with transplant relations thus creating a new kinship that is legally, ethically, and bureaucratically acceptable. Finally, it ‘makes the contracting about body parts’ permissible (p. 154).

In *Matching Organs with Donors* Jacob reveals how the mindsets and methods of actors in any regulated area may adopt creative and sophisticated means, such as kinship mimicry, to circumvent legal, ethical, and bureaucratic constraints to achieve their common ends. This meticulous piece of legal ethnography provides great insights, in a non-normative form, into how those subject to regulation can ‘disable the law by literally performing its requirement’ (p. 160). This monograph will appeal to many readerships especially bioethicists, lawyers, students, researchers, and policymakers interested in the politics of organ transplant regulation. It is highly and wholeheartedly recommended.

**Divine Ndonbi Banyubala**

*Law School and Centre for Social Ethics and Policy, University of Manchester*

doi:10.1093/medlaw/fwu002

Advance Access Publication February 11, 2014

---

**Henri Colt, Silvia Quadrelli, Lester Friedman (eds.), *The Picture of Health: Medical Ethics and the Movies*, Oxford University Press, 2011, paper, 527 pp., £27.99.**

Every year Hollywood’s primary products, the summer blockbusters, shed ever more depth; of story, of character, and of dialogue. In fact, the ever-increasing formulaic approach to film making and the focus on (sometimes) money-making sequels, prequels, and ‘identiquels’ (franchise reboots to rehash more of the same) only serve to hurt those films that have novelty and depth. This is a shame. Good film can provide an increasingly divisive society with shared reference points on important issues. Films have the potential to give us more than just shared memories and memes that can unite us on the message boards or at the water-cooler; they can provide important touchstones for often complicated ideas and arguments. As a society, we can point to films and television to succinctly and clearly get our ideas across.1 For example, *The Day After Tomorrow’s* (albeit over-the-top) use of global warming as its central thematic element was an important tool in revitalising and expanding the global warming debate into popular culture. And *Frankenstein* has provided an incredibly versatile and useful descriptive suffix (granted that the terminology reflects a gross misunderstanding of the basic plot) in medical and bioethics debates.

The use of popular media is not novel in the teaching of ethics, nor is the use of film and/or television as a tool for engaging the audience especially innovative.2 But,

---

1 Paul Rand, Liberty University Convocation (October 29 2013), using the film GATTACA as a touchstone for his address: <http://www.youtube.com/watch?v=1zyXSAr0b2w> accessed 2 January 2014.

Colt, Quaderlli, and Friedman show that film can be particularly useful and powerful when teaching humanities to science students and, more specifically, teaching ethics to medical students. Film works as a teaching tool because it is a simple and effective way to engage students. The Picture of Health is a compendium of 84 chapters, in 10 parts, which focus on different aspects of medical ethics. Each chapter takes a scene or a collection of scenes from recent, and some not so recent, films and tie in that cinematic event to a (not always obvious) medical ethics principle. The collection is designed to be used as a teaching tool, and in each chapter basic information is provided about the film and, where relevant, a useful DVD chapter scene with information sufficient to find that scene. Given the size of this collection (527 pages), this review will focus on five exemplary chapters.

When you think of the film A Beautiful Mind, informed consent may not be the first thing that comes to mind, and that is what makes this book so compelling. It capably extracts relevant medical ethics related scenes that would have otherwise likely have been missed. Jay Jacobson tackles issues of autonomy, justice, and informed consent by way of Ron Howard’s 2001 film, A Beautiful Mind.3 This is a biopic of John Nash, a Nobel prize laureate in economics who made a name for himself in, among other things, his work on game theory. Nash’s career was cut short due to his mental illness, which exhibited itself in signs of extreme paranoia. The film focuses on Nash’s early years as a graduate student and how his mental illness results in his institutionalisation and withdrawal from society. Jacobson employs a particular set of scenes where Nash, played by Russell Crowe, now delusional and paranoid, is a potential threat to his family. Nash is eventually confronted by his doctor who has Nash’s wife sign a psychiatric admissions and treatment form. Jacobson uses this scene as a way to discuss the importance of informed consent, and its limitations, particularly when the patient is an adult and their condition may be threatening.

In Part 4 Chapter 7, Douglas Diekema explores issues relating to professional boundaries via the film Waitress, the story of an unhappily pregnant married waitress (Keri Russell) who falls for her married doctor (Nathan Fillion).4 As the film progresses, so does their illicit affair. It all climaxes at Russell’s hospital bedside where she, her doctor, and their respective spouses congregate as she is about to give birth. Many scenes highlight the concern that not all doctors maintain appropriate boundaries between themselves and their patients. While the film depicts a consensual relationship, this may not always be the case. According to many administrative codes governing doctors, consent may not be a viable defence for these ethical breaches.5 Diekema notes that 1 out of 200 physicians in the USA will be disciplined for sexual

---

3 'Consent, Competence and Capacity', Part 2 Ch 5.
4 'Professional Boundaries'.
misconduct over the course of their career (p. 188). For practising doctors, determining the exact optimal boundary is a slippery slope where, in some instances, even accepting a gift might, albeit rarely, cross acceptable bounds. Diekema notes that, if nothing else, the film illustrates the need for recommendations for doctors, including the importance of chaperones when dealing with patients of the opposite sex during, for example, intimate examinations.

