizes she is only looking for attention. In a desperate attempt to keep him from returning to his clinic, she then jumps into the river, pretending to drown. However, when she sees that her antics are not working on the doctor, who can differentiate a cry for attention from a cry for help, she climbs out of the river.

Though he knows she is exaggerating her condition, he brings her to his ramshackle home that he shares with a roommate. She desperately tries to seduce him as he does a checkup on her back and pulse, but to no avail. He says “there is nothing wrong with you except that you’re simulating.” She is “afflicted with the disease of money” he says. She leaves, smitten, because he is the only man that has ever turned her down. She begins foreclosing and buying up houses and businesses in the area. The only business owner that will not budge is Dr. Khabir, the Indian doctor. He refuses to budge on the subject of selling his walk-in clinic. Epifania, determined, marches herself over to his clinic and demands that he “examine” her. He becomes upset and says that he has to reserve himself for the poor.

Following this, she builds her own state-of-the-art clinic – the Parerga Clinic in memory of her father. Epifania offers him the position of head doctor, but he declines citing his responsibility to the poor who frequent his clinic. The next night, to up the ante, Epifania sends one of her servants to summon Dr. Khabir for an emergency house call.

When he gets there the heiress tries to seduce him again, but he remains unmoved. Then he tells Epifania about the promise he made to his mother before she died. He says that if a woman wanted to marry him he should give her 500 rupees. Then he must turn her out into the world, on her own, with only this allotment and earn her living for three months. If she can do this, then he should marry her. This gives Epifania some hope. The next day, she goes to her clinic optimistic. However, everyone who comes to the clinic is unsatisfied with the impersonal nature of the doctors and nurses there, and they all decide to go back to Dr. Khabir's clinic instead, though his facilities are not as advanced. That night Epifania goes over to his clinic and accepts his mother's challenge in hopes of marrying him. She essentially forces her father's test on him, giving him 500 pounds. Epifania then leaves him, saying they will meet again in three months.

She strikes out on her own with her thirty-five shillings (the equivalent of 500 rupees). Using some shrewd blackmail, she immediately gets a well-paying job directing production at an old-fashioned pasta mill. By the end of the three months, she has increased production immensely and built a lucrative business for the married couple who own the shop. Meanwhile, Dr. Khabir gives away all of the 500 pounds. He is not interested in making money - only in helping people. His only desire is to "benefit mankind." When Epifania returns to him and they discuss the happenings of their months apart, she is devastated to hear that he has not passed her father's test. She leaves him, saying, "You gave away the chance to have me."

Next, the heiress, in talks with her male advisors, lawyers, and accountants, declares that all her worldly goods be donated to "The Order of Epifania" - an organization for women who would rather have a "life of contemplation" than have

anything to do with men. She has vowed that after this day's midnight she will cut off all communication with men. This will put her lawyer out of a job. Her scheming lawyer goes to Dr. Khabir's clinic and informs him that he has inherited gads of companies owned by Epifania because he is the only man that has ever refused this woman. He then tells Khabir that the wealthy young woman has vowed to quit the world at midnight. The doctor rushes to her side and, at the stroke of midnight, kisses her and convinces her not to go through with her intended plans. He tells her that he has fallen in love with her, and they live happily ever after.

Dr. Khabir is an upstanding citizen and attractive character. He dedicates his life to giving the poor quality medical care for next to nothing, when he is poor himself (unusual circumstances for a doctor, and perhaps one of the reasons he is likable – he is of the same social status as his patients and his bank statement is on par with theirs). He is the kind of doctor, along with Patch Adams and Charles Eastman, who practices medicine with an absolutely pure heart. He has no hunger for power, money, or fame. When Epifania opens her- the best that money can buy -all of the patients who step into the building are given cutting edge but impersonal care; therefore they return to Dr. Khabir's clinic because they trust him, love his good nature, and view him as the familiar. This turn of events highlights the importance of a genuinely caring bedside manner and its effect on the doctor – patient relationship. At Epifania's clinic the futuristic, efficient, technologically advanced facilities are coupled with almost robotic patient-doctor relationships. The patients are catalogued by number. When Dr. Khabir learns of this practice he advises Epifania to remember their names. This is where the penniless

doctor's popularity lies - he cares for each of his patients as unique human beings; individuals with a past and a future that may lie in or be improved by his hands.

In *Magnificent Obsession* (1954) the deceased doctor is the uncontested hero. Dr. Phillips is a mysterious martyr whose unexpected and tragic death brings about a series of interrelated events. One beautiful summer day, his neighbor across the lake, Bob Merrick, carelessly crashes his speedboat. He nearly dies, but with the aid of Wayne's borrowed resuscitator, he survives the accident. Concurrently, Dr. Phillips, (who suffers from a heart condition) has a heart attack in his home and cannot be revived without his resuscitator. Reckless Merrick lives while selfless Phillips dies. The doctors at Brightwood Hospital are grief-stricken when they hear the news, and marvel at the unfairness and sheer bad luck of this turn of events. Nancy, the nurse, whispers to Bob Merrick's doctor, "When I think Dr. Phillips died so that he could live..." (*Magnificent Obsession* 1954). The doctor responds, "Yes. What a complete waste" (*Magnificent Obsession* 1954). This shows their feeling that some lives are worth more than others; namely, the doctor is worth more than the millionaire because of his service to society – an ironic statement for people who have presumably taken the Hippocratic Oath. It is only when Bob Merrick finishes what he started, completes his internship, and becomes a surgeon that he gains the everlasting love of the woman he has dreamt about, Helen.

His transformation from spoiled dolt to dedicated doctor mirrors Clark Kent's transformation to Superman. While he is able to garner some attention from Helen as a mere mortal, having the title of Doctor is the key to her heart. As a doctor, he gains respect from the people who once resented him. He is ultimately redeemed for his past behavior when he operates on Helen, saving her from further deterioration and restoring

her vision. Throughout the film, the doctor is the symbol of benevolent power, philanthropy, and trustworthiness.

Within the broad scope of the heroic doctor category, there are two films which portray the doctor character not only as hero, but also as champion of black rights. Doctor movies addressing race issues were a powerful platform and relayed poignant messages about race relations accessible to the general public during a period in American history when intolerance was common. The films addressed here were cutting edge for their time. Made before 1970, they approach racial concerns with an integrity that exposes the ugly core of prejudice.

In *Guess Who's Coming to Dinner* (1967), the role of the doctor is not major, but it is crucial to the plot. John Prentice, a black doctor, and Joanna Dreighton, his white fiancée, struggle to achieve a unanimous decision among their four parents in favor of their marriage. Though the Dreightons are a fairly liberal couple, they are taken aback when they discover that their daughter plans to marry John. Then they discover his line of work. In 1962, John's status as black man is a minor handicap at first. Mr. Dreighton immediately becomes suspicious of John - in disbelief that he could possibly have such an esteemed calling. He suspects John in order to garner their approval, so he calls a friend to do a background check on Mr. Prentice. Joanna's parents are astonished to find that their daughter's suitor is not only telling the truth, but he also humble about his myriad of other accomplishments.

His prestige in the medical world and the world of medical research does earn him a good deal of respect from Joanna's parents. Suddenly, her parents have no valid reason to protest the engagement. One has to wonder: if John had a blue collar job, would

Joanna's parents have allowed the marriage to occur? Would they have taken the words of John and Joanna so seriously? John's vocation adds some weight to his words.

Something about the profession of the physician inspires confidence and trust in the Dreightons: perhaps it is the money he makes or his expert ability to care for Joanna in sickness and in health - literally. Either way, one is safer being married to a doctor.

Maybe John's outstanding intelligence is what puts them at ease - intelligence that a doctor must possess in order to be successful.

No Way Out (1950) pits a black doctor against a racist white patient, Ray Biddle, who refuses to believe that the death of his brother at the hands of this doctor is an accident. *No Way Out* opens with a shooting. Two men, Johnny and Ray Biddle, are brought into the hospital each with a gunshot to the leg. One of them, Johnny, seems to be much worse off than his brother. Dr. Brooks, a new resident, suspects that Johnny has a tumor and does a spinal tap to determine if this is true. As he is performing the delicate operation, Johnny dies. Ray, livid, accuses Brooks of killing his brother on purpose. "I don't want him. I want a white doctor," he says (*No Way Out* 1950). These are the first words that come out of Ray Biddle's mouth when he realizes that Dr. Brooks is his physician. That he has been shot in the leg and is bleeding profusely does not concern him much; all he can see is color. Ray continues to make racist remarks at Brooks while he works to help the brothers.

The racist hooligan cites his own "black-baiting" as Brooks' reason for purposely killing his brother (*No Way Out* 1950). The doctor, shocked and upset, pushes for an autopsy so that he can prove his innocence in Johnny's death by showing that the real reason for his passing was a brain tumor. The hospital needs the approval of a family

member, but Johnny's racist brother Ray will not let anyone perform an autopsy. Brooks begins to worry that he did something wrong, though his colleague, Dr. Wharton, assures him that he did what he thought was right and nothing more, nothing less. In essence, Dr. Wharton assures him that his actions were reasonable. Medicine defines reasonable actions using precedents. Alan F. Merry, author of the article "How Does the Law Recognize and Deal with Medical Error?" discusses the parameters of reasonable medical decisions: "The point generally considered is not whether an action or decision was reasonable, but whether it was one that would be made by a reasonable person under the circumstances. Empirical data are highly relevant to this question" (Hurwitz and Sheikh 84). By this definition, Dr. Brooks and Dr. Wharton would have to determine the prevalence of similar incidents in order to prove that Brooks was not in the wrong. Even if Brooks could not find a medical case with a precedent where the doctor made a decision to perform a spinal tap, he would still not be eligible for criminal charges. His mistake would be counted as negligence because it resulted from a lack of knowledge.

