

## Literature and the Arts in Medical Education

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*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.

### Million Dollar Baby: Murder or Mercy

**Robin O. Winter, MD, MMM; Bruce A. Birnberg, MSW**

Nonmaleficence and beneficence are core principles of biomedical ethics. Nonmaleficence obligates health care providers to not intentionally inflict harm. Rules of non-maleficence take the form of "Do not do X," such as "Do not kill" or "Do not cause pain and suffering." Beneficence promotes actions of kindness that contribute to the welfare of others. The principles of nonmaleficence and beneficence apply to the conceptual distinctions made between killing someone versus letting him/her die.<sup>1</sup> Family physicians who care for patients facing end-of-life decisions are challenged by these difficult ethical issues. To help prepare residents for dealing with these potentially troubling situations, we teach a

multi-media seminar on advance directives and euthanasia.

The seminar begins with two cartoons being shown. The first depicts a doctor and a nurse talking at a patient's bedside. The doctor says to the nurse, "Her HMO coverage ran out! They recommend a physician-assisted suicide!"<sup>2</sup> The second cartoon depicts an emaciated patient surrounded by machinery trying to reach across the room for a switch on the opposite wall labeled "Dignity"<sup>3</sup> (Figure 1). The cartoons provide a bittersweet start to the seminar and help introduce the topic of advance directives.

To promote discussion on advance directives, we show several segments from a "Seinfeld" episode in which Kramer decides to write an advance directive after watching the beginning of a movie featuring a woman in a coma (The Comeback, Season 8, episode 13, 1997). Kramer sees Elaine as a cold-hearted, calculating business woman and therefore chooses her

over Jerry to be his health care proxy, despite Jerry's assurances to "Trust me; given the legal opportunity I will kill you." After completing his advance directive, Kramer finishes watching the movie only to discover that by the end the woman wakes up. This prompts Kramer to want to cancel his advance directive. He catches up with his lawyer at a tennis club where he is accidentally knocked unconscious by tennis balls. Recovering in the hospital, Kramer opens his eyes to the shock of seeing Elaine holding a large plug that she has just removed from an outlet.

Following "Seinfeld", we make the distinction between two types of advance directives that are often combined in one document. The first is a living will that specifies the treatments a person would or would not want under certain circumstances. The second is a durable power of attorney that designates a health care proxy who has the authority to make decisions

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on someone's behalf should he/she become unable to speak for him/herself.<sup>1</sup> The strengths and weaknesses of both types of advance directives are discussed in the context of the residents' clinical experiences with them. During this discussion, we discovered that residents had not written their own advance directives. After exploring their reasons for not having done so, such as thinking they were too young or wanting to avoid the issue, we encouraged them to think about writing advance directives for themselves.

Next, we examine the ethical issues posed by a competent patient who requests that she be put to death in the movie, "Million Dollar Baby" (2004), and the real-life experiences with physician-assisted death in Oregon and The Netherlands.

"Million Dollar Baby" tells the story of Maggie Fitzgerald, a poor, 31-year-old waitress who is trying to raise herself up by becoming a boxer, and Frankie Dunn, a boxing gym owner and trainer who trains fighters but does not have the nerve to take the risks needed to make them champions. Frankie's caution stems from his guilt for not having stopped his friend and current employee, Eddie "Scrap" Dupies, from fighting during his 109th fight where he lost his sight in one eye. With Scrap's urging, Frankie reluctantly agrees to train Maggie to help her fulfill her dream. Ultimately, the movie focuses on the relationship that develops between Frankie and Maggie.

After showing a series of video clips that depict how Frankie and Maggie grow closer as she becomes increasingly successful in the boxing ring, we present a scene in which Frankie gives Maggie a new fighting robe with the Gaelic phrase "Mo Cuishle" written on it, prior to fighting the British champion in England. He refuses to tell her what it means despite her begging him to know. The crowd chants "Mo Cui-

shle" as she enters the ring, helping to inspire Maggie to win the fight, thereby setting the stage for a world championship bout.

In another scene, Frankie and Maggie are driving home following a disastrous visit with her family when she describes to Frankie how her late father had killed their suffering German shepherd to end the dog's misery. Missing both her father and her dog, Maggie tells Frankie that "I've got nobody but you." Together they stop at Ira's Roadside Diner where Maggie used to go with her father so that Frankie can taste their famous lemon meringue pie. After finishing a piece, Frankie says he "could die and go to heaven."

