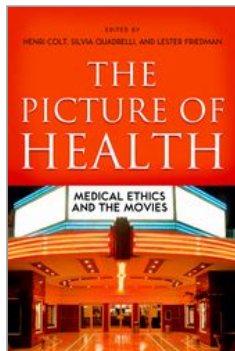


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The Picture of Health: Medical Ethics and the Movies

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Print publication date: 2011

Print ISBN-13: 9780199735365

Published to Oxford Scholarship Online: May 2015

DOI: 10.1093/acprof:osobl/9780199735365.001.0001

the bounds of physicians' authority

dr. kildare's strange case

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DOI:10.1093/acprof:osobl/9780199735365.003.0015

Abstract and Keywords

This chapter discusses the issue of physicians' authority as seen in the film *Dr. Kildare's Strange Case* (1940). The film centers on intern Jimmy Kildare (Lew Ayres), who learns the medical ropes in Blair Memorial Hospital, guided by Dr. Leonard Gillespie (Lionel Barrymore). The "strange case" of this film's title begins when Gillespie assigns Kildare to work with Dr. Gregory Lane, a surgeon whose professional self-confidence has been crushed by a string of failed surgeries and resulting patient deaths. The chapter focuses on a scene where Lane confronts a patient with a skull fracture who refuses surgery; he ignores the patient's wishes and goes on to perform the operation. The scene opens a space to discuss what a doctor's authority is and how it has changed over the decades. Comparing past and present can generate a useful discussion about the contemporary nature of a doctor's power in relation to his or her patients and the ethical boundaries of that power.

Keywords: medical ethics, Dr. Kildare's Strange Case, patient consent, informed consent, physicians' authority

(p.100)

Dr. Kildare's Strange Case (1940). Lew Ayres, Lionel Barrymore, Laraine Day, Shepperd Strudwick. Directed by Harold S. Bucquet. Duration: 76 minutes.

DVD Chapter 3 scene 00:35:06 to 00:37:41

DOCTOR KILDARE'S STRANGE CASE, AN installment in the popular MGM *Dr. Kildare* movie series of the late 1930s and early 1940s, centers on intern Jimmy Kildare (Lew Ayres), who learns the medical ropes in Blair Memorial Hospital, guided by Dr. Leonard Gillespie (Lionel Barrymore). The "strange case" of this film's title begins when Gillespie assigns Kildare to work with Dr. Gregory Lane. Lane is a surgeon whose professional self-confidence has been crushed by a string of failed surgeries and resulting patient deaths. In this scene, he confronts a patient with a skull fracture who, Lane says, will die if he doesn't get an immediate operation. As Lane goes off to arrange it, the woozy patient insists to Kildare he does not want the operation. Kildare tells the patient—about whom he and Lane know nothing, not even his name—that he must go through with it to survive. In the meantime, Lane wavers about whether he should perform the surgery or wait. Kildare exhorts him to perform the procedure in view of his initial diagnosis. He quotes Dr. Gillespie's opinion that Lane has "the best hands in the hospital." He adds more Dr. Gillespieisms saying that "sometimes we have to act, with life in one hand and death in the other" and that "the true test of a doctor is his faith in his own judgment even though he knows someone is going to die if he's wrong." Hearing that, Lane exclaims, "We'll operate immediately." We next see him walking into the operating room as he says: "This patient has refused the operation, but I take full responsibility."

Whenever I play this clip, physicians, medical students, and even people not affiliated with the medical profession, erupt in laughter. They immediately recognize that the final line of the scene—about the patient refusing the operation but the physician going ahead anyway—would today be considered a clear case of malpractice. When the laughter dissipates, I suggest it is highly unlikely that audiences in 1940 would have reacted that way to what was clearly a serious scene in a melodrama. The audience agrees, and the moment opens a space to discuss my key point about how doctors are supposed to act toward patient: What a doctor's authority is and how he or she should express it—has changed over the decades. Comparing then and now can generate a useful discussion about the contemporary nature of a doctor's power in relation to his or her patients and the ethical boundaries of that power.