Ray is convinced that Dr. Brooks murdered Johnny and promises to find the doctor and kill him.

The next morning an article appears in the paper reporting the incident, but does not state a cause of death. Sam Moreland, the owner of the hospital calls Dr. Wharton in to discuss the article and warns him of the trouble Brooks may be in. Moreland thinks an autopsy may not be in the best interests of the hospital because it implies that something went wrong. Moreland espouses unethical medical practices. Today, when medical error results in the harm of a patient "An acknowledgement of the fact that something has gone wrong, and empathic apology and an explanation are all essential, and should be given

early and readily. This requirement has been called ‘open disclosure’...” (Merry in Hurwitz and Sheikh 87). Brooks’ decision may not even have been an error – if his suspicions are true and Johnny did die of a brain tumor, Dr. Brooks should not be held responsible for any medical error. Sam suggests that Brooks’ color makes him a liability to the hospital and that he is expected to surpass the expectations of everyone at the hospital because he is black. Brooks is offended, and responds in kind: “You’re just saying that because you want to, because you need something to hate” (*No Way Out* 1950).

Meanwhile, Brooks and Wharton find Johnny’s ex-wife, Edie, and ask if she can convince Ray to let them do an autopsy. She wants no part of the situation. She used to live in Beaver Canal with the Biddle Brothers, a slum with the reputation for racist residents. She goes to visit Ray in the hospital, where he tries to persuade her to believe that Brooks and Wharton are “playing her for a chump” and that she should join him in his plot to kill Brooks.

He tells her to go to a club in Beaver Canal and rile up a group of men to attack Brooks and start a riot in the predominantly black part of town. She goes to the club and listens in on their conspiratorial talks, but refuses to go on their evil errand. Lefty, a black man that works at the hospital, learns of the plot to kill Brooks and calls for his own vigilante group to combat the white men. Later, Edie finds the group of racists in the junkyard scrounging up weapons and whipping themselves into a violent frenzy. She becomes physically ill from the disgusting scene and runs to Dr. Wharton’s house where he tells his maid to take care of her and leaves for the hospital. Meanwhile, the black gang discovers the men of Beaver Canal in the junkyard and a race riot begins.

Soon, due to the riot, a flood of injured vigilantes arrives at the hospital. Brooks and Wharton work furiously to help everyone in a timely fashion. However, when one white woman spits in Brooks' face and tells him to "keep [his] black hands off" her son he becomes extremely upset and walks out of the hospital. The next morning Mrs. Brooks arrives at Dr. Wharton's house to inform him that Dr. Brooks has turned himself in for the murder of John Biddle to force an autopsy. Later that day the coroner emerges from his office and reveals to Mr. and Mrs. Brooks, Edie, Ray Biddle and his brother George that a brain tumor did in fact kill Johnny and there was no foul play involved in his death. Brooks is immediately freed from all charges and everyone leaves the waiting room except for Ray, George, and the police officer who is making sure Ray does not escape. Ray and George manage to knock out the officer and flee through the open window. In the process of escaping, Ray injures his already bad leg even more. The two men make their way to Edie's small apartment, break in, and lie in wait for her to return home.

At the beginning of the film, when Brooks decides to perform a spinal tap on John Biddle, and Biddle subsequently dies, there is some doubt among the police officers who brought the brothers in as to whether Brooks' decision was warranted. Brooks begins to doubt himself, saying to his colleagues, "There is a possibility that I killed him, isn't there? That I was careless in the spinal tap? That his brother's negro-baiting got me down?" (*No Way Out* 1950). His colleague, Dr. Wharton, is steadfast in his support of Brooks' decision, responding, "I don't want to ever hear you say that. You're the doctor in charge. You did what you thought was right. That's all you could have done" (*No Way Out* 1950). Essentially, that is all any doctor can really do.

According to these films, which all tell the story of a doctor practicing before the 1970's, a truly heroic doctor breaks the rules that are meant to protect him in order to help his patients. The heroic doctor is selfless; he is a martyr and an inspiration to others. His dedication to the profession is exemplary; he is interested only in the well being of his patients and loved ones.

Heroics in medicine, as portrayed in film, is defined by the willingness of the doctor to sacrifice himself for the good of his patient. The heroic doctor, as in *Dr. Zhivago* and *The Painted Veil*, works tirelessly to keep his patients from harm and to bring his patients back to health. The heroic doctor is dignified, as in *Guess Who's Coming to Dinner* and unconcerned with money, as in *The Millionairess*. The doctor of these Hollywood films is a hero among heroes - perhaps the most admirable of heroic film characters because he, unlike Luke Skywalker, James Bond, Batman and the like, has no ulterior motive, hurts no one in the process of achieving his goals, and saves lives for the sake of saving lives. He does not have the luxury of another identity to hide behind in case his heroics go awry. He is not after riches or women or glory. He does his work and does it well, expecting nothing in return, because such behavior comprises his personal code of conduct.

Chapter 7

THE BUMBLING DOCTOR

The Disorderly Orderly, *MASH*, and *A Day at the Races* present examples of the comedic element of doctoring; these films are the precursors to the wildly popular television series *Scrubs*, which is set in a hospital. The emergence of films making light of medicine did not necessarily reflect a breakdown of doctor-patient trust. In fact, satire is often employed to strip a powerful figure of authority. *A Day at the Races* and *The Disorderly Orderly* were made before 1970 when doctors were still respected and relatively autonomous. *MASH* was filmed in 1970; by this time the doctor-patient relationship had begun to change.

Notice that in both *A Day at the Races* and *The Disorderly Orderly* the central characters are not real doctors (at the beginning), but average citizens who hold the doctor in such high esteem that they do not believe they can attain the title of M.D. These three films do not leave audiences with the same message about medicine many earlier films did, but they do explore the progression of exaggerated doctor role to realistic doctor portrayal using a film genre that is unexpectedly effective in influencing its target audience. “Comedy, being intimately connected, both physiologically and psychologically, with what it is to be human, provides an ideal platform for the exploration of medical science, and film comedy has actively pursued this exploration”

(Harper 93). Clearly, the three films analyzed in this section reflect realistic views of the average layperson regarding the doctor.

A Day at the Races (1939) portrays the bumbling doctor at his best, but he is only so bumbling because he is a doctor of animals posing as a doctor of people. This Marx Brothers film is set in Silver Springs, an American Resort. The main attraction there is a race track, in addition to many other recreational activities. The Standish Sanitarium, another fixture of the town, is in serious financial trouble. The owner, Judy Standish, is desperately trying to get more customers. She has a limited amount of time to collect the money that she needs, and the customers are not rolling in. In a half-baked attempt to win money to help her out, her singer boyfriend Gil buys a racehorse. She is not impressed. Judy's only real hope at this point lies in Mrs. Upjon, a rich hypochondriac. Mrs. Upjon has recently checked into the sanitarium for some medical attention, but the doctors there tell her she has no health problems.

She is upset, and threatens to leave unless her former doctor, Hackenbush, is hired at the sanitarium. She says she will stay and finance the hospital if Hackenbush comes. Tony, a bumbling employee of the hospital overhears her complaints, and, knowing the desperate situation that Judy is in, he calls Hackenbush and summons him up from Florida. What he doesn't know, and what Mrs. Upjon doesn't know, is that the doctor is a horse doctor. Soon, the quack doctor arrives, to Mrs. Upjon's satisfaction. We realize that Mrs. Upjon only trusts the man because she is in love with him. Right away, the doctor gives the aging hypochondriac a horse pill, and Mr. Whitmore, Judy's financial advisor, immediately suspects something. Whitmore is in cahoots with Mr. Morgan, the man who has vowed to buy up the sanitarium if after a month Judy cannot make the full payments

on it. Morgan wants to tear down the sanitarium and build a casino on the spot. Together, they are willing to go to any lengths to prove the doctor is a quack. After his first encounter with Hackenbush, Whitmore calls in a background check on the hack. He gets none of the information he's looking for because Hackenbush cleverly sabotages the phone call. Tony brings Stuffy, his mute jockey friend, to Dr. Hackenbush for a checkup.

While Hackenbush is inspecting Stuffy, Tony discovers a watch on his desk that has the words, "To Dr. Hugo Z. Hackenbush for saving my horse's life" engraved on the back of it. Tony threatens to tell Judy, but then makes a deal with the quack. He says he will throw him in jail for fraud if he does not stay on at the hospital and make Mrs. Upjon happy. The "doctor" agrees to this arrangement. The next night Hackenbush escorts Mrs. Upjon to the Water Carnival. There, a slinky blonde catches his eye, and he strays away from Mrs. Upjon long enough to invite her to his room for later that night. Following this, Tony and Stuffy see her secretly meeting with Mr. Whitmore. They realize that he has hired her to distract Hackenbush and sabotage his relationship with Mrs. Upjon. They vow to prevent this from happening because it would undoubtedly mean the end of the Standish Sanitarium as Mrs. Upjon would refuse to finance it. That night, Tony and Stuffy, after carrying out a few different elaborate plans, manage to foil the blonde's attempt to frame Hackenbush. She is hidden under the couch when Mrs. Upjon and Mr. Whitmore storm into the room uninvited. The next morning Mrs. Upjon apologizes for her suspicious behavior and promises to finance the hospital. Mr. Whitmore, still suspicious of Hackenbush, brings in a renowned doctor from Vienna to check his skills. Everyone proposes that Hackenbush examine Mrs. Upjon to prove the legitimacy of his title. Needless to say, the quack does not prove himself, and he ends up riding away on

Gil's racehorse with Stuffy and Tony. They hide out in a barn for the night where they are joined by Gil and Judy. The bunch ultimately has a run in with the Sheriff and Mr. Whitmore, but they escape unscathed. The next day, they enter Gil's horse, Hi Hat, in a race. After quite a debacle with Mr. Whitmore trying to prevent the horse from racing, Stuffy finally sneaks the animal onto the track, and it wins. Gil uses the winnings to save the Standish Sanitarium.

