Report from America

Bernard Towers *University of California, Los Angeles, USA*

A television triumph about death and dying

We are accustomed to seeing many of the best British TV productions on the American PBS channels. The Public Broadcasting Service has more than 200 stations, each supported by government, by private subscribers and by grants and donations. The programs carry none of the otherwise ubiquitous commercials of American TV. Each local station runs its own affairs and may produce some of its own programs. The best material is 'syndicated' and may be broadcast by a number of stations. However, there was never a night like that of Monday, January 21, when a most remarkable documentary film, *Joan Robinson: One Woman's Story*, was carried by virtually every PBS station across the nation. It is inconceivable that a commercial channel would have carried it. Viewers were warned that much of the two-and-a-half hours would be painful – even harrowing – to watch. And yet the audience (some seven per-cent of the total viewing public, representing the largest PBS audience ever known except for some *National Geographic* productions) stuck with it. The audience response appears to have been almost uniformly positive. The 'cancer industry' was fearful that potential patients would be so scared that they would become reluctant to seek medical advice. But the telephone 'hot-lines' that were arranged were kept busy – more out of interest than out of fear, it seems. The point about all the apprehension is that the film tells the story of Joan Robinson's dying and death strictly 'as it was'. Truth in communication about death from cancer is rare. The course of the disease does not normally follow the pattern that the cancer societies would like it to do. Many presentations suggest that the patient will either be cured, or will have pain and suffering alleviated totally.

Joan Robinson was forty-one when she learned in 1973 that her ovarian cancer was incurable. It was at about the same time that she married her 'dear second husband', as she calls him in a most moving statement, written shortly before her death. This epitaph was read at her graveside during a beautifully-filmed funeral service. Eric Robinson, her widower, is an Englishman, a former Cambridge scholar who took a double first in History and is now Professor of History at the University of

Massachusetts in Boston. His contributions to the film are of inestimable value.

Joan had been a writer and editor. She wanted to record her experiences of living with cancer. She had been given a prognosis of only six months, and wondered how much she would be able to record; she realised that in time she would become too weak and too drugged to write. So she turned to her friend, Mary Feldhaus-Weber, who, after some years in television filming, had recently formed her own company, Red Cloud Productions, Inc., in Cambridge, Massachusetts. Agreement was reached with Eric, with Joan's gynaecological-oncologist, Dr Peter Mozden, and with the hospital concerned (Boston University Medical Center). Arguments about the propriety of the venture were fierce, both during the filming and, in some quarters, even now. But, as Dr Mozden subsequently stated, it was simply that 'Joan wanted her story to be told'. She wanted to feel that her experiences, and those of her husband and friends, and of the hospital and medical staff, would be made available to the public and would provide some insight into and some meaning for the problems of living with and dying from cancer.

Joan lived for twenty-two months after having been given the six-month estimate of survival. The cameras were constantly there except when she and Eric said 'enough for now'. It is *cinéma vérité* of the truest kind, done with great empathy and with a sensitivity (even in the most harrowing scenes) that makes one realise again how truly human the film medium can become.

The film contains many happy scenes as well, of course, and demonstrates a quality of love and understanding (despite, or because of, the bouts of mutual anger and frustration) between Joan and Eric that transcends all the pain and anguish of their realisation that they were soon to be parted by death.

Many factors must have contributed to Joan's extended survival: the skill with which her repeated surgeries were performed and medications prescribed; the interest that making the film gave to her; the encouragement and hope (even if at times it clearly rings false) that Dr Mozden gave her; her own indomitable – until near the end – will to live; and the love of husband and friends. But death had to come, and the film-crew was with her to the end: she dies 'on camera'.

A hundred issues arise to stimulate reflection and debate. The filming (hundreds of hours) was finished in 1975, but it took another four years to raise the necessary funds and then to carry out the extensive editing needed to produce the final version. After the editing was finished it was arranged that a series of panel-discussions would be filmed at Red Cloud Productions. The President of the Society for Health and Human Values, Dr Jo Ivey Boufford, organised and moderated panel-discussions on 'doctor-patient relationships', 'suffering', 'pain', 'language and communication' and 'death and dying'. During the week that followed the broadcast, some of the PBS stations televised these sensitive analyses of issues arising out of the film, and it is to be hoped that these modules will be made available for teaching purposes.

American distribution-rights to the film were acquired by *Time-Life Inc.* Time-Life is now developing additional sets of teaching modules, for distribution to many different kinds of audiences.

When the film was broadcast in America it attracted long and appreciative notices in the *New York Times*, *Washington Post* and *Los Angeles Times*, as well as in other major newspapers. Books and study-guides are already appearing, and it is clear that not only the film itself but the audio-visual and printed 'spin-offs' will have world-wide distribution.

America has been grateful, over the years, for many great television imports from Great Britain. Not much of real intellectual quality has hitherto gone the other way. *Joan Robinson: One Woman's Story* will help redress the balance.

Medical groups

Further information on Medical Groups

For fuller details, complete lecture lists are available from the secretaries of the medical groups listed below. Please enclose a stamped addressed A4 envelope

ABERDEEN MEDICAL GROUP
Dr James Hendry and Dr David Hood, Medical Buildings
Foresterhill, Aberdeen AB9 22D

BIRMINGHAM MEDICAL GROUP
Dr Anthony Parsons, Department of Obstetrics, Birmingham Maternity Hospital, Edgbaston.
Birmingham B15

BRISTOL MEDICAL GROUP
Dr Martin London, 11 Somerset Street, Kingsdown, Bristol BS2 8NB

CAMBRIDGE MEDICAL GROUP
Mr Patrick Doyle, Department of Urology, Addenbrooke's Hospital, Hill's Road, Cambridge

CARDIFF MEDICAL GROUP
Dr Jonathan Richards, Flat 2,
1 Howard Gardens, Routh, Cardiff

DUNDEE MEDICAL GROUP
Dr Douglas Shaw, Department of Pharmacology and Therapeutics, University of Dundee, Nine Wells Hospital, Dundee

EDINBURGH MEDICAL GROUP
Dr Brian Potter, EMG Project Office, 24 Buccleuch Place, Edinburgh EH8 9LN

GLASGOW MEDICAL GROUP
Dr Valerie Kyle, 8 Crown Road North, Glasgow G12 9DH

LIVERPOOL MEDICAL GROUP
Dr Colin Powell, Dept of Medicine, Royal Liverpool Hospital, Liverpool L7 8XP

LONDON MEDICAL GROUP
Director of Studies, 68 Tavistock House, North Tavistock Square. London WC1H 9LG

MANCHESTER MEDICAL GROUP
Dr Mary Lobjoit, Teaching Unit 4, University Hospital of South Manchester, Nell Lane, West Didsbury, Manchester M20 8LR

NEWCASTLE MEDICAL GROUP
Dr Christopher Drinkwater, 14 Belle Grove Terrace, Newcastle-upon-Tyne NE2 4LL

OXFORD MEDICAL FORUM
Dr James Falconer Smith, 20 Park Close, Bladon. Oxon OX7 1RN

SHEFFIELD MEDICAL GROUP
Dr Martin Hayes-Allen, 183 Whitham Road, Broomhill, Sheffield S10 2SB

SOUTHAMPTON MEDICAL GROUP
Dr T R M Billington, 56 Glen Eyre Road, Southampton SO2 3NJ