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## Euthanasia and Assisted Suicide: A Cinematographic Approach to the Death that Hurts the Most

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### ABSTRACT

The aim of this article is to present two different ways in which bioethical issues, like euthanasia and medically assisted suicide, can be analyzed. On the one hand, vignettes and case studies serve to reflect upon the moral and normative codes that health and legal practitioners abide by nowadays. In this way, we present a vignette concerning the death of French psychoanalyst, Jacques Lacan, and a case study featured in *UNESCO's Casebook on Informed Consent*. However, little does this approach tell us about the singularity of the actors involved in those stories and their subjective responsibility in the end-of-life decisions they make. Thus, we propose that films are an excellent tool for gaining a better understanding on those aspects, which supplement the moral and legal discussions that have long revolved around euthanasia. Regarding this second approach, we analyze the films *You Don't Know Jack*, *The Sea Inside*, and *Wit*.

**Key words:** euthanasia, assisted suicide, films, subjectivity.

### Part I: The end of life

In September 1980 French psychoanalyst Jacques Lacan consulted a specialist because he feared he had colon cancer. After careful examination the doctor concluded there was nothing to indicate that to be the case. "He's a fool," said Lacan, "I know I have cancer". At his age and at that stage of his disease, there was no risk of death. The tumor was localized and non-invasive, and if the ablation had been done at the time,

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he would have been cured. But Lacan obstinately refused surgery. He had always suffered from a phobia concerning surgery and physical diseases in general, and did not take lightly any threat to his physical integrity.

Elizabeth Roudinesco devotes six pages of her book outlining the last year of Jacques Lacan's life<sup>1</sup>. She explores the pain caused by the cancer, but also the upheaval it created in the French psychoanalyst's world, which translated into the fall and hasty dissolution of the Freudian Cause, the end of case study presentations, a growing difficulty in dictating his seminars, and the distancing from his patients.

The tumor was still non-invasive, and vascular signs had not changed. Surgical solutions were possible at that point: the options were either an intervention in two stages and the placing of a provisional preternatural anus, or another intervention that would employ a new mechanical suture method. While the first solution was safer, but distressing for the patient, the second entailed more risk, but imposed no disability. The surgeon and Miller decided on the latter. Before the operation Lacan grumbled about the injections and showed great irritability with the nurses. After the intervention he did very well for several days, but the mechanical suture suddenly broke, causing peritonitis followed by septicemia. The pain was excruciating. As Freud's head physician, Max Schur, had done before him, Lacan's doctor undertook the responsibility of administering the drug that would ensure a less traumatic death. At the very last instant, Lacan gave him a murderous look. He died on Wednesday, September 9<sup>th</sup>, 1981 at 23:45 hrs. However, he had time to say what would be his final words: "I am obstinate (...) I disappear"<sup>2</sup>.

This vignette concerning the death of one of the most well-known psychoanalysts of the twentieth century serves to introduce relevant topics related to the field of bioethics, namely, euthanasia, the issue of end-of-life decisions, the pain associated to them, and the bond between health professionals and their patients.

The classic definitions of euthanasia, either by commission or omission, describe this practice as the medical decision to cause the death of a person with the aim of putting an end to their suffering, in compliance with the patient's own wishes.

According to Gheradi<sup>3</sup>, there are four elements that define euthanasia: 1) the death of the patient is caused by a third party 2) the person suffers from a fatal illness 3) the patient asks for his or her life to be ended 4) the death of the patient is for his or her own benefit.

1 Roudinesco E. *Jacques Lacan: An Outline of a Life and History of a System of Thought*. London: AbeBooks, 1999

2 Ibid, p. 679

3 Gherardi, C. R.: (2003) "Eutanasia". Artículo especial. Medicina (Buenos Aires).

Active euthanasia occurs when death is caused by means of a deliberate act, such as the administration of a lethal injection, while passive euthanasia, on the other hand, takes place when the passing occurs as a result of the withdrawal of the medical, life-sustaining treatment, often withholding food, water, and other essential elements for survival from the patient<sup>4</sup>. These methods must be differentiated from palliative sedation, which consists in providing sedatives to make terminal patients in agony fall into a deep sleep while they await death.

