

Half a day at the movies: film studies in the VTS course

INTRODUCTION

For the last 3 years in our GP Vocational Training sessions we have been showing a full-length film once a term. We were already including the arts in the curriculum in the form of visits to galleries and theatres and discussions of literary novels. The hope is that this kind of educational experience will promote a greater empathy with patients as well as broadening the general education of the GP registrars and SHOs.

Film has been widely used in the form of short extracts to trigger a discussion about particular practice situations (for example, a dying patient, unwanted pregnancy, family dysfunction and breaking bad news).¹ Students have been found to respond very readily to scenes, mainly from mainstream films that resonate with problems that they have encountered in the hospital or GP setting. But we wanted to do something rather different.

To begin with we wanted to show classic films which were good enough to be widely acclaimed as works of art. That is, films which could take their place alongside classic works of literature, drama, music and painting. For the same reason we also wanted to show each film from beginning to end. You can analyse a work of art and examine individual details but you have to experience it as a whole to begin with. We wanted to show our trainee GPs the best that the cinema had produced over 100 years of existence. That meant good scripts, good acting, beautiful evocative photography and skilful direction. Films with as near as possible a single presiding auteur, generally the director, tended to be preferred. If the whole production was touched by genius, so much the better. We wanted the films to be entertaining, indeed entrancing. Seduction is an important part of what cinema is about. But we felt that as our course has a serious purpose

(training GPs, we reminded ourselves) the films should also have a serious underlying theme or intention which might in some way help those who saw them to reflect on the human situation and become more helpful empathetic doctors for their patients. So films that we felt to be pure entertainment, however blissful, were firmly, if regretfully, ruled out.

What sort of films satisfied our criteria? As you might expect, they were mostly in black and white and made between 1935 and 1960. Oh yes, and in foreign languages with English subtitles. What did we hope to achieve? Let me summarise our objectives.

Our objectives:

- To give the registrars an artistic experience that they would otherwise have missed. To show them something that they might want to see again and which might stay with them for life;
- To help them see that the characters so brilliantly brought to life on the screen were not very different from the patients they engage with in the surgery. As a result they might be able to view some difficult patients with greater tolerance, sympathy and respect. They might be enabled to stand back a little from the symptoms and signs and see their patients as fellow human beings trying to make sense of their lives and their emotions. The films do not show medical scenes and are not really about doctors, although in one of them (*Wild Strawberries*) the central character happens to be a doctor;
- To share our own pleasure in these great films with our group.

We were not attempting:

- To provide talking points to illustrate clinical problems;
- To make people better doctors or better human beings;

- To teach communication skills;
- To improve the doctors' ability to handle ethical problems.

METHOD

We showed one complete film each term. The films were selected by the course organisers (with one exception). They were projected from video or DVD onto a large screen to provide total immersion in the cinema dream world. So far we have shown a different film each time, although in the course of 3 years there has been a turnover of registrars and SHOs. This has given the course organisers the chance to sample the impact of a variety of different films. After tea, we had an unstructured spontaneous discussion of the film.

Films shown so far:

1. *Wild Strawberries*, directed by Ingmar Bergmann, Sweden (1958)
2. *La Grande Illusion*, directed by Jean Renoir. France (1940)
3. *Citizen Kane*, directed by Orson Welles US (1941)
4. *Il Postino*, directed by Michael Radford Italy (1994)
5. *Les Enfants du Paradis*, directed by Marcel Carné, France (1945)
6. *Pather Panchali*, directed by Satyajit Ray, India (1956).

A BRIEF DESCRIPTION OF EACH FILM

Wild Strawberries (1958)

In this early Ingmar Bergman classic, an elderly microbiologist (wonderfully played by the veteran Swedish director Victor Sjöström) travels to his old university to be given a special award. He is a crusty old fellow who lives with his loyal and adoring housekeeper. Despite his emotional coldness, the doctor is troubled by his distant relationship with his son and the shaky state of the son's marriage. He also has chilling premonitions of his own death, which Bergman represents in some very

arresting surreal scenes. Dr Borg decides to travel in his old car (a magnificent 1937 Packard) and his daughter-in-law offers to accompany him. In the course of the long drive the old doctor reviews his life: this is an early example of a 'road movie' with an inner as well as an outer journey. They revisit a number of scenes from earlier stages in his life, including the summerhouse by the lake where he had family holidays and fell in love with his cousin, only to lose her to a bolder more sensual rival. We see flashbacks of these happy and painful scenes of his youth. The old man and his daughter-in-law begin to understand each other better. They give a lift to three students, a vivacious young girl (Bibi Andersson, who also plays the lost sweetheart in the flashbacks) and her two rival boyfriends. The old doctor enjoys the company of these young people who treat him with affection and respect. Back on the road, they pick up another couple whose marriage is clearly a disaster. Their cruel sarcastic behaviour shocks the others (and reminds Borg of his own failed marriage).

