

User's Guide



Discussions in Bioethics

A series of eight open-ended dramas to stimulate discussion of values and ethics in relation to modern medical technology.

Produced by the National Film Board of Canada



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Discussions in Bioethics

Why Is This Series Important?

Modern science has given mankind vast powers to shape human life, from the fertilization of the embryo to the final moment of death. But science has not provided the answers to when, how, and why its "wonders" should be employed — nor to who should make the decisions.

This series of short films was created by the National Film Board of Canada to stimulate discussion of the ethical, legal and economic questions raised by recent advances in medical science and technology. These are fundamental questions — of life and death, and of what kind of life and what kind of death.

Because we can detect defects in embryos — should we use that capability to weed out the imperfect, the handicapped?

Because we can transplant organs, should everyone with a defective organ be entitled to a replacement?

Because we can prolong life in the face of old age, disease, and injury — should we?

Who will pay the escalating cost of elaborate medical treatments? And who will decide who is deserving — if a choice must be made?

These are not remote, hypothetical questions — they are issues that affect our daily life as individuals, as members of a family and a community, and of a larger society.

What value do we place on human life — on each and every human life?

About the Series

The series consists of eight dramatic films, each approximately 15 minutes in length. The dramas are open-ended — it is up to the audience to decide how the story should be resolved. The series was produced by the National Film Board of Canada with the guidance of Dr. David Roy of The Center for Bioethics in Montreal. The subjects are drawn either directly or indirectly from published case studies.



Audiences for the Series

The Discussions in Bioethics series will be of value and interest to a number of different audiences:

High School/CEGEP/University Students

The dramas are ideal tools for stimulating discussion in Family Life and similar courses, at the high school and CEGEP levels. As well, their level of sophistication and the importance of the subjects give them wide potential at the University level — i.e. in Sociology, Drama, Media Studies, Creative Writing and Psychology.

Health Professionals

Many of the films are set in hospitals, and many of the characters are doctors and nurses grappling with issues of immediate concern to all health professionals. Again, the dramas are made with a level of sophistication that makes them appropriate for students in medicine, nursing and related health fields, as well as for professional associations concerned with stimulating discussion issues among their members.

Legal Professionals

For students of law who need exposure to the issues and legal implications in the areas of medical treatment and non-treatment, and for judges and lawyers at conferences and legal seminars.

Community and Religious Groups

The films provide a balanced, open-ended view of critical issues in our society and will stimulate discussion among audiences of all ages and backgrounds.



Before the Screening

Because the films touch on such controversial issues as euthanasia, child abuse, abortion, and the rights of the mentally handicapped — issues about which most people have strong opinions, the group leader or teacher's most difficult task will be to encourage students or group members to watch these films with an open mind, and to keep their minds open until they have thoroughly examined the issues, the characters' motives and backgrounds — and the factors in their *own* lives that lead them to their conclusion about how the film should be resolved.

Therefore it is best not to announce before the screening that, for instance, "This film is about abortion." In fact in every drama there are multiple issues, all of them interconnected, and part of the process of learning is deciding what the issues are for you.

Group leaders or teachers who wish to be well-prepared for the discussion will screen the film in advance, and look over the questions. You may well find that after a period of discussion a second screening will be helpful, and will often provoke a much more thoughtful response from the audience than the initial screening.

After the Screening

As a starting point for discussion, you might ask students or group members to write down their first impressions, either briefly, or at greater length using a handout such as the one we have included with this guide (pages 6 and 7).

Questions

- 1 What are the major issues or themes?
- 2 What information does the film provide about the characters and their backgrounds?
- 3 What information does the film NOT provide — information that would be useful?
- 4 What does each character stand for — in terms of the central issues in the film? What solution does he or she propose? Why? What would be the impact on each of the characters if that solution was adopted?
- 5 How do the following factors affect how each character responds to the issues:
 - Age
 - Sex
 - Financial status
 - Personal goals
 - Marital status
 - Religion
 - Social & peer pressure
 - Legal implications(i.e. "What if _____ were a man instead of a woman, or rich instead of poor?", etc.)
- 6 How do you, personally, feel the issues in the film should be resolved?
- 7 Where, in your own life, do you think your response to the issues comes from? How about your response to the characters: do they resemble people you like or don't like?
- 8 What would you do if you were each of the characters in the film?
- 9 What do you think is the filmmaker's bias? How can you tell?
- 10 In the film, whose opinion or decision seems to carry the most weight? Does that strike you as realistic? As fair?
- 11 Whose responsibility is it, in our society, to make decisions about issues such as those raised in the film? Should other people have the right to make decisions that affect our lives? Under what circumstances?



Suggested Activities

Role Playing

These films are an excellent stimulus to role playing; designate members of the group as various characters and have them act out the situation the film presents, or a similar situation. Having men play women's roles, and vice versa, or asking group members to take on the role of a character they respond to negatively could add another dimension to this activity.

