"Showing the Way"

A VIDEOTAPE ABOUT ANGIOGRAPHY FOR PATIENTS

by

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B.A., State University of New York Binghamton 1973

THESIS

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF ARTS

in

MEDICAL AND BIOLOGICAL ILLUSTRATION

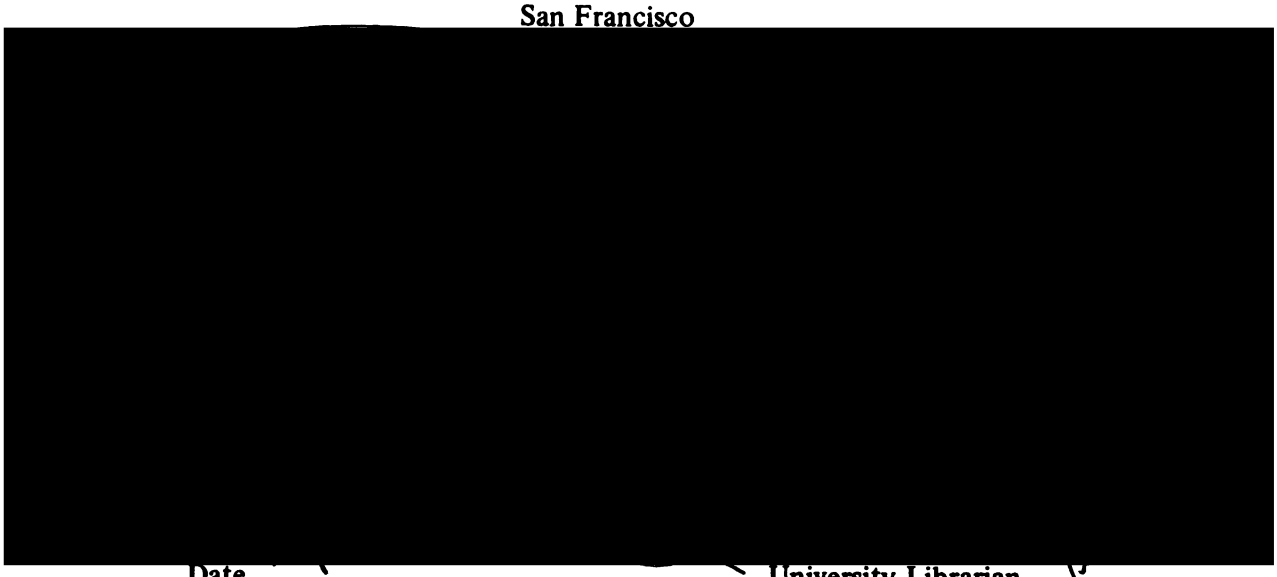
in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA

San Francisco



Date University Librarian

Degree Conferred: APR - 1 1979

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INTRODUCTION

Today, due to the phenomenal growth of medical knowledge and applied technology, physicians are making great strides in both diagnosis and treatment of illness. But the informational needs of the patient, who is after all the beneficiary of such medical progress, are often overlooked. Without a sufficient understanding of the medical procedures he or she is submitting to, the patient is left in a bewildered state. This not only infringes on the patient's right and need to know, but also may hinder, rather than assist in, the healing process, for which the individual patient is ultimately responsible. One of the more obvious indications of this problem is the increasing number of medical malpractice suits being filed.

Such a gap in understanding exists when a person has been advised by his or her physician to undergo an invasive diagnostic procedure. Current medical practices do not satisfy the patient's need to comprehend either the procedure itself, or its ramifications, such as the long and short term side effects that may result.

My own involvement with this problem is rooted in an ordeal my family went through in 1973, when my sister, then a psychiatric social worker, agreed to enter the hospital for diagnosis of severe headaches. As so many of us do when we are sick, she trustingly surrendered control to the physician and underwent a series of diagnostic proced-

ures, including x-rays, blood and spinal fluid analyses, and finally, angiography.

But her angiography study could not be completed. The first injection of contrast dye brought on a stroke, which left her aphasic. Having agreed to the procedure without an adequate understanding of it, and now confused and unable to communicate intelligently, she discovered it was too late for explanation. Her physician tried, ineffectively, to explain that her symptoms were most likely temporary. Finally, after 17 long hours, she recovered her speech and ironically proceeded to reassure the young resident who had performed the procedure that she was fine and would not file a malpractice suit. Besides piquing my own interest in the procedure, this experience made my sister eager to contribute her own insight into the development of this thesis/project.