On the other hand, we may examine what happens when, due to their illness, someone is not in a position to take the initiative to put an end to their suffering. An example of this scenario is the following case study, featured in the *Casebook on Informed Consent* published by the UNESCO Chair in Bioethics in 2003. This publication presents a series of vignettes concerning euthanasia, one of which is described in the section titled “The right to refuse treatment” (Case Report N° 16)<sup>5</sup>:

*A 69-year-old male, married, with 2 adult children, is very active. His medical history includes renal transplantation and 2 myocardial infarctions. With his wife he discussed the possibility of another heart attack; he told her when it came to dying, he wouldn't want a long period of suffering, he wouldn't agree to life-prolonging therapy. He subsequently suffered cardiac arrest with 2 hours of resuscitation, leading to a persistent vegetative state. After 8 weeks of rehabilitation, there was no change in the patient's status. There was complete dependency on nursing staff, tracheotomy, feeding via gastric/duodenal tube; his wife was entitled to care for his personal and official needs and he was brought to a nursing home. During the following weeks, there was recurrent dislocation of the duodenal tube with haematemesis, following by gastroscopy and relocation. Five days later, there was haematemesis again. The GP called for an ambulance to get the patient to the hospital again. Following admission, the patient's wife refused another gastroscopy, telling the doctor that her husband was willing to die. She asked for a reduction of the medication and for termination of feeding and fluids [1].*

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4 Carmi A. *The UNESCO Chair in Bioethics, Informed consent*. Israel: The International Center for Health, Law and Ethics. Faculty of Law, University of Haifa, 2003.

5 Ibid, p. 31

## The perspective of the *particular realm*

The two cases we have just presented illustrate the complex issue of euthanasia.

We may point out that the situations described within both vignettes focus on elements inherent to the *particular realm*, as defined by Michel Fariña<sup>6</sup>, given that in the both cases the scenarios are described in general terms and therefore with little detail, in order to maintain the confidentiality of sensitive information. Thus, given the nature and the structure of the narratives, they can both be used to reflect upon the normative and ethical codes that are nowadays widely accepted by health and legal professionals. For example, the principles of Informed consent, Confidentiality, Privacy, Respect for Benefits and harmful effects of clinical research, as well as several aspects concerning Human dignity, such as the respect for the patients' decisions, and the patients' rights to receive medical information, to refuse treatments, to have information about alternative treatments, to have pain relief, among others, can be discussed in light of the case study and Lacan's vignette.<sup>7</sup>

However, due to the concise and somewhat "objective" or impersonal nature of the vignettes (particularly of the latter), they do not allow us to analyze aspects concerning the singularity of the actors involved in them, such as their subjective positions or the issue of subjective responsibility.

Michel Fariña<sup>8</sup> defines the particular realm as the one that refers to the codes and norms that are shared by a group in a defined period of time. On the other hand, the singular realm is inherent to the singularity of the subject, and it refers to the distinctive way in which each one of us embodies and interprets those codes that we share with our peers. Therefore, the particular realm serves as a foundation for the singular realm, providing it with the cultural, historical and normative guidelines that are accepted within society, but the latter is not limited to those norms, rather, it exceeds them with the effect of the singularity of the subject. Thus, the particular realm is directly related to moral and normative codes as we know them, such as those that health and legal practitioners abide by, whereas, according to Michel Fariña<sup>9</sup>, the true ethical dimension should be reserved only to the singular realm. By this distinction the author aims to state that ethics should be linked to subjective responsibility<sup>10</sup>,

6 Michel Fariña, J.J. (2001). *La ética en movimiento. Fundamentos en Humanidades*. Facultad de Ciencias Humanas de San Luis, 1(2), 13-20.

7 UNESCO, 2011. *Casebook on Human Dignity and Human Rights*, Bioethics Core Curriculum Casebook Series, No. 1, UNESCO: Paris

8 Ibid.

9 Ibid.

10 Salomone, G.; Domínguez, M.E. (2006). *La transmisión de la ética: clínica y deontología. Vol. I: Fundamentos*. Buenos Aires: Letra Viva.

which cannot be understood without taking into account the singularity of each situation and each subject, and therefore their personal background, beliefs and desires. In this way, this definition of ethics entails a supplementary effect, given that subjective responsibility will require a decision and an act on behalf of the subject that cannot be foreseen by the guidelines established by the Codes.

