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Animating Clinical Ethics: A Structured Method to Teach Ethical Analysis Through Movies

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Abstract

Movies can serve valuable didactic purposes teaching clinical ethics to medical students. However, using film sequences as means to develop critical thinking is not a straightforward task. There is a significant gap in the literature regarding how to analyse the ethical content embedded in these clips systematically, in a way that facilitates the students' transition from anecdotal reflections to abstract thinking. This article offers a pedagogical proposal to approach the ethical analysis of film sequences in a systematic fashion. This structured stepwise method encourages students to identify the main ethical problem of a selected scene and to reflect on the theoretical principles involved, emphasizing the application of these norms and values in a contextually situated analysis. We believe this method in film studies both reinforces the students' comprehension of the theoretical framework of an ethical topic, and casts light on its pertinence and limitations under the circumstances of the scene, thus proving a constructive tool to strengthen the bridge between the theoretical teaching of clinical ethics and clinical practice.

Keywords Ethics, clinical · Ethical analysis · Professionalism · Education, clinical · Simulation training

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Introduction: Setting the Scene

Clinical ethics cannot be dispensed from the lecturer's podium. Yet, medical students receive most of their ethics curriculum during preclinical years, when theoretical lectures and seminar discussions take precedence over practical learning. The lack of exposure to the reality of daily practice in the hospitals or clinics dissociates preclinical teaching from the innumerable ethical challenges embedded in the physician's quotidian work. In an attempt to bridge this gap between theoretical seminars and bedside practice many educators have incorporated literary and audiovisual materials into their teaching sets (Darbyshire and Baker 2012; Rosenbaum et al. 2004; Shapiro and Rucker 2004; Klemenc-Kletis and Kersnik 2011).

Much has been written about the value of films in medical education (Darbyshire and Baker 2012). Whole films or short sequences[1] can be constructive instruments to improve communication skills, stimulate empathy or train professionalism (Rosenbaum et al. 2004; Shapiro and Rucker 2004; Klemenc-Kletis and Kersnik 2011). Most reports of the use of film sequences in education only provide vague hints as to how to facilitate a meaningful discussion (Darbyshire and Baker 2012; Rosenbaum et al. 2004; Klemenc-Kletis and Kersnik 2011). While most approaches have highlighted the point that cinema can be useful to analyze ethical questions, they normally reflect on how bioethical conflicts are presented in a film, but a clear, specific analysis methodology is not usually offered. Although some initiatives described the use of self-reflective surveys, group discussions or written assignments as means of evaluation (Fritz and Poe 1979; Lumlertgul et al. 2009), little has been said about how to analyse the ethical content embedded in these clips systematically, in a way that facilitates the students' transition from anecdotal reflections to abstract thinking.

As teachers of bioethics to medical students in Spain, we want to heed the call for more descriptive accounts of pedagogy (Darbyshire and Baker 2012), and share our experience with a didactic method that fosters structured ethical analysis using film sequences. Our method aims to enhance the students' understanding of theoretical clinical ethics, while simultaneously preparing them for ethical problem solving as they transition into the hospital floors. Since our method could be equally used to analyse films or literature, we will first argue why we prefer the former. We will then describe how to organize a didactic session that incorporates our analytic method. Dissecting an illustrative film sequence, we clarify how this step-wise method may provide an exposure to theoretical ethics and serve as a guide to practical clinical ethics.

Why Films, Rather than Books?

When we started teaching our clinical ethics curriculum, we used the following excerpt of *The death of Ivan Ilyich* (Tolstoy 2015), describing the first interaction

[1] Although we will use the terms "movies", "films", "sequences" or "clips" interchangeably during our discussion, we favor the use of shorter sequences over whole films.

of the main character with a renowned physician, to kick off the lecture on informed consent:

"We sick people probably often ask you inappropriate questions," he said. "But, generally, is it a dangerous illness or not? … ". The doctor glanced at him sternly with one eye through his spectacles (…) "I've already told you what I consider necessary and appropriate," said the doctor. "The analysis will give further evidence." And the doctor bowed.

To our astonishment, these lines hardly had any impact on the audience. Interestingly, we received a very different response when we later presented the initial sequence of *Wit* (Mike Nichols 2001) during that same session. In the clip, Vivian Bearing (Emma Thompson), a distressed English professor, receives news of a fatal diagnosis from Dr. Kelekian (Christopher Lloyd), immediately followed by an offer to participate in a clinical trial. After viewing this sequence, students were eager to participate in the discussion that ensued over the informed consent process. The connection was clearly livelier than that prompted by Tolstoy's passage; we were synced by that scene.