My thesis defines the problem of informed consent in terms of a patient's needs, a point of view which proved useful also in determining an approach for meeting these needs. After taking into account the importance of the physician-patient relationship and the inherent educational potential of use of a motion medium (specifically videotape), I have suggested how a videotape program can enhance the interchange of information between physician and patient. And, by definition, an adequate informed consent will result, as well.

A script for the proposed videotape program is an

integral part of this thesis/project which will be submitted to various foundations in an attempt to obtain the funding necessary to produce the proposed videotape program.

PROBLEMS AND NEEDS

Informed Consent: Legal Problem for Physicians

Some physicians have united openly in condemning informed consent as one of the more "heinous legal doctrines that have been imposed on the medical profession in recent times." They allege that patients "cannot comprehend the information," and more importantly to them, that "patients do not remember." A recent study of a patient's capacity to recollect the details of informed consent supports their claims. In this study preoperative discussions lasting at least 23 minutes were recorded. In subsequent interviews investigators found that patients forgot, fabricated, or even denied having engaged in preoperative conversations with their physicians, in which they gave "informed consent." In fact, these patients recalled only 20% of what had been discussed.[1] These results suggested to the investigators a need to reevaluate procedures and techniques used to provide patients with the information required for proper informed consent.

Before we attempt to design useful techniques to assist physicians in securing "informed consent" from patients for procedures involved in medical diagnosis and treatment, we must first reevaluate the fundamental purposes of the concept of informed consent. Informed consent is one facet of patient rights, which form part of the growing national focus on consumer rights in general. The legal

basis for informed consent is not merely what the physician chooses to tell; it is that information which a particular patient needs to know in order to make an enlightened and knowledgeable decision.[2] Indeed, patients' memories and cognitive capacities may not be the basic problem. As long as informed consent is considered to be a medical-legal problem rather than a guarantee of the patient's right to understand, physicians will continue to struggle, as they perceive themselves to be in a dilemma of misrepresentation and confusion.

Patients' Needs

The influence of technology on medicine has given rise to elaborate diagnostic procedures which can involve huge expense and considerable risk. Before deciding whether to consent to such a procedure, a patient must be able to evaluate the benefits and hazards intelligently. When there is agreement between the patient and the physician, the patient must then be prepared for the procedure itself. Such procedures can be uncomfortable, frightening and time consuming.

Because information concerning a medical procedure and attendant risk is so alien to those unschooled in medical science, a physician's oral explanation to a patient may no longer be adequate. At best, a physician can attempt to simplify the words and concepts used in such an explanation. Using the physician's time, however, to

provide this required basic information limits the time available for the more important medical function of responding to questions specific to a particular patient's needs. Additionally, by making the physician responsible for explaining hazards, the current system restricts the physician to a role that interferes with supporting an already stressful patient.[3] If a patient could be informed of the basic facts before seeing the physician, then a more relevant and efficient discussion could be conducted at the time of the physician-patient interview.

Problems and Needs in the Angiographic Procedure

Cerebral angiography is an invasive diagnostic procedure that involves risk of serious complications for the patient. In an angiographic study, a conscious patient undergoes a series of procedures performed by a team of specialists using highly complex equipment. The study may last from one to three hours. The patient is kept conscious for two reasons: first, the use of general anesthesia increases risk associated with the procedure; second, and of equal importance, an alert and cooperative patient can assist the physician in monitoring his or her neurological status and tolerance during the study.

Angiography is performed by making a small puncture in the patient's groin to introduce a catheter into the femoral artery. Under fluoroscopic view, the catheter is guided carefully into the artery to be studied. Contrast

material is then injected, and its flow through the arteries of the brain is recorded on a series of x-ray films.

After the physician has recommended an angiogram to help make a diagnosis, the patient, in order to give consent, must be able to evaluate the benefits and risks involved. Although there are few alternative methods of studying blood flow in the brain, physicians are cautious about requesting that a patient undergo an angiogram. In fact, the technique is used only after consultation with other physicians and after determination that expected benefits outweigh possible risks. Having consented, a patient must also be emotionally prepared for the complex environment and physical demands of the actual diagnostic procedure. Thus, a well-informed patient is better able to assist the physician in monitoring physiologic responses during the study.