Advocacy

One by one, pretend that each of the characters is on trial. Establish what the charge is. Designate an advocate, a prosecutor, and a judge. The rest of the group will be the jury. In a given time limit, the prosecutor presents the case against the character on trial, and then the advocate presents the case in defense. The judge is charged with keeping order, and the jury must come to a unanimous verdict.

Additional Research

If there are questions the films have left unanswered, suggest that members of the class or group do some follow-up research. A brief bibliography has been included for each film. Additional information can be found in libraries, in medical dictionaries or encyclopedias if it is a technical question, and in periodicals, or from special interest or support groups, or civil liberties associations.

Suggested Research Project

Ask members of the group to search the periodical index for cases similar to the one discussed in the film, and to present the cases to the others. While these films allow us to pick our own endings, a research project like this would reveal how such issues are resolved in real life.



Handout Page

The Issue Being Discussed: _____

Person	Position	Solutions

Why?	Consequences	Do you agree or disagree?

The Films

Who Should Decide?

Synopsis

A couple in their early 30's are expecting a baby. Joanna, the mother, has spinabifida herself — a mild case that keeps her confined to a wheelchair, but able to keep up a fairly normal life and a career as a graphic artist. The doctor told them the risks of their baby having spinabifida were about five percent. So Joanna and Paul took the chance. Now the results of prenatal testing show that the fetus also has spinabifida — how mild or severe it is too early to tell.

A tragic story, and, in most cases, the prelude to an abortion — except that in the face of pressure from all sides, Joanna refuses to see it as a tragedy, and decides she wants to go ahead and have the baby.

“What if we can't have another?” she asks her husband, Paul. “You and Dr. Ricardo and everyone else, you're all saying the same thing — that my mother shouldn't have had me... That my life isn't worth living...”

“All I'm saying,” Paul answers, “is that your mother didn't have a choice... we do...”

“Is that the point of all those tests,” Joanna interrupts, “to get rid of people like me? My only problem is you and everyone else who acts as though this was a tragedy.”

“Maybe it is just my problem — but, Joanna, all I ever wanted was for us to have a normal child... not a genius, not a great athlete... just a normal kid...”

“So you tell me what is normal, Paul. Who decides? And what happens to the rest of us?”

“To me this is normal.”

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A Chronic Problem

Synopsis

For three and a half years a woman suffering from multiple sclerosis has been in the hospital ward. The nurses have grown attached to her, and while her condition does not improve it is at least stable.

To the doctor in charge of the ward, however, chronic — “incurable” — patients, for whom he and the other doctors can do nothing, belong in nursing homes. When a place is finally found for this chronic patient, in a nursing home with a dubious reputation for patient care, the doctor is, at first, relieved. The vacant bed can now go to a patient who urgently needs treatment — over the objections of a nurse who believes that all patients deserve the same quality of care.

“You think if a patient has a complicated disease or something you can treat he automatically deserves more respect,” the nurse protests. “Well, nurses think that the chronic patient can be treated with care... not a high priority around here or my budget wouldn’t be so laughable...”

“This is a teaching hospital,” says the doctor, “and the chronics don’t teach the interns a thing about diagnosis or treatment —”

“How about human compassion,” the nurse interrupts. “Can’t they teach them something about that?”

“No one wants to deal with the reality of the chronic patient. They just want to get rid of them...”

“Well you can’t...”

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Family Tree

Synopsis

Bonny Wilson, a single mother of three children living on welfare, is pregnant again. This time, however, it is an ectopic — or tubal — pregnancy, and she must be operated on quickly to have the tube removed before it ruptures. She is brought to the hospital by her social worker, Sandra, and examined by Dr. Irons.

Dr. Irons delivered Bonny Wilson's children, and has treated them all on various occasions when they have been abused by their mother. She insists they were "accidents." When sterilization is proposed to her, Bonny refuses. "I can have as many kids as I want... I'm starting my own family tree."

Now Dr. Irons proposes to tie off Bonny's remaining tube during the operation — to sterilize her. No one will ever know.

Sandra, the social worker, protests that it is illegal. "But it's legal for someone to breed kids and then abuse them?" argues Dr. Irons. "The law is an ass... How many chances are we supposed to give her?"

Sandra defends her client. "She's had a pretty rotten life... 12 foster homes in 16 years... alcoholic parents —"

"— who abused her?" Dr. Irons interrupts. "And now she abuses her kids, and they, God willing they live, will abuse theirs? Who's going to break the cycle?"

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The Courage of One's Convictions

Synopsis

Carolyn Marshall, a Jehovah's Witness, is at 17 a minor in the eyes of the law. She has leukemia, a fatal blood disease. With transfusions she could live another five or six years. Without them, she will live only a week or two, or perhaps a little more.

But her religion states that blood is, literally, the soul. Transfusions would mean exchanging her blood for the blood of someone else — losing her soul.

Carolyn, supported by her parents, refuses to accept the transfusions voluntarily. Her doctor must decide whether to respect her wishes and allow her to die, or to seek a court order forcing Carolyn to have the transfusions.

