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Feature Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Cross-cultural Ethics and the Moral Development of Physicians: Lessons From Kurosawa's *Ikiru*

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This year marks 50 years since the release of Akira Kurosawa's *Ikiru* (To Live) in 1952. A masterpiece of world cinema, *Ikiru* speaks to humankind, regardless of time and place. We use *Ikiru* at two points in the education of medical students at the University of Hawaii, showing a short clip in the first year during the preclinical problem-based learning (PBL) curriculum and discussing the entire film during the family medicine clerkship in the third year. Initially we use *Ikiru* to underscore the cultural nature of ethical principles. Later, we reflect on the moral challenges faced by its

protagonist and ask students to exercise their moral reasoning.

Set in post-World War II Tokyo, the protagonist, Watanabe, an elderly Japanese functionary in a city bureau, attends a clinic for his digestive problems. In the waiting room, he meets another patient who tells him about the typical symptoms of stomach cancer and how his physicians are likely to communicate about it. "When they tell you that you can eat anything you like, you've got at most 6 months left," he says. In the examination room, the conversation goes according to the script. "Doctor, tell me that it is cancer," says Watanabe, but the physician insists that he merely has an ulcer. Regardless, Watanabe comes to the logical conclusion that he has cancer. The communication was clear, though it may have not been manifestly stated, reflective of a tendency for Japanese to talk

around subjects, with the expectation that the listener will grasp the intended meaning.

We show this short clip to the first-year class the week that their tutorials encounter the PBL case on colon cancer. The case involves a Japanese visitor to Hawaii, diagnosed with colon cancer during her stay. Her family does not want the patient herself to know her diagnosis and request of the doctor that the patient not be told. Given the ethical and medico-legal climate of contemporary America, our students assume that the patient has an explicit, individual right to know. Indeed, the principle of autonomy would seem to require that the patient be told. Students often conclude that the Japanese medical system is "backward" and criticize its physicians. By showing the clip, we demonstrate the manner in which this practice is a normative part of

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the Japanese medical culture. We encourage first-year medical students to recognize that their values might be different from those of others. That is, while derived from long traditions and reflective of their society, their values are, nonetheless, accidents of Western history—in a word, contingent.¹

Traditional Japanese culture emphasizes the primacy of the family over that of the individual. That many physicians in Japan reveal diagnoses of cancer to families and not to patients themselves reflects a view that the family, rather than the individual, is the autonomous unit. Many Japanese feel that it is an imposition to force knowledge about serious illness on the elderly. That is, the right to know needs to be balanced against the right not to know.² We often overlook how the US practice of not disclosing a diagnosis to a family if the patient requests it is also a cultural convention. Further, cultural prescriptions also change over time, so that larger numbers of physicians in Japan now do tell cancer patients their diagnoses. We too easily forget that some decades ago, physicians often kept diagnoses from patients in the United States as well.

We bring back *Ikiru* during the third-year family medicine clerkship. The first author, a family physician, and the third author, a medical educator and Buddhist priest, lead a discussion of the film. The second author, a cultural anthropologist, has attended sessions as a participant-observer and reviewed audiotapes of other sessions. Below, we focus on the topics that we discuss and student reactions to these topics.

Watanabe realizes that he has devoted his life to pushing papers about on his desk and desperately starts trying to live fully. In a bar, he befriends a novelist who helps him explore post-war Tokyo's American-influenced nightlife. But Watanabe's disintegrating soul is never touched. Desperate for com-

pany, he finds a friend in Toyo, marveling in her youthful exuberance. After Toyo recognizes his despair, however, and rejects the role of saving him, Watanabe is able to realize that even he can work for the benefit of others.³ His hollow eyes begin to glow; a smile wraps itself around his lips. No longer at the mercy of others, no longer pleading with the world for salvation, Watanabe recovers his soul by turning to himself. Unlike Tolstoy's Ivan Illych, Watanabe realizes his fate with enough time left to devote the remainder of his days to a cause. A group of working-class mothers have petitioned City Hall to build a children's playground. Watanabe relentlessly herds the petition through the various departments, even ignoring threats to his life by *yakuza* (gangsters) who want to build a bar on the lot.

The formal emptiness of Watanabe's funeral is disrupted by the mothers, who arrive in a group and give way to tears. This scene is followed by the growing realization, then acknowledgment from his coworkers, that Watanabe must have known about his impending death and that he chose to act selflessly, heroically, in continuing his daily work as a bureaucrat—this time dedicated to the happiness of others. Through his deeds, Watanabe has left a legacy. Third-year medical students, busy trying to learn clinical medicine, perhaps find satisfaction in Watanabe's pragmatic quest to make a difference in this world before he leaves it.

While students are inspired by Watanabe's actions, we don't want to leave the discussion at that. Immensely provocative existential questions are the foundation from which *Ikiru* is born and are made manifest in Watanabe's cancer-stricken life. As one student observed, "When I watched the movie, I couldn't say that this was just Japanese culture. I think this was typical of anyone faced with 'My life is about to end' or 'Did my

life have a purpose?'" We ask our students if they are satisfied with what they are doing on a day-to-day basis. Most have chosen to pursue a career in medicine in order to serve others. But, during years of education, they are not yet able to practice medicine. Are they living their lives, in the way that Kierkegaard suggested, as if a wind might pick up a tile from a roof and kill them? Existentialists maintain that only by recognizing the possibility of nonbeing can we fully understand the responsibility of being. As another student put it, perhaps one has to think "of impending death to be motivated to live fully." So what would they do if faced with a terminal illness? Stay in school or do something else? Do they need to finish their training before they can start to heal others? As one student noted, Watanabe found hope by doing something for someone else. This was better than what he had been doing for the past 30 years. We encourage students not to wait that long. The longer we work in medical education, the more we come to see students, with one foot in the lay world, as natural practitioners of patient-centered medicine—providing a healing presence that patients and their families often otherwise miss in the medical setting. We encourage students to recognize this, to be mindful⁴ of it, and even to celebrate it.

By examining works of art, we also seek to encourage our students to engage in moral reasoning.^{5,6} Though stories are set in a specific time and place, good stories reveal our fundamental common humanity and invite us to use the characters' lives to question our own lives and the lives of those around us. By having students examine the problems that confront Watanabe, we seek to convey the observation that moral and ethical questions confront us on a daily basis. We seek their understanding that illness has a moral trajectory as well as a medical course. By confronting one with

one's mortality, incurable illness can have the power to transform. We encourage ourselves and our students to face our responsibilities as moral actors and to recognize that healing takes place in a variety of dimensions, not all of which are found in the medical encounter if that encounter is kept strictly medical in nature.

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