This film employs the superiority theory, which “talks of comedy as the result of mismatch between individual or social expectation and obvious, contingent result” (Harper 98). That a veterinarian poses as a medical doctor speaks to the lucrative and prestigious nature of the profession (and to the doctor's skills as a con artist). No one in the film poses as a waitress or a custodian. In addition, Mrs. Upjon, a wealthy and powerful client, is fixated with Dr. Hackenbush - an obsession that seems to be based solely on the fact that he is her doctor and cares for her. The “doctor's” name is quite appropriate as he is a prime hack only so attentive because he wants to milk every dollar out of her - she seems to overlook this minor detail. Mrs. Upjon either has no inclination that she is being taken advantage of, or she is so lonely that she does not care if she is being duped.

Her love for him is not developed through any sort of meaningful dialogue or shared experiences and is likely a result of transference and hypochondria. She views him as someone who can fulfill her desperate need for attention - in the form of medical attention --and she idolizes him for this reason. After seeing a film like this, the average citizen's trust in the doctor as morally upstanding figure might well be shaken;

viewers would probably be far more likely to question a physician's qualifications before trusting his diagnosis.

The Disorderly Orderly (1964) begins with the narrator's discussion of "heroes" -men of stamina and strength. The narrator describes three types of heroes: the brave soldier, the intrepid climber, and the noble man of science (better known as the doctor). The *Disorderly Orderly* is a slapstick comedy about Jerome, a man who "dreamed of being a doctor." However, Jerome, an orderly at the Whitestone Sanitarium, is clumsy and squeamish - hardly doctor material. Though he wanted to be a doctor, he was thrown out of medical school because of his "neurotic identification empathy" that led him to feel what his patients felt as he was diagnosing them. He cared so much for his patients that he would develop their symptoms. Nurse Higgins constantly yells at Jerome for trying too hard at his job. His endeavors often end in disaster. Jerome has a good heart and loves people, but he is responsible for many medical mishaps and the general (accidental) destruction of property.

When we first meet Jerome, he is trying to put a straight jacket on a patient, but he ends up in the jacket instead. Jerome sees the chief psychiatrist, Dr. Davenport, every morning in an attempt to beat his neuroses. He does have one positive constant in his life – his girlfriend and fellow orderly Julie. However, when a new patient comes into the sanitarium to recover from an overdose, things between them change. Jerome recognizes this woman, his high school crush, Susan, and leaves her an anonymous note declaring his love for her. Julie comes across the note as she is cleaning Susan's room.

At dinner that night, Julie tells him she read the note, creating serious tension in their relationship. Jerome does not seem too flustered because he is busy fawning over

Susan. Jerome tries to get her attention, but she has recently been spurned by a man and wants nothing to do with him. It comes to Dr. Howard's attention that Susan is not paying for her stay at the Sanitarium. She is the only non-paying customer, and Whitestone is a business. Mr. Tuppington, the chair of the Board of Directors, demands that Dr. Howard force Susan to leave the hospital even though she is clearly not well. Jerome pleads with Dr. Howard to let Susan stay if he pays for her. Jerome picks up more hours, working his fingers to the bone in order to finance her stay. She has no idea he is doing this. One day Jerome is painting the exterior of the hospital, and he drops a bucket of paint on Mr. Tuppington's head. Needless to say, the man is furious and fires him. Meanwhile, after weeks of toiling, Jerome is finally rewarded when Susan's psychiatrist Dr. Davenport tells her of his devotion.

She discovers Jerome as he is leaving the sanitarium for the last time,, thanks him for everything, and apologizes for the way she acted. She then declares that she will go with him wherever he is headed, and she will learn to love him in time, because she is grateful to him. They kiss, sparks do not fly, and Jerome realizes they will never work as a couple. However, he does feel that her kiss has cured him of his neurotic empathy and tests his hypothesis. He finds that he is truly cured, and realizes he is really in love with Julie. Ultimately, they become engaged and Jerome regains his job at the sanitarium, except this time he is on the path to becoming a doctor.

The Disorderly Orderly (1964) chronicles Jerome's journey to overcome his neurotic disorder and become a real doctor. He works long hours for little pay as an orderly in hopes that someday he will magically become this hero. The job of doctor is portrayed as a serious and difficult profession: some are destined for the role, and others

are not. Through most of the film, Jerome is one of the “others.” Jerome’s female boss, Dr. Howard, says he will overcome his disorder and become a great doctor because he “loves people.” Her overly simplistic and optimistic consolation is certainly unrealistic. Of course, one must take into account that this is a comedy, and while Dr. Howard’s prediction is a little far-fetched there is some truth to the idea that doctors must care about people in order to be great doctors.

MASH (1970) takes place during the Korean War; around 1955. The story centers on a medical unit stationed three miles from the front line and the shenanigans that occur when a camp full of mischievous men and women live together in an isolated island of tents. Captain Hawkeye Pierce and Duke Forest are shipped in as the new surgeons. With their arrival, chaos ensues. They enjoy drinking, bedding women, and playing practical jokes. There is also evidence throughout the film that some of the men use amphetamines for recreational purposes. Immediately, they clash with their tent mate, Frank Burns, and ask the general to move him to another tent. Burns is a religious hypocrite – he prays daily and has a “holier than thou” attitude, yet he blames the young apprentice Boon when he is responsible for a death. They receive a new tent-mate, Captain Macintyre, who becomes their partner in crime.

Following this, Major O’Houlihan, the new chief nurse, arrives at the camp only to witness Macintyre punching Burns because of the treatment the latter showed to the impressionable young intern. Major O’Houlihan develops feeling for both the men – positive for Burns and negative for Macintyre. She sleeps with Burns (an event that is broadcast to the entire camp, unbeknownst to them). After this occurrence, Hawkeye teases Burns about her, Burns throws some punches in a violent rage, and ends up leaving

camp in a straight jacket. O'Houlihan's new nickname becomes Hot Lips. Most of the other men resent her for her "bitchy" attitude. In an interesting turn of events Waldowski, the dentist, confesses one incidence of impotence to the unit's priest, who gets Hawkeye to address the problem. Ultimately, Hawkeye uses his powers of persuasion to get one of the married nurses to sleep with Waldowski and restore his confidence. She ships out the next morning.

Though the men have a (very) relaxed attitude toward sex, they are responsible and skilled when it comes to surgery. They fit the mold of flawed, yet not villainous, doctor that has become so common in the last thirty years. Unfortunately, they are often faced with shortages of blood (at one point Radar harvests blood from one of the members of camp so that a patient in need of a blood transfusion will not die). The electricity often goes out when they are performing surgery, but they improvise by whipping out their flashlights. . One afternoon while Hawkeye and Macintyre are out golfing, the former gets a letter summoning him to Japan where he will perform heart surgery on a very important patient. Here the men get into a new brand of mischief which culminates in their taking pictures of Colonel Merryl (the man in command of the American troops stationed in Japan) with a local prostitute. When they return to camp from Japan, their General meets with them to discuss some accusations made by Major O'Houlihan regarding their disrespectful behavior. Somehow, the discussion turns to football and the general dismisses O'Houlihan's comments. The men eventually hold a football game: the MASH unit vs. the 125th unit. The boys of MASH win the game, along with a handsome sum of money. Duke and Hawkeye then get orders to report back home to the states, where they are greeted by their loving families.

Because *MASH* is a comedy and not a medical drama, the seriousness of the doctor's role is downplayed, while the tom-foolery of the surgeons and nurses is emphasized. The unique element in this film regarding doctors is the setting. While most doctor-centered films take place in hospitals, clinics, and wards, this one is set during the Korean War at military hospital in the countryside. Though the focus of the film is on the shenanigans of Hawkeye and his buddies, there are a good number of surgery scenes which are portrayed realistically. The surgeries are not glamorized. Good doctors are in high demand, as evidenced by their orders to work overtime to address the needs of all the soldiers in the pre-op ward. In general, the surgeons are extremely skilled (considering that they must often perform surgery with only the narrow beam of light from a flashlight guiding them), calm, and dedicated.

The doctors of *MASH* are not the stoic, morally upright professionals of *Magnificent Obsession*, *The Spiral Road*, and *Dr. Zhivago*. While they (especially Hawkeye and Duke) do not take their superiors seriously, they do take their patients seriously and do whatever they can to help them, working overtime in the stifling hot Korean wilderness. At the campground, "work hard, play harder" is the motto.

MASH portrays relationships between men and women as matters of convenience. The men of *MASH* do not seem to have much respect for their feminine counterparts. For the most part, the females (who are all nurses) are objectified by the men - viewed merely as conquests. When the women behave sweetly, obediently, and mindlessly and engage in sexual acts with the men, they are characterized as kind, desirable women. However, Major O'Houlihan, the chief nurse, is demonized after she rejects Hawkeye, one of the major male characters.

From then on the men play practical jokes on her and call her a “bitch” behind her back. The writers of *MASH* were clearly not concerned with pleasing the leaders of the second wave of feminism that had begun in the early 60’s. Perhaps this is why *MASH* the series (and the film with the same name) is far more popular with men than women.

That screenplay writers, directors, and audiences saw no problem with highlighting the comical (and sometimes less than savory) aspects of medicine, and characterizing doctors as both immature and responsible, *MASH* illustrates the general attitude of doctor-as-fallible that had emerged by the 70’s. There is a long history of the doctor portrayed as arrogant buffoon in literature; *MASH* resurrected this image.