The benefits of using films are beyond their accuracy to portray ethical conflicts (Johnston and Chan 2012). For one, movies mitigate the rift in narrative tempo that students perceive between the pace of an academic lecture and real life situations. We agree with Gonzalez-Blasco (2006) that a short sequence can be a "dynamic, sensitive environment of rapid information acquisition and high emotional impact". Whereas literary pieces require a greater imaginative effort and inspire a slower process of personal reflection, movies can impact students in a few minutes even if their visualization is passive, which makes them easier to use as prompts for discussion in a single session.

The seductive charm of films for younger generations is further explained by their multisensory appeal to the unconscious (Fritz and Poe 1979; Kadivar et al. 2018). Through verbal and non-verbal channels films stimulate simultaneously visual and auditory pathways, which makes them exceptional communicators of primary processes. They are quicker and more efficient than books at generating uniform, shared emotional responses in the audience, a visceral effect that lends itself poorly to literary verbal language. It may be easier to be on the same scene than on the same page.

The use of multiple channels of communication to train medical students is advantageous beyond its appeal to gut feelings, since the practice of medicine is also multisensory in nature. Physicians are taught to observe, listen and feel their patients in order to reach a diagnosis. The clinical act is based upon attending to the patient, and this activity closely resembles visualizing an audiovisual clip. As Southgate (1994) states, "if we are attentive in looking, in listening and in waiting, then sooner or later something in the depths of ourselves will respond." Hence, tools that appeal simultaneously to a greater number of communication channels seem better suited to teach (at least, some) medical skills (Dow et al. 2007; Rosenbaum et al. 2004).

Arousing quick emotions, however, doesn't always have a positive educational impact on the audience. It may as well hamper critical thought, and distract the viewer from the intended ethical analysis. It is essential that these feelings be interpreted within a coherent and rational perspective, so that their value is neither neglected nor overrated. Otherwise, our educational objective could be overcome with "a tempta-

tion (…) to feel satisfied with the emotions and often tears appearing at the end of the clip" (Gonzalez-Blasco 2006). On the contrary, as Gonzalez-Blasco (2006) swiftly adds, "this is where the real work starts".

Films as a Teaching Tool in Clinical Ethics: A Methodological Proposal

All educational initiatives strive to teach a specific pedagogical objective in a logical, coherent fashion. As important as the content of the intended message is how to deliver it. This involves formulating clear objectives, designing a didactic session, executing it and evaluating its results (Fresnadillo et al. 2005). In planning the use of a sequence as educational material, we recommend that the following questions be addressed (Salvador 1997; Sánchez et al. 2010):

(1) How to Structure the Session? Movies are not a goal, but the means to convey a message. As such, the key to their success lies in the preparation of the session (Ber and Alroy 2001; Farré et al. 2013). Table 1 offers an example of a didactic guide for an individual session (Akram et al. 2009; Collado-Vázquez and Carrillo 2015).

Students will require a theoretical background to interpret the scene, and a brief introduction to the film. If there are particular cinematographic aspects that might influence the analysis, we recommend directing the students' attention toward them in advance (the role that music or scenery might play in conveying a particular emotion, or how the setting affects ethical analysis, for example). The central piece of the session is the discussion of the clip, without which students might only take home superficial reflections and general comments from the session. If not enough time can be allocated to this final activity, all the meticulous planning and hard logistic work would be glossed over (Moratal Ibanez et al. 2010).

(2) What Films to Use? Many audiovisual formats can accomplish the session's main goal, which is to illustrate and clarify the essential concepts of an ethical topic. Though we favor the use of fiction movies, TV shows excerpts, YouTube® videos, or

Table 1 Example of a Didactic Unit

ACTIVITY	CONTENT
1. Introduction	Presentation of speaker, topic and teaching dynamic
2. Theoretical content	Main concept and underlying ethical theories
3. Practical implementation	*3.1* Clip introduction - Basic technical facts (name, director, year) - Brief synopsis - Context of the sequence *3.2* Present and explain use of analysis tool (see Table 2) *3.3* Visualize sequence - Particular aspects/details worth noting
4. Discussion	*4.1* Students complete analysis sheet *4.2* Open conversation, linking initial theoretical concepts to scene and students' responses
5. Conclusion	Summarize key theoretical ideas and conclusions from debate

documentary films might be equally useful sources worth exploring (Swinnen 2013; Weber 2011). A comprehensive review of films with their respective ethical topics can be found elsewhere (Flores 2002, 2004; Colt, Quadrelli and Lester 2011). In our experience, as well as in others' (Fresnadillo et al. 2005; Farré et al. 2013), students have received "older" classics or documentaries with less enthusiasm than more recent movies. Most of the movies in our selection have been previously highlighted for their educational value in other areas of medical teaching (Gharaibeh 2005; Braswell 2011; Oliver 2006; Lewis et al. 2017).