PURPOSE OF THE VIDEOTAPE PROGRAM

The rationale for use of the proposed videotape program is that more effective communication between physician and patient will result in arriving at informed consent. The program would prepare the patient by providing understandable information and by encouraging the patient to discuss his or her reaction to such information with the physician.

After the patient has been advised to undergo an angiography study, he or she would view the proposed videotape program which would provide a baseline of information about the procedure and would help foster an atmosphere that promotes open discussion. The patient would then be able to talk to the physician about matters mentioned in the program as well as specifics relating to his or her own case.

The Versatility of a Videotape Program

Patient Confidence. A videotape program can be used to develop patient/physician rapport and to promote an attitude of reassurance while delivering information that might otherwise be frightening. (Further discussion of the methods for achieving this goal follows in "Script Analysis" page 12)

Efficiency and Use of Medical Resources. Used as a basis for effective discussion between patient and physician, an audiovisual presentation such as the proposed videotape can save hours of physician time that would otherwise be

spent in repetitious explanation. Additionally, the videotape soundtrack can be dubbed in different languages to instruct patients not fluent in English.

Convenience. A videotape program can be produced in an easy-to-use cassette form. Because a videocassette playback unit is compact, it can be easily transported on a small cart and may be brought into the room of a bedridden patient to be played at the convenience of both patients and their families.

Documentation. The standardization, through use of videotape, of what a patient sees assures that nothing of significance is omitted. This baseline of information needed for informed consent can be reinforced by the subsequent physician-patient interview, wherein the physician can answer specific questions relevant to the individual patient. Further, by entering the date of viewing the videotape program into the patient's record, the physician has concrete evidence of what the patient has been told.

Information that the Patient Needs

There are two categories of information that the patient needs:

1. The basic facts, which include the purpose of the procedure, the way in which it will be performed, the alternatives (if there are any), and the risks that could cause serious bodily harm. These comprise the information the patient must evaluate before giving

consent.

2. The supportive information, which will prepare the patient for the procedure by reducing stress. Patients under stress experience more pain during hospitalization and show less improvement after discharge than more relaxed patients.[4] In addition, the less anxious patient will be better able to assist the physician in monitoring physiological responses to the study.

Researchers have found that providing information by which patients can form accurate expectations of a stressful procedure and their reaction to it, reduces the emotional trauma of the real-life experience. In one study, patients about to have an endoscopic examination (insertion of a tube through the mouth into the gastrointestinal tract) were shown a videotape in which a patient undergoing the procedure was nervous at first and then became progressively calmer. Patients who viewed this videotape showed a significant decrease in anxiety (e.g., lowered heart rate and less tranquilizer required) during their own studies as compared to those of a control group. This decrease in anxiety was also demonstrated by hospital staff observations and by reports of the patients themselves.

Those patients who require angiograms are diverse in ethnic makeup, education and age, as well as in range of symptoms requiring angiographic study. Such factors may determine a person's view of illness, as well as his or her methods of coping with stressful circumstances. Indeed,

health professionals are becoming increasingly aware of the need to recognize cultural orientation as it is expressed in a patient's coping style. "We need to develop ways to be flexible...to accommodate different cultural or minority group needs and goals."[6] A goal of this project is to promote an attitude of confidence, particularly among the elderly and ethnic minorities, in expressing needs based on their particular methods of coping.

Whatever their methods of coping may be, patients share similar basic needs, concerns and aspirations. They must learn to deal with the potentially frightening procedure that they have been advised to undergo, and must realize that the procedure itself presents a danger to their health. In the proposed videotape program, a baseline of information will be presented, as well as those concerns shared by most patients about to undergo such a procedure. Viewing such a program will allow patients to react to the experience and decide what is important to them. Whether the patient needs reassurance or more detailed information, he or she should be encouraged to express these needs and reconcile problems through physician-patient communication.

SCRIPT ANALYSIS

The following script is the distillation of a process which involved research into the legal as well as emotional aspects of preparing patients for medical procedures. Additional understanding was gained by viewing angiographic studies being performed, interviewing patients and medical staff, and consulting advisors from the Graduate Program in Medical and Biological Illustration, University of California at San Francisco.