Chapter 8

THE FALLIBLE DOCTOR AND THE SKEPTICAL PATIENT

While all the films analyzed in this study highlight the challenges and rewards of the doctor-patient relationship, the following films give the most detailed and thought-provoking insight into this particular dynamic. *The Doctor*, *Dead Ringers*, and *The Last King of Scotland* all delve into the different issues regarding the doctor and how s/he relates to patients. The doctors in these films are vulnerable, capable of error, emotional, and subject to life's struggles. They are human; their human traits are either disconcerting to their patients or reassuring – or both at the same time. These doctors are not caricatures; they do not easily fit into a category because they are benevolent, reckless, fallible, and self-sacrificing all at the same time.

In *The Doctor* (1991), the doctor himself is diagnosed with a laryngeal tumor. On his quest to regain his health, Dr. Jack McKee switches roles, becoming a patient and subsequently experiencing how the other half lives. He undergoes everything the average patient endures, including surgery. This process is eye-opening and educational regarding the plight of the patient. Jack dons the flimsy uniform of the pre-surgery patient, shares a room with a fellow invalid, gets a biopsy, and begins to understand what it feels like to leave one's life in someone else's hands – literally.

The film explores Jack's struggle in balancing his obligation to his family with his obligation to his patients, and his frequent failed attempts to do so. Before Jack becomes

a patient, he takes a very business-like approach to dealing with patients, and advises his interns to do the same. “There is a danger in feeling too strongly about patients,” Jack warns (*The Doctor* 1991). He cautions them not to get too attached, saying, “A surgeon’s job is to go in, fix the problem, and get out” (*The Doctor* 1991). According to Jack (and his colleagues), the best doctor is detached, calculating, swift – almost robotic.

Mid-film he engages in an interesting exchange about the doctor-patient relationship with his hospital roommate, a police officer who has been through the wringer of the public healthcare system. Before Jack reveals his title, the officer says, “I bet you feel like you don’t know what’s going on. My doctor, the son of a bitch, half the time he’s lyin’ to me” (*The Doctor* 1991). Clearly, the officer does not trust his doctor because he feels that his doctor is withholding information from him, leaving him uninformed. This man’s bitterness regarding his experiences is indicative of a public loss of faith in medicine. He is also voicing the public sentiment that doctors cannot be trusted; that they prescribe unnecessary drugs and have ties with pharmaceutical companies. Sometimes in drug marketing, “...natural aspects of aging are falsely made into diseases,” and doctors with relationships to said companies often prescribe these drugs to maintain their lucrative contracts (Groopman 10). The policeman sees doctors (or at least his doctor) as fallible people with ulterior motives. This incident is disconcerting for Jack and spurs him to develop methods for fostering better doctor-patient relationships.

After his life-changing experience, Jack tries to help his interns envision the medical process from the point of view of a vulnerable, emotional patient. They all put on hospital gowns and simulate the patient experience for 72 hours. Jack’s desire to educate his

interns in this alternate way shows how the patient's feelings are often ignored and regarded as separate from the physical body. *The Doctor* is, for the most part, realistic in its portrayal of the problems plaguing today's doctor-patient relationship. All doctors we face a dilemma: "If we feel our emotions deeply, we risk recoiling or breaking down. If we erase our emotions, however, we fail to care *for* the patient. We face a paradox: feeling prevents us from being blind to our patient's soul but risks blinding us to what is wrong with him (Groopman 54). From his ordeal, Jack realizes that patients are complicated individuals who must be treated delicately that making the patient comfortable is the first step in successful treatment.

In *Dead Ringers* (1988), the central characters, identical male twin gynecologists, are the best in their field in terms of patient care and surgical skill, until they take up drugs, and their methods and inventions become first radical, then ludicrous. For years they were the best in the business, then their personal problems with identity and sexuality get to be too much to bear, and their practice suffers. The story of Beverly and Elliot demonstrates the consequences of taking on too much as doctors (their practice begins unraveling when Elliot is forced to handle all the surgeries) and what can happen when creativity approaches insanity (as in the case of Bev's gynecological "tools" for operating on mutant women).

One day when Bev is eating breakfast with his girlfriend, Claire Niveau, she says, "They tell me there is a high incidence of drug use among doctors" (*Dead Ringers* 1988). This later proves true for the twins, probably because of the stress they face in their industry compounded with their own personal problems. At one point, Bev, in a drug-induced stupor, begins performing surgery on a patient and almost kills her in the

process. *Dead Ringers* suggests that the doctor-patient relationship is fragile, and the pressure of caring for vulnerable patients is enough to drive some doctors to insanity or drug addiction.

The Last King of Scotland (2006) begins with Nicholas Carrigan, a young Scotsman, newly graduated from medical school, eating dinner with his parents. His mother and father praise him for his accomplishment; his father says adamantly, “Being a family doctor, well let me tell you Nicholas, you have chosen a fine life.” Clearly feeling frustrated and trapped, the young Carrigan locks himself in his room. After thinking deeply, he spins the globe and points at a random spot - Uganda. He soon sets out for the African country much to his parents’ chagrin. Nick arrives there in the middle of a coup – one which the Ugandans relish. The regime of Obote has been overthrown, and President Amin has taken over in his place. Nick is called to work at a mission in Mgambo with Dr. David Merrit. At the bus station on his way to the hospital he meets Merrit’s wife, Sarah. There is an instant spark.

Carrigan arrives at the mission hospital, only to discover a squalid, understaffed, tiny building. Dr. Merritt tells him that “80% of the locals still prefer the witch doctor to us” (*The Last King of Scotland* 2006). Because Merritt is often away on call, Carrigan and Sarah spend a lot of time alone and develop a friendship tinged with sexual tension. Nick asks Sarah to come see the president, who is visiting the village. Amin’s presence whips the villagers into a frenzy of celebration. He promises a government of action. Later, as Nick is driving home with Sarah along the bumpy road, a car pulls up behind them, beeping frantically. Nick is summoned by the drivers to attend to the president, who has been injured in a car accident involving a cow and is located further up the road.

Dr. Carrigan wraps Amin's sprained wrist, then abruptly shoots the cow that is suffering nearby. Amin is clearly impressed with Nick's chutzpa and competence, and they part amicably.

The next day Amin's men come unannounced to the mission and take Nick to the President's house. There, Amin invites the doctor to be his personal physician and live in the sprawling presidential compound. At first, Nick is hesitant, but he is provided with such luxurious amenities and strikes up such an easy friendship with the President that he cannot logically refuse the position which comes with the responsibility of overseeing the Presidential Hospital in conjunction with another doctor. Over the next few weeks, Amin and Carrigan develop a doctor-patient relationship grounded in complete trust and confidentiality. Amin begins to look to Carrigan for advice not just in medicine but also in matters of state. While Carrigan becomes accustomed to his surroundings and newfound responsibilities, the country, plagued by the violence of the opposing political factions of Obote and Amin, begins to unravel.

The doctor-patient relationship in *The Last King of Scotland* is central to the plot. What begins as a professional relationship between President Amin and Dr. Nicholas Carrigan transforms into a friendship and then an unhealthy co-dependent relationship. President Amin's childish reliance on Dr. Carrigan for advice in all matters (not just medicine) and his sour reactions when Nick does not cater to his every whim show that the boundary of professionalism that should be present in all doctor-patient relationships has vanished. When Amin begins probing Nick for personal and professional advice completely unrelated to his health, he puts an unfair burden on the doctor that is not part of his job description. Amin's behavior, though unacceptable, is certainly understandable:

Physicians offer a kind of individualized objectivity, a personal relationship as well as authoritative counsel. The very circumstances of sickness promote acceptance of their judgment. Often in pain, fearful of death, the sick have a special thirst for reassurance and vulnerability to belief. The therapeutic definition of the profession's role also encourages its acceptance: Its power is avowedly enlisted solely in the interests of health – a value of usually unambiguous importance to its clients and society. On this basis, physicians exercise authority over patients, their fellow workers in health care, and even the public at large regarding matters within, and sometimes outside their jurisdiction (Starr 5).

Amin promises Nick that he is “in perfect physical condition” and insists that he knows when he will die because it came to him in a dream. Apparently, Amin is more in need of a lackey than a doctor.

Nick is faced with a moral dilemma when he learns how Amin refuses to take proper care of his epileptic son. Playing doctor, not friend, he scolds Amin for his clear neglect of his innocent son. Clearly, Nicholas has been forced between a rock and a hard place – between wanting to please Amin (who is not used to being challenged) and wanting to be a doctor who maintains at least some semblance of professionalism. *The Last King of Scotland* illustrates the danger of an extremely intimate doctor-patient relationship. Problems emerge when a doctor feels so emotionally invested in a patient that he cannot take a step back and see the forest for the trees – or that he overlooks symptoms of some fatal disease because he does not want to diagnose his friend with a terminal illness.

In one particularly silly scene, Amin mistakes his indigestion for a serious condition, but Dr. Carrigan quickly alleviates his symptoms by helping him dispel quite a bit of gas and vows not to tell a soul about the embarrassing situation. Amin tells the young doctor his most intimate secrets and expresses shame at having been seen in such a vulnerable state. Nick replies, “I have taken an oath” (*The Last King of Scotland* 2001). This begs the question: to what aspects of Amin’s life does this oath apply? What if the king divulges political secrets to Nick? Is the doctor required to keep silent as part of his work, though they could be detrimental to the nation if left unrevealed? Amin’s regime takes a turn for the worse; the king becomes a dictator and torchers his naysayers without guilt. He does not bring the freedom he promised to Uganda – he brings fear. Amin even has one of his wives killed and tortured. When Nick realizes the cold-blooded nature of the his patient and the future fate of Uganda, he voices his concerns to Amin, but the king is cold and manipulative, and he threatens his Dr. Carrigan not to question royal ways.