Nowadays, the most widespread technique for establishing and spreading guidelines for approaching dilemmatic situations in the bioethical field is analyzing vignettes, casebooks or case studies in light of normative codes. This method has a prescriptive nature, insofar as it provides professionals with commonly-agreed criteria and judgement procedures. Therefore, in terms of Fariña, this approach focuses primarily on the *particular* aspects of dilemmatic situations, given that it takes into consideration widely accepted moral and normative codes and principles, and subsequently applies them to individual cases. Some schools of thought do think of case studies as a literary genre that can be analyzed in terms of its narrative logic<sup>11213</sup>.

UNESCO'S Core Curriculum<sup>14</sup> is one of the most notable examples of the use of case studies for analyzing dilemmatic situations in the field of bioethics. As previously stated, these narratives maintain the confidentiality of sensitive information, but nonetheless are presented as "real stories" by explicitly mentioning the health practitioners that reported the case and presenting each scenario on general terms, highlighting the main events only.

Solbakk<sup>15</sup> states that this model of transmission of bioethical issues is based on the following key aspects: [1] the stories are claimed to be true, meaning that the narratives draw on events that actually happened in real life; [2] the stories are straightforward and brief, and therefore they save us time insofar as the dilemmas that stem from them can be identified easily, and thus they suggest two potential courses of action as an answer to the bioethical problem they raise; and [3] the stories are regarded as a convenient and accessible tool for teaching bioethics, since they allow students to gain insight into the complexity of bioethical issues in an economical and effective way.

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11 Kermode, F. (1967). *The sense of ending: studies in the theory of fiction*. New York: OUP.

12 Kermode, F. (1979). *The genesis of secrecy: on the interpretation of narrative*. Cambridge: HUP

13 Hauerwas, S. y Burrell, D. (1977). "From system to story: an alternative pattern for rationality in Ethics", en Engelhardt, H.T.; Callahan, D. (eds). *The Foundation of Ethics and its relationship to science. Knowledge, value and belief*. New York: Hastings Center.

14 Carmi A. *The UNESCO Chair in Bioethics, Informed consent*. Israel: The International Center for Health, Law and Ethics. Faculty of Law, University of Haifa, 2003.

15 Solbakk, J. H. (2011) "Ética y Responsabilidad: el pensamiento de la Grecia Clásica y sus lecciones sobre bioética contemporánea", en *Aesthethika*, Revista Internacional sobre Subjetividad, Política y Arte, Vol 6, N° 2, Buenos Aires: Abril 2011, pp. 34-44.

Solbakk points out that all these characteristics are “apparent didactic advantages”. Solbakk’s<sup>16</sup> criticism of this method can be summarized as follows: [1] these stories are often overtly simplified versions of the events, and therefore they do not provide the complete picture; [2] the stories are often told primarily from the standpoint of the most powerful actors involved in the scenarios, which usually are the doctors; [3] the “selective” nature of these stories conveys the message that bioethical issues can be regarded as closed-ended questions (i.e. the stories offer limited and often opposite answers to the problem they raise) [4] these stories focus primarily on dilemmas, which usually means that the problem they present will be solved in moral terms (i.e. the stories seem to present the “right” and the “wrong” course of action in relation to a wide range of scenarios that touch on bioethical issues)

## Part II: A methodological approach through films

We claim that films can be an excellent tool for gaining an understanding of the complexity that stems from bioethical issues, as they foster not only a discussion concerning the moral and normative principles that surround them, but they also allow us to dive into the singularity of the scenarios they confront us with.

Since their beginnings, films have dealt with major ethical and political issues that are inherent to the human condition. Can we develop a methodology to deal with these problematic situations by exploiting the rich material that films offer? This question shall be addressed taking into account the contributions made in the following fields:

1. Literature and Philosophy: the books on the subject in question written by Gilles Deleuze<sup>17,18</sup>, Alain Badiou<sup>19</sup>, Julio Cabrera<sup>20</sup>, and Jorge Luis Borges<sup>21</sup>, among others, should be considered.

16 Ibid, p. 36

17 Deleuze, G. (1983) *Cinéma 1 : L'image-mouvement*. Paris: Éditions de Minuit

18 Deleuze, G. (1985) *Cinéma 2 : L'image-temps*. Paris: Éditions de Minuit

19 Badiou, A. (2004). “El cine como experimentación filosófica”, en Yoel, Gerardo; *Pensar el cine 1: imagen, ética y filosofía*. Buenos Aires: Manantial.