Awakenings is a semi-fictionalised adaption of a 1973 memoir of British neurologist Oliver Sacks (in the film, a Dr Sayer played by Robin Williams). Dr Sayer works in a ward of catatonic patients, following an encephalitis epidemic. Given a new medication, L-Dopa a drug labelled for Parkinson’s disease, one of the patients (played by Robert De Niro) awakens from decades of inactivity. All the patients eventually awaken from their catatonic states, but the effect of L-Dopa cannot be sustained and they return to their original catatonic states. Rebecca Wolitz and Christine Grady suggest that the film raises important issues with the regard to the use of experimental therapies, particularly on vulnerable patient populations. In particular, they note the lack of independent review and oversight on this human testing experiment. However, Wolitz and Grady acknowledge that doctors are within their ethical bounds to prescribe off-label use of a drug such as L-Dopa, if they have reason to believe that it will be beneficial to the patient; FDA labelling to the contrary notwithstanding.

In Part 7 Chapter 7, Christiane Avancini examines Sixth Day, a 2000 science fiction action thriller set in 2015 when human cloning is banned but pet cloning is a growing business. Arnold Schwarzenegger plays a helicopter pilot, Adam Gibson, who has been illegally cloned to cover-up the murder of an executive. He is hounded throughout the film to cover up the fact that the murdered executive has been illegally cloned, and he discovers that people are being cloned with their own memories with poison pills inserted into their genomes to blackmail them and to force the legalisation of cloning. Commenting on the medical ethics aspects of the film, Avancini notes the concerns in conflating the different types of cloning, particularly by the media which does not provide enough information for the public to understand the relatively fine but important distinctions between therapeutic and reproductive cloning. This is a common concern with films where complex and complicated scientific issues are presented to the audience in a simplistic fashion. The end result is that the audience form an opinion of a (bio)technology or scientific-related fact based on their incomplete or even misleading pop culture reference. The film perpetuates a misunderstanding that cloning is a form of self replication that results in a doppelganger when, in reality, cloning is simply another form of reproduction; albeit asexual. Unfortunately, Avancini fails to provide further substance, perhaps due to limited space, on the nature of these important distinctions, and their importance in the bioethics debate. At the very least, Avancini could have noted the disservice that films like Sixth Day do to the public in creating a misunderstanding as to what exactly cloning is and is not.

Finally, GATTACA was a popular and cinematic success, and is a seminal science fiction film that continues to be a touchstone, much like Frankenstein, in national discussions of bio- and medical ethics. Alexander Capron argues that GATTACA is the

6 ‘The Use of Experimental Therapies’, Part 6, Ch 4.
7 ‘Therapeutic Cloning’.
quintessential bioethics film which provides a means for addressing virtually any bioethical issue. The film touches on a number of particularly relevant issues in medical ethics including genetic reproductive screening, genetic discrimination, genetic determinism, genetic engineering, gene therapy, eugenics, behavioural genetics, and privacy. It depicts a near dystopian future where a person’s DNA is used for identification, life predictions, and their ability to work in certain fields. The film chronicles the life of Vincent Freeman (Ethan Hawke) who, unlike his brother and a growing percentage of the population, is born without the aid of genetic enhancement. Due to his lesser genetics, Vincent is restricted to lesser opportunities; although he dreams of a career in space. To this end, he purchases the genetic profile of a paralysed former swimmer, Jerome Morrow (Jude Law), and uses his urine, blood, hair, and tissue samples to pass himself off as a ‘valid’ at the GATTACA Aerospace Corporation where he is in line to travel to space.

The film chronicles the extent of the genetic-based discrimination, and the efforts that Vincent goes to so that his shed ‘invalid’ genetic material is never found. But after an executive is killed, Vincent’s ‘invalid’ DNA is found at GATTACA in a lost eyelash. After evading capture throughout the film, the murder is solved, the ‘invalid’ DNA is exonerated, and Vincent eventually launches into space. GATTACA seeks to dispel many populist beliefs regarding genetic determinism, and has been particularly used in framing debates regarding bioethical issues generally with regards to genetics, and human enhancement, pre-implantation genetic diagnosis, and personal genomics, in particular.

