

**End of Life Issues, Medical Ethics & Palliative Care
AV & Software Programs Available in the
UMKC School of Medicine, Medical Education Media Center
Phone: 235-1864 or 235-1832**

This audiovisual resource list is organized by the topics presented below. Programs often cover several subjects, and as a result, may be listed more than once. For example, medical ethics may be discussed in a video on advance directives. Ethics programs not related to end-of-life issues are not listed here. For a complete list of "ethics" or "bioethics" programs, see our catalog at: <http://www.umkc.edu/medicine/mediacatalog>

**Advance Directives
Anxiety, Depression and Delirium
Children and Death
Communicating Bad News
Cultural and Spiritual Issues
Death and Dying
Ethics, Medical
Euthanasia/Assisted Suicide/Withdrawal of Life Support
Hospice
Medical Futility
Pain Management / Palliative Care/End-of-Life Care
Physicians Facing Death**

Advance Directives

Death: A Personal Understanding, #5: Fear of Death and Dying, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

Despite the centuries old human struggle to "domesticate" death, the moment itself often remains frightening. A man diagnosed with AIDS and a woman dealing with recurrent cancer discuss how physical pain and fear of what may happen next affect their views of the future. An older couple explain the rational motives, and emotional difficulties behind their decision to prepare an "advance directive."

Discussing Advance Directives, Fanlight Productions, c2002, Fanlight Productions, VHS, 15 min.

SUMMARY: Two nurses and a physician, part of a foundation study on patient communication, meet to discuss the difficulties they encounter in working with other staff and patients on advance directives. Among these are misunderstandings, among both patients and staff, about the differing roles of living wills, durable powers of attorney, and "do not resuscitate" orders; confusion about how to interpret these documents in the light of changing medical circumstances; and the ambivalence of some patients about having to make such decisions at all.

Doing Right: Clinical Ethics in Primary Care, Network for Continuing Medical Education, c1999, VHS, 60 min.

This program discusses end-of-life issues, such as advance directives, dealing with demanding patients, disclosing bad news, handling professional conflicts and inappropriate behaviors. Working in a managed care environment may also adversely affect sound ethical decision-making. This video presents a family doctor, geriatrics specialist, and an ethicist reviewing the ethical implications of a typical case encountered in family medicine. They offer strategies for evaluating ethical problems and advice on how to approach these dilemmas.

EPEC: Education for Physicians on End of Life Care, American Medical Association; Northwestern University Feinberg School of Medicine, the EPEC Project; and the Robert Wood Johnson Foundation, 1999, Available on the following formats: DVD Video, VHS Video, Win CD

CONTENTS:

[Part A] – "Plenaries 1, 3, and 4."

Plenary 1 - Gaps in End-of-Life Care

Plenary 2 - This was purposely not supplied by the AMA

Plenary 3 – A Conversation with Dane Cicely Saunders, The Founder of the Modern Hospice Movement

Plenary 4 – The Next Steps

[Part B] – "Modules 1-12, Trigger Tape

1. Advance Care Planning

2. Communicating Bad News•3. Whole Patient Assessment

4. Pain Management

5. Physician-assisted Suicide

6. Depression, Anxiety, Delirium

7. Goals of Care

8. Sudden Illness

9. Medical Futility

10. Common Physical Symptoms

11. Withholding / Withdrawing Treatment

12. Last Hours of Living

The Ethical Question: Advance Care Planning, U.S. Air force Reserve Command and the American Medical Association, c1997, VHS, 30 min.

Designed for physicians faced with ethical challenges everyday, this advanced care planning program presents issues which the physician should discuss with his or her patients while they are healthy . Does the patient want more aggressive care? Less care? What are the values that guide his life? Appointing a proxy and what the family wants are all included in the information the physician should have on file.

Father Knows Best: A Case Study about Advance Directives, Midwest Bioethics Center, c1998, VHS, 12 min.

John, a successful engineer diagnosed with a brain tumor, has lapsed into a coma. In spite of John's advance directive, his wife, at the urging of their physician and friend, has permitted the insertion of a feeding tube. John's son becomes his father's advocate and presents the dilemma of honoring his father's wishes in the face of his mother's objections.

Partners in Care: Understanding Advanced Directives, Envision, Inc., 2000, VHS, 11 min.

Advance Directives do not take the place of real communication with the family and doctor, but they can be a great start for the type of conversation that is needed to deal with difficult issues. The objective of this program is to alert patients and staff of the importance of addressing the difficult topic of death or dying. This program includes the following topics: durable power of attorney for healthcare, living wills and communication techniques.

Anxiety, Depression and Delirium

Mental Problems in Older Adults, Terra Nova Films, VHS, 20 min.

In this session, a psychiatrist discusses and demonstrates delirium, dementia, depression and personality disorders as experienced by older adults. This illustrative video promotes more accurate and effective communication about mental health problems.

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Children and Death

Children and Death, Hospice Series, by Jody Gyulay, Paxton Small; University of Missouri-Kansas City, School of Medicine and Hospice Care of Mid-America, VHS, 41 min.

Discusses five topics concerning children and death: the American concept of death, children facing loss, talking to children about death, the dying child, and family and parental grief.

Death: A Personal Understanding, #7: A Child's View of Death, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

Children often understand that death is a changed state of being, but not how final it is. When they are between the ages of seven and ten, their questions about death become more frequent and complicated. In this program, we look at children's developing understanding of death, and their growing fears, as they react to losing a parent or sibling. One section is devoted to the special anguish of a teenager's relation to death.

Grave Words: Notifying Survivors About Sudden, Unexpected Deaths, Kenneth V. Iserson, M.D.; Galen Press, Ltd., c1999, 357 slides, guide, pocket protocol, text

This slide set is designed to teach healthcare professionals and others the appropriate methods and protocols for sudden or unexpected death notification. The slides are organized in sections which include the following topics: protocol for physicians delivering news of sudden death; general information concerning grief, verbal and nonverbal communication; protocol for death notification by chaplains, various religious practices and death; emergency department death notification; helpful comments and phrases, as well as comments to avoid; telephone notification;

EMS in-home notification; protocols for student sudden deaths; how to help friends after a death ; telling children about death ; protocols for obstetric deaths ; protocol for support of disaster survivors ; and organ procurement.

