Audiovisual Reviews

Andrea Nevins, MPH, Audiovisual Editor


According to its press release material, Whose Death is it Anyway? was prepared for use in the nationwide outreach campaign of Choice in Dying, a national not-for-profit organization committed to increasing communication about the complex issues associated with end-of-life decisions. The stated purposes of this made-for-TV video, first aired on public television stations in early June, are (1) to help viewers understand the many choices that are available for end-of-life decisions beyond assisted dying, (2) to make clear that there is a great deal more to end-of-life decision making than just determining whether or not to request or give assistance in dying, and (3) to provide women and their families with the tools to make informed end-of-life decisions and the tools to ensure that those decisions are honored. The video is a carefully constructed mosaic. Taped segments in which people facing death and family members of persons unable to speak for themselves struggle with end-of-life decisions alternate with segments in which a live studio audience consisting of medical personnel, clergy and people who have made such decisions react to the filmed discussions.

Whose Death is it Anyway? fulfills its first goal only partially. While it makes clear that end-of-life options include more than assisted suicide or euthanasia, it does not give equal time and attention to the important options of hospice, and of palliative care in general. The video is more successful in achieving its second objective. Both the real-life family vignettes and the studio audience discussions express vividly how complicated and difficult the process can be of talking through one's own wishes with others, or of arriving at decisions on behalf of a loved one on such matters as where the dying person is to spend his or her final weeks, and the kinds and duration of treatments to be requested or refused during the last stages of terminal illness. The difficulty appears equally great whether the dying person is mentally competent or is no longer able to participate in the decision making. The vignettes portray problems of communication that often exist between a patient and family members, among family members, and between medical personnel and both. Differences in the points of view of medical care providers and family caregivers are referred to in some of the vignettes and also appear in the studio audience exchanges. Many of the contributions from the lay members of the studio audience emphasize how difficult it can be to get physicians to accept and enact written directives provided by the dying person, even when his/her directives are supported by family members. They also speak freely about inadequate pain management provided those who are critically ill. The health care providers in the audience have little to say in response to these concerns. They instead stress the importance of advance directives, living wills, durable power of attorney for health decisions and discuss the legal ramifications of fol-

lowing or failing to follow patients' directives. They also focus on the responsibility of patients and their families to arrive at a consensus on such matters as where the dying person is to spend his/her last days and which lifesustaining treatments are to be requested or refused. The need to insist that physicians discuss being made, and the patient's preferences fully, well before the directives become operative, is also emphasized.

Since the video was edited to become a one-hour TV special, it is not surprising that it fails to achieve its third objective, that of providing tools to address problems associated with end-of-life decisions. The vignettes are highly effective in conveying the painful dilemmas, but they do not offer any practical suggestions that members of the audience could use to reach satisfactory resolutions for themselves or others. A longer video could have included a summary segment in which each issue raised is succinctly restated and followed by specific recommendations of various effective means (some tailored to medically trained and others to lay viewers) on how best to address them.

In spite of its shortcomings, Whose Death is it Anyway? is a valuable and low cost teaching tool for classes dealing with death and dying in gerontology or geriatric training programs at either the undergraduate or graduate level. A faculty member could, after each vignette, stop the video and have the students analyze the video's content. The instructor could lead a discussion on a statement made in the video. The students could then be asked to identify important omissions. For example, virtually all the case vignettes focus on seniors, but not all dying people are elderly. Students could be encouraged to explore how these same issues translate to children with terminal diseases, brain-dead young people, midlife persons living with AIDS and cancer, etc. After another segment, an instructor could lead a discussion on a statement made in the video that 80% of all adults have not drawn up advance directives. Students could be asked to identify all the reasons why only 20% have advance directives in place; they could also debate the personal and public policy implications of that fact. At certain places, it would also be profitable to have students discuss the causes and possible solutions to specific difficulties cited by studio audience participants, such as the unavailability of overworked physicians to educate their patients about end-of-life options or to fully hear patients' stated preferences where these exist. Students at any level will be well served both as family members themselves and as future professionals if they are challenged to consider how to help families and other circles of intimates discuss each member's wishes about end-of-life location and treatment well before these preferences are to be acted upon when death is near.

Carol A. Gaetjens, PhD
Coordinator, MA in Gerontology Program
Northeastern Illinois University
5500 N. St. Louis Avenue
Chicago, IL 60625-4699