(3) How to Approach the Ethical Analysis? Let us now return to our scene, the opening sequence in Mike Nichols' *Wit* (2001). Prof. Vivian Bearing tries to stoically hold herself together while she receives a detailed, blunt account of a diagnosis of ovarian cancer from Dr. Kelekian, immediately followed by an offer to participate in a clinical trial. Though Prof. Bearing manages to maintain eye contact, she appears clearly shocked. Unconcerned, the doctor invites her to sign the consent document, and puts a pen in her hand. "The important thing is for you to take the full dose of chemotherapy (…) We have to go full force", finalizes Dr. Kelekian, who adds "Dr. Bearing, you must be very tough. Do you think you can be very tough?" A handful of piercing, suspenseful chords close the scene, breaking the fragile bond between the patient and the audience, who already feel sorry for her.

Once the scene has sunken in and disquiet has taken hold, we use the stepwise tool to guide the ethical analysis of the clip and structure the subsequent discussion

Table 2 Proposed Model for a Structured Ethical Analysis of Film Scenes

ETHICAL MOMENT	QUESTIONS	"*Scene title*" (Film title, Director, Year)
Recognition of the problematic situation	1. What is the main ethical problem? *(try to formulate it as a question)*	
Data collection	2. Do any of the facts presented in the scene (if any) require further clarification? 3. What secondary aspects influence the analysis? *(non-verbal communication, music, scenery, etc.)*	
Ethical differential diagnosis	4. Point out other ethical problems that you saw in the presented scene *(try to identify more than one additional problem to each sequence)*	
Identification and balance of principles and values	5. What values and/or principles does the main ethical problem involve? 6. How are these values/preferences in conflict in this scene?	
Context analysis, pros/cons balance	7. In your opinion, which emotional responses, behaviors, communication elements impacted the encounter positively? 8. Which of these elements impacted the encounter negatively?	
Deliberation	9. What do you think might be the best way(s) to solve the problem presented in the scene?	
Practical reflection	10. Have you lived a similar situation in clinical practice? *(If so, describe it or compare it)*	

(Table 2). In brief, the tool uses an inductive methodology that directs the students' reasoning through the case, each question corresponding to a distinct moment in the ethical analysis. Our tool is a conceptual derivative of clinical pragmatism, a method of moral problem solving widely used in the clinical setting (Fins et al. 1997), rooted in the American pragmatic philosophical tradition and the works of John Dewey (Hickman and Alexander 1999). Clinical pragmatism developed in the 1990 s as a response to Beauchamp and Childress' initial descriptions of principlism, and its method rests on a contextually situated analysis, by which a broad range of clinical and narrative facts are considered before reaching a judgment about a reasonable course of action (Fins 1997, 1998).

That brief conversation between Prof. Bearing and Dr. Kelekian will now be revisited with the tool in mind. Because the first step in ethical inquiry is to make moral perceptions more explicit (Brody 1989), the method of clinical pragmatism starts with the recognition of the morally problematic situation (Fins 1997, 1998). Although the main ethical problem seems easy enough to find, a quick answer such as "informed consent" will not suffice. We have often found that students have trouble formulating their concerns in a concrete fashion. Thus, we encourage them to formulate the ethical problems as specific questions (Table 2, question#1). "Was the information conveyed to Prof. Bearing appropriately?" or "Was the patient coerced to participate in a trial?" are two related but different problems that involve the topic of informed consent. Framing the relevant problems to the case as concrete questions helps students identify "the locus for initiating ethical inquiry" (Fins and Miller 2000).