"All you think about is how you're going to feel if I die," Carolyn says to Dr. Kirkland. "You don't think about how I'm going to feel if I have to live against my beliefs.

"I've got no control over my life right now... you've got it all, and I don't think that's right — as a doctor or anyone."

But, according to Dr. Kirkland's colleague, "She's seventeen years old. She should be back out there right now doing whatever it is 17 year olds do."

What should Dr. Kirkland do? The Canadian Constitution guarantees every adult citizen the right to practice their religion freely. If Carolyn were an adult, would she have more right to refuse treatment? Should minors have the same rights as adults? At what age should a person be able to decide what happens to them?

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Morra, Marion, and Potts, Eve. *Choices: Realistic Alternatives in Cancer Treatment*. New York: Avon Books, 1980.



Critical Choice

Synopsis

How much is a life worth? With a limited budget, a hospital director must decide which lives the hospital can afford to save.

A sick child is brought into the hospital, and the only thing that will save her life is a liver transplant in a U.S. hospital. In a time of cutbacks in government funding of health care, the treatment will cost the hospital over \$100,000. Because of the anticipated expense, another hospital has already sent the child home.

To make the dilemma even more painful, sitting on the hospital director's desk is a plan for a home care program to prevent crib deaths. It could save between 15 and 30 infants from dying in the next year — for the price of the liver transplant.

"You're not really asking me to decide about priorities over the sickbed of a dying child, are you?" asks an appalled head nurse when the director presents her with the choice.

"Yes. It's monstrous, isn't it?" agrees the director.

There is no easy solution to this problem, as the film graphically shows. For doctors and hospitals, more and more frequently the issue is not whether you *can* save a life — but which life *will* you save?

By what criteria should a decision be reached? When is a medical treatment too expensive? How do you weigh in the balance one life you know you can save now, against fifteen you might be able to save later?

Beyond the immediate painful decisions that medical practitioners must face is a question for the rest of society: What kind of health care do we want — and what price are we willing to pay?

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The Old Person's Friend

Synopsis

It is the middle of the night in a big hospital. A nurse on her rounds discovers that one of her favorite patients, an old woman named Mrs. Altman, who has been abandoned by her family and is unable to speak or move, is running a fever.

The doctor comes — the diagnosis is pneumonia, dangerous but curable. The doctor orders the treatment as a matter of course. But Mrs. Altman refuses her medicine, and communicates that she wishes to be left alone.

Life or death for Mrs. Altman? Since she is helpless, the decision to withhold treatment must be made by the doctor.

"I didn't spend eight years in medical school learning to let patients die," he says bitterly. "The old person's friend... a nice painless way to die. But not anymore... no one has to die of pneumonia these days, right?"

What would happen to the doctor if he did let her die — and someone found out? Should *any* patient who wishes to die be allowed to? If Mrs. Altman were younger would the nurse still want her wishes to be respected?

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If You Want a Girl Like Me

Synopsis

This film is about a young couple who wasn't ready for a baby — especially a baby born with the disease spinabifida. The doctor explains that if their child lives, she will be confined to a wheelchair for life, and will never be able to control her bowels or bladder. For the moment, though, all he proposes is that they sign an authorization for surgery so that the immediate risk of brain damage can be lessened.

For the young parents, the question of whether they want their child to live becomes a question about their own lives and expectations, and about their relationship.

The mother, terrified at the prospect of having to raise “a crippled kid” — refuses to consider the possibility that someone else, such as foster parents, might be willing to raise a handicapped child. As far as she's concerned, if they don't consent to the surgery, the baby will die, and the problem will be solved.

But the father disagrees. In his own family he has had some experience of people living with physical handicaps. And he feels attached to the child. In the end the mother puts it to him as a choice — her, or the baby. And if the baby dies anyway, she tells him, he will be all alone.

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Happy Birthday

Synopsis

In the middle of a birthday party for their four-year-old daughter, Bob and Helen get an unexpected visit from one of Bob's graduate school professors and his wife. Dr. Burbank has come to offer him a job in his laboratory. It's the chance Bob has been waiting for, and Dr. Burbank wants an answer immediately.

When Helen finds out that Bob is to work on a top secret germ warfare project for the military, she tells him to refuse the job. "Something else will come along... something you can be proud of... something your daughter can be proud of."

"Like what?" Bob answers angrily. "I've been out of school for three years and this is the first real job offer I've had. If I don't take it someone else will... besides," he tells her quietly, "this stuff is so nasty no one would ever be crazy enough to use it." When Helen shows him an article proving that germ warfare is already being used, Bob pleads, "Don't you understand? I want to give you and Carmen a good life... I can't afford to turn this job down now."

What is more important — for Bob to take the job to support his family or for him to refuse to collaborate on something that could be used to harm innocent people?

If one side is developing a weapon like germ warfare, should the other side automatically do the same? What choices do they have?

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