Communicating Bad News

Doing Right: Clinical Ethics in Primary Care, Network for Continuing Medical Education, c1999, VHS, 60 min.

This program discusses end-of-life issues, such as advance directives, dealing with demanding patients, disclosing bad news, handling professional conflicts and inappropriate behaviors. Working in a managed care environment may also adversely affect sound ethical decision-making. This video presents a family doctor, geriatrics specialist, and an ethicist reviewing the ethical implications of a typical case encountered in family medicine. They offer strategies for evaluating ethical problems and advice on how to approach these dilemmas.

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How to Break Bad News, Tape 4, VHS, 79 min.

This series includes over 20 scenarios with simulated patients illustrating various clinical situations, communications problems and approaches to dealing with them. Tape four in this series illustrates: the SPIKE protocol for breaking bad news (setting, perception, invitation, knowledge, exploring emotions, strategy and summary); interviews with simulated patients with rheumatoid arthritis and breast cancer; special or difficult situations such as: "how long have I got?", "my mother is not to be told," "your husband has died."

Managing End of Life Care, Network for Continuing Medical Education, NCME #824, c2003, DVD & VHS, 60 min.

Helping a patient through the death process can be daunting and is rife with issues. In addition to medical challenges, there are religious/spiritual, emotional, ethical, financial, and legal matters to consider. The patient's spouse, family members, and close friends often look to the physician to coordinate these matters, and to provide guidance and support as the loved one's condition deteriorates. This program provides a comprehensive review of the physical and mental aspects of death and dying, and offers advice for helping patients and their families transition smoothly through the patient's end of life. The participants should be able to: communicate effectively with patients and their families about end-of-life issues, explain the importance of advance directives, manage primary medical issues of the dying patient, identify the role of spiritual support for the patient and family, and utilized other support services during this period. (CME Credit is available)

Professional and practice development: Patient Communication and Interpersonal Relationships, James C. Norton, Ph.D.; University of Kentucky, College of Medicine, 1990, 2 VHS videos, 30 min. + guide

"Patient Communication" trigger vignettes as follows: Tape 1 contains: "Environmental Awareness When Communicating About Patients," "Communicating Bad News to Family Members," and, "Dealing with Difficult People" (15 min.) - Tape 2 contains: "Interprofessional Relationships," (16 min.)

Cultural and Spiritual Issues at the End of Life

Death: A Personal Understanding, #9: Death Rituals, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide
To what degree do individual circumstances require spontaneous adaptation of traditional rites? A minister who lost her brother in the Lockerbie air disaster and a father whose failing marriage affected his role in his young son's funeral discuss their need to adapt traditional rituals to their own circumstances. A cancer patient planning her service in advance and a veteran at a Vietnam memorial provide a comparison of private and public rituals.

Death: A Personal Understanding, #10: The Good Death, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

Should we help people die, or force them to live? What constitutes a good death? Perspectives from native North American culture and urban medical ethicists provide background as we meet a woman facing death from breast cancer and a young family with a terminally ill infant. The special grief long-term caregivers can fall into is also discussed, as we discover the ways that they dying can help to heal the living.

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Honoring Patient Preferences: A Guide to Complying With Multicultural Patient Requirements, c1999, Computer Software, Win CD-Rom (of textbook), textbook, 235 pgs

This is a one-of-a-kind resource for developing cultural competencies that meet official regulatory requirements and ensure the well-being of patients. From the staff of Children's Hospital Boston, comes this unique training toolkit to help doctors, nurses, counselors, and other caregivers fully understand the religious beliefs and cultural norms - both their own and others - that drive the decisions about illness and recovery made by patients and their families. Packed with case studies and guidance on JCAHO standards, chapters cover special concerns about illness and death, including end-of-life issues, and provide a detailed review of the spiritual traditions, health care practices, and guiding principles of the major religions and cultures around the world - from Africa and Asia to Europe and the Middle East, Catholicism and Judaism to Hindu and Buddhism.

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Spiritual Assessment: Meeting the Spiritual Needs of Your Patients, VHS, 17 min.

This training package comes with a self-learning packet to help meet JCAHO standards on assessing and meeting the spiritual needs of patients. Spiritual health can determine how willing patients are to participate in their own care, to accept education, and to comply with treatment. After viewing this program, the participant should be able to explain the difference between spirituality and religion, complete a spiritual assessment, identify signs of spiritual health, recognize signs for each level of spiritual distress, and recognize barriers to effective interventions and use proven techniques to aid in successful positive intervention.

Death and Dying

Children and Death, Hospice Series, by Jody Gyulay, Paxton Small; University of Missouri-Kansas City, School of Medicine and Hospice Care of Mid-America, VHS, 41 min.

Discusses five topics concerning children and death: the American concept of death, children facing loss, talking to children about death, the dying child, and family and parental grief.

Choosing to forgo artificial nutrition, Network for Continuing Medical Education # 561, c1989, VHS, 16 min.

In limited cases, medical treatments intended to correct malnutrition and dehydration may fail to benefit may even harm some patients. In a series of case studies, an outline of useful decision-making procedures and guidelines for determining when to discuss discontinuation of artificial nutritional support with patients and their surrogate decision-makers is presented. •

Communication Skills in Clinical Practice: Genetic Testing, Pediatrics and End-of-Life, Tape 5, by Dr. Robert Buckman; Dr. Walter F. Baile; Dr. Barbara Korsch; Medical Audiovisual Communications, Inc., c1999, VHS; 69 min.

This series includes over 20 scenarios with simulated patients illustrating various clinical situations, communications problems and approaches to dealing with them. The fifth video in this series address the following topics: how to discuss genetic testing with a patient; how to discuss the results of genetic testing; areas in which communication in

pediatrics differs from that in adult medicine; discussing a diagnosis of Down's syndrome with a new mother; how to discuss a "do not resuscitate" order" with a patient; discussing discontinuation of ventilate or support with a family.

Death: A Personal Understanding, #1: What Is Death? Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

Definitions of death have been debated for centuries, depending on culture, social conditions, and the role of the medical profession. In this program, we see how ideas have changed historically, and how our newest definitions like "brain death" may not yet be adequate for encompassing all of death's meanings.

