Audiovisual Reviews

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Harriet’s People, 1/2 videocassette/28 min/color/1995. Produc-
der and distributor, Video Press, University of Maryland at Baltimore, School of Medicine, S. 133, 100 Penn St., Baltimore, MD 21201-1082. 800/328-7450. Sale $300, rent $100.

In Harriet’s People, Harriet, an RN for more years than she wants us to know, takes us on a tour of her world to meet her people. The realism is refreshing and welcomed for long-term care veterans. Our birds-eye view reveals a crowded nursing home unit hallway. A bevy of wheelchairs and recliners, with nursing home residents in various levels of cognitive awareness and exhibiting behaviors, greets us with a no-holds-barred reality. Harriet and the other central figure, a physician, introduce us to Clara. Clara’s family has been grappling with a common ethical decision in long-term care: whether or not to provide nutrition by artificial means. In this case, the husband consulted with his family, rabbi, and physician to decide not to insert a gastrostomy tube. Clara, confined to a lounger, is obviously at the end of her life, and Harriet relates for us her observations on Clara’s condition. We also hear about the staff’s reactions not to insert the tube, and Clara’s downward health. After eight years of caring for Clara, the facility staff are encouraged by Harriet to share their grief. This is a significant concept. Staff are often not part of the recognized bereavement process.

The relationships portrayed in the video are poignant. A staff member and a former nurse, “Molly,” work together. This hallmark the bonds that occur between staff and the residents they care for. Another postulate that is visually interjected throughout the video is the importance of touch and human companionship. Staff members are observed holding hands, stroking hair, and gently attending to their charges. The cadre appear to be therapeutic angels obviously tutored by their head nurse. Harriet brings the viewer close to tears when she reveals that one of her people died last night. We are drawn in from the first moments of the video, recognizing that the basic tenet of all care is to be humane, and that dignity is fundamental during the last minutes, hours, days or months of life.

Instead of a complex decision tree about end-of-life decisions, we are guided through questions and discussions about irreversible conditions. The greatest strength of the video is the sincerity that Harriet portrays, and the genuine caring that her staff demonstrate in this bitter-sweet saga.

This video is best suited for staff working in residential health care facilities (nursing homes) or chronic care facilities. Line staff, in particular nursing assistants, will value the rudimentary concepts and the discussions that can be prompted after viewing. It would not be suited for facilities with a sophisticated knowledge of ethical issues.

The video provides appropriate role behavior except for a staff conversation at the start of the video, in which the resident’s condition is discussed in her presence. Also, there is a break in good infection control techniques by Harriet during the opening scene. The flow of the video is such that it would best be viewed in its entirety.

Questions for discussion could be offered at the conclusion. For example: What are some examples of end-of-life decisions? Does the facility need an Ethics Committee if they don’t have one already? Who should be part of the committee? Explore what situations staff have been involved in. Are staff encouraged to grieve the death of a resident?

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A Friend of the Family attempts to educate physicians in the art of communicating with patients by showing a family in which three of its members are affected in some way by their physician’s communication skills.

In three vignettes, patients are confronted by their physician in an office setting regarding difficult and somewhat emotional issues, including the necessity of a living will, breast cancer, and the need for long-term care for a geriatric patient. What the producer does, however, is introduce you to a narrator who later becomes a participant in one of the sketches. After every scene, the narrator describes what the physician has done “wrong,” and how it should be reemphasized using feeling and compassion. These vignettes include the discussion of an issue that may be uncomfortable for the physician and using medical jargon to a patient who has just been told that she has breast cancer.

The strength of the video lies in educating physicians that medical knowledge, although vital, cannot take the place of speaking to the patient as a person. If information is communicated properly to a patient, there is greater likelihood of trust in the physician and the prescribed course of treatment.

The photography is adequate, but in the introduction to the family, there is so much background noise that it is difficult to hear the narrator speak. Also, after the second vignette, there is a sudden break resembling a white flash that appears to be a technical problem. Despite these flaws, A Friend of the Family is an adequate training device for young physicians and other related professionals such as nurses, social workers, and counselors. If these skills of communication were taught prior to patient contact, phy-

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