Docudrama Format

A great deal of essential information may be presented by selecting important events from a number of angiographic studies and organizing them into one representative story. For this reason, a docudrama (documentary-like dramatic form) style has been chosen for the proposed videotape program. By following one character, Mr. Eisen, through these events and allowing him to express his view of the experience, the program provides a vehicle for simplification of necessary information that would be suitable for a diverse patient population.

In a dramatic context, values are presented explicitly as well as by implication. For example, the patient audience hears Dr. Ortiz tell Mr. Eisen, "Be sure to ask if there's anything you want to know or if you feel uncomfortable." When Eisen tells the physician he feels pain at the

site of the incision, Dr. Ortiz gives him more anesthetic. The viewer sees that the physician responds to the patient's needs. Thus relieved of pain, Mr. Eisen is reinforced for expressing his needs. Mr. Eisen thereby encourages the patient audience viewing the videotape to do the same.

Role Model

The character of Mr. Eisen was developed as a surrogate patient figure to convey information and to promote certain attitudes to assist the audience of real patients through similar situations. When considering actors for the part, it is not the elderly Jewish stereotype but the reasoning behind this character that must be maintained: i.e., the audience must respect the judgement of the patient character and trust that his point of view is realistic. By creating empathy, this character can be used to "model" a real patient's perceptions. Butt, et al, have shown that the viewing by patients of models who are initially fearful and who then overcome their fear, reduces stress in those patients during uncomfortable diagnostic procedures.[7]

Since Mr. Eisen describes his own angiographic study in a disjointed narrative, the audience is reminded and comforted that he has survived the procedure without permanent harm. His language difficulties exaggerate those that the average patient, fluent in English, would have with complex medical information. Through Mr. Eisen's interpret-

ation, the patient audience receives information that is simplified but not condescending. In addition, Mr. Eisen provides to elderly and ethnic patient groups a model who is unafraid to ask straightforward questions and to admit fears.

Program Style and Technique

The color videocassette program, produced in docudrama style, will be approximately 20 minutes in length and will use both voice-over narration and lip-synchronized dialogue. Since the actual patient, lying on the angiographic table, receives a disorienting view of the ultrasophisticated equipment and of the technicians rushing in and out of the angiographic suite, the program will use views that the patient actually experiences (subjective camera), supplemented with those he wouldn't be able to see while undergoing the procedure. This strategy provides the patient viewer with an understanding of the events, using a point of view he or she will recognize when later undergoing the procedure.

This approach is particularly well-suited for explaining stress-inducing circumstances that are unavoidable. Major causes of stress for hospitalized patients are "not being told what the diagnosis is, not knowing results of treatment, not having questions answered by staff, having doctors or nurses talk too fast or having staff in too much of a hurry."[8] Although the proposed videocassette would

offer no solution to these problems, it would at least reveal to patients a more objective view of why such problems occur.

For example, there are times during angiography that doctors may not be responsive to the patient as a person. They may, in fact, neglect to answer a patient's questions. By presenting in the program an enactment of the patient being ignored while doctors concentrate on maneuvering the catheter into position, we disclose an understandable cause-and-effect relationship. The patient audience is made aware of the reason the patient is being ignored, viz., the physician's preoccupation with the patient's physical safety, not intentional disregard for questions asked.

Images in the program are designed and sequenced so as to imply order, safety and purposeful intent in the procedure, attesting to the competency of those professionals involved.

Sound is treated with similar consideration. Unusual sounds in the program (e.g., the noise of the contrast injector and quick x-ray changer) are related to the flashing lights of the x-rays being taken. Dialogue is used to identify these sounds, as well as to describe the sensation a patient feels during this part of the angiographic procedure. When actually subjected to angiography, the patient who has viewed the videotape program will recognize such visual and auditory impressions, and will thus experi-

ence them as purposeful and safe.

As a transitional device, the flashback serves to connect selected parts of the procedure as experienced by Mr. Eisen. Without the constraints of "real time," the demands of the information can determine the time needed for viewer understanding. In addition, the flashback interferes with the building of suspense, thereby allowing the audience to look realistically at the difficulties and complications without worrying about the outcome.