Death: A Personal Understanding, #2: The Dying Person, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

When we are told that we are terminally ill, we are defined, more than ever, by the limits of our bodies. In this program, we meet three women, each diagnosed with a different form of cancer, who handle their limitations in different ways. The role of palliative care is viewed in depth, as well as how family relationships change underneath the pressure of the diagnosis.

Death: A Personal Understanding, #3: Facing Mortality, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

How can we prepare for death? By preparing, do we enhance or diminish our lives? A retired performer, an epidemiologist now suffering from AIDS, a young businesswoman, a Holocaust survivor, and a war journalist discuss how facing their own deaths and the deaths of others has affected, in some cases, transformed, their lives.

Death: A Personal Understanding, #4: The Deathbed, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

In the last century, the scene of the deathbed drama has moved, overall, from home to hospital. Still even surrounded by technology, the deathbed scene remains emotional for those who participate. We meet a young man who loses his mother to cancer, a couple who lose their five-year-old daughter, and a young widow who recounts the final days of her husband's battle with leukemia. Includes some discussion of hospice care.

Death: A Personal Understanding, #5: Fear of Death and Dying, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

Despite the centuries old human struggle to "domesticate" death, the moment itself often remains frightening. A man diagnosed with AIDS and a woman dealing with recurrent cancer discuss how physical pain and fear of what may happen next affect their views of the future. An older couple explain the rational motives, and emotional difficulties behind their decision to prepare an "advance directive."

Death: A Personal Understanding, #6: Sudden Death, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide, VHS, 30 min., Faculty Guide Special issues arise when death comes without warning. A woman widowed by the Oklahoma city bombing talks about how she handled the sudden news and loss of her husband. An ambulance paramedic discusses the reactions to imminent death among those he assists. A wife who lost her husband to suicide talks about a different kind of sudden death, where the prolonged steps that led to the end can be seen more clearly in retrospect.

Death: A Personal Understanding, #7: A Child's View of Death, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

Children often understand that death is a changed state of being, but not how final it is. When they are between the ages of seven and ten, their questions about death become more frequent and complicated. In this program, we look at children's developing understanding of death, and their growing fears, as they react to losing a parent or sibling. One section is devoted to the special anguish of a teenager's reaction to death.

Death: A Personal Understanding, #8: Death: Grief and Bereavement, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

The effect of grief can last a lifetime, as we try to find a balance between overcoming our loss and keeping the memory of the loved one alive. In this program, the question "How long does grief last?" guides conversations with two middle-aged sisters whose mother recently died; with members of a family in which the youngest son was murdered; with an adult orphaned as a child; and with a teenager who lost her mother, and may now lose her father and brother to AIDS.

Death: A Personal Understanding, #9: Death Rituals, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

To what degree do individual circumstances require spontaneous adaptation of traditional rites? A minister who lost her brother in the Lockerbie air disaster and a father whose failing marriage affected his role in his young son's funeral discuss their need to adapt traditional rituals to their own circumstances. A cancer patient planning her service in advance and a veteran at a Vietnam memorial provide a comparison of private and public rituals.

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End-of-Life Care, by Christine K. Cassel, M.D.; Diane E. Meier, M.D.; R. Sean Morrison, M.D.; The Network for Continuing Medical Education # 782, c2001, VHS, 60 min.

Palliative care addresses the physical, psychological, social, spiritual, and existential needs of patients facing a serious illness or death. An important component of such care is pain management. Sadly, 50% of patients experience moderate or severe pain at least half of the time within their last few days. Physician causes of inadequate pain management, avoiding the use of opioids, and fearing addiction are included.

End of Life Care: Ethical Dimensions, Glaxo Wellcome Healthcare Education, c1997, VHS, 33 min.

Provides practical information concerning end-of-life issues that can be applied in daily practice and specifically patient care. Case studies include the death of a child and the death of a parent. Some discussion of advance directives is included.

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John, a successful engineer diagnosed with a brain tumor, has lapsed into a coma. In spite of John's advance directive, his wife, at the urging of their physician and friend, has permitted the insertion of a feeding tube. John's son becomes his father's advocate and presents the dilemma of honoring his father's wishes in the face of his mother's objections.

The Future of Dying, William G. Bartholome; Midwest Bioethics Center; Kansas City, Missouri, c1995, VHS, 36 min.

This video features noted physician-ethicist William G. Bartholome, MD, MTS, reviewing the history of the death and dying movement from the work of Kübler-Ross forward. Dr. Bartholome reflects on his own life since receiving a terminal diagnosis. Presented at the How We Die Conference, March, 1995.

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Growing Old in A New Age, pt. 11: Dying, Death and Bereavement, by Kathryn L. Braun, School of Public Health,

University of Hawaii at Manoa; Annenberg/CPB Collection, c1993, VHS, 60 min., faculty guide
Discusses the services older people need to deal with dying and death. Elders describe their views on widowhood and management of grief. Experts examine the ethical dilemmas posed by terminal illness. Four sections are presented as follows: perceptions of dying and death, grief and bereavement, societal response to dying and death, moral and ethical dilemmas. The sections of this video are presented in the following order: politics of aging, social policies and programs, and emerging health care issues.

Hospice Care: An Interdisciplinary approach, Network for Continuing Medical Education # 618, c1992, VHS, 15 min.
The roles of the patient, family and the interdisciplinary team are discussed for a variety of hospice care settings. Advances in medical technology and pharmacology have made non-curative, life-pro-longing approaches to terminal illness widely available, and made successful palliative treatment highly individualized, requiring the coordinated efforts of the patient care team.

The Hospice Movement in America, Hospice Series, by Kevin Flattery ; University of Missouri-Kansas City, School of Medicine and Hospice Care of Mid-America, c1984, VHS, 29 min.

History of the hospice movement from original European beginnings to its spread to the U.S. in the early 1970's to the present time. Emphasizes the tradition of the holistic and environment approach to patient care.

How We Die, Sherwin B. Nuland, Diane Sawyer, ABC TV Network Primetime, c1999, VHS, ca 15 min.

A NBA nonfiction winner, Sherwin Nuland's Yale study of the clinical, biological and emotional details of dying was a 14-week bestseller. The book describes our cultural attitude toward death as something which occurs in sterile seclusion, cloaked in euphemism and taboo. Dr. Nuland states that "we die when the doctor decides nothing else can be done instead of when nature decrees it." He goes on to say that "the 8 out of 10 people in the U.S. who die in the hospital are only allowing medicine to prolong life as opposed to dying at home in a peaceful atmosphere saying our goodbyes instead of focusing on miracles." The video follows terminal patients in the choices they make and the issues surrounding control over death.