20 Cabrera, J. (1999): *Cine: 100 años de filosofía. Una introducción a la filosofía a través del análisis de películas*. Barcelona: Gedisa.

21 Borges, J.L. (2005). “El Dr. Jekyll y Eduard Hyde, transformados”, en Obras Completas, Tomo I. Buenos Aires: Emecé. (Edición original: 1955)

2. Psychoanalysis: the works by Lou Andreas Salomé<sup>22</sup>, Jacques Lacan<sup>23</sup>, Slavoj Žižek<sup>24 25</sup>, and other authors from the River Plate region, such as Daniel Zimmerman<sup>26</sup>, Eduardo Laso<sup>27</sup>, Jorge Assef<sup>28</sup>, and Carlos Gustavo Motta<sup>29</sup> are of great value, too.
3. Bioethics, biopolitics and film: the contributions made by Paolo Cattorini<sup>30</sup>, Sagrario Muñoz & Diego Gracia<sup>31</sup>, Ricardo GarcíaManrique<sup>32</sup>, Tomás Domingo Moratalla<sup>33 34</sup>, Colt, Friedman, & Quadrelli, S.<sup>35</sup>, Michel Fariña & Solbakk<sup>36</sup>, and María Teresa Icart Isern & Kieran Donaghy<sup>37</sup> ought to be taken into consideration as well.

There is a longstanding tradition in Psychology and Psychoanalysis that has endeavoured to interpret films –if not the film makers’ private lives- with the aim of finding hidden meanings in them that might further explain what is actually shown on-screen<sup>38</sup>. The hypothesis we propose is exactly the opposite, and thus we raise the following question: what do films teach *us* as academics?

Films have long promoted awareness of ethical problems, presenting them not only as matters that affect people’s minds, but also understanding that they engage

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22 Andreas-Salomé, Lou ([1913] 1977). *Aprendiendo con Freud*. Barcelona: Laertes.

23 Lacan, J. (1988) *Seminario 7. La ética del psicoanálisis (1959-1960)*. Buenos Aires: Ediciones Paidós.

24 Žižek, S. (1994). *Todo lo que usted siempre quiso saber sobre Lacan y nunca se atrevió a preguntarle a Hitchcock*. Buenos Aires: Manantial

25 Žižek, S. (2000). *Mirando al sesgo: una introducción a Jacques Lacan a través de la cultura popular*. Barcelona: Paidós.

26 Zimmerman, D. (2000). *Contornos de lo Real. La verdad como estructura de ficción*. Buenos Aires: Letra Viva.

27 Laso, E. (2012). *Cine y subjetividad: el método de lectura ético-clínico de películas y series televisivas*. Intersecciones. Facultad de Psicología, Universidad de Buenos Aires.

28 Assef, J. (2013). *La Subjetividad Hipermoderna. Una lectura de la época desde el cine, la semiótica y el psicoanálisis*. Buenos Aires: Grama Ediciones

29 Motta, C. G. (2013) *Las películas que Lacan vio y aplicó al psicoanálisis*. Buenos Aires: Paidós.

30 Cattorini, P. (2006) *Bioética e cinema. Racconti di malattia e dilemmi morali*. Milano: Franco Angelli.

31 Gracia, Diego; Muñoz, Sagrario (2006). “Ética narrativa y hermenéutica”, en *Médicos en el cine. Dilemas bioéticos: sentimientos, razones y deberes*. Madrid: Editorial Complutense.

32 García Manrique, R. (2008) *La medida de lo humano. Ensayos de Bioética y Cine*. Ed. Observatori de Bioètica i Dret - Associació de Bioètica i Dret, Barcelona.

33 Moratalla, T.D. (2011). *Bioética y Cine. De la narración a la deliberación*. Madrid: San Pablo.

34 Moratalla, T. D. y Feito Grande, L. (2014). *Bioética narrativa*. Madrid: Escolar y Mayo.

35 Colt, H., Friedman, L., & Quadrelli, S. (Eds.) (2011). *The Picture of Health: Medical Ethics and the Movies*. New York: Oxford University Press.

36 Michel Fariña, J. J. y Solbakk, J. H. (2012). *(Bio)ética y cine. Tragedia griega y acontecimiento del cuerpo*. Buenos Aires: Letra Viva Editorial.

