Literature and the Arts in Medical Education

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Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

The Impact of Film in Teaching Cultural Medicine

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Film is a powerful medium for teaching in medicine, providing visual and auditory images that bring to life the struggles of doctors, patients, and their families. If the right film doesn't exist, you might make your own. "Hold Your Breath" is a documentary produced by physician-filmmaker Maren Grainger-Monsen to address the need for developing cultural competence in health professionals and addressing health disparities. The film humanizes doctors and patients and is a means of balancing the tendency in medical education to generalize, simplify, and stereotype individuals in certain groups.

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From the Center for Comparative Studies in Race and Ethnicity, Stanford University.

"Hold Your Breath" follows the dramatic journey of an Afghani refugee family that has made it out of their war-torn country only to face a new perilous battle that puts their deeply held beliefs to the test. Cultures clash over medical treatment of the father's cancer as he struggles to cope with language barriers and his progressing illness. He must also navigate his way through the colliding worldviews of Islam, with its deep faith in Allah, and Western medicine, with its steadfast belief in science. At the center of this striking cultural dissonance, Mr Kochi clings to his faith with dignified determination and confidence. Through the intimate emotional experiences of this Afghani immigrant family and the well-intentioned efforts of medical practitioners, "Hold Your Breath" illuminates the pivotal role of culture in one man's battle with locally invasive gastric cancer. Others have called it a film of striking imagery and compelling characters, deeply moving and beautiful, with the power to increase cultural sensitivity and improve health care for culturally diverse patients.

"Hold Your Breath" reveals the complexity of the illness experience for everyone involved. A family friend says that in Afghani culture, the doctor would explain the full information to the family, but not to the patient, who would be told in a way barely understandable, because everyone prefers that he not know. However, Mr Kochi reveals later that he understood some of the communication. "I heard the word cancer," he says. But it is never clear how much he knew about his illness.

The situation is further complicated when different family members are involved, each with

their different levels of acculturation, language abilities, and values. The family does not tell the patient complete information for cultural reasons, but some members in the family disagree with this position. When one daughter becomes involved midway through the treatment, she is distraught over the poor communication that has occurred, and shocked to find that her father really didn't understand his chemotherapy options and therefore rejected treatment he might otherwise have received.

"Hold Your Breath" also shows the controversy among medical staff in end-of-life care as we observe physicians expressing differing views at a case conference. One explains that though he recommends chemotherapy, the patient has the right to refuse treatment. A colleague responds by saying that he always pushes the family hard in similar situations to communicate clearly and convince the patient to go along with treatment. Their discussion highlights the crucial question of whether it is a physician's responsibility to persuade patients to accept treatment or to honor the individual's right to reject treatment.

Much of the impact of the film comes from the viewers being brought into the hospital interview rooms where we observe heart-rending scenes. In one, the doctor tells Mr Kochi that his disease is incurable and they are no longer able to treat it, simply the symptoms. No words are needed to express the shock for the patient and family. The stark reality of medical encounters is revealed as the patient and family shuffle out, and the doctor walks into another room to another waiting patient. His doctor reflects: "It's hard to do . . . to tell the person bad news in a way that is kind yet clearly understood, in a few minutes with five other people waiting . . . sometimes it hurts, when you're dealing with people you have grown to know, and even love, to a certain extent."

The film also teaches that while the patient must understand the diagnosis and prognosis, a doctor also needs to be open to exploring more philosophical, and possibly more important, issues in care. One physician explains how a simple open-ended question such as "Are you afraid?" can be all that is needed to elicit a deep emotional response and how difficult it is to stay present with the patient at such a moment.

We have done a range of film screenings, with discussion and evaluation, at our medical school and have found some striking results. The film is shown in its entirety, followed by a question-and-answer session with the producer. Participants are then divided into small groups, each with a trained and knowledgeable facilitator, for roundtable discussions about the film and related issues of health care of immigrants and minorities. The discussions are animated, with the images fresh in the participants' minds. Some are upset at what they see as mistakes in treatment and critical of family members and medical staff. Others are distraught at witnessing the daughter's confusion, disbelief, and bitterness when she discovers that her father had not understood the treatment options. They question how things could have gone so wrong. Some students are struck by the emotions brought up in the film. Others argue about the legal and ethical dimensions of the case, some insisting we must tell everything, others arguing for cultural sensitivity in conveying medical information.

Most participants, however, are empathetic for those involved in the difficult situation. They are amazed at seeing what can get lost in translation and the difficulties of working with patients of different cultures and languages. Discussion often focuses on the dilemma facing the doctor and family in giving information to the patient and the cultural dimensions of the situation. Viewers reflect on the hard question of whether it is better to have the opportunity to prepare for death or whether it is easier to avoid or deny confronting this reality. Students also talk about the difficulty for a doctor of recognizing that nothing more medically can be done for the patient, as well as the necessity of personal development of the doctor in learning how to confront death and dying.

When asked what they learned from the film, students talk about the importance of self reflection. Here, as in subsequent written evaluations, they report that they learned the importance of cross-cultural communication and how it impacts health care. They note an increased awareness of cultural and religious differences and how this impacts health care. Others mention a new understanding of how families from different cultures are involved in decision making about a patient's care. Many report that they realize the importance of using a medical interpreter instead of a family member with patients who speak limited or no English.

Compared with other forms of instruction, students comment that the personal and intimate nature of the film humanizes and is emotionally engaging. They claim that it allows them to observe nonverbal communication and provides greater connection with the real-life characters and situation. Evaluations further show that the film offers an alternative to the usual case studies that teach from the doctor's perspective, allowing students to view the situation through multiple perspectives, including that of the patient and the family. Students assess the use of the film as efficient, as it reveals the complexity and subtlety of a difficult medical situation in a short time. So, rather than seeing the film as taking too

much time, it is actually considered by the students to be time efficient because of what it accomplishes compared to a home visit with a patient or reading a novel.

"Hold Your Breath" is being used extensively in medical schools and also in training programs in a wide range of contexts, such as in various hospitals, health care organizations, human rights groups, and immigrant resource centers. All people who have reported using the film have given favorable comments as to its impact. Overall, the qualitative and quantitative results indicate that "Hold Your Breath" is successful in communicating the issues of cultural competency and disparities in health care and that the film has uses that extend far beyond traditional educational and broadcast application.

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