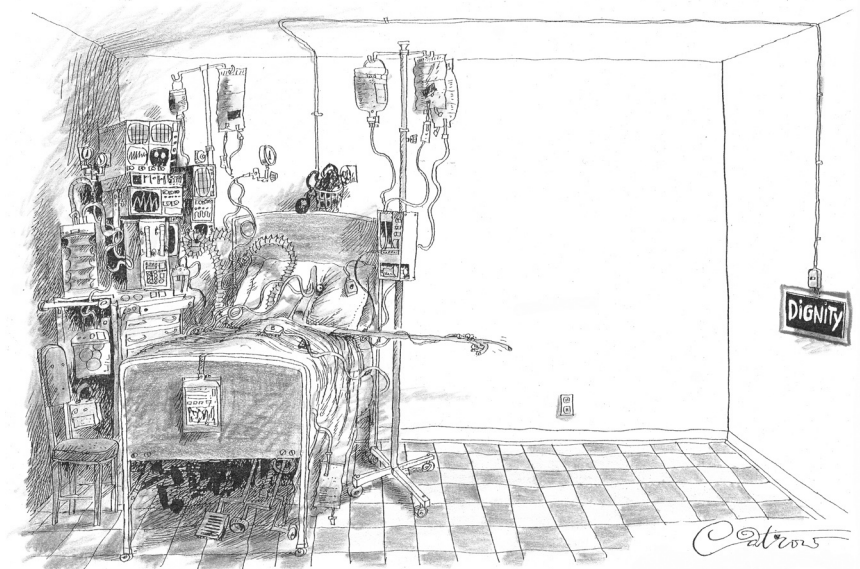
Next we show the championship fight, during which the defending champion attacks Maggie after the bell rings, knocking her to the mat. She lands on her corner stool, resulting in a broken neck that makes her a ventilator-dependent quadriplegic. After months of suffering and losing her leg to an infection, Maggie asks Frankie for a favor.

In a dramatic scene, Maggie reminds Frankie about the story of her father and their dog. She says, "I can't be like this, Frankie. Not after what I've done... People chanted my name... I was in magazines... I got what I needed... Don't let them keep taking it away from me." Frankie tells her, "I can't. Please, please don't ask me." Maggie responds, "I'm asking," and Frankie once again says, "I can't."

Later that night, Frankie receives a call that Maggie tried to kill herself by biting her tongue in an effort to bleed to death. After doctors repair the damage, she tries again. This time they cover her tongue and sedate her to prevent another suicide attempt. Seeing her desperation, Frankie now believes that "By keeping her alive, I'm killing her."

In the final scenes that we show, Frankie decides to fulfill Maggie's wish. He walks into her room and tells her what he plans to do. Maggie smiles and Frankie tells her "Mo Cuishle" means "My darling, my blood." He then re-

Figure 1



Reprinted with permission from David Catrow, cartoonist.

moves Maggie from the ventilator and injects adrenaline, killing her as she wished. The final scene of the movie shows Frankie sitting in Ira's Roadside Diner, eating a slice of pie.

We then pose the following questions to the residents: "Which causes more harm: keeping Maggie alive against her will or killing her?" and "What is the difference between just withdrawing her ventilator versus actively killing her?" Residents understood Maggie's sense of accomplishment and how she felt that being kept alive on a ventilator was not really living. However, imagining themselves in her place, most thought they would not have made Maggie's decision to die and as her doctor would have made every effort to provide effective palliative care instead of agreeing to kill her. Residents saw a clear distinction between withdrawing Maggie's ventilator and letting the natural disease process end her life, as opposed to actively killing her the way Frankie did. We also discuss how Frankie's injection of adrenaline differs from the use of morphine based on the doctrine of double effect. This doctrine

prohibits the use of adrenaline, which has no benefit other than killing Maggie, but allows the use of morphine to alleviate pain and suffering despite the acceptable risk of possibly hastening her death.

We conclude the seminar by discussing several articles from the *New England Journal of Medicine* that describe the experiences of legalized physician-assisted deaths in Oregon and the practice of euthanasia in The Netherlands.<sup>4-8</sup> The articles point out how patients who request assistance with death appear to be most concerned about their loss of autonomy and are determined to control the way in which they die. Even with this understanding, only one or two residents felt they would ever consider participating in euthanasia. These articles, in conjunction with "Million Dollar Baby," enable our residents to understand and empathize with a patient's request for a physician-assisted death and help facilitate a serious discussion about the ethical issues involved in euthanasia while simultaneously exploring the residents' personal beliefs about the subject.

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