Ultimately, Nick escapes Uganda and reveals to the world Amin’s brutal dictatorial ways, technically violating the Hippocratic Oath. The film, however, portrays Nick as a hero because though he violates the oath, in divulging Amin’s secrets (which are the secrets of Uganda) he helps thousands of Ugandans (mostly political dissenters) who would otherwise be tortured into submission under Amin’s regime. *The Last King of Scotland* is a lesson in doctor-patient relations and in doctor discretion.

If movies are exaggerated reflections of real life, then the perfect doctor-patient relationship lies somewhere in the middle of a continuum measuring doctor-patient intimacy. Nicholas Carrigan represents the extreme at one end and the doctors of

Epifania's clinic represent the other. Nicholas is too accommodating, while Epifania's doctors are too cold and mechanical.

Doctors must become veritable horse whisperers. The ability to slowly and gently coax symptoms, situations, and patterns from a patient using a prescribed method is necessary in diagnosing any kind of illness or injury. Today's doctors have not been taught this method; they have not been taught to relate to their patients as their predecessors were. Dr. Jerome Groopman, author of How Doctors Think, describes the experiences of his generation of doctors (men and women that went to medical school in the late 70s and early 80s):

My generation was never explicitly taught how to think as clinicians. We learned medicine catch-as-catch-can. Trainees observed senior physicians the way apprentices observed master craftsmen in a medieval guild, and somehow the novices were supposed to assimilate their elders' approach to diagnosis and treatment. Rarely did an attending physician actually explain the mental steps that led him to his decisions. Over the past few years there has been a sharp reaction against this catch-as-catch-can approach (Groopman 4-5).

Clearly, today's doctors did not learn the same effective approach handling to the doctor-patient relationship as their forefathers – because they were not taught properly. Today's doctors also need to work toward becoming more in tune with their patients' emotions. Additionally, in days of yore, doctors made a point of knowing the family history of every patient – a great asset in diagnosing genetic disorders.

There is a marked difference between medical knowledge and medical know-how. Countless hours of study, A's in medical school - these things mean nothing. Paper

is quite different from people. Even the most brilliant new doctor may not be as successful in diagnosing a patient as his seasoned counterpart. This is because doctors must not only have a mind like a medical encyclopedia, but they must also understand how to coax the right information out of a patient – how to read people, to interpret every subtle doubt, symptom, movement, discomfort - because these are all clues that will help him solve the mystery that is a diagnosis.

The doctor must have the skill to put his patients at ease, the patience to listen intently to every word, and the ability to remain neutral in regards to the patient's lifestyle choices. Some patients will not admit certain things if they feel that the doctor sits in judgment of their decisions. Dr. Groopman admits that though technology has improved, doctors are still making mistakes. He states,

...as a growing body of research shows, technical errors account for only a small fraction of our incorrect diagnoses and treatments. Most errors are mistakes in thinking. And part of what causes these cognitive errors is our inner feelings, feelings we do not readily admit to and often don't recognize (Groopman 40).

Improving thinking patterns could reduce the number of lawsuits doctors must contend with. As silly as it sounds, a good doctor understands and is able to control his own feelings.

Chapter 9

THE PSYCHIATRIST

Psychiatry has a checkered past; it is a form of healthcare that attracts more controversy than its traditional counterpart, physical medicine. Some nineteenth-century and early twentieth-century psychiatric practices were crude and more harmful than they were helpful. Electrical aversion therapy and lobotomy are two particularly notable and damaging procedures which probably contributed to sully the reputation of the entire field. Psychiatry did not have an official code of ethics until 1977. Because “mental illness is not always curable” or definable, psychiatry can be a particularly difficult practice, and people tend to mistrust “mind medicine” more often than they question physical medicine. (Burgess & Hawton 113). *What About Bob?*, *Girl, Interrupted*, *One Flew Over the Cuckoo’s Nest*, *Pressure Point*, *Home of the Brave*, and *Good Will Hunting* all delve into the world of the “shrink,” some more realistically than others. Like general medicine, psychiatry has changed over the years due to the emergence of outside influences:

...the trend clearly is toward greater third-party oversight and restrictions in treatment and fees in all geographic areas. These trends, plus the increasing burden of time spent documenting treatment and negotiating with payers, are the major causes of demoralization among practitioners. The nature of psychiatric practice has begun to change in response to economic, regulatory, legal, and competitive pressures...more psychiatrists are practicing in groups or as part of managed care organizations, such as HMOs. (Rifkin 10).

Essentially, with each passing year psychiatry becomes more difficult and complicated to practice, especially privately. What should be noted is the similarity between general medicine and psychiatric practice – the entry of other entities into the equation has been a major cause for concern in both fields.

In *What about Bob?* (1991), Bob Wiley is a hypochondriac with a personality disorder and separation anxiety who is ruled by his neuroses and, resultantly, forced to work from home. He first meets Leo Marvin, a distinguished doctor of psychiatry, after his previous psychiatrist quits and refers Bob to Leo. In their first meeting, which Leo calls “an interview,” they discuss Bob’s problems quickly, and Leo makes a cursory diagnosis, while being sure to charge Bob for the brief interview and the copy of his book “Baby Steps.” Leo tells Bob that their regular appointments can start in a month when he gets back from vacation. Bob is visibly upset and expresses his doubts about a lack of psychiatric help for an extended period of time. Leo says he will be fine, and refers him to another doctor in the meantime.

The next day Leo gets a phone call from Bob, who claims his call is urgent. Leo is none too pleased, as he specifically ordered the secretaries at the call center not to direct any calls from patients to his vacation house. Leo grudgingly takes the call and promptly tells Bob that he is on vacation, he cannot help him, and he needs to stop calling. Later that night Bob pretends to be Leo’s sister. Using a woman, he gets his call put through to Dr. Marvin, but when Leo realizes it’s Bob on the other end he responds as he did before. Finally, Bob, dressed as a detective, goes into the call center and declares that Bob Wiley has committed suicide.

Using this clever ruse, he gets one of the employees to give him the address of the New Hampshire town where Bob is on vacation. Bob takes a bus all the way up, struggling with his neuroses the entire time. By chance, Dr. Marvin is in the vicinity when Bob is dropped off in town, and Bob wheedles the doctor into meeting him in a coffee shop for a quick therapy session. The Guffmans, an elderly couple who own the coffee shop, give Bob Leo's house address. Bob walks there, barges in immediately, and tries to get friendly with Leo and his family while still asking Leo for counseling. Finally, Dr. Marvin tells him to "take a vacation" from his problems. Bob does take a vacation – by staying in town. The Guffmans allow him to sleep at their house, and Bob visits the Marvin household daily, much to Leo's chagrin.

The rest of the family adores him; the children even think he's more entertaining than Leo. When Bob teaches his son to dive, a feat that Leo could not achieve, the renowned doctor pushes his patient into the lake out of jealousy. From here, things only get worse. The longer Bob stays, the better he gets and the more the Marvins (excluding Leo) like him. The more they like him, the more Leo hates him. When Bob appears on a television interview with Leo and outshines him, Leo is livid and commits his patient to a sanitarium. When Bob is released (because the staff believes he is sane), Leo decides to get rid of Bob once and for all. He breaks into the Guffmans' store, steals explosives, finds Bob, and ties him up to a chair along with the explosives. Bob, in his trusting and naïve way, thinks Leo is giving him "death therapy."

After Leo leaves him in the woods, he wiggles his way out of the ropes, brings the explosives back to the Marvin household, and leaves them inside. Meanwhile, outside his house, Leo is celebrating the shedding of the albatross from around his neck as he runs

into his family. They had been looking for him, worried that his recent mental state was a bit off. A few moments later, Bob, Leo, and his family all accidentally converge on the front lawn of the house just in time to watch it explode. Leo is put into an institution, and Bob eventually marries the doctor's sister. At the wedding, Leo gets his sanity back. Following the wedding, Bob becomes a psychologist and writes a book called "Death Therapy." Leo sues him for the rights.

What About Bob? shows the many problems that can arise when a psychiatrist and his patient become too intimately connected. For good reason, "The main ethical concern for private practitioners is a relationship with a patient that breaches boundaries..." (Rifkin 10). The relationship between Bob and Leo begins as the typical doctor-patient relationship – with established boundaries. Leo maintains his own private sphere outside of the office that Bob has not penetrated, and Bob has cultivated his own personal sphere as well. Their worlds overlap in Leo's office - where Leo intends the relationship to stop - as is appropriate for maintaining an air of professionalism. Bob violates Leo's privacy by acquiring his address and tracking him to his New Hampshire vacation home. Bob is treating Leo as his friend, not his doctor.

As Leo says, "The doctor-patient relationship is built on trust. When you call me and pretend to be my sister I can't trust you" (*What about Bob* 1991). Bob was clearly overstepping his boundaries. Though friendships require trust, a different kind of trust with a level of emotional restraint is called for in the doctor-patient relationship – a trust that fosters a relationship with an unequal power distribution. According to Leo, the patient should blindly trust his/her doctor with a faith resembling religious zealotry. In this way, the doctor wields the power. Bob, when he meets Leo's family, befriends them

and makes himself at home in Leo's household. Here is the biggest violation of the doctor-patient relationship as Leo sees it. When Bob tries to approach Leo as a friend and equal, Leo bristles, especially when Bob usurps certain fatherly duties. Leo develops resentment toward Bob, and he can no longer treat him as a patient effectively.

In addition, Bob becomes privy to Leo's vulnerabilities. Just as generals and CEO's must maintain a healthy separation between themselves and their underlings, doctors must maintain some semblance of distance. Compounding the problem is Bob's persistence in spending time with the family. The relationship changes as Leo slowly loses his grip on reality while Bob gradually becomes saner. A power shift occurs, troubling Dr. Marvin, who has been the most powerful and influential man in his circle for years. He is so desperate to rid himself of Bob that he has him committed, though Bob is clearly not insane. By the end of the film, Dr. Leo Marvin belongs in the asylum, and his patient Bob is nearly able to counsel patients of his own.