Subsequently students are asked to clarify whatever initial questions they might have related to the facts of the case. These generally involve further detailing the patient's diagnosis or prognosis or inquiring about potential management options. Students also need to identify other complementary non-verbal cues that might enrich their analysis (Table 2, questions #2-3). Just as medical students are trained to think about pedal edema as a hint for gut malabsorption, heart, liver or kidney problems, they need to learn how to interpret non-verbal communication and auditory stimuli. What does Prof. Bearing's demeanor express? Does Dr. Kelekian force the patient into participating in a trial by handing out a pen at the same time as the consent form? Recognizing and incorporating these indirect clues into the ethical analysis not only enriches greatly the ensuing discussion, but also helps students hone their empathic abilities. After collecting this broader array of clinical, narrative, and contextual information, other ethical problems might sprout around the student's initial ethical challenge. In a way analogous to clinical reasoning, these additional ethical issues also need to be formulated as part of a "differential diagnosis", since they may have bearing upon the development of a solution to the initial concern (Table 2, question #4). In our sequence, for instance, students should differentiate between potential clinical problems, surrounding the main diagnosis and its treatment, the social aspects portrayed by the scene (how the patient is presented alone), its legal aspects (for example, whether the patient has to sign an informed consent document, which could lead to a discussion about which interventions require a signed form and which do not) and, finally, the ethical problems (later in the film, the nurse's doubts about whether to tell the patient the truth, the limits of treatment for patients at the end-of-life).

Only after these opening questions have been addressed, come values and ethical principles into consideration. Did Dr. Kelekian's presentation harm Prof. Bearing's autonomy through a faulty consent process? Or are there additional values and principles in danger? Most students resort automatically to autonomy as the overarching principle to be considered in every ethical challenge, irrespective of the clip. However, since most situations involve, in fact, many conflicting values and principles, questions #5-6 prompt students to consider additional values at risk. Following the aforementioned clinical analogy, students should not be satisfied with discovering pedal edema in the examination of a patient, but this finding will rather prompt a cervical inspection for elevated jugular pressure or a focused thoracic auscultation for bibasilar crackles before making a diagnosis of heart failure. Does this form of directive conversation foster or harm Prof. Bearing's trust towards the medical profession or the institution? Can Dr. Kelekian act beneficently, without exploring the patient's preferences? Is he exploiting her vulnerability in face of the recent diagnosis? The evaluation of these other significant values at play might preclude the premature closure of other morally relevant considerations.

While we discussed during one of our sessions how Dr. Kelekian's communication style had mislead the consent process, one student cleverly pointed out how though some aspects of the interaction had gone wrong, others were clearly positive. In this vein, questions # 7-8 prompt students to identify which emotional responses, behaviors and communication elements impacted the encounter, both in positive and negative ways. After all, Dr. Kelekian does stop twice to assess the patient's understanding, and even offers to talk to other family members to clarify questions. By revisiting the scene under a different light, students have the opportunity to consider the perspectives of all stakeholders with a broader, more open view. As the Spanish philosopher Ortega y Gasset (2000, p. 35) once said: "I mistrust the love of a man for his friend (…), when I do not see him make an effort to understand his enemy".

The aforementioned ingredients –facts, attitudes, values, perspectives– will prove essential to build a solid argument as to how best to move forward. Question #9 asks for a recommended course of action, launching the ensuing discussion. This allows students to train their discursive abilities and their negotiation strategies. In the discussion, students will test their arguments, learn to balance principles, and to develop counterarguments to possible objections.

Our tool also emphasizes the translation of the discussion to real life situations (question #10), and analyses how and why prior conclusions ought to be adapted to different contexts. Following this thorough assessment, the proposed tool not only facilitates the identification of numerous ethical problems embedded in a short sequence, but also leads to reasoned discussions that can be readily translated from the film into clinical practice.

Some Limitations of Our Proposal

Our proposal faces several relevant limitations. It has been argued that films can be suboptimal learning tools because students provide more positive and inaccurate answers to these sequences than they actually present in real practice. This phenom-

enon, in which students fall prey of an emotional idealism during the visualization of clips, has been called the "Don Quixote effect" (Shapiro and Rucker 2004). Our proposal, however, incorporates several reflection points that strive to mitigate this potential bias. By encouraging students to weigh positive and negative aspects of the observed interaction (Table 2, questions #7-8), our tool acknowledges the relevance of the feelings students might develop towards different characters. These emotions, tempered by the consideration of multiple perspectives, are readily incorporated to the ethical analysis, which is, in turn, enriched by them. This exercise not only hones the students' empathic abilities, but also puts their emotional insight in a broader contextual perspective. Moreover, the tool also requests from students a comparison between prior experiences on the wards and that of the sequence (Table 2, question #10). This reflective exercise also grounds the discussion, promoting a more realistic interpretation of the clip. Thus, our tool can serve as a prudent "Sancho Panza"[2], encouraging in the students a grounded analysis that includes their feelings and perceptions, while at the same time framing the latter in a realistic context.