Interview with Sonja Freeman, by Mary Spratt, University of Missouri-Kansas City, School of Medicine, c1984, VHS, 37 min.

Knowing that her decision will ultimately lead to her death, a 32-year-old diabetic with renal failure, discusses her reasons for refusing dialysis. Comments are directed specifically toward health care professionals, emphasizing the need for control of her own destiny, independence, and quality of life. An outspoken discussion of physician-patient relationships, family reaction to her decision, and coping with her own death are included in the interview conducted 12 days before her demise.

Like Rembrandt Draperies: A Portrait of Cathy Tingle, by Lisa Kaplan; LifeWorks, c2002, VHS, 51 min.

This documentary raises many issues that are ideal for medical school training and for continuing education purposes. Some of the themes addressed in the film include clinician-patient communication, medical decision-making, psychosocial aspects of illness, and forming partnerships with patients, especially at the end of life. The program tells the story of a rural Kentucky woman who was diagnosed with endometrial cancer and adenocarcinoma and outlived her prognosis by almost 10 years. As the story of Cathy Tingle unfolds, viewers see a unique relationship between patient and doctor. Much of the film focuses on Cathy's approach to her own health care, the control she maintained over her own condition, and the partnership she established with Dr. Gallion. The video emphasizes communication, listening and compassion as very important aspects of the relationship between patient and health care provider. The film's intent can provide a catalyst for discussion of important issues including: living with cancer, relationships between patients and providers, alternative therapies and lifestyles, the meaning of dying and rituals around death.

Managing End of Life Care, Network for Continuing Medical Education, NCME #824, c2003, DVD & VHS, 60 min.

Helping a patient through the death process can be daunting and is rife with issues. In addition to medical challenges, there are religious/spiritual, emotional, ethical, financial, and legal matters to consider. The patient's spouse, family members, and close friends often look to the physician to coordinate these matters, and to provide guidance and support as the loved one's condition deteriorates. This program provides a comprehensive review of the physical and mental aspects of death and dying, and offers advice for helping patients and their families transition smoothly through the patient's end of life. The participants should be able to: communicate effectively with patients and their families about end-of-life issues, explain the importance of advance directives, manage primary medical issues of the dying patient, identify the role of spiritual support for the patient and family, and utilized other support services during this period. (CME Credit is available)

The Mourning Process: Mrs. Kelly, by Saint Louis University Medical Center, VHS, 54 min.

Shows two interviews with a 65-year old widow, at two and fifteen months after her husband's death. Discusses the three stages of grief (sorrow, painful longing, and resolution) and the manifestations of both ordinary and pathological grief.

Nancy - Cancer Patient, pt. 1, by John O'Hearne, Interviewer; University of Missouri-Kansas City, School of Medicine, c1979, VHS, 33 min.

An interview with a 23 year old terminally ill woman discussing her thoughts on the experiences she has had as a cancer patient. Candid emphasis is placed upon the physician-patient relationship, support systems, the grief process, fighting her illness and the will to "live rather than die," with cancer.

Nancy - Cancer Patient, pt. 2, by John O'Hearne, Interviewer; University of Missouri-Kansas City, School of Medicine,

c1982, VHS, 27 min.

Two years after her initial interview with Dr. O'Hearne, and several months before her death, Nancy continues to candidly discuss her experiences as a cancer patient through five years of treatment.

Nancy's Mother, by John O'Hearne, Interviewer; University of Missouri-Kansas City, School of Medicine, c1982, VHS, 40 min.

An interview with the mother of a young woman who succumbs to cancer after a five year battle with the disease. The discussion takes place several months after Nancy's death and reflects the grief process as well as interaction with health care professionals.

Nick and Sheila and the World: A Case Study about Patient Rights and Cultural Diversity, Midwest Bioethics Center, VHS, 17 min.

This story is told through the character of Sheila. She has been asked to discuss her perspective (and through her, the patient's perspective), concerning their interactions with the healthcare providers in the audience. As Nick's significant other, she attempts to make the healthcare staff understand Nick's situation as a dialysis patient who "can't be confined" yet faces imminent death if he foregoes the normal, confining treatment. Sheila comes from the point of view that although she may be less educated, have a different background, or dress differently, she wants the healthcare staff to understand that she is also a human being and does not want to be treated like a "number" or a "herd of cattle" anymore than they do. She talks about issues after the surgery such as the length of waiting time to see a physician, the poor attitude, communication and treatment by healthcare workers. She also discusses the patient's need to be informed about his condition and not told what must be done without regard to his need or ability to comply. This video may be suitable as a trigger tape. [Note: This program contains a small amount of graphic language]

On Our Own Terms: Moyers on Dying - A Death of One's Own, Films for the Humanities and Sciences, c2000, VHS; 90 min.

More and more Americans are looking for opportunities to exert some measure of control over where and how they die. In this program, Bill Moyers unravels the complexities underlying the many choices at the end of life, including the bitter debate over physician assisted suicide. Three patients, their families, and their doctors discuss some of the hardest decisions, including how to pay for care, what constitutes humane treatment, and how to balance dying and dignity. In the end, do these patients die the way they wanted? Yes....and no.

On Our Own Terms: Moyers on Dying - A Different Kind of Care, Films for the Humanities and Sciences, c2000, VHS ; 90 min.

At the end of life, what many Americans want is physical and spiritual comfort in a home setting. In this program, Bill Moyers presents the important strides being made in the area of palliative care at pioneering institutions such as New York's Mt. Sinai Hospital and Memorial Sloan-Kettering Cancer Center. These advances are bringing peace to those who fear that they will be a burden to loved ones, will suffer needlessly, or will be abandoned in their hour of greatest need.

On Our Own Terms: Moyers on Dying - Living With Dying, Films for the Humanities and Sciences, c2000, VHS, 90 min.

Death, which sooner or later comes to all, is treated as a strangely taboo subject in America. In this program, Bill Moyers describes the search for new ways of thinking - and talking - about dying. Forgoing the usual reluctance that most Americans show toward speaking about death, patients and medical professionals alike come forward to examine the end of life with honesty, courage, and even humor, demonstrating that dying can be an incredibly rich experience for both the terminally ill and their loved ones.

