Care of the Dying Series (4 videos), 1993. Making Decisions and Plans (30 min), Comfort Measures at the End of Life (37 min), A Conspiracy of Silence: Helping the Patient and Family to Live with Terminal Illness (27 min), Learning About Dying: Death the Final Stage of Growth (20 min)

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suicide. Clinical psychiatric assessment and perhaps treatment for depression was never suggested even though one of the key requirements in the Netherlands is that alternative therapies be considered before resorting to euthanasia. Psychiatric concerns are not addressed in the video, and the hospice alternative is given only cursory attention.

In sum, even though the video is not exclusively oriented toward the elderly, those in the geriatric community looking for a reasonable, if somewhat ambiguous and uneven, overview of euthanasia may find this video worth screening. It seems plodding at first, and a bit sensationalized at the end, but overall, those interested in using it as a discussion starter in undergraduate classes or even in community settings will find plenty of things to talk about.

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Rose and Zelda, 20 min/1996. Purchase $300, Rental $100.

The five videos listed above are available from Video Press, University of Maryland School of Medicine, Suite 133, 100 Penn St., Baltimore, MD 21201-1082, 800-328-7450 or 410-706-5497, E-mail: videop@umabnet.ab.umd.edu.

Care of the Dying, a four-video series, is dedicated to an audience of health care professionals who are working with terminally ill patients. A voice-over narration at the beginning of each video explains that the series incorporates the input of a team of health care professionals. The narrator establishes the purpose and aims of the series:

This team views death as a final stage of the life cycle. Respecting the right of the individual to make decisions concerning therapies, [the members of the team] work with patients and their families to provide the best quality of life possible in their remaining days. . . . The approach suggested by this team can be used with patients in long-term care, hospitals, and home settings.

The greatest strength of this series is the content provided by each member of the health care team – a doctor, nurses, a social worker, and a spiritual care counselor. Their perspectives on the patients and families facing terminal illness are helpful and insightful. The members of the team include Dr. Debra Wertheimer, Medical Director of the Visiting Nurse Association of Maryland Hospice Program; Rita Mastroianni, RN; Morris Klank, LCSW; and Cynthia Corbin, RN, Hospice Care Coordinator of the Visiting Nurse Association. Each video begins with a similar introduction to the series followed by a brief segment featuring Dr. Wertheimer interacting with a patient in the program in a documentary format. After four to five minutes of this framework, the director turns to one of the individuals noted above, who appears on camera through the rest of the video and briefly discusses a number of issues relating to the topic.

For instance, Dr. Wertheimer (who also appears in Rose and Zelda) is featured in the first video noted above, Making Decisions and Plans. She provides commentary on nine topics, including “Knowing what questions to ask,” “Honesty versus protection,” “Being prepared to answer questions,” “Death with dignity,” and “Comfort in the final days.” The film is organized in a straightforward, functional manner in order to facilitate the sharing of information and insights on these topics. Dr. Wertheimer spends an average of about 2½ minutes discussing each topic. The longest video, Comfort Measures at the End of Life, covers another discrete set of topics, including “Things family members can do,” “When health professionals become surrogate family,” “Pain control,” “Advance directives,” “Allowing death: The natural end,” and “Following the patient’s directives.” The longest section is “Hydration and feeding tubes.” Each topic is given usually three to four minutes of commentary by Ms. Mastroianni. The other two videos follow a similar organization and the delivery of content follows the same format, only with different presenters.

The series achieves its goal of providing an informational framework on a number of important topics faced by terminally ill patients and their families. But the drawback of the series is that the format and technical aspects of production undermine the audiovisual quality and overall appeal of the material. Most significant, I think, is that viewers are limited in their emotional response to the subject. Each video consists of a member of the team on camera (shown usually in a medium shot or medium close-up) directing comments on a variety of topics to an offscreen interviewer, who remains silent. There are no edits to other angles or reaction shots of other individuals. This approach emphasizes the communication of information, tasks, concerns, problems, and ideas. Unfortunately, this technical approach does little to foster a bond between viewers and presenters.

Another concern with this series is certain ineffective qualities of the audiovisual production. For example, each of the team members is photographed against a sterile background (usually a light-colored wall, and in one case against beige vertical blinds). The effect detracts the viewer’s attention and makes it difficult to focus on the most important aspect of the image – the expressive face of the team member. In one case the team member wears a white
shirt and sits in front of the light-colored wall. In a sense he “disappears” into the background, and too much attention is drawn to his face and beard (which stand out from the white background). In another unfortunate example, one of the team members has difficulty speaking on camera without closing her eyes repeatedly. Her nervousness is conveyed directly to viewers and thus undermines the content of her message. But the other three team members appear comfortable and relaxed on camera and are articulate speakers. Those positive qualities significantly add to the effectiveness of their commentaries.

Of course, there are other ways to communicate the content that is the subject of this series. Why make a video series? I suspect the answer is that having a video series available is convenient and considered a useful supplement to other training resources (written materials, presentations to groups, workshops). Certainly the information and insights provided by the team are timely and useful. Having the collective “wisdom” of the team available as an educational tool is a good idea. But I would find these videos difficult to view as a member of an audience. Perhaps they are intended for viewing alone by individuals working on a health care team. They are certainly not intended for family members. I think the applications of this video format are by their nature limited and incomplete.

This series lacks the dynamics of human interaction that are at the heart of Rose and Zelda. In this video Dr. Wertheimer comes alive to viewers in her role as a physician. The presence of her patient, Rose, and her patient’s daughter, Zelda, adds to those dynamics. In Rose and Zelda the audiovisual possibilities of the subject are realized. The director chooses several different angles from which to view the three participants, and viewers can feel involved emotionally with the subject matter and with the individuals in the frame. Dr. Wertheimer, confident and relaxed on camera, teaches by asking a series of questions to both her patient and the family member. Both Rose and Zelda are given an opportunity to respond to questions relating to end-of-life issues. Rose Hanenbaum is 95, and after undergoing surgery the previous year, she is determined now that she does not want similar interventions in the future. Several times Rose says, “Enough is enough. I’ve lived a beautiful life.” Her daughter recalls the trauma of the operation: “It was stressful for everybody. . . . Every day was another crisis.” A number of topics arise naturally from the concerns felt by the physician, patient, and family member: advance directives, pain control, feeding tubes and hydration, grief counseling, the doctor-patient bond, aggressive treatment versus application of comfort measures, hospice options. Dr. Wertheimer’s tact and sensitivity are obvious. In this video viewers are required to process the “interview” dynamics, and I could envision small groups discussing the pros and cons of Dr. Wertheimer’s approach to her patient and the family member. Such an audiovisual requires an audience beyond one viewer and encourages sustained reflection and discussion.