37 Icart Isern, M.T.; Donaghy, K. (2013). *Films in health sciences education. Learning through moving images*, Barcelona: Publicacions i Edicions de la Universitat de Barcelona.

38 Aumont, J.; Marie, M. (2006). *Diccionario teórico y crítico del cine*. Buenos Aires: La Marca Editores.

their appetites, beliefs, emotions and desires<sup>39</sup><sup>40</sup><sup>41</sup><sup>42</sup>. With the expansion of the film and television industry, these subjects have reached wider audiences, promoting interesting discussions inside and outside the academic context.

Ethical problems can be found in films in at least two ways. On the one hand, films explicitly present current ethical dilemmas. On the other, audiences and critics often find in films the opportunity to discuss moral or ethical issues that the director had not intended to present on the first place, and therefore these discussions often come to his or her surprise. Either way, whenever films trigger ethical and moral questions, they open the possibility for meaningful reflection on these matters<sup>43</sup>.

### **An approach that focuses on the singularity of the subject**

Considering the above, we shall review three films with the aim of gaining insight into the complex matters of euthanasia and assisted suicide.

*You Don't know Jack* (Barry Levinson, 2010) tells the story of Dr. Jack Kevorkian, who promoted the right to assisted suicide in the United States, presenting it as the option to receive assistance – information, guidance and the necessary means – for those who choose to end their lives. Unlike euthanasia, it was the patient himself who, with medical help, carried out the final act that caused death. In other words, he advocated for *medically assisted suicide*.

For Kevorkian, death, just as life, was an elemental right and it should not be denied. The different methods used –Thanatron, Mercitron– were meant to cause death when the person was determined to do so. In the film, Kevorkian is shown defending his position to the extreme, and he even questions passive euthanasia by comparing the slow death by starvation to which a patient is submitted to the long torment that prisoners in concentration camps had to endure.

But precisely here lies the central paradox of the matter: if the patient's choice is rushed by the medical action that makes it possible, how can we be sure that it was truly the patient's decision? In other words, what would have been the fate of the 130 patients Kevorkian helped to die, hadn't he entered the scene?

39 Cattorini, P. Bioética e cinema. *Racconti di malattia e dilemmi morali*. Milano: Franco Angelli, 2006

40 Colt, H., Friedman, L., & Quadrelli, S. (Eds). *The Picture of Health: Medical Ethics and the Movies*. New York: Oxford University Press, 2011

41 Michel Fariña J.J, Gutiérrez C. *Ética y Cine*. Buenos Aires: Eudeba, 1999

42 Shapshay, S. *Bioethics at the movies*. Baltimore: Johns Hopkins University Press, 2009

43 Michel Fariña, J. J., Solbakk, J. H. *(Bio)ética y cine. Tragedia griega y acontecimiento del cuerpo*. Buenos Aires: Letra Viva, 2012.

Although over 15 years have passed since Kevorkian's incarceration for his euthanasia initiatives, medically assisted suicide is still today a practice that cannot be ignored. To recognize this entails coming to terms with its existentialist limits. Essentially, it all comes down to establishing a clear differentiation between end-of-life decisions, and the commercial arrangements that may stem from this practice, which would otherwise inevitably lead to a *banalization of suicide*. This banalization would occur if upon discussing euthanasia and medically assisted suicide the focus shifted towards the "rightness" or "wrongness" of the commercial arrangements that might be linked to the practice, rather than gauging the ethical, moral and normative implications of these practices themselves.

At the antipodes of the banalization of suicide, the film brings us back to the essential dimension of humanity. Hence, the truly poetic scene of the film about Kevorkian takes place in an art gallery, where his hallucinated paintings meld with the melodies from Bach. In this solitude of creation, when music frightens away the ghosts of agony, the subject is confronted for the first time with the emergence of that death that hurts all the more because it is one that should never have happened.

*Mar Adentro* (*The Sea Inside*, Amenábar, 2008), seems to be the most predictable film to include in this article, as it explicitly opens the debate on euthanasia. Based on the true story of Ramón Sampedro, a quadriplegic who asks that his long suffering be put to an end, spectators are put in the position of having to take sides, either for or against the patient's right to "die with dignity".