One Flew Over the Cuckoo's Nest (1975) takes place in 1963 in a mental institution. From the moment Randle Patrick McMurphy sets foot inside, there is something that differentiates him from the other patients: he is sane. Though he is sane (perhaps because he is sane), he proves to be quite a disruptive influence on the other patients. Upon arriving, he meets with Dr. Spivy, the main psychiatrist, who reads his file aloud, telling him the reasons for his transfer from the state penitentiary to the institution. Dr. Spivy cites that he is "belligerent, talks when unauthorized, lazy" (*One Flew over the Cuckoo's Nest* 1975). The psychiatrist wants him to be observed and evaluated by the staff to see if he is indeed insane. They suspect that he has been faking mental illness to avoid completing work detail.

After the meeting with Spivy, Randle attends group therapy with the other men on the ward and Nurse Ratchett, who is quite a tough character. When the conversation takes a turn for the worse and a fight breaks out, Nurse Ratchett and the other nurses say nothing to calm the men. Ultimately, the uncooperative ones are carried off. Here we are introduced to the other men on the ward, who include Mr. Harding, Billy, Chezwick, and “The Chief.” At recreation time, Randle tries to teach the Chief how to play basketball, though the workers discourage him. Following recreation time, the patients are given pills. When Randle asks what they are and why he has to take them, the nurses respond, “It’s just medicine – it’s good for you” (*One Flew over the Cuckoo’s Nest* 1975).

Later that day at group therapy, Randle requests to have the schedule changed so they can all watch the World Series. Unfortunately, the vote does not go in his favor. That night, while they are all playing cards in the shower room, Randle starts talking about breaking out. He tries to whip them all into a frenzy but fails. The next day at group therapy, Randle again tries to get the men to vote for changing the schedule. After much struggle, he achieves his goal of a majority vote, but Nurse Ratchett declares that the last vote is not valid because the meeting was adjourned by the time it was cast. Randle later sits in front of the blank TV screen giving commentary on the game while all the other men join in the fun. It is at this point that Nurse Ratchett realizes the power Randle has in the asylum.

The next day Randle escapes from the recreation yard, climbs aboard an empty bus, and drives away with all the patients in it. He picks up his old friend Candy, then finally arrives in a boat yard where he manages to “borrow” a yacht and subsequently speed off in it. Upon their return to shore, Dr. Spivy, along with some other hospital

employees, meets the boat. The next day there is a meeting between Dr. Spivy, some other psychiatrists, and Nurse Ratchett. The psychiatrists believe that Randle, though he is dangerous, is not insane. They propose sending him back to Pendleton Correctional Facility until Nurse Ratchett suggests that he will benefit from staying a while longer.

At the next group therapy, Randle questions the men who have committed themselves voluntarily, citing that they should not stay because they are not crazy. The Chief, Cheswick, and Randle get in a squabble involving cigarettes which elevates into a full blown fight with the orderlies. The three of them are then brought to a new ward with crazier people, given more meds, and, finally, shock therapy. That night Randle, fed up, bribes the guard to let some of his lady friends, who bring with them an abundance of alcohol, into the institution. He wakes the patients up and partying ensues. He does not tell them that he and the Chief plan on escaping to Canada before the night is over. However, though they get the window open and have ample opportunity to flee, they do not.

The men all wake up to Nurse Ratchett's sour expression and half a dozen imposing guards. They are hung-over and surrounded by the remnants of the night's celebration. When Nurse Ratchett discovers Billy naked in bed with one of the girls, she interrogates him and threatens to tell his mother. Billy then commits suicide. Randle, in a fit of uncontrolled rage and frustration, tries to strangle Nurse Ratchett. Following this, the orderlies take him upstairs, shock him, and finally give him a lobotomy. They return him to his bed in the ward. Late at night, when everyone is asleep, the Chief comes to Randle's bedside ready to escape. After a moment of confusion at McMurphy's silence, he realizes the horror that has befallen his dear friend and suffocates him out of mercy.

The Chief then breaks a window and escapes, finally free – the one that flew over the Cuckoo’s nest.

One Flew over the Cuckoo’s Nest investigates the nature of insanity and identifies the difference between temporarily disrupted sanity due to trauma and permanent lunacy. The main character, Randal, is a tightrope walker maintaining a balancing act between sanity and madness. Although there are a few psychiatrists who make brief appearances in the film, the most prominent (and the only one who is identified by name) is Dr. Spivy. The most significant authority figure is Nurse Ratchett, who plays the role of villain; she is infamous among the patients for her harsh, unfeeling bedside manner. Nurse Ratchett knows the patients best and has the most control over their destinies. Dr. Spivy, however, is a benign force. It is notable that the male figures are portrayed as helpful and harmless, while the female characters who work in the hospital are all at least slightly shrewish

The group therapy sessions represent the dynamic at the institution in a nutshell. Nurse Ratchett publicly harasses each patient, probing them about their problems in a jarring, and frankly cruel manner. For example, she asks Billy about his attempted suicide, and though he becomes visibly upset she continues to prod him for some sort of verbal explanation. Billy’s subsequent suicide is not surprising. Institutionalization does not appear to be the best option for a suicidal patient – confinement with other mentally unstable patients and daily close examination of traumatic past events and recurring psychological issues seems like the perfect recipe for depression. In essence, the institution is portrayed as a place where supposed “whack-jobs” or social deviants are sent to be subdued and controlled – not rehabilitated. When Randle disobeys, they shock

him. Finally, after he attempts to strangle Nurse Ratchett (who does not know how to comfort suicidal Billy), he is given a lobotomy.

There is not one scene where any of the doctors or nurses generates marked improvement in any of the mental patients. It seems as though they are only trying to maintain the status quo. The only person who actually gives the patients hope and treats them as equals is Randle - though he does so in a slightly disruptive way, which is ultimately seen as a threat to the traditional methods of psychiatry prescribed in the institution.

Girl Interrupted (1999) is the story of Susanna Kaysen, a high school graduate committed to a psych ward after she ingests a bottle of aspirin followed by a bottle of vodka. The film, at its heart, is a critique of the psych wards of the 60's. It begins with Susanna being resuscitated on a hospital table. Following this, we see her discussing her "condition" with a psychiatrist in her living room. The doctor is a colleague of her father's. That she sees him in the privacy of her own home is indicative of the stigma associated with psychiatry.

He decides she should be committed. After their conversation, he sends for a cab. Susanna, without an opportunity to say goodbye to her parents or pack her things, is immediately delivered to Claymoore, a nearby mental institution. The psychiatrist hires a taxi driver to take her there, though her mother is present and could presumably drop her off. He believes the experience will be less emotional if a stranger drives her to the psychiatric ward. Upon arriving, she signs the papers herself- she commits herself. Nurse Val gives her a tour of Claymoore. Immediately, Susanna is aware of the fact that she is the sanest patient. She wants to leave. Soon, however, she becomes comfortable in the

place, befriending many of the girls including Georgina, her roommate who is a pathological liar; Lisa, a sociopath; Daisy, a bulimic addicted to laxatives; and Polly, who is horribly disfigured.

To the girls of the ward, psychiatrists are villains. The ringleader of the bunch, Lisa, refers to the prominent psychiatrist, Melvin, as “a bald guy with a little pecker and a fat wife” (*Girl, Interrupted* 1999). She also refers to Dr. Wick, a woman doctor, as Dr. Dyke. Interestingly, Dr. Wick seems to be the most effective and intelligent psychiatrist in the film. She is the gatekeeper, the one who ultimately decides which girls are sane enough to leave the institution and which are not.

The 60’s were a period of turmoil. Changing times meant changing attitudes. The conservative parents of the 50’s, with their rigid codes of morality and tradition, were baffled by the liberal attitudes of the children of the 60’s. Perhaps Susanna’s institutionalization was a result of her inability to fit into the straight-laced world of her parents and those surrounding her, combined with her own fear of being “abnormal” and wishing to conform to the norms of society. Mental illness was a condition to be hidden, and those who suffered from mental “abnormalities” were at times written off as “crazy,” and lumped together in the same institution when today they would be treated individually.

Perhaps Lisa’s contrariness toward these authority figures is a product of her knowledge that these people wield a great deal of power over her and an acute perception of who she really is at her core. Of all the sub-categories of medicine, psychiatry is most commonly maligned. Perhaps people in general fear and loathe the psychiatrist because it

is s/he who has the power to see into someone, the access to their darkest secrets, and the ability and permission to judge just what it is that makes them “abnormal.”

Eventually, Susanna is diagnosed with borderline personality disorder. When she asks what it is, Melvin will not tell her. This is an interesting scenario in which the doctor keeps the diagnosis from the patient. Withholding information from a patient is now illegal.

The dictionary defines insanity as: Unsoundness of mind sufficient in the judgment of a civil court to render a person unfit to maintain a contractual or other legal relationship or to warrant commitment to a mental health facility. Psychology defines insanity as a relatively permanent disorder of the mind; state or condition of being insane. But what constitutes “unsoundness of mind?” How do we know when the mind is afflicted with a “disorder”? Is insanity deviation from the norm? What is normal? If one has mental tendencies that deviate from the norm, these are tendencies brought about by events unique to that person and that person only. Each case is distinct; the psychiatrist must approach each new case as a discrete, one-of-a-kind entity. For this reason, psychiatry is full of landmines. Even the experienced doctor cannot be sure s/he will avoid every one.

