More Than a Failing Heart

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More Than a Failing Heart. Video/2002/25 min. Directed by Patricia Barey and Therese Burson. Produced by Patricia Barey, Therese Burson, The Fan Fox and Leslie Samuels Foundation, and Tellen, Inc. Distributed by Fanlight Productions, 4196 Washington St., Suite 2, Boston, MA 02131. 800-937-4113. Online: www.fanlight.com. E-mail: info@fanlight.com. Rental $60 (one day) or $120 (one week), Purchase $199.

More Than a Failing Heart is designed for an audience of medical students, physicians, nursing students, nurses, and other health care professionals who are providing care for patients in crisis or at the end of life in hospitals, long-term care, or community settings. The video outlines several steps that would allow health care providers to improve communication with patients and families and address their emotional needs related to care at the end of life. These steps, or standards, include the following:

• Treat the patient with dignity and respect.
• Attend to caregiver needs for information, education, and emotional support.
• Provide comfort and physical support to the patient.
• Communicate information sensitively.
• Share decision making as a team.

Although this information seems basic and in some respects obvious, the video conveys that information subtly and effectively by weaving family interviews together in order to highlight how the health care system fails to achieve the standards in some cases, while it manages to achieve them fully in other cases.

The strength of More Than a Failing Heart is in its simplicity. The video keeps the viewer focused on the patient as a person. The simple stories reveal how patients were treated and the impact of that treatment on those around them. The video has several other strengths. The interviews are beautifully filmed, well paced, and allow the family members or patients to clearly tell the story of their experiences. Family members who had negative experiences do not present their information in a bitter or negative way. They simply identify situations that frustrated them and express how those interactions affected their view of the care or concern of the providers. For some of the family members, the lack of compassion or poor communication leaves them with unanswered questions and doubts about the treatment. Some of the families offer simple suggestions to improve the approaches or comments of the physicians or nurses. Their articulate voices emphasize the difference that quality care can make at the end of life. One family member concludes, “Health care professionals have been invited by the very nature of what they do, to participate in people’s last journey.” She implores them to do this well. Other voices reinforce her message. A patient offers, “We all have a role to play. If we don’t do it well, then we are doing a great disservice to all who will die.” Another comments, “I may not make the final decision, but I just want to be heard.”

The film has few weaknesses. One drawback is that several of the scenarios are focused on the poor communication and compassion of physicians; this focus may lead nurses to believe there is no message for them in the film. But there are other examples that indicate many health care professionals could improve attitudes and approaches. There are no health care provider interviews to offer a balance to the family claims. Family and patient experiences can be skewed by stress. The information that families remember after a time of crisis may not match the reality of what was told to them during the crisis. However, adding the viewpoint of health care professionals may have detracted from the patient/family perspective, rather than enhancing the video. The words of these family members will likely ring true with many health professionals. Their comments about paternalistic, nihilistic attitudes may wake up health professionals to a more compassionate view. Many physicians and nurses fall short of the basic standards mentioned, especially when their own view of what is urgent or medically important overshadows the patient as a person. The family interviews repeatedly identify the value of knowing the person that is being treated and the need for respect of that person. For example, many of the patients and family members call out for a measure of attention and recognition. One says, referring to the physicians: “They’re more concerned about taking care of them physically—but you can’t overlook the person’s emotions. They just don’t look at them as individuals.” Another family member comments on the barriers that are placed between doctors and patients: “Like any culture the real danger is having an in-culture, where they can go into little places and not have to deal with people. And when they come out of their places, they are the “other’ and you feel it.”

The end of the film summarizes the steps or standards for care, but doesn’t elaborate any further. This approach gives the video a rather abrupt, incomplete feeling. It is, however, a good starting point for discussion with students or staff. Educators who use the video could add information or support with the findings of current research on end-of-life care. A workbook or discussion guide could include recommendations for role-playing activities, or could discuss how to improve communication with some of the family members in the film who really are not ready for the patient to die. Another suggestion would be to videotape students or health care professionals to allow them to evaluate their own communication skills.

This videotape would be a useful tool to stimulate discussion for medical and nursing students or new residents and nursing staff in hospitals, especially those staff who deal with critically ill older adults. It could also be used as part of an orientation for students or staff in hospice. Overall, it is a film worth seeing and sharing with students and staff working with patients at the end of life.

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