They visit Borg's elderly unsentimental mother. The car is refuelled by an appreciative ex-patient who remembers when Dr Borg was a young country GP. Finally they arrive at Lund where Borg receives his degree to the delight of his young friends. Discussions take place with his son and daughter-in-law that encourage some hope that their marriage might be saved.

In a final dream sequence we see the old man back at the summerhouse, greeting his parents who wave to him from the distance. The last scene shows him dying peacefully having reached the end of his life's journey.

La Grande Illusion (1939)

Here is a film about the experience of some French officers in a German POW camp during the first World War. They include an upper class pilot, a lieutenant of working-class origin (Jean Gabin) a Jewish officer from a rich banking family and a music hall actor. We see them digging an escape tunnel and putting on a vaudeville show. Their dinner table is greatly improved by gourmet food parcels sent by the Jewish officer's family. Then they are

Flora medica Richard Lehman

From the journals, August–September 2005

New Eng J Med Vol 353

555 Would we get osteoporotic bones back to full strength more quickly by adding some parathyroid hormone to our bisphosphonates? This trial and the one on page 566 tried various ways to combine the two, but there was no sustained benefit above alendronate alone.

576 A big randomised trial confirming what the Cochrane review says — grommet insertion makes no difference to long-term outcomes in glue ear.

761 A revolution in the management of early failed pregnancy — vaginal misoprostol can spare surgery in 84% of incomplete miscarriages or non-viable early conceptions.

924 You won't see much dengue fever in your practice, but you or your patients might well be thinking of going somewhere where you could catch it — India, North Australia, Mexico. As this review explains, it isn't nice and there isn't any treatment. Wait until there's a quadrivalent vaccine.

977 The direct thrombin inhibitors hold out the promise of being the best oral anticoagulants, without the need for monitoring. Unfortunately the leading drug, ximelagatran, can damage the larynx of those who try to utter it, and the liver in some patients who swallow it.

Lancet Vol 366

455 The general superiority of aromatase inhibitors for preventing recurrence in postmenopausal, oestrogen-receptor positive breast cancer is further demonstrated in this trial, which switched women over from tamoxifen to anastrozole after 2 years, and found they did better. Time to audit your tamoxifen prescribing.

549 Antiretroviral treatment cannot eliminate HIV completely from resting T-cells, but there is an exciting new drug that might — sodium valproate.

563 At last, roflumilast. This is the name of a phosphodiesterase-4 inhibitor which, according to this short-term trial, may be our first really useful oral drug for chronic obstructive pulmonary disease.

660 A lot of paediatric screening has not survived critical scrutiny (see *Arch Dis Childhood* (90: 925) for the most sacred cow of all — failure to thrive), but detection of permanent hearing loss at birth can make a difference and screening is feasible.

726 Do homoeopaths really believe that water can contain therapeutic memories? I hope (but don't expect) that this is the last we hear about it.

742 Dreaming that you had fulfilled your brilliant destiny as a hospital consultant?

Forget it, 40% of them feel disempowered and emotionally exhausted.

JAMA Vol 294

681 The 'growing epidemic of skin cancer' may in part be due to greater vigilance (see *BMJ* 331: 481 for melanoma) but rates of basal cell and squamous cell carcinoma in young people have definitely risen in the Olmsted County study.

706 A meta-analysis of studies shows that the longer you take warfarin, the less likely you are to get a second thromboembolism.

819 Have you been following the Stent Wars? There used to be battling fleets of stents, bare, radioactive, or covered in various chemicals, but the Force has favoured Sirolimus Eluting, Lord of the Stents. See also *N Engl J Med* (353: 653–663).

947 A review of fetal perception of pain, citing good evidence that pain signals don't reach the brain until about 29 weeks.

1043 Continuing medical education used to mean sleep-learning at lectures, so it doesn't surprise me that internet-based CME can be more effective. You can go and get a coffee any time.

Other Journals

Arch Intern Med (165: 1686) looks at whether normal doses of pseudoephedrine can affect blood pressure and pulse rate — yes, by 1mmHg and 3 bpm. On page 1698, the vexed question of physician participation in euthanasia is examined from the experience of 3614 Dutch GPs: it can be done within a rational and humane legal framework. The withholding of artificial hydration and feeding in advanced dementia is considered on page 1729. *Ann Intern Med* (143: 241) presents a strong case for warfarin plus aspirin in all myocardial infarct survivors at low risk of bleeding. On page 251, the Diabetes Prevention Program is reviewed wistfully: small successes at great cost. As a classical migraineur, I keep an eye on the literature linking migraine with brain damage. *Brain* (128: 2068) presents MRI evidence of micro-infarcts in 7.5% of patients who have migraine with aura — most of them in the cerebellum. No wonder I keep making typos and bumping into things. There is a new and better instrument for assessing very early dementia, according to *Neurology* (65: 559). 'Use of the AD8 in conjunction with a brief assessment of the participant could improve diagnostic accuracy in general practice.' Expect one at your next annual appraisal.