On Our Own Terms: Moyers on Dying - A Time to Change, Films for the Humanities and Sciences, c2000, VHS, 90 min.

Whether they want to or not four out of five Americans will likely die in hospitals or nursing homes, and the care they get will depend on both who is providing it and who is footing the bill. In this program, Bill Moyers introduces crusading medical professionals - including staff members of the Balm of Gilead Project in Birmingham, Alabama - who have dedicated themselves to improving end-of-life care by changing America's overburdened health system.

Partners in Care: Understanding Advanced Directives, Envision, Inc., 2000, VHS, 11 min.

Advance Directives do not take the place of real communication with the family and doctor, but they can be a great start for the type of conversation that is needed to deal with difficult issues. The objective of this program is to alert patients and staff of the importance of addressing the difficult topic of death or dying. This program includes the following topics: durable power of attorney for healthcare, living wills, and communication techniques.

Religion and Euthanasia, Films for the Humanities & Sciences, c1997, VHS, 28 min.

The highly controversial topic of euthanasia is examined in this program through the eyes of several medical and religious experts. Euthanasia as an acceptable practice is discussed within the context of current "right-to-die" cases, including the highly publicized assisted-suicide activities of Dr. Jack Kervorkian. We see how individual rights issues often overshadow legal arguments. Efforts currently under way by religious groups to block the practice are examined. Overall, the program represents an excellent starting point for discussions about what role religion and morality should play in the euthanasia debate.

Short-term Group Psychotherapy for Loss Patients, Short-term Group Psychotherapy Seminar, Division of External

Psychiatric Services, Department of Psychiatry; produced by Health Sciences Media Services, University of Alberta; distributed by Guilford Publications, c1992, VHS, 55 min

This video provides exposure to the approach of time-limited, interpretive group psychotherapy to help patients who are experiencing difficulties adapting to the loss of one or more persons. It presents typical examples of the group therapy process (patient discussion, therapist intervention, patient-therapist interaction).

Whose Life Is It Anyway? MGM, United Artists, c1981, VHS, 1 hour & 59 min.

Actors: Richard Dreyfuss, John Cassavetes; Based on the stage play: "Whose Life is It Anyway?" by Brian Clark

Dreyfuss plays a young sculptor who survives an auto accident only to be permanently paralyzed from the neck down. The film's central theme (end-of-life issues) is addressed, as the patient, knowing himself to be completely helpless for the rest of his days, makes a poignant plea to be removed from his life sustaining equipment. Goes into the extreme difficulty the patient faces from institutional forces and the legal battles he contends with as he fights to have his choice ruled upon by the court.

Wit, Avenue Pictures production for Home Box Office (HBO), VHS, 120 min. •Note: The movie, "Wit", is based on the Pulitzer Prize-winning play by Margaret Edson; Credits: Emma Thompson,

Actress; Mike Nichols, Director.

Summary: "Wit" centers on Dr. Vivian Bearing, a renowned English literary scholar. As a disciplined academician, and expert in the metaphysical poetry of John Donne, she is prickly, precise and intensely rational in her teaching and in her life. Her passion is reserved for the classroom, yet her penetrating intelligence and biting wit alienate her students. Her academic cocoon protects her, cushions her, makes it possible for her to exist without the need of anyone. When she is suddenly faced with death -- a diagnosis of terminal ovarian cancer -- her 17th-century poetic world collides with 21st-century experimental medicine and a personal awakening is set in motion. Over the course of eight months, on high-dose chemotherapy, Vivian sees many of the smug assumptions about her life explode in the face of her growing dependency on others.

Ethics, Medical

Doing Right: Clinical Ethics in Primary Care, Network for Continuing Medical Education, c1999, VHS, 60 min.

This program discusses end-of-life issues, such as advance directives, dealing with demanding patients, disclosing bad news, handling professional conflicts and inappropriate behaviors. Working in a managed care environment may also adversely affect sound ethical decision-making. This video presents a family doctor, geriatrics specialist, and an ethicist reviewing the ethical implications of a typical case encountered in family medicine. They offer strategies for evaluating ethical problems and advice on how to approach these dilemmas.

End of Life Care: Ethical Dimensions, Glaxo Wellcome Healthcare Education, VHS, 33 min.

Provides nurses with practical information concerning end-of-life issues that can be applied in daily practice and specifically patient care. Case studies include the death of a child and the death of a parent. Some discussion of advance directives is included.

The Ethical Question: Advance Care Planning, U.S. Air force Reserve Command and the American Medical Association, c1997, VHS, 30 min.

Designed for physicians faced with ethical challenges everyday, this advanced care planning program presents issues which the physician should discuss with his or her patients while they are healthy. Does the patient want more aggressive care? Less care? What are the values that guide his life? Appointing a proxy and what the family wants are all included in the information the physician should have on file.

Landmark Trials of Modern Ethics - In Re Michael Martin: A Battle Over Life Support, Choices, Inc. c2003, VHS, 45 min.

SUMMARY: In 1990, the U.S. Supreme Court addressed this topic in what was known as the Nancy Cruzan case, which involved a decision on whether to discontinue the feeding tube of a Missouri woman who was in an irreversible neurological condition. The state of Missouri had opposed the removal of Cruzan's feeding tube because there was no "clear and convincing evidence" that she would have wanted the tube taken out. The Supreme Court ruled that feeding tubes could be removed but also held that individual states had the right to set guidelines regarding such a procedure. The issue then became: what constitutes "clear and convincing evidence" that someone would not want life support to continue. Written advance directives can provide documentation, but it is estimated that only about 15 percent of people make one of these kinds of advance directives. Such was the case of Michael Martin. Although he did not leave anything in writing, his wife insisted that she had promised him that she would allow him to die if he should ever become totally dependent on others to live. Yet Michael Martin, though clearly incapacitated, was not unconscious. Should he live or should he be allowed to die? This program highlights the trial.

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SUMMARY: In 1996, Michael Anderson, who was convicted of first degree murder in the shooting death of his mother's abusive ex-husband, stopped eating and refused all medical treatment for his diabetes. Anderson, who has maintained that the killing was in self-defense, argues that he has a right to die and that he should be allowed to refuse food to that end. Some ethicists would agree, maintaining that the state can only limit a person's conduct when it presents harm to others. The opposing side argues that by allowing Anderson to do that, the state is abetting suicide.