SCRIPT FOR DOCUDRAMA

"Showing the Way"

SHOWING THE WAY
(working title)

FADE IN:

INTERIOR - MEDIUM SIZE LIVING ROOM - DAY

It is a pleasant room filled with old-fashioned furniture and various memorabilia, carefully arranged. An elderly couple is seated on a small couch. In front of them is a small table crowded with a tea set, two pieces of cake on a decorative plate and a crystal butter dish. On the wall are framed photographs of weddings, bar-mitzvahs and various portraits and snapshots. The woman, MRS. EISEN, is plump and wears a shapeless dress. She strains to sit erect on the soft couch. The man, MR. EISEN, is thin but appears to be in good health and wears a plain brown suit. There is a young woman, the INTERVIEWER, seated across from the couple. On her lap is a clipboard.

INTERVIEWER
(to MR. EISEN)
Is that when Dr. Graham suggested, that you have an angiogram?
(then, awkwardly)
How did you feel about that?

MR. EISEN
(uneasy but would like to appear nonchalant)
So, I was a lit-tle noy-vous-

Camera widens to include MRS. EISEN, who is impatient.

MRS. EISEN
(interrupting)
I knew...
(raising her eyebrow to her husband)
from the way you didn't want to tell me...

MR. EISEN assumes a serious attitude, clasping his hands. He looks to see how MRS. EISEN is reacting.

MR. EISEN
I didn't want to worry my wife. Lately, she doesn't feel so good herself.

MRS. EISEN doesn't like hearing this. She straightens her dress and poses, looking down.

MR. EISEN
(more attentive to his pronunciation)
I wanted it should first be finished... The doctor explained...

MRS. EISEN
(does not look up; under her breath)
Such a good man, Dr. Graham.

MR. EISEN
(dispassionately)
He explained I could have complications...

MRS. EISEN wrings her hands.

INTERVIEWER
Complications?

MR. EISEN
You know...I could...something could happen...so I couldn't care for myself...

INTERVIEWER
Like?

MR. EISEN
Like maybe I couldn't walk...or I couldn't talk what I was thinking...
(then, defensively)
Not just for ME. I was afraid my wife... she should take care of me for everything.

INTERVIEWER
That must have been pretty frightening.

MR. EISEN
I mentioned I was ALREADY scared...

He hesitates, stealing a furtive glance at MRS. EISEN.

(continues, rushing his words)
from the stroke. I was never sick... I mean...I was never CRIPPLED. I'm not a young man...but still...
(then reminding himself)

INTERVIEWER
You still?

MR. EISEN
Well, I went to the shop for three days... not just for the money...It's not a BIG store...

MRS. EISEN
Every day for so many years!

MR. EISEN
I didn't know another way!

MRS. EISEN
(mischievously)
It's not so bad now, huh?

MR. EISEN
(playing innocent)
What's not so bad?

MRS. EISEN
Staying home!

MR. EISEN
(teasingly)
It could be worst!

INTERVIEWER can't help but smile at their interaction. She tactfully waits for a pause.

MR. EISEN
(continues)
We have a good life...(He pauses)

MRS. EISEN
(not liking the silence)
We have nine grandchildren and...
(proudly)
two GREAT-grandchildren and we take good care of our own selves...The children don't have to worry.

MR. EISEN
No, they don't have to worry.

MRS. EISEN
They come for all the holidays...
(getting more animated, tossing her head)
and we prepare everything! They love that we make all old-fashioned...

INTERVIEWER is at first encouraging, but then as MRS. EISEN continues to carry on she looks to MR. EISEN for help. MR. EISEN helplessly shrugs his shoulders and smiles.

MRS. EISEN
(continues)
Do you know what a latke is...a potato pancake? They love especially MY potato pancakes...and my APPLE CAKE...**everything** made from the beginning...Even the little ones appreciate...(modestly) I don't know why...

MR. EISEN attempts, with his left hand, to put butter on his coffee cake. His unsteady movements capture MRS. EISEN'S attention. She starts to prevent him.

MRS. EISEN
(sternly)
That's not for you! The doctor said...

Annoyed, but also appreciative, he deliberately returns the butter to the table.

MR. EISEN
I know...
(changing the subject)
I was in the hospital already two days and Dr. Newton comes to my room like usual and he says now I'm 80% improved...but he's scared it shouldn't happen again.

