main strength of this video: the HIV-positive dancer is particularly eloquent. Picture quality, editing, and narration are all quite good, except for some disjointed, grainy footage with scratchy sound quality of humorist-physician Patch Adams visiting a Russian hospital's burn unit. Given Dr. Adams's current media exposure, the producer likely could have obtained better film clips.

Unfortunately, I was struck more by what is missing from this video. A broader overview of the arts in medicine, which could be covered in one hour, would be characterized by some of the following approaches: greater historical perspective; broader scope, including examples of literary and poetry therapy, such as the pioneering work done with the dying at St. John's Hospice in London; a national overview of hospitals and programs employing creative forms of treatment with patients, including information (if available) on patient outcomes, research agendas, and funding mechanisms; information on medical student, resident, and faculty development and continuing medical education programs nationwide (for instance, Dartmouth Medical School in Hanover, New Hampshire, where this video was produced, has a strong medical humanities curriculum); inclusion of other successful programs such as The Big Apple Circus Clown Care Unit and certain hospitals' "Laughmobiles," which pass out humorous magazines, videos, and puzzles to hospitalized patients. I would have enjoyed seeing some famous works of art about or by the sick and dying, such as Durer's "Melencolia I," Van Gogh's "Self-Portrait with Bandage" (after he had cut off part of his ear), Monet's "Camille On Her Death Bed," Munch's "The Sick Girl," Goya's "Self-Portrait with Dr. Arrieta," Picasso's "Science and Charity," or the disturbing works of Frida Kahlo.

Even more important, the producer could have shown works of art by patients with different types of illness. Those interested in more in-depth coverage of art by the mentally ill should view Jessica Yu's The Living Museum, a moving documentary on the art therapy program at Creedmore Psychiatric Hospital in New York, which was showcased at the 1999 Sundance Film Festival. Finally, having patients read their poems could have been quite moving, for as Soren Kierkegard said, "A poet is an unhappy being whose heart is torn by secret sufferings, but whose lips are so strangely formed that when the sighs and cries escape them, they sound like beautiful music."

In summary, this video provides a glimpse into the benefits of creative forms of therapy and could be of potential interest to clinicians as well as nursing and medical students, ideally in conjunction with a discussion by someone experienced in medical humanities or creative arts therapy. Perhaps in the future the producers will expand upon their work to make a more comprehensive documentary. In the meantime, those who are interested in learning more can begin by consulting one of the many anthologies of literature, art and medicine, most of which are cited on New York University's Literature, Arts and Medicine Database (www.endeavor.med.nyu.edu/lit-med/lit-med-db).

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**Death on Request**, Video/1994/57 min. Prod. and Dir.
Maarten Nederhorst. Released in association with First Run/Icarus Films. (In Dutch with English subtitles.) Distributed by Fanlight Productions, 4196 Washington St., Suite 2, Boston, MA 02131. 800-937-4113, fax 617-524-8838. E-mail: fanlight@fanlight.com; Web: www.fanlight.com. Purchase only $285.

**Death on Request**, a documentary film about euthanasia in the Netherlands, begins with a woman opening curtains in her Amsterdam apartment, lit from within on an early wintry morning. We the viewers enter her home at a time of private suffering and decision that holds profound public implications. The film is a remarkable glimpse into three lives—a man, Kees van Wendel, who has end-stage amyotrophic lateral sclerosis; his wife, Antoinette; and his doctor, Wilfred Sidney van Oijen. Kees has requested euthanasia in his home and the film carefully documents the fulfillment of legal requirements, such as repeated requests for euthanasia by the patient, a second opinion by another physician, confirmation of incurable disease, and reporting the event to the municipal coroner. The film is largely a series of interviews with the couple and the doctor, clips of the doctor interviewing other patients in his practice, and the doctor's discussions with other professionals (such as the pharmacist and the neurologist). However, the strength of the film lies with the explorations of the inner landscapes of these three people and their relationships to one another as they come to terms with Kees's illness and decision.

In particular, the documentary examines the impact of the practice of euthanasia on Dr. van Oijen's sense of self and his duty as a physician. This doctor is by nature an introspective man, and he cares deeply about his patients. He touches and reassures patients, marvels with a patient at her newborn's tiny hand, explains technical terms, makes home visits, and is comfortable allowing patients to weep and exhibit grief. In many ways he is a role model of caring and empathy for physicians-in-training. The doctor is interviewed in his car and home by an off-camera interviewer, who asks questions such as whether he is a "believer" and what he thinks about the commandment "Thou shalt not kill." The doctor, who states he is a believer, though not a churchgoer, differentiates between wanton killing and alleviating suffering. He believes that many patients view the euthanasia option as a comfort, even if they choose not to exercise that option. However, performing euthanasia deeply affects this physician.
Much of the film occurs in Kees’s home. Kees is unable to move his legs and right arm, his speech is severely impaired, and he has swallowing difficulties. Antoinette interprets for him and provides his other care as well. Although Kees can type on a computer, and, in fact composes a beautiful letter to his wife the day before his death, his physical deterioration is noted to be very rapid. Over the course of the approximately three months that the film covers, Kees’s resolve about euthanasia remains strong. He views the option as a comfort, and, as his wife interprets, it is “like a liberation for him.”

On March 3, 1994, on the evening of his 63rd birthday, Kees arranges for his death. The doctor arrives at 8 p.m., and the sense of waiting is palpable. We witness the patient’s last drink of port, an ironic salutation, “your health,” and then the doctor drawing up the drugs into syringes. The doctor reconfirms that this is what Kees wants, gives an intramuscular injection of the barbiturate, and then after sleep is induced, injects the muscle relaxant intravenously. The doctor kneels behind and holds Antoinette as she sits by her husband’s deathbed. She notes how peaceful Kees appears, how beautiful this passage to death. The doctor gently explains that death has occurred by observing the lack of breathing, and he again allows her to express her feelings and concerns about the euthanasia.

The film is clearly pro-euthanasia, and despite some of the difficult questions posed to the doctor, the only drawbacks seriously explored are the potential for guilt and suffering on the part of the survivors, namely the wife and the doctor in this case. Some questions arise.

For instance, the pharmacist notes that the patient has very little “pharmaceutical history.” Did the doctor offer pain relievers, antidepressants, or other symptom-alleviating drugs to this patient? Also, were any external support groups recommended to the couple? In the film it appears that the only one to comfort Antoinette at the time of her loss is the doctor.

In sum, this film is an intimate look into one man’s decision to die by euthanasia and the impact of this decision on his wife and physician. The film is well made, subtitled, and edited; the narrative thread is easy to follow. The soundtrack of piano and other music is unobtrusive. The scenes of winter chill and opaque waterways serve as understated reminders of inner thoughts of death and private suffering. The doctor provides a positive role model regarding empathy for doctors-in-training, and in turn we the viewers become empathetic toward this doctor, whom we are told will not sleep this night, yet will have a clinic of patients waiting for him in the morning. The film, however, is completely biased in favor of euthanasia. Persons working in the fields of ethics, degenerative diseases, care of the dying, or medical humanities would find this film of interest.

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