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button and release life-ending drugs into the bloodstream (sometimes Kevorkian used a device that allowed the patient to inhale lethal carbon monoxide gas). This way, it could not be said that Kevorkian initiated the action himself—it was the patient's doing. However, in order to test the law, Kevorkian took a dramatic step. In September 1998 he dispensed with the "suicide machine" and administered the drugs directly to the patient himself. As he expected to be, he was arrested and charged with murder. The jury would have to decide whether "Dr. Death" was, as he claimed, a humanitarian who sought only to end human suffering or, as the prosecution charged, a murderer. This program features highlights of the trial, reaction to the verdict, the history of Kevorkian's mission to legalize assisted suicide, critical issues raised by his views, and interviews with the key players and family members over the years.

New!

Medical Ethics and End of Life Decisions, Edmund Pellegrino, Network for Continuing Medical Education, #851, c2005, DVD or VHS video, 60 min.

Medical ethics encompasses a broad range of difficult clinical issues and decisions. Some of these issues, such as embryonic research, in vitro fertilization, cloning, and gene mapping, deal with the beginning of life. Others, such as those involving informed consent, organ donation, and human experimentation, can occur at any time during life. End-of-life decisions, including withdrawing and withholding treatment, euthanasia, and advance directives, comprise a significant and especially challenging part of medical ethics. In this program, Dr. William Matory interviews Dr. Edmund Pellegrino, a world-renowned spokesman on ethics and the medical profession. Dr. Pellegrino addresses end-of-life and other difficult decisions faced by physicians and other healthcare professionals in caring for patients, and provides clinically and morally sound advice, based on his belief in the moral nature of medicine and the ethical obligations of physicians

Mortal Choices with Ruth Macklin: Public Policy, Private Choices, Bill Moyers, PBS Video, Films for the Humanities & Sciences, c1990, VHS, 52 min.

"Part one" of this interview style presentation deals with the general moral dilemmas that doctors face every day such as transplants, value judgments for who receives care, dealing with allocating scarce resources, disclosure of bad news, and patients' right to information. Includes footage of a hospital ethics committee as well as some discussion about their value. "Part Two centers on the ethical issues surrounding abortion, fetal rights, substance abuse during pregnancy and other reproductive rights issues. The following description is from the producers catalog: "Pregnancy, once the most private of concerns, has become the center of public controversy. Contraceptives, abortion, fetal alcohol syndrome, and related issues have put the debate in the headlines, in the courts, and on the streets. Ruth Macklin, professor of bioethics at Albert Einstein College of Medicine in New York, has worked with medical students and professionals to suggest intelligent ways of thinking through the moral obligations they face in their daily work, defining the philosophical principles that doctors and patients face when confronted with such issues as suffering, choosing who receives care, and allowing dignity to the dying. In this program with Bill Moyers, Macklin explores the philosophical problems that can confront any of us—patient and family, parent and child, the living and dying—at any time."

20th Century with Mike Wallace, VHS, 50 min.

As advances in medical technology expand our ability to sustain life, a new issue is becoming increasingly important. Termed the "right to die," it pits those who claim that the sanctity of life must be preserved at any cost with those who feel that patients or their family should be able to decide when a life sustainable only through extraordinary means should be allowed to end. Join Mike Wallace for a penetrating look at this complicated issue. Examine the landmark case of Karen Ann Quinlan, whose parents fought to remove her from life support after she lapsed into a coma induced by alcohol and tranquilizers. In illuminating, original interviews, ethicist Daniel Callahan of the Hastings Center of New York and Susan Mascitelli, head of patient advocacy for the New York Hospital, explore the ethical dilemmas raised when questioning who decides when and how life ends. There is also a look at the work of Dr. Jack Kevorkian and the pros and cons of how he assists with the suicide of the terminally ill. See how the media's coverage of the issue and portrayal of figures like Jack Kevorkian has affected a highly-charged debate.

Working With the Hospital Ethics Committee, Edmund D. Pellegrino, Network for Continuing Medical Education, VHS, 48 min.

The structure and function of a typical hospital ethics committee is described followed by a dramatization of such a committee as it consults with the mother of a prematurely-born infant in the hospital's neonatal intensive care unit presenting with multiple life-threatening conditions. Clinical, ethical, and legal issues are dealt with in arriving at the committee's recommendations.

Euthanasia, Assisted Suicide and Withdrawal of Life Support

Choosing to forgo artificial nutrition, Network for Continuing Medical Education # 561, c1989, VHS, 16 min.

SUMMARY: In limited cases, medical treatments intended to correct malnutrition and dehydration may fail to benefit may even harm some patients. In a series of case studies, an outline of useful decision-making procedures and guidelines for determining when to discuss discontinuation of artificial nutritional support with patients and their surrogate decision-makers is presented.

EPEC: Education for Physicians on End of Life Care, American Medical Association; Northwestern University Feinberg School of Medicine, the EPEC Project; and the Robert Wood Johnson Foundation, 1999, Available on the following formats: DVD Video, VHS Video, Win CD

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Interview with Sonja Freeman, by Mary Spratt, University of Missouri-Kansas City, School of Medicine, c1984, VHS, 37 min.

Knowing that her decision will ultimately lead to her death, a 32-year-old diabetic with renal failure, discusses her reasons for refusing dialysis and withdrawal of life support. Comments are directed specifically toward health care professionals, emphasizing the need for control of her own destiny, independence, and quality of life. An outspoken discussion of physician-patient relationships, family reaction to her decision, and coping with her own death are included in the interview conducted 12 days before her demise.

Midwest Bioethics Center Audiotapes Programs, c1991, 6 audiotapes:

Tape 1: An Ethical Revolution: Patients as Moral Equals; Tape 2: Human Genome Mapping Project; Tape 3: Bioethics in the 90's; Tape 4: The Tarasoff Decision; Tape 5: Euthanasia; Tape 6: The History of Ethics Committees.