Plant of the Month: *Euonymus grandiflorus*

A big semi-evergreen shrub with wine-dark leaves and spectacular fruit in autumn.

moved to another more secure prison in a Colditz-like castle where the commandant is an aristocratic Prussian, brilliantly played by Erich von Stroheim, with his neck enclosed in a surgical brace that comically symbolises his mental rigidity. He likes and respects Boieldieu, the pilot, who, despite being technically an enemy, is a member of his own class. The others he regards with lofty contempt.

The film is of course well scripted and beautifully shot. Although its underlying mood is serious, many of the scenes are very funny and some are quite stirring. All the characters arouse our sympathy, even the stiff German officer because of his courtesy and his mourning for a vanished age when war was conducted by gentlemen. Renoir shows how complicated human loyalties and affinities can be. The upper class officers have a closeness that transcends nationality and war; the Frenchmen are all comrades but their positive feelings for each other are disturbed by differences of social class, race, religion, wealth and temperament.

Citizen Kane (1941)

This is a very famous film which frequently tops the lists of the best movies of all time. The director (Orson Welles at the brilliant beginning of a flawed career) also plays the central role of the millionaire newspaper editor, Charles Foster Kane. The film is structured as an enquiry into the life of the recently dead celebrity to try and find out what drove him and what sort of man he really was. There is a mock newsreel which reviews the external facts: separated from his parents as a child, inheriting a fortune, buying a newspaper and converting it into a sensational scandal sheet, running for president, being caught out in a love affair, retreating to a grandiose castle with his mistress, amassing a fantastic art collection and finally dying alone in the midst of all his wealth. A journalist interviews various key figures in Kane's life in order to find out more, and further scenes of his life both private and public are revealed in flashback. There is an apparent psychological explanation of Kane's character but Welles later dismissed this as 'dollar book Freud'. Kane remains an enigma and we are left to draw our own

conclusions. Welles' performance is outstanding and the film introduced many cinematic innovations especially in the use of camera fluidity, deep focus and montage. Even if you don't rate it as the best film of all time it is an overwhelming experience and an essential part of anyone's cinema education.

Il Postino (1994)

This film is an odd one out that, left to ourselves, we would never have included. However, one of the registrars pleaded its cause very strongly and in the end we agreed to show it and didn't regret the decision. The film tells the story of a shy young postman living on an idyllic but backward Italian Island, in the 1950s, who falls in love with the prettiest girl in the village. He finds himself delivering letters to a literary celebrity, the Chilean poet Pablo Neruda who has had to go into exile for his political views. The poet (beautifully played by the great French character actor Phillipe Noiret), begins to take an interest in the young man and teaches him about poetry. As a result he is able to woo his sweetheart with poetry and they get married. The postman poet is played with wistful longing by Massimo Troisi who sadly died soon after the picture was finished. The haunting music by Luise Enrique Bacalov won an Oscar.

Les Enfants du Paradis (1945)

In the latter years of the second world war and in the teeth of the Vichy regime in France, the director Marcel Carné and his script writer Jacques Prévert recreated the 'Street of Crime' and its music hall theatre 'Les Funambules' from the Paris of the 1830s. In this dream world we are mesmerised by the relationships between a brilliant but tormented mime artist, a mysterious slightly older woman with whom he is in love, a pretty soubrette carrying a torch for the mime artist, an ambitious young actor who longs to play Shakespeare, and a cynical gangster who also writes plays. The cast includes the celebrated actress and model Arletty and Jean-Louis Barrault whose mime performances are unforgettable.

Pather Panchali (1955)

The film follows the fortunes of a little

family in living in rural Bengal. The father is a benign but unworldly scholar who is often absent in what seem to be hopeless attempts to make a little money. The mother tries desperately to make ends meet. The little boy (Apu) and his elder sister are full of curiosity about the village and the world beyond. An extremely aged Auntie completes the household. The film is full of poetry and has images of striking beauty. There is humour and also heartbreak before the end in which we see them setting off for a new life in the city.

WHAT DO THESE FILMS HAVE TO SAY TO US?

Do the films have particular messages that may be helpful in coping with real life human (doctor-patient) relationships?