INTERVIEWER
(shyly)
Another stroke?

MR. EISEN
(nods slowly; in a lower voice)
Yes...my arteries are not so good and he needs to see them...pictures of the arteries.

INTERVIEWER
X-rays?

MR. EISEN
X-rays to my brain...
(slowly thinking out the order)
X-rays of the arteries...that go TO the brain...Anyways, then he tells me HOW they get the pictures.

INTERVIEWER
How they perform the study?

MR. EISEN
(with authority)
First he puts in a special dye...

MRS. EISEN
(quietly, with an exaggerated "shiver")
Oy!

MR. EISEN
(more timid)
He puts the dye...in my leg...in a tube...
(then, to pacify his wife)
I didn't listen so careful.

Trying to conceal her tension, MRS. EISEN picks up the plate of cake, offers it to the young woman.

INTERVIEWER
No, thank you.
(to MR. EISEN)
Did you agree right away? How did you feel when Dr. Newton suggested that you have an angiogram?

MRS. EISEN is at a loss about what to do with the cake. Attempting to undo the damage, the young woman smiles at MRS. EISEN.

INTERVIEWER
Well...
(gesturing to her full stomach)
It's so good...maybe...just a small piece.

She takes the next to the last piece and stuffs most of it in her mouth. Then, overly enthusiastic and with a full mouth
Mmm...really...

MRS. EISEN
(satisfied)
I'm glad you like it. I'll go get some more.

She struggles to get up, holdong the plate. The young woman also starts to get up.

INTERVIEWER
(eager)
Need some help?

MRS. EISEN
No, it's all right. You just keep doing your work.

CAMERA PANS AS SHE CROSSES.

OFFSCREEN SOUND EFFECTS: SUBTLE CLAMOR OF DISHES, SILVERWARE.

INTERVIEWER
(relieved, she leans back)
You were telling me about the procedure... the dye?

MR. EISEN
(preoccupied)
Yes...the dye...You know...
(He leans forward to whisper)
Now I can tell you...

INTERVIEWER
What?

MR. EISEN
It's all better now...

INTERVIEWER
(impatiently)
What is?

MR. EISEN
It's all better now...but...I had a little complications...nothing terrible.

INTERVIEWER
What complication? During the procedure?

END SOUND EFFECTS.

MR. EISEN looks to see if his wife is coming back.

MR. EISEN
So, like I was telling you, I was still nervous from the stroke. My leg is still good...

INTERVIEWER
Why do they put the tube in your leg?

ENTER MRS. EISEN carrying plate of cake.

MR. EISEN
It's not the leg exactly...

He makes room on the couch for MRS. EISEN, who is trying not to be disruptive.

MR. EISEN
It's up where the arteries get bigger... For less complications.

INTERVIEWER
What else did Dr. Graham tell you?

MR. EISEN
So, I tell him, "Dr. Graham, you know better from me about medicine. Put me to sleep and do what's best..."
(impassioned)
"No," he says...He knows more but he insists, you know? He wants to tell me, I think, so I shouldn't make a LAWSUIT!

MRS. EISEN
(under her breath)
A lawsuit...can you imagine!

MR. EISEN
(insulted)
Why should I make a lawsuit? It's his fault I don't feel good?

MRS. EISEN
Such a good doctor. You know, when my son was sick he came to the hospital every day...

MR. EISEN
I know he does the best he knows how.

MRS. EISEN
How can you expect more? I could tell you so many times-

MR. EISEN
But he needs to talk...
(gestures as if giving up)
so I let him talk.

INTERVIEWER
About the procedure?

MR. EISEN
(more than he expected)
EVERYTHING!

INTERVIEWER
Did that make you feel more confident... the explanation?

MR. EISEN
Confident!

INTERVIEWER
How DID you feel?

MR. EISEN
Worst! A HUNDRED TIMES WORST! He says I wouldn't sleep and I was afraid...not for the pain...but it would hurt and I might complain.

He glances at MRS. EISEN wringing her hands. He tries to compose himself.

MR. EISEN
...And it would be a different doctor, you know, a specialist! You know how much costs a specialist?

MRS. EISEN
(indignant)
You're not worth a specialist?

INTERVIEWER
Did you feel prepared for the experience... the actual angiogram?