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Dreyfuss plays a young sculptor who survives an auto accident only to be permanently paralyzed from the neck down. The film's central theme (end-of-life issues) is addressed, as the patient, knowing himself to be completely helpless for the rest of his days, makes a poignant plea to be removed from his life sustaining equipment. Goes into the extreme difficulty the patient faces from institutional forces and the legal battles he contends with as he fights to have his choice ruled upon by the court.

Hospice

Common Heroes: Choices in Hospice Care, Fanlight Productions, c1999, VHS, 30 min.

SUMMARY: This revealing video follows the nurses, physicians, social workers and clergy who make up the hospice team. It demonstrates the ways they collaborate to help families develop care plans that will maximize each patient's quality of life during the

end stages of their illness, while also providing family support and grief counseling. Threaded through the documentary are the moving stories of several hospice patients. Also shown is an innovative program at the University of California, San Diego, where all medical students undergo a hospice rotation. Awards & Conference Screenings: Silver, National Health Information Awards; American Society on Aging; American Psychological Association.

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The Hospice Movement in America, Hospice Series, by Kevin Flattery ; University of Missouri-Kansas City, School of Medicine and Hospice Care of Mid-America, c1984, VHS, 29 min.

History of the hospice movement from original European beginnings to its spread to the U.S. in the early 1970's to the present time. Emphasizes the tradition of the holistic and environment approach to patient care.

Pioneers of Hospice: Changing the Face of Dying, Fanlight Productions, c2003, DVD, 49 min.

SUMMARY: Over a period of less than forty years, the passion and foresight of four visionary healthcare professionals dramatically transformed the landscape of end-of-life care, and inspired a movement felt around the world. What these pioneers saw of the process of dying changed their lives. They were appalled, not by the natural act of dying itself, but by the way western societies hide it, deny it, misunderstand it and fail utterly to cope with it. This program documents the growth of hospice and palliative care in Britain, the United States, and Canada, focusing on the legacies of the founders of modern hospice:

***DAME CICELY SAUNDERS, MD, OM, DBE, FRCP founded the modern hospice movement, with the opening of St. Christopher's Hospice in England in 1967. Trained as a nurse, a social worker, and a physician, Dr. Saunders has spent more than fifty years of her life creating a philosophy and practice of care which has humanized the dying experience for patients and their families. Her concept of "total pain," embracing social, emotional and spiritual suffering as well as physical pain, revolutionized the medical establishment's traditional model of end-of-life care, and has changed the face of dying across the world.

***FLORENCE WALD, MN, MS, FAAN, distinguished clinical professor of nursing and former Dean of the Yale University School of Nursing, founded the first hospice in the United States in 1974. A world-renowned leader in nursing research, Wald has been pronounced a "Living Legend" by the American Academy of Nursing.

***ELISABETH KUBLER-ROSS, MD: Psychiatrist and founder of the Death with Dignity Movement, the late Elisabeth Kubler-Ross was one of the best-loved and most respected authorities on the subject of dying, death and grief. Her groundbreaking 1969 book, *On Death and Dying*, is still the best-selling work in the field. She was named one of the "One Hundred Most Important Thinkers of the Century" by Time Magazine in 1999. Her other books include *To Live Until We Say Goodbye*; *On Children and Death*; *AIDS, The Ultimate Challenge*; and her autobiography, *The Wheel of Life*.

***BALFOUR MOUNT, MD, FRCSPC: Considered the founder of Palliative Care in Canada, Mount was the Founding Director of the Royal Victoria Hospital Palliative Care Service at McGill University, in 1974, and is currently the Eric Flanders Professor of Palliative Medicine at the Royal Victoria Hospital in Montreal. He received the Order of Canada for his work with the dying.

The makers of this film traveled to three countries to interview these remarkable pioneers, and to preserve for all time their reflections on the astonishingly powerful impact their work has had on the ways we view and experience death. The result is a compelling film with a unique historical and socio-cultural perspective on the emergence of the modern hospice movement.

Jurisprudence – Legal Cases

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SUMMARY: In 1990, the U.S. Supreme Court addressed this topic in what was known as the Nancy Cruzan case, which involved a decision on whether to discontinue the feeding tube of a Missouri woman who was in an irreversible neurological condition. The

state of Missouri had opposed the removal of Cruzan's feeding tube because there was no "clear and convincing evidence" that she would have wanted the tube taken out. The Supreme Court ruled that feeding tubes could be removed but also held that individual states had the right to set guidelines regarding such a procedure. The issue then became: what constitutes "clear and convincing evidence" that someone would not want life support to continue. Written advance directives can provide documentation, but it is estimated that only about 15 percent of people make one of these kinds of advance directives. Such was the case of Michael Martin. Although he did not leave anything in writing, his wife insisted that she had promised him that she would allow him to die if he should ever become totally dependent on others to live. Yet Michael Martin, though clearly incapacitated, was not unconscious. Should he live or should he be allowed to die? This program highlights the trial.

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Medical Futility

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Pain Management / Palliative Care

Clinical Case Reviews: Management of Severe Chronic Pain, Network for Continuing Medical Education, 1996, VHS, 60 min.
Despite the use of analgesics, adequate pain relief remains a major quality of life issue for patients with severe chronic pain. Primary care physicians often question their ability to control pain in these patients. The use of opioid drugs is gaining acceptance for a selected subpopulation of patients with chronic pain, but many questions remain. How do I safely prescribe these drugs? What about breakthrough pain? Will the patient become addicted? What are the pharmacological considerations? Our distinguished faculty will answer these questions and provide you with the latest clinical information as it explores three challenging cases that illustrate effective pain management in patients with non-cancer, cancer, and HIV-related pain.

Clinical Case Reviews: The Medical/Legal Aspects of Pain Management Network for Continuing Medical Education, 1997, VHS, 60 min.

How can physicians provide patients with adequate pain relief with minimal concern about medical/legal issues? What forms of documentation and clinical management techniques will let physicians focus on patient management and not on fear of legal action? How can we improve communication and understanding among physicians, pharmacists, patients, state medical boards, and regulatory officials? Using real-life case studies, a distinguished,

interdisciplinary faculty will illustrate the medical/legal issues that arise during the treatment of patients with chronic pain. Physicians will receive practical advice and sound recommendations about prescribing opioids appropriately and with confidence.