As Lima<sup>44</sup> says: "What are the options that someone who is about to die faces?" In her essay, Lima points out that it is interesting to analyze the different standpoints from which Sampedro's situation can be read, which are either for or against euthanasia. On the one hand, she mentions the views of the Church, who are decisively against euthanasia, and on the other hand, the views of euthanasia and assisted suicide advocates, who defend the right to die with dignity. However, Lima claims that all these perspectives focus on the right to make end-of-life decisions or the lack thereof, but fail to shed light on the issue of subjective responsibility. Lima takes an approach that shifts the focus towards the discussion of the vicissitudes that subjects go through in their lives and the way in which they cope with them, rather than focusing solely on taking a stance for or against euthanasia.

Thus, when the plot seemed to circle solely around the ethical and sanitary debate, Amenabar introduces a scene that changes Ramon's landscape. Through an aesthetic approach, Amenabar introduces us to the depth of Sampedro's pain.

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44 Lima, N. (2012). "Bioética narrativa. El valor de las ficciones frente al padecimiento extremo". En Michel Fariña, J. J. y Solbakk, J. H. (Comps.), *(Bio)ética y cine. Tragedia griega y acontecimiento del cuerpo* (pp. 137-150). Buenos Aires: Letra Viva.

The character is lying in bed and *Nessun Dorma*, an aria from the final act of Puccini's opera *Turandot* is played in the background, and its beauty and pathos unexpectedly take Ramón Sanpedro away from the reality of his irreversible condition. And although the events of the story that follow stick to the moral imperative of considering life over death, from that moment onwards nothing will ever be the same for Ramon. And it is this new perspective that is opened for Ramon, the one we wish to point out. He imagines, he is flying through the countryside while *Nessun Dorma* (None shall sleep) is playing in the background, and for an instant, he escapes from his disability, thus gaining a new understanding about himself.<sup>45</sup>

Through the aesthetic approach that the film offers, we can *feel* Ramon's emotions. If ethics are linked to responsibility, then the discussion should not be solely about the issue of euthanasia in moral or legal terms, but also about the responsibility that Sampedro takes for himself, which can be read in the decisions he makes and the acts he commits as a consequence of them. These aspects go far beyond the moral and normative discussion of the legal entity of euthanasia or the lack thereof. We can certainly reflect upon the dilemmatic aspects of the situation, but we shall do so taking into account Ramon's responsibility in the choices he makes, and his desires.

*Wit* (Mike Nichols, 2001) tells the moving story of Vivian Bearing, a professor of mediaeval literature diagnosed with an ovarian cancer at an advanced stage. The aesthetic appeal of the film, as well as Emma Thompson's outstanding performance, achieves to move the audience, while simultaneously presenting major subjects of medical ethics. As pointed out before in regard to the case studies, it could be argued that a cinematic representation of the main chapters of the Universal Declaration of Bioethics and Human Rights<sup>46</sup> is displayed on the film as well, without it becoming emotionally draining for the spectator. In this way, the issues of Informed consent, Confidentiality, Privacy, Respect for Human dignity, Benefits and harmful effects of clinical research can be spotted throughout the film.

What is interesting about the film, however, is that it supplements this "State of the Art" in Bioethical matters, confronting us with the existentialist horizon of life and death, which goes beyond every ethical standard. And it does so by means of an unexpected narrative strategy.

When Vivian, our fictional film patient, must suffer the struggle that terminal patients go through, she turns to her imagination over and over again. She returns to one scene in particular, where her doctoral thesis tutor supervises a transcription

45 Lima, N. & Michel Fariña, J. J. (2011). "Fritz Jahr's bioethical concept and its influence in Latin America: an approach from aesthetics". *Jahr*, 2(4), 2011.

46 UNESCO. Universal Declaration of Bioethics and Human Rights [Internet]. UNESCO, 2005 [cited 2014 April 20]. Available from: <http://unesdoc.unesco.org/images/0014/001461/146180e.pdf>

she makes of Sonnet X from John Donne's Holy Sonnets. The tutor sternly rebukes her about the punctuation she had chosen to use in the last verse, precisely the one referring to the finiteness of death itself, the moment in which we pass on to eternity. In the version that Vivian had inadvertently adopted there was an abrupt full stop, where in fact John Donne had suggested a comma, a short pause to conclude the verse.