Some examples:

- We need to examine our lives while there is still time to change. If we try and overprotect ourselves from painful feelings we may end up feeling cold and alone. (*Wild Strawberries*.)
- We all share the human predicament. Life would be better if we could be friendly and have respect for each other's feelings. But there are so many prejudices which get in the way. They make us feel hostile and we limit our compassion to people of our own subgroup, whether it is nationality, rank, race or religion. If we can't escape from this prison, the 'war' will never end. (*La Grande Illusion*.)
- The urge for power and control over other people may be overwhelming. But great power may lead to frustration and loneliness rather than emotional fulfilment.
- Looking at someone's life from different angles and exploring his background can enhance our understanding; but ultimately who exactly we are remains rather mysterious. (*Citizen Kane*.)
- Poetry is open to everyone. A shy young person can learn to express his feelings through the power of words. Finding an understanding father figure may be just as important. (*Il Postino*.)
- Why is love so difficult? Why does the person I love most in all the world have eyes only for someone else? There is

The Blair backlash

something of the theatre about all human interactions. We are all trying to perform for an audience of one.' (*Les Enfants du Paradis*.)

- Seen through a child's eyes the world is a magical place. But why are grown ups so troubled? For the mother, it is difficult to be kind and considerate when she feels totally responsible for the family and everyone else seems so self-centred and unaware of her needs. (*Pather Panchali*.)

THE NEXT STAGE

Our general impression is that the films have been well received, once the group members got over the shock of looking monochrome images and having to read subtitles. Each was followed by a lively unstructured discussion, mainly centred on the characters and their relationships. The first part of *Les Enfants du Paradis* was so compelling that the group insisted on seeing the second half the following term. At our latest end-of-term evaluation session there was a unanimous vote for the film sessions to continue.

So far we have not made any detailed notes of the discussion or attempted to evaluate the audience's responses to the films.

In the next year we intend to show one of the films each term and record the discussion. We will then follow this up with some interviews, with the aim of getting qualitative accounts of how the films were received and what thoughts and feelings they generated. We hope to present the results of this research in a year's time.

John Salinsky

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REFERENCES

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One of the few highlights of Britain's recent lacklustre election campaign was the television ambush of Tony Blair by a woman complaining about her difficulty in booking an appointment with her GP more than 2 days ahead. It clearly came as a shock to the prime minister to discover that one of the unintended consequences of his government's major primary care policy initiative — to guarantee patients an appointment with their GP within 48 hours — was that, in some cases, they could not get an appointment more than 48 hours in the future. The anticipated backlash over this humiliation has now arrived, in the form of a further government initiative to ensure that doctors provide both immediate and long-term appointments.

Health minister Lord Warner proposes action to 'tackle restrictive booking and tighten tests on the 2-day GP target'.¹ Although, before the election, the government acclaimed GPs' successes in achieving targets for 48-hour access, Lord Warner now sternly declares that 'there is absolutely no justification for this target being used as an excuse for an inflexible appointment system'. He threatens 'more robust checks' to ensure that there will be no further embarrassments for the prime minister on this issue. It does not seem to have occurred to the government that its ill-advised interference in GPs' appointment systems has itself fostered inflexibility.

The government's preoccupation with the problem of 'access' to GPs' surgeries goes back to the 1997 election campaign, when one of the focus groups so influential in New Labour strategy reported that concerns about getting urgent appointments were running high among key sections of voters. The drive to reorganise primary care to ensure that all patients could expect to see a GP within 48 hours (or another primary care professional within 24 hours) was backed with substantial resources and dedicated personnel. By 2004, the targets were being met, but the perverse consequences were also becoming apparent.

The biggest problem resulting from the fetish of 48-hour access is that it has put the demands of the 'worried well' before the needs of the 'seriously ill'. Focus groups are attended by middle class

professionals in good health, not by patients suffering acute or chronic illness or physical or mental disability. Rapid access to any health professional may suit those who only occasionally attend the surgery; for those who are more frequent attenders, continuity of care with a familiar doctor is more important — yet this is now accorded a much lower priority. New Labour's pandering to swing voters has reinforced the 'inverse care law' (those whose need for health service resources is least receive the most, and vice versa) which Old Labour once identified as one of the defects of the NHS under the Tories, to be remedied when the party returned to power.²

The imposition of targets on every GP surgery by central government destroys local autonomy and flexibility. Doctors' surgeries provide services in a very wide variety of communities with different requirements and their appointment systems have evolved over the years in response to these needs. No doubt some GPs are more flexible than others in meeting demands for appointments. But it is not surprising to find that an attempt to impose a uniform national incentive scheme on access to GP surgeries has made the system more rather than less inflexible. This is particularly the case at a time when the major constraint on the provision of appointments is not the inadequacy of appointment systems but the shortage of GPs and other primary care professionals. Indeed one of the factors exacerbating the shortfall in the supply of appointments is the trend towards early retirement in general practice, in part a result of the relentless stream of interfering initiatives from government.

It seems that the government we elected to run the country is more concerned with running our surgeries. This is certainly proving detrimental to the interests of patients in primary health care. Can it be good for the country?

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