Girl, Interrupted explores the limits of the doctor’s role and depicts the beginning of the psychiatrist’s loss of autonomy. Polly’s case in particular is a demonstration of the ineffectiveness of the system at this time. The psychiatrists at the ward believe she has not yet fully recovered, but her father wants her released so he can bring her home – even though it is widely known that he sexually abuses her. Though she is still keeping a collection of chicken carcasses under her bed, she is released from Claymoore per his

request. The psychiatrists at the ward do not have enough power. This action is premature, as evidenced by her suicide. The situation would have been improved if they removed her father from the scene all together - but a team of doctors and nurses did not have the power to do so. This is an instance in which psychiatry alone could do little to help deep-seated issues caused by repeated incestuous sexual abuse. No amount of therapy can effect recovery if the event that caused the trauma in the first place reoccurs consistently.

Pressure Point (1964) addresses the problem of maintaining objectivity as a psychiatrist when one is deeply angered and insulted. The film examines racism; it is not coincidental that the Civil Rights Act was passed in this same year. It poses this question to the audience: is racism a psychological problem that can be reversed with psychotherapy and medicine or is it the problem of people who need a scapegoat, who are so internally damaged and misguided that they need to find a group of people to blame for their troubles, and in some extreme cases, the troubles of the world? Once racism is ingrained in someone's thoughts, can it be eradicated?

A true hero and upstanding M.D., the prison psychiatrist (who is never named) at his most frustrated tells his exasperating and cruel patient,

Do you know what I wanted most? Despite what you are and despite what you were I wanted to help you. I wanted to kill you and I would enjoy to kill you right now with my bare hands. But more than I wanted to kill you I wanted to help you. But you know what that makes me? That makes me more than just a good man. That makes me a good doctor! (*Pressure Point* 1964).

This quotation displays his extreme grit and self-control. Doctors are held to higher standards than civilians, and he meets those standards.

In *Home of the Brave* (1949), a white military doctor uses his skills to help Peter, a black surveyor, overcome his amnesia and inability to walk. His methods, more akin to that of psychologist than general practitioner, enable Peter to overcome his paralysis and gain a new understanding of race relations and of himself. The real enemy in this WWII film is racism, an issue that is stripped bare and brought to the forefront in the jungle and in Peter's hospital bed. This military doctor is perceptive in that he realizes Peter's physical ailments stem from his emotionally distraught state of mind. At the beginning, he says, "My hunch is that the kid's crackup has to do with people not accepting him for who he is" (*Home of the Brave* 1949). The doctor understands his patient's history and uses this as an attempt to diagnose him- a diagnosis that ends up being correct. To cure Peter, his doctor forces him to remember every painful detail of the mission and each feeling that he experienced.

The film also addresses the issue of ethics, if only briefly, and leaves viewers to make their own decision regarding this divisive subject. The doctor purposely uses a racial slur, but in doing so he fills Peter with such rage that he forgets his physical self and walks. If a doctor uses a questionable method that achieves the desired result with little or no physical pain, should he be excused? In this case, the doctor is obviously not racist, as evidenced by his extreme concern for Peter. Moss is just like everybody else, and those who crack jokes about him are just as insecure as he is; they have their own inner demons to conquer. This doctor is comprehensive in his approach. He helps Moss mentally and emotionally, which in turn helps him physically by enabling him to walk and curing his amnesia. The doctor understands that health encompasses more than just physical well-being, and that kindness and understanding go a long way in establishing a

bond of trust between the doctor and patient - a bond that could make the difference between a cure and a chronic condition.

Home of the Brave (1949) takes place during World War II, a year after President Harry Truman signed Executive Order 9981, a law that banned racial segregation within the armed forces. Peter Moss, a paralyzed black man afflicted with amnesia reveals the plot to a military doctor (and, simultaneously, to the audience) through flashbacks. The film opens with the latter giving Peter a shot to help him relax and remember recent events, and then he asks him questions about his experience while Peter recounts the tale in as much detail as he can.

The film begins at the camp when the four main characters Mingo, Finch, and TJ are asked to go on a surveying mission into the jungles of a Pacific island off the coast of Japan. After initial reluctance and deliberation, the three agree to take up the mission. They are then joined by their surveyor for the mission, Peter Moss, who volunteered. Two of the men, TJ and Mingo, bristle at the addition of a black man to their team; even Major Robinson, who organized the mission, is a bit miffed. Finch, an old school-mate of Peter's immediately greets him with a bear hug and begins recounting stories of their time together on the basketball team. Finally, the men unanimously decide to go on the mission, though it is a very risky one. They take an AVI boat to the unpopulated island, where they immediately set up camp. Throughout the process, TJ cracks racist jokes and makes ignorant statements about black people, leaving Peter fuming – though he does not fight back with insulting remarks of his own.

Home of the Brave, like *Pressure Point* and *Guess Who's Coming to Dinner?*, is a vehicle not only for presenting issues in medicine, but also for exposing issues in race

relations. TJ and Finch resort to fisticuffs over TJ's treatment of Peter; this event is symbolic of the division among whites at that time in regards to segregation and civil rights. As they all sit around the campfire, Peter talks about how white people were cruel to him his entire life. He says, "You make us different. What do you want us to do? What do you want us to be?" (*Home of the Brave* 1949). Peter cogently communicates a sentiment of black frustration, anger, confusion, and helplessness - a sentiment not often brought to the forefront of 50's mass entertainment. Because he has been treated terribly by white people his entire life he has begun to absorb the criticism as truth. One cannot help but notice the irony of Peter's situation. In 1949, segregation was still commonly employed in the United States; schools were the most outstanding example of a major institution still practicing segregation. Peter feels defined by his race and trapped because of inconsistent expectations. He is not treated as an equal, yet he is required to fight and die aside his fellow countrymen to preserve the "freedoms" that he does not share with his white counterparts. The title of this film is fitting, if ironic. Extracted from "The Star-Spangled Banner," the words "Home of the Brave" are obviously in reference to the bravery of the soldiers Mingo, Peter, Finch, and TJ. At the same time, an entirely different message is communicated when one notices the absence of the rest of the first portion of the lyric. "For the land of the free" is conspicuously absent. Perhaps this was omitted because the screenplay writer wished to highlight the fact that, in 1949, America was not "...the land of the free" for many.

The men encounter some enemy soldiers (who we never actually see) among the dense jungle growth, one of whom shoots Finch. Peter at first tries to drag Finch out of the jungle into the clearing where the men are camped out, but he hears enemy fire and

retreats, taking the precious maps with him. Minutes later, they hear Finch screaming in agony. Peter, distraught, tries to go in after him, but the other men warn him that the enemy will kill them both. Peter ultimately goes against their admonitions and ventures into the underbrush only to find Finch horribly wounded and suffering. They share a few heartfelt words, and Finch dies in his arms. Peter hears the Japanese soldiers fast approaching and tries to bury him. Mingo and TJ soon show up and have to carry Moss, who has suddenly lost the use of his legs, away from the scene.

They hurry through the jungle and onto the beach in a hail of gunshots to find the AVI boat waiting offshore. TJ carries Peter onto the boat. At the end of his story, the doctor tells him he could not walk because he did not want to. Because "...you didn't want to leave Finch" (*Home of the Brave* 1949). Moss muses about his guilt at being glad when Finch was shot, but the doctor tells him that all soldiers feel a bit of gladness when their friends, and not themselves, are shot. The doctor emphasizes that Peter is not so different from everyone else, and that the people who make cracks about his race "need a scapegoat" and they have their own problems to deal with.

The benevolent doctor continues talking about the racism Peter faces, saying, "You have a right to be angry but you've no right to be ashamed. Do you hear me." Peter is still a little doubtful. The doctor orders him to get up and walk. He yells it repeatedly, but Peter says he cannot do it. The doctor calls him a "dirty nigger." Enraged, Peter jumps out of bed ready to attack the doctor. It takes him a moment, and he realizes that the use of this racial epithet was meant to show him that he could walk. He embraces the doctor. The last scene shows all the men together with TJ still continuing to make racist statements; however, Peter finally stands up for himself. Mingo discusses how losing an

arm makes him feel, especially when people call him a cripple. Both Moss and Mingo decide that “underneath we’re all guys.” Then they go back to the States, where they receive awards for valor.

Good Will Hunting (1997) opens in South Boston, also known as the Southie Projects - a ramshackle, crowded Boston borough. Will Hunting lives in the projects with his best friend, Chuckie. He works as a janitor at MIT. However, this job is not suited to him. In fact, he could be teaching classes at the prestigious university. One day while he is waxing the floor of a deserted hallway, he stops to prove a theorem written on a chalkboard outside a calculus classroom. The next day the professor who had challenged the class to prove this extremely difficult theorem asks who in his class has done this fine work. No one takes credit. Professor Lambeau is stumped.

A few days later, he spots Will writing on the same chalkboard, and, assuming that the janitor could only be doodling, he tells him to get lost. After Will is gone, the professor takes a closer look at his “doodles” and realizes that the custodian’s work is pure genius. Meanwhile, Will and Chuckie pick a fight on a basketball court. Will’s fists unleash an intense fury - the kind of anger that burns impotent until it boils over; it is clear that he has deep-seated issues. The fight ends in Will’s arrest. Before his court date, the boys all head to Harvard where Will meets a beautiful young woman, Skyler, at the bar. They are both intrigued with one another, and she gives him her number. Will returns home to Southie and attends his court date, where he defends himself brilliantly. However, the judge says his record is too extensive - too full of criminal offenses for him to escape incarceration this time around.

Will has been through several foster homes and has suffered abuse at the hands of his caretakers. Professor Lambeau, who has gotten information on Will from the custodial staff head at MIT, sits in on the boy's hearing and talks to the judge afterwards. Dr. Lambeau promises him that if he lets Will off without a prison sentence he will meet with him every week to discuss math, and Mr. Hunting will meet with a therapist two days a week. The deal becomes official. The math sessions go extremely well. However, Will hates the idea of therapy and goes through five psychiatrists before he meets with one who can tolerate his piercing, unsettling insight and irascible nature. Will and Professor Lambeau settle on the professor's former college roommate, Dr. Maguire, who is now teaching psychology at Bunker Hill Community College in Boston. The first session starts on a good note. It is obvious that the therapist knows what he's doing, has a lot of experience with difficult patients, and has a tough, no nonsense way about him. He's also in command of a great sense of humor that can transform a frown into a smile in an instant. Halfway through the session Will spots a painting in the doctor's office and begins to pick apart his life based on the subject matter of the painting. Will picks a little too much, provoking the doctor to violently throw him up against the wall and then throw him out of the session. After this incident, perhaps inspired by Dr. Sean's words, Will takes Skyler out to dinner. They kiss over messy hamburgers.