That comma, which at first glance may appear to be insignificant, is a recurring factor in her sleepless nights. It comes to her mind over and over again, tempering her relationship with the disease that is undermining her body. For the spectator, who is a helpless bystander of the aggression that takes place – not only that caused by the cancer but also by the medicine that supposedly treats it –, the comma ends up being a balm, a catharsis before the ravages of the disease.

And towards the end, when the battle seems lost, the poem returns to her one last time, but this time whole and complete. It returns victorious off screen in the voice of Emma Thompson, proposing that we too transit from pain to suffering and from suffering to unexpected lucidity:

*Death, be not proud, though some have called thee  
Mighty and dreadful, for thou art not so;  
For those, whom thou think'st thou dost overthrow,  
Die not, poor Death, nor yet canst thou kill me.  
From rest and sleep, which but thy picture[s] be,  
Much pleasure, then from thee much more must flow,  
And soonest our best men with thee do go,  
Rest of their bones, and soul's delivery.  
Thou'rt slave to Fate, chance, kings, and desperate men,  
And dost with poison, war, and sickness dwell,  
And poppy, or charms can make us sleep as well,  
And better than thy stroke ; why swell'st thou then ?  
One short sleep past, we wake eternally,  
And Death shall be no more, Death, thou shalt die.*

### **Conclusion: *Death is a comma***

The series of films we have presented have not been selected haphazardly. They explore the subject of pain (mental, physical, and existential), which in this context must be understood as a feeling that goes far beyond the *bios* of bioethics. As suggested by

Santiago Kovadloff<sup>47</sup>: “the etiology [of pain] is of little importance. Deeply rooted in the body or caused by severe psychic imbalance, encouraged by a lost love or sudden death, the connotation of pain is always the same”.

The vignettes and the films we have analyzed intend to present two different ways of approaching the complexity that stems from bioethical issues. On the one hand, vignettes and case studies serve to reflect upon moral and normative codes, and therefore allow us to gain insight into widely accepted and commonly-agreed courses of action in the field of bioethics. However, little do they tell us about the singularity of the actors involved in those stories and their subjective responsibility in the end-of-life decisions they make. Thus, films are an excellent tool for gaining a better understanding on those aspects, which supplement the moral and legal discussions that have long revolved around euthanasia.

## Film index

- Amenabar A, director; Bovaira F, producer. Mar Adentro [The sea inside]. Spain: New Line Cinema, 2008.
- Nichols M, director; Bosanquet S, producer. Wit. United States: HBO Films, 2001.
- Levinson B, director; Ferguson S, producer. You don't know Jack. United States: HBO, 2010.

[1] Case provided by Dr. Birgitt van Oorschot, Germany, the head of the Interdisciplinary Center of Palliative Medicine of the Comprehensive Cancer Center Mainfranken, Würzburg, Germany.

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<sup>47</sup> Kovadloff S. *El enigma del sufrimiento*. Buenos Aires: Emecé, 2008.

# Eutanazija i potpomognuto samoubojstvo: kinematografski pristup smrti koja najviše boli

## SAŽETAK

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Cilj ovog članka je prezentirati dva različita načina na koja se bioetička pitanja, poput eutanazije i medicinski potpomognutog samoubojstva, mogu analizirati. S jedne strane, metode vinjete i studije slučaja služe kako bi reflektirale moralne i normativne kodove kojih se zdravstveni djelatnici i pravnici danas pridržavaju. Prema tome, ovdje prezentiramo vinjete koje se odnose na smrt francuskog psihoanalitičara, Jacquesa Lacana, te studiju slučaja sadržanu u UNESCO-ovoj knjizi slučajeva o informiranom pristanku. No taj pristup malo nam govori o singularitetu involviranih aktera te o njihovoj subjektivnoj odgovornosti kada je riječ o donošenju odluka na kraju života. Stoga predlažemo filmove kao izvrstan alat za stjecanje boljeg razumijevanja navedenih aspekata koji nadopunjuju moralne i legalne diskusije koje se već duže vrijeme vode o eutanaziji. Vezano uz drugi pristup, u ovom radu analiziramo filmove „You Don't Know Jack“ („Ne znate vi Jacka“), „The Sea Inside“ („Život je more“) i „Wit“ („Snaga duha“).

**Ključne riječi:** eutanazija, potpomognuto samoubojstvo, filmovi, subjektivnost.