Death: A Personal Understanding, #2: The Dying Person, Annenberg/CPB Collection, c1998, VHS, 30 min., Faculty Guide

When we are told that we are terminally ill, we are defined, more than ever, by the limits of our bodies. In this program, we meet three women, each diagnosed with a different form of cancer, who handle their limitations in different ways. The role of palliative care is viewed in depth, as well as how family relationships change underneath the pressure of the diagnosis.

End-of-Life Care, by Christine K. Cassel, M.D.; Diane E. Meier, M.D.; R. Sean Morrison, M.D.; The Network for Continuing Medical Education # 782, c2001, VHS, 60 min.

Palliative care addresses the physical, psychological, social, spiritual, and existential needs of patients facing a serious illness or death. An important component of such care is pain management. Sadly, 50% of patients experience moderate or severe pain at least half of the time within their last few days. Physician causes of inadequate pain management, avoiding the use of opioids, and fearing addiction.

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The roles of the patient, family and the interdisciplinary team are discussed for a variety of hospice care settings. Advances in medical technology and pharmacology have made non-curative, life-pro-longing approaches to terminal illness widely available, and made successful palliative treatment highly individualized, requiring the coordinated efforts of the patient care team.

On Our Own Terms: Moyers on Dying - A Different Kind of Care, Films for the Humanities and Sciences, c2000, VHS, 90 min.

At the end of life, what many Americans want is physical and spiritual comfort in a home setting. In this program, Bill Moyers presents the important strides being made in the area of palliative care at pioneering institutions such as New York's Mt. Sinai Hospital and Memorial Sloan-Kettering Cancer Center. These advances are bringing peace to those who fear that they will be a burden to loved ones, will suffer needlessly, or will be abandoned in their hour of greatest need.

Pain Management in Special Populations: Disease Related Pain, Joint Commission on Accreditation of Healthcare Organizations, 2001, VHS, 38 min. + guide

This video introduces methods for identifying pain management for different patient types, different types of pain, and describes barriers and biases encountered by health care professionals, and how the Joint Commission (JCAHO) on pain management standards are linked to caring for these patients. Specific diseases included in the case studies are cancer, sickle cell, HIV, and pain syndromes from other conditions. This is a 2002 Telly Award winning video.

Pain Management in Special Populations: Challenging Populations, 2001, VHS

Specific patient types discussed in this video include cognitively impaired/nonverbal adults, culturally diverse/non-English speaking, and patients with current or remote chemical dependency. Approaches to common barriers in pain assessment and treatment are discussed as well as patient-focused JCAHO standards.

Physicians Facing Death (Personal Narratives)

The Doctor, Ed Rosenbaum, MD ; Touchstone Pictures, 1991, VHS, 123 min.

Gripping and emotional true-life dramatization of the autobiographical novel written by Dr. Ed Rosenbaum. The central character, played by the actor William Hurt, is a successful heart surgeon who gets the chance to find out what life is like on the other side of the scalpel when he discovers he has a throat tumor. The movie gives the patient's view of dealing with the healthcare

industry, physician-patient relations, attitudes of healthcare professionals, and facing the possibility death or disability. The resolution of these life-altering events results in a more humanitarian medical practice for the "doctor" and on his method of teaching medicine. Highlighted by superior acting, an insightful script and surprising humor, Randa Haines' film also stars Christine Lahti, Mandy Patinkin and Elizabeth Perkins.

Doctor's Emotional Reaction to Patient's Death, Robert Arnold, MD; University of Missouri-Kansas City, School of Medicine, Humanities in Medicine Lecture, 2003, VHS, 60 min.

Dr. Robert Arnold (UMKC Alumni Class of 1983 and 2003 E. Grey Dimond, MD, Take Wing Award Recipient) is the invited speaker for this annual presentation of the William T. Sirridge Humanities in Medicine Lecture. The program asks the question, "How do we take care of the care-taker?" The discussion centers around doctors as human beings who have feelings for their patients, and may have emotional reactions to death which are not properly handled. Included are reactions to doctors crying in public, open callousness, fear of displaying emotion, team reaction to death, a study based on 164 physician interviews on their reaction to death, and a separate study of student interviews. The result shows that there is little discussion of death unless it is at a M & M conference. This may contribute to "burn-out." Examples of short and long-term coping are discussed.

Notes from the Edge....The Diary of Peter J. Morgan, MD, Glaxo Wellcome, c1998, VHS 49 min.

An intimate narrative of the last two years in the life of a 29-year-old physician diagnosed with cancer. Through the legacy of his diary, which he began the day after he was given this diagnosis, he chronicles the only known physician's self-record of a catastrophic illness through the private world of his diary. The viewer experiences Dr. Peter Morgan through an interview filmed during his illness. We observe the ways in which his family and his colleagues enhanced the quality of living in his dying. His suffering and vulnerability are transcended as he struggles to capture the meaning of each moment of his finite life.

On The Edge Of Being: When Doctors Confront Cancer, Ruth Yorkin Drazen and Rob Fruchtman, Narrated by Jason Robards, c1992, VHS, 35 min.

An intimate view of six physicians who have personally, or in their immediate families, confronted cancer and end-of-life issues. Physicians enter the private world of their colleagues who discuss the feelings and frustrations they experienced when they crossed the line from caregiver to care seeker.

A Physician's Perspective, Roger C. Bone, The Chest Foundation, VHS, 55 min.

Program begins with an interview of Dr. Roger C. Bone, a prominent physician and past president of the American College of Chest Physicians, by Dr. Tim Johnson on "Good Morning America" discussing his terminal illness and the message he wants impart to his fellow physicians with terminal patients. After this segment, Dr. Bone has a conversation with Dr. Claire Panosian, again, directed at his colleagues concerning his experiences as a terminally ill person, facing death from the perspective of a physician.

When the Doctor Faces Personal Illness, Ed Rosenbaum, MD, University of Missouri - Kansas City, School of Medicine, Humanities in Medicine Series, VHS, 60 min.

Dr. Ed Rosenbaum, author of "The Doctor," discusses his book and the experience of working on the movie by the same name. He also discusses his experiences through the healthcare system as a cancer patient and what it taught him about the need for humanism in medicine. Dr. Rosenbaum continued his discussion on the diminishing public image of doctors, the isolation of doctors from society, the introverted and compulsive behavior of physicians and the higher economic level of most physicians which all tends to remove them from the patient. He provides some excerpts from the movie to demonstrate some of his points.