Will continues working with Professor Lambeau and stunning every math expert called in to work with him. The NSA offers him a job. He also continues going to sessions with his therapist and working through some very difficult issues, including his former abuse at the hands of foster parents. Finally, after session seven, Will has done some serious thinking. He decides not to take the job at the NSA after all and sets off on a

cross-country drive to pursue a romance with Skyler, who has gone to California to attend graduate school at Stamford.

The therapist in this film, Dr. Sean Maguire, shows Will the perfect mix of tough love, sensitivity, and humor. The doctor understands how to make Will comfortable where the five other therapists failed. Sean peppers his intelligent commentary and challenging questions with curses and uses coarse language at times, mirroring his patient to make him feel more comfortable. Sean reveals personal things about himself to show that the two men are equals and to make Will feel more comfortable. They are truly equals because Will teaches Sean a thing or two about taking risks and anteing up after loss, as evidenced by Sean's decision to take a leave of absence and travel the world. Will's therapy works so well because Dr. Maguire is vulnerable at the same time that he asks Will to be vulnerable.

The business of the mind is delicate – all gray matter and gray areas. Physical medicine is black and white. Everyone has the same basic anatomy. Psychiatry is much more delicate business – sometimes, hoping for a cure to a learned behavior or a chemical imbalance is very optimistic. No two people have the same mind; therefore, no two people can be treated in the same way. Psychiatrists must not only be skilled biologists, familiar with every part of the brain and body, they must also be skilled sociologists who understand the affects of the pressures of society, the dynamics of inter-personal relationships, the affects of childhood trauma, and countless other external phenomena that influence a patient's internal development and reactions to the surrounding environment.

Chapter 10

CONCLUSION

Paul Starr describes the progression of the doctor-patient relationship over the last one hundred years:

In the twentieth century, not only did physicians become a powerful, prestigious, and wealthy profession, but they succeeded in shaping the basic organization and financial structure of American medicine. More recently, that system has begun to slip from their control, as power has moved away from the organized profession toward complexes of medical schools and hospitals, financing and regulatory agencies, health insurance companies, prepaid health plans, and health care chains, conglomerates, holding companies, and other corporations (Starr 8).

This progression is clearly reflected in American cinema. The apex of doctor heroics occurs mid-century with *Magnificent Obsession*, *Dr. Zhivago*, *No Way Out*, *Pressure Point*, *The Spiral Road* and *The Millionairess*. Even films that were made after 1960 often depict heroic doctors of the '40s, '50s, and '60s. *Patch Adams*, *Awakenings*, *The Painted Veil*, and *Guess Who's Coming to Dinner* all fit this mold.

By the 80's, a new type of doctor-patient relationship, as demonstrated in *The Last King of Scotland*, had emerged. Characterized by manipulation, power struggle, and mistrust., where does patient mistrust come from? The media (encompassing news, books, television shows, and, of course, film) is the variable here. There has always been word of mouth, good and bad anecdotes shared between patients. It is only since the evolution and wide accessibility of mass media and the development of the pharmaceutical industry that in America the doctor-patient relationship has deteriorated.

The Doctor and *John Q* both show patient distrust at its best, referencing the pharmaceutical industry as one of the greatest evils of medicine.

Drug companies and even some medical journals sometimes couch scientific evidence in ways that (to the average reader) conceal the bottom line. To glean any meaningful information from an article (especially those about medicine with controversial side effects), one must be well versed in medical technology and statistical analysis. The average citizen, unfortunately, is not. Additionally, health insurance costs and protocol have played a major part in changing the medical process and depriving doctors of autonomy:

...most recently, reform has been preoccupied by the burden that rising medical costs impose on the society as a whole. In America health insurance first became a political issue on the eve of the First World War, after nearly all the major European countries had adopted some sort of program. The rapid progress that workmen's compensation laws made in the United States between 1910 and 1913 encouraged reformers to believe that if Americans could be persuaded to adopt compulsory insurance against industrial accidents, they could also be persuaded to adopt compulsory insurance against sickness, which caused poverty and distress among many more families (Starr 236).

In addition, the World Wide Web has had a powerful influence on doctor-patient relationships throughout the country. Thanks to sites like WebMD and MayoClinic.com consumers can now diagnose (or attempt to diagnose) themselves with the tapping of a few keys; it is a nation of hyper-aware patients who have developed new doubts about their doctors because of the wealth of medical knowledge available to them. Mass distrust of medicine and today's practicing doctors can also be explained with the news media's reporting of medical mysteries, mistakes, and rarities. Medical malpractice suits are particularly detrimental to the reputation of doctors:

Unfortunately, medical errors continue to plague the delivery of health care and place a significant burden on the state court tort system. Substantial damage

awards to medically injured plaintiff through settlement or jury verdict are considered to be the root cause of rising medical malpractice premiums, which in turn increase health care costs and, at least in some states, limit certain specialist physician services, particularly neurosurgery and obstetrics (Gunnar 153).

With the advent of television and the ability to broadcast live news stories across the country, the ability to spread bad news has increased. Even though more medical successes than mistakes occur, the mistakes are glaring and widely known.

In his book *Overdosed America*, Dr. Abramson not only has analyzed the pharmaceutical industry and its relationship to doctors and civilians, he has also related some personal anecdotes about some of his former patients. When Celebrex, a pain reliever often used for arthritis, was first introduced he dealt with a particularly difficult patient's demand for the drug. This patient begged for a prescription for Celebrex because his friends had success with it, and refused to follow his practical suggestions like using a forearm band, changing his swing, or even – gasp! – play less tennis until the elbow heals.

The patient even went as far as threatening to take his business elsewhere if he were not given a prescription for Celebrex. He blackmailed his own doctor. This patient's refusal to take his doctor's suggestion not only shows a lack of trust in his skill and knowledge, but also demonstrates a lack of respect for the doctor-patient relationship. What is worse is that Dr. Abramson wrote the prescription for Celebrex because he feared doing anything that would be detrimental to the relationship! The problem then, lies in both patients and doctors. Doctors allow patients to manipulate them and reinforce the acceptability of manipulation by performing as the patient desires.

In contrast, Abramson's relationship with one of his other patients (which he calls an "old fashioned doctor-patient relationship"), Sister Marguerite, was fulfilling, close, and

trusting, and she lived longer than expected on a surprisingly cheap combination of four medications. She received a great deal of medical attention over the course of these years, but she welcomed it because she had faith in her doctor (she's familiar with putting faith in the unknown) and because she had a lot to live for.

Perhaps the increase in religious apathy has something to do with the increase in doctor mistrust and rupturing of the doctor-patient relationship: though it may sound ludicrous, there is a similarity between the faith and trust required for fulfilling religious worship and the trust required to make the doctor-patient relationship work at its optimum level. By no means is atheism wrong or unfounded or a belief inferior to any of the monotheistic or polytheistic religions; however, it is easy to see how someone who does not put faith in a God could also be skeptical about putting faith and life in the hands of someone else. It is the same concept. Devout Christians put blind faith in God to protect them from misfortune and death; patients are encouraged to put blind faith in their doctors to protect them from death.

The major culprit in the breakdown of the doctor-patient relationship is not the doctor, nor the patient, nor is it the media. The pharmaceutical industry, coupled with the major cultural changes of the last 20 years, is the real reason for the growing dysfunction of doctor-patient relations. The media, however, does play a role in promoting dysfunction in that film and television shows communicate negative truths and exaggerations about medicine and doctors at a quicker rate that reaches more American citizens than ever before.

Whether medicine has changed for better or for worse, healing will always be a necessity. For this reason, the doctor's world will forever remain,

...a world of power where some are more likely to receive the rewards of reason than are others. From a relatively weak, traditional profession of minor economic significance, medicine has become a sprawling system of hospitals, clinics, health plans, insurance companies, and myriad other organizations employing a vast labor force (Starr 4).

Those that question its purity and effectiveness must remember that film is fiction created for entertainment and that no two people are alike, just as no two doctors are alike.

Just as the doctor has a duty to diagnose and treat his patients, the patient has a responsibility to clearly state each symptom, leaving out nothing. The patient must also remember the doctors of the movies represent extremes: extremely evil, extremely kind, extremely skilled, extremely incompetent. In actuality, on the continuum of kindness, skill, and experience most real doctors fall somewhere in the middle. It is the patient's responsibility to select a physician that they feel comfortable with--someone who caters to their needs.

With an increasing flow of patients -who are more informed thanks to the constant influx of information available to them - and their concerns, today's force of doctors, though consistently growing, is consistently bombarded with the sickly and injured and ill-prepared to deal with the influx. Therefore, maintaining a friendly relationship with patients is far more difficult for doctors than it used to be. Jerome Groopman, on his own experience as a doctor, states: "There were times when I was so spent, and yet still pulled in so many directions by patients in need and nurses demanding action, that all I wanted to do was deflect their requests" (Groopman 80). The baby boomer population is also aging quickly – the average baby boomer is approaching his 60th birthday. With advanced age bodily (and sometimes mental) deterioration often come, and so do increased doctor visits.

Though doctors are no longer revered, there are countless novels, films, and news stories all anchored in the realm of medicine indicating that whether doctors are loved or hated, they will always be a topic of interest fascinating to Americans.

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