Overall the book is well written, and many of the authors extract meaningful and timely bioethical and medical ethics issues from even classical and older films. The nature of this work, however, raises two relevant and related issues. The first is whether, given the power and suggestive influence that film has had and will continue to have on our culture and our conversations both general and political, there ought to be a watchdog organisation or group that provides commentary or even some sort of grading that can be used to provide ethical and scientific accountability to those creating film. Just as the American Humane Association provides an officially sanctioned non-human animal monitoring programme to let viewers know that no non-human animals were harmed in the production of a particular film, there could be a similar notification at the end of a film providing some sort of reality check to the audience. Alternatively, a rating system could be introduced to provide viewers with advance warning regarding the likelihood that the science and/or the medical ethics that they are about to experience are fanciful and currently improbable or possible and/or currently the state of the art and in line with government regulations. This sort of accountability should be designed not to force film to be scientifically accountable per se, but to let the audience know how the science of the film relates to reality. In such a way, we can prevent our common dialogue from adopting film-based metaphors that are misguided or misleading.

8 ‘Human Genetic Engineering’, Part 7, Ch 5.
9 <http://www.americanhumane.org/animals/programs/no-animals-were-harmed/> accessed 2 January 2014.
Admittedly, the downside of creating this scientific accountability is the potential stifling of young creative imagination. Star Trek, for example, is an improbable science fiction-based television show developed in the 1960s but has, arguably, spawned or predicted a number of eventual technologies half a century later.10 Had those young minds been told at the time that what was being presented was improbable, they may not have tried to recreate their favourite components of the series in reality.

The other concern is that most of the examples provided here notwithstanding, there remains a relatively lack of good teaching material in film for ethicists. This may be a problem with the medium; perhaps television provides more fertile ground for medical ethics. In fact, weekly television programmes provide a considerable amount of teachable moments, particularly given the public’s appetite for medical based dramas. However, while bad bedside manner or the ethical failings of doctors on the screen may be of interest to those teaching relatively uninterested students, too much bad medicine on television can be damaging for doctors-in-training. Indeed, the ‘CSI effect’11 is thought to be influencing juries in court rooms across the USA, so juries expect to see what they see on television crime dramas, including but not limited to CSI. They expect definitive evidence, often conclusive DNA or fingerprint evidence in every case, and are suspect when this evidence is not presented, potentially resulting in guilty defendants being exonerated.12 Similarly, but less examined, is the ‘House’ effect.13 The popular medical drama House MD was, at its height, was watched by seventy-six per cent of the nearly 400 Johns Hopkins medical and nursing students surveyed, with another medical drama, Grey’s Anatomy achieving similar viewing numbers.14 Although the medical students surveyed stated that they understood the difference between reality and the fiction portrayed on television, it is unclear whether their professional interactions were coloured by what they were exposed to in medical dramas.

In the light of this, funding should be made available to develop webisodes; small short-stories available online, based on characters from familiar medical dramas (with actors who are willing to donate their time, akin to public service messages) to provide well scripted and directed problems that medical professionals might encounter. Efforts have been made in the past to bridge the divide between Hollywood and basic science, through groups such as the American Film Institute and the UA

A narrowly focused programme that creates encounters between Hollywood and biomedical ethics could produce short well-documented realistic and teaching-oriented scripts. These webisodes would be researched and provide compelling television while also providing real and timely teaching resources.

Overall, *The Picture of Health* is a well-constructed compendium providing reviews of many films on a range of topics. It will appeal to students and professionals interested in learning more about medical and bioethical issues, and those interested in seeing how science and medicine are reflected in popular culture. I highly recommend this book to those teaching medical and bioethical issues, particularly when the students find it difficult or are reluctant to connect with the subject matter.

Dov Greenbaum

*Molecular Biophysics and Biochemistry, Yale University, New Haven, CT, USA*

doi:10.1093/medlaw/fwu001

Advance Access Publication February 20, 2014

Thérèse Murphy, *Health and Human Rights*, Hart, 2013, Hardback, 258 pp., £45, 9781841138046

When I opened up this book, I was not sure what I would find; a book on the right to health, various chapters on substantive health issues from a human rights perspective, or a book on ethics. I was pleasantly surprised by what I found, although I was caught unaware as the book’s title does not fully reflect the approach and significance of this book. Primarily, this is a book about method; a critical analysis of ‘human rights legal method’ in relation to health (p. 8). Murphy illuminates the complexity of the intersection between health and human rights, and uses the framework of human rights legal method to negotiate and navigate the field. Murphy begins with what she terms ‘the puzzle’, and asks ‘can my optimism about what is known as health and human rights be reconciled with the fact that human rights and human rights advocates are being attacked from various quarters, and crucially, at least some of the criticisms strike a chord with me?’ (p. 1). She seeks to explore the hope and opportunities offered by the field with a timely and enlightening critique of the approach to date. Murphy raises many questions to illustrate the often conflicting approaches within health and human rights; for example, the question of reconciling public health with the right to health, human rights with ethics, equity, and the question of priorities, and whether health and human rights should focus on alleviating or eradicating poverty, ‘which is by far the biggest killer in the world’, or on new health technologies, for example (p. 5).

---