Our proposal has not undergone a structured evaluation of its effectiveness. Understandably, some may remain sceptic about the impact of our method. This caveat, coupled with the absence of randomized comparisons between any other teaching strategies, speaks to a systemic deficit, rather than a limitation of the current proposal. It should be further noted that previous initiatives only included an evaluation focused solely on learner satisfaction (Darbyshire and Baker 2012). Nevertheless, there is evidence that, at least, students have welcomed warmly methods similar to those here proposed (Klemenc-Kletis and Kersnik 2011).

We are well aware that other authors have also put forth structured proposals to analyse film viewing/film scenes in the context of clinical ethics teaching which may be equally useful and complementary to the one presented here. Perhaps an excellent example could be "The Picture of Health: Medical Ethics and the Movies", a book where 80 commentaries on specific clips from a variety of films are offered (Colt, Quadrelli and Lester 2011). In our same vein, the preface of the book warns how "it would be incorrect to presume that simply showing a film suffices to teach medical ethics", encouraging the necessary use of a structured methodology. Indeed, its authors offer a series of general thoughts on how to do so. Peter Dans explains the use of short scenes, the importance of knowing the audience, breaking it into small groups and the relevance of dedicating time to wrapping up the session to provide some kind of conclusion that furthers rational discussion. Johanna Shapiro points out how, by watching a film, the audience literally sees through the eyes of the onscreen character, focusing on the relevance of incorporating the perspectives and viewpoints of different stakeholders. Crawford and Colt explain how a movie clip can promote the reflection on who we are, who have we become, and who we long to be, affecting the root of our being. These general considerations have also been included to, and discussed in our method, which furthers their work by incorporating a stepwise process to ensure a structured analysis.

[2] Don Quixote's squire in the novel, known for his pragmatic, realistic replies to his master's idealistic thoughts.

It might be argued that systematically using the tool for every analysis will reduce its instructions to a rote, predictable process. Indeed, the tool should not be used routinely or automatically. It must be contextualized and used at a time when, according to the professor, it can be truly useful. We agree that, "the key to these efforts to the general curriculum is to ensure that we use the tools tactically at crucial moments, and not overuse them, lest they become mundane, and the strategies, predictable" (Shapiro and Rucker 2004).

Another theoretical limitation could stem from the unconscious bias involved in the contextual differences between the films and the audience. Most of the films we use are American and depict a very specific healthcare context that needs to be interpreted in a broader socioeconomic, cultural and philosophical framework. Our audience, however, has a Mediterranean orientation, which is "deeply rooted in a rationalist, principlist philosophical tradition" (Rodriguez del Pozo and Fins 2006). We do not think this contextual difference poses a threat to our method. In fact, the final question in our tool (Table 2, question #10), specifically stimulates this conversation, encouraging students to reflect on whether the situation presented in the clip could apply to our cultural milieu. In fact, by exploring different healthcare contexts, and explicitly comparing them during the discussion, film sequences might actually enrich the students' initial perspective of a given conflict.

Our proposal should not be seen as an attempt to replace literature as a tool to teach clinical ethics or medical humanities curricula, but rather as a valuable, synergistic complement. Many relevant arguments favoring the use of audiovisual materials also apply to literary pieces. Films and books are both excellent vehicles to prompt a discussion and facilitate a more holistic approach to patients and their circumstances (Rosenbaum et al. 2004; Lain-Entralgo 1962). Both offer insight into the patients' biography, and allow students a broader understanding of the different perspectives involved in a specific situation. Hence, both can effectively illustrate ethical issues and link these to the theoretical content of the lecture, equally serving this "consciousness raising" purpose (Scott 2000).

Concluding Remarks: The Martini Shot

We have offered a pedagogical proposal to approach the ethical analysis of film sequences in a systematic fashion. This stepwise method encourages students to identify the main ethical problem of a selected scene, reflect on the principles involved, and emphasize the application of these norms and values to the given context. This strategy both reinforces the students' comprehension of the theoretical framework of an ethical topic, and casts light on its pertinence and limitations under the specific circumstances of the scene. By sharing a clear and complete description of our method, it is our hope that it will prove a constructive tool to strengthen the bridge between the theoretical teaching of clinical ethics and clinical practice.

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