Near Death, ½ videocassettes (4)/358 min/color/1989

Andrea Nevins, MPH, M. Joanna Mellor

Near Death is classic Wiseman cinema verite. Filmed in October, 1989, at the Beth Israel Hospital in Boston, this video records four to five days in the life of the Medical Intensive Care Unit, faithfully following the drama of decision making in the care of terminally ill patients.

Several cases, during this period of time, are carefully followed by the camera's eye. The viewer is drawn into the intimacy of each patient's medical crises and participates in the ongoing, often seemingly endless, discussions between staff and family, family and patient, staff and patient, doctor and doctor, nurse and doctor, in all combinations of group discussions and one-on-one dialogues, about how much and what type of care will be given or withheld.

This is not an easy video to watch. An exchange between two physicians, assessing a treatment decision, captures the essence of the video. First Doctor, referring to the decision: "It's appropriate." Second Doctor, after a pause and a sigh, "Yeah. It's just . . . . . . . tragic.

The issues and shortcomings surrounding end-of-life decision making are well documented in the literature and there are a number of videos that address this theme. However, those who are familiar with Wiseman's work will understand that this video allows the viewer a unique opportunity to share in real situations as they unfold, warts and all. This means that the very real difficulties of making the "right" decision in each situation are immediately apparent and the viewer is forced to consider a range of variables and alternative opinions.

Being cinema verite, there is no artful staging or clever commentary to assist the viewer in understanding each case so, just as in everyday living, one has to fill in the facts and nuances of each situation from half-overheard comments, expressions on the faces of staff and family, and the hallway discussions between members of the health care team.

The video is available on four tapes, each of which tends to follow the care of one patient, although there is movement back and forth between the cases. Most of the featured patients are older persons and the treatment dilemmas frequently focus on whether to intubate when a patient is unable to breathe alone or to allow the situation to take its natural course and end in an earlier death. The moral, pragmatic, and philosophical factors that health care providers face in coming to a decision about what course of treatment is "right," are portrayed. The role of the family's and patient's wishes and beliefs in the final decision-making are explored. On another level, this video is also valuable in the sense that it reveals the personal struggles that physicians and nurses experience in accepting the inevitability of death and of even being able to articulate the word "death" in reference to their patients. For this insight alone, the video is a useful tool in eliciting discussion and encouraging health care providers to understand their own fears and hesitancies about dealing with the end of life.

A strength of the video lies in the fact that the viewer perceives that the decision making does not occur in a vacuum but happens as an inextricable piece of everyday routine. The determination to prolong or curtail treatment is part of the ongoing rhythm of the intensive care unit — phones ring, orderlies mop and clean, loud conversations are happening just off camera, patient notes are updated, waste is collected. All aspects of managing death in the hospital setting are shown within this milieu. The viewer participates at a code alert and attempted resuscitation, eavesdrops on a morbidity and mortality review, and follows staff in the progression of a body to the morgue and later collection for burial by a funeral home.

The length of this film (almost six hours) challenges its adoption as a teaching tool, but it would be unwise to allow this to prevent its use for educational purposes. Brief segments can be selected and shown as a means of presenting the issues and initiating discussion. Of special note in this regard is the nurses meeting in Video I, in which the issues of dealing with death and asking families to make decisions for which they are ill-equipped, are explored. Several family/doctor vignettes can also be taken out of context to trigger discussion on patient/family/provider communication. The video offers a comprehensive view from all perspectives of "near death" in the hospital setting and because of this, could be profitably shown in its entirety in any course on Death and Dying for health care students. If this is not feasible, students might be required to view the video as a homework assignment.

The video is less well suited for use with older persons and family members. Although the message given is that the wishes of the patient and family take precedence, and we see this reiterated throughout, this video is properly focused on the health care provider's perspective. For members of the general public, this video clarifies why providers so often fail to deliver the clear information needed to enable informed decision-making. The video is also the best persuasion this reviewer has seen for the necessity of executing a living will and health proxy. Near-death decisions are best considered before the near-death crisis is upon us.

M. Joanna Mellor
Brookdale Center on Aging of Hunter College
425 E 25th Street
New York, NY 10010


The health care environment is changing. Privatization, whether it is viewed as destroying the known world forever or providing it with a much-needed shot in the arm, is definitely on the rise, bringing with it the orientation and language of the marketplace. In the good old days (or the bad old days, depending on who is doing the remembering), users of health care services were simply called patients and were expected to wait quietly in the hospital or clinic waiting room for hours and do what they were told. Today, these same patients are called consumers. They have become more sophisticated and a lot more vocal — consumer advocacy groups are sprouting up like mushrooms after the rain — and increasing attention is being paid to satisfying them lest they take their business elsewhere, or complain in large numbers to their HMO's, who will then take their business elsewhere.

The Difficult Guest and A Sense of Service both address the need for customer satisfaction, but they do it in very different ways. The Difficult Guest uses humor and sophis-