(p.101) *Dr. Kildare's Strange Case* was produced at a time of growing optimism about the promise of American medicine to solve individual health problems. Just 60 years earlier, before the 20th century, medicine was a sometimes near-subsistence occupation whose practitioners used methods with severely ill patients (bloodletting, for example) that often did not heal and that scared people away from visiting doctors. One 19th century observer wryly observed that heroic medicine was "one of those great discoveries which are made from time to time for the depopulation of the earth."¹ The prognosis for American medicine began to change slowly in the late 19th century. A number of circumstances converged to greatly increase physicians' credibility. The most important occurred when leaders of the American Medical Association (AMA), state medical societies, major medical schools, and major hospitals hitched their profession's star to the rising success of science. The new technologies and medical discoveries that came in rapid succession, along with the sharp reduction in hospital deaths, did wonders to increase the legitimacy of regular medicine in the eyes of the rest of society, as well as to encourage people's dependence on physicians.² To be sure, many still hurled devastating criticism at the emerging private medical structure that focused less on general public health and more on the individual patient's well-being. But by 1940, the general public accepted a physician as a popular culture hero. Stung by attacks by the AMA against Hollywood for negative portrayals of physicians, the major studios hired physicians to advise them on films with doctors. Joe Cohen, who produced the Kildare series for MGM, recalled that he tried to make sure that the central characters contradicted medical evils of the day by portraying the possibilities, the ideals, of American medical practice.³

What characteristics distinguished an "ideal" physician of the day and their guided interactions with patients? As reflected in this scene, the doctor was likely to be white, male, and Anglo Saxon. Increasingly, too, he was a specialist who used the hospital and its expensive technology as his workplace. Beyond these institutional features, though, a widespread belief in certain values and their origin gave physicians special cultural authority. Popular culture presented Americans with the idea that an admirable doctor possessed membership in an elect group, a special person born to succeed in the profession and then shaped by the profession. (Dr. Gillespie's comment that Dr. Lane has "the best hands" in the hospital echoes this belief.) The elect status came with responsibilities to the patient that, the norm dictated, took precedence over personal comfort (for example, it emphasized the need to work long hours) and payment (the salaries of interns and residents were notoriously as low as their hours were long). But the elect status also brought with it a huge amount of authority as the young knight made it through the training gauntlet. The physician stood at the center of the medical profession. Not only did health workers (especially nurses) have to obey his orders, but patients did as well.

Linked to the idea of the physician as authoritative expert is his individualism. Note that all the decisions in the scene revolve around the individual physician. The radiology technicians hand the doctor the x-rays, note their conclusions, and leave. The surgeon stands alone in making the decision to operate—egged on by **(p.102)** neophyte intern Kildare—in the absence of discussions with any other specialists, nurses, or admissions personnel. There may be poetic license in this movie, but it is clearly a value producers believed the audience and the medical establishment would accept. As Kildare notes, his profession (in the form of the great “diagnostician,” Dr. Gillespie) accepted as ideal a doctor whose confidence in his abilities and judgment was so important that it would even override whether he was right or wrong—or successful or not—with respect to a particular patient. The key goal was to allow the physician’s talent to emerge.

Compare the values reflected in the *Kildare* scene with those associated with physicians today—both in popular culture (think of the series *ER*, for example) and in the norms medical schools teach. The value of saving a person’s life in an acute situation certainly remains with us—and at the core of television’s presentation of medicine. So, too, physicians still stand as the captains of care (to the chagrin of some health care professionals). The medical establishment certainly agrees that today’s physician population ought to be quite a bit more diverse than its Depression-era counterpart from the standpoint of gender, race, and ethnicity. Also dramatically different is the belief about the physician’s authority and its origins. Neither the profession nor the larger society accepts the idea that doctors are members of an elect group blessed with powers that, if used correctly, give them the right to place their decisions above those of everyone else. The ideal of the physician as a determined individualist who has the right to make lone decisions dictating patient care has given way to a belief that doctors are part of a web of parties responsible for developing the approach to a patient’s care—including (if possible) the patient and people related to him or her.

Steeped in this new belief, contemporary audiences immediately recognize that early 21st-century norms of physician behavior do not allow dismissing a patient’s desire to forego an operation. Physicians and other health care practitioners readily accept the current regime that dictates doctors’ relationships with patients and health care professionals as clearly more ethical, and smarter about physicians’ purview, than that of the era in which *Dr. Kildare’s Strange Case* was made. Yet comparing the mid-20th-century medical culture with that of the early 20th century underscores that what seems obvious regarding medical authority is really culturally rooted. It is interesting to consider which beliefs that the contemporary medical institution and larger society accept as clearly ethical will be considered less than ethical—in fact, wrong-headed—60 years from now.

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