MR. EISEN
(protectively)
Dr. Graham told me everything...what I should expect.

INTERVIEWER
So you knew exactly what it would feel like?

MR. EISEN
How can a person know...It's something so different...To tell you the truth, I was much more scared before...
(considering)
I expected worst...It's not a pleasure! There's so much commotion...the noises...
(reluctant to recall)
My English is not so good.

INTERVIEWER
You're doing fine. The noise and all the equipment?

MR. EISEN
(throwing his arms in the air)
The machines...so many people...You think something must be wrong.
(reconsidering)
But I think it's a commotion all the time.

INTERVIEWER
Well, what was it like?

MR. EISEN
Inside the room already?...No...In the morning...First they wake me up so I shouldn't have any breakfast. MRS. EISEN doesn't know how a person LIVES without breakfast!

MRS. EISEN forces a smile.

MR. EISEN
(shrugs)
Then, Nancy, my nurse...she comes to take me on a table...

DISSOLVE: FLASHBACK

INTERIOR - RADIOLOGY CORRIDOR

CAMERA tracks through hall filled with people milling around. There is a little reception/waiting area with inadequate seating for the assortment of people in pajamas, wheelchairs, gurneys and some in street clothes. Then we see MR. EISEN lying on a gurney in a less crowded hall of the hospital.

V.O. MR. EISEN
(continues)
...And she leaves me there so I wait in the hallway for such a long time. I think they forgot me.

V.O. MRS. EISEN
How long could it be?

V.O. MR. EISEN
I said it FELT like a long time... Anyway, like I was saying, finally, a young woman comes out.

Enter DR. ORTIZ: She is in her early thirties.

V.O. MR. EISEN
Then she tells me...

DR. ORTIZ
(approaching MR. EISEN)
Hello, Mr. Eisen. I'm Dr. Ortiz and I'll be doing your angiography study today.

V.O. MR. EISEN
I didn't want to insult her, about her age.

MR. EISEN
You look like my granddaughter, Sharon.

DR. ORTIZ
(confused)
Thank you.

MR. EISEN
You must be very smart...They teach this in high school?

DR. ORTIZ
Oh! Don't worry!
(She is flattered and acts annoyed)
I'm older than I look!

V.O. MR. EISEN
So I was worried...Maybe this is the first time...You know...she never done this before. But I don't want to make her feel badly.

MR. EISEN
My grandson is also in medical school.

DR. ORTIZ
Oh?...Oh! You know, I've been practicing seven years SINCE medical school!

MR. EISEN
So many years? It's so difficult to learn... this operation?

DR. ORTIZ
No, the procedure requires...

MR. EISEN
So, first you go to medical school. That's four years, right?
(not waiting for an answer)
I thought they teach everything then.

DR. ORTIZ
(modestly)
Well, not everything!

MR. EISEN
And that's even after four years in college! You still don't know enough?

DR. ORTIZ
(laughing to herself)
No, that's just background.

MR. EISEN
Then more school?

DR. ORTIZ
Not exactly...
(rushing her words)
Then an internship and a residency in radiology, then a fellowship...

MR. EISEN
Just for x-rays? How many years to make a residency?

DR. ORTIZ
Three
(impatient)
Let's talk about you!

MR. EISEN
How many years for this fellowship?
(He calculates to himself)

DR. ORTIZ
How are you FEELING, Mr. Eisen?

MR. EISEN
How should I feel? Under the circumstances not so bad.

DR. ORTIZ
Well, I think we'll be able to find out just why you're having trouble with your right side.

MR. EISEN
Yes, I look forward to know this...so it shouldn't happen again.

DR. ORTIZ
We have a pretty good idea of where the problem is, so you should be out of here in about an hour. You're lucky. Some people take longer.

MR. EISEN
I could be luckier and not have this at all!

DR. ORTIZ
That's true...I know Dr. Graham explained it to you already, but...

FADE UNDER DR. ORTIZ & MR. EISEN DIALOGUE FOR V.O. EISEN

V.O. MR. EISEN
She explained the same way like Dr. Graham, you know, the tube, I won't feel it, but I should stay still...so I figured she knows what she's talking about.

DR. ORTIZ
What we're going to do is make a small hole in the large artery in your gr-oin but first we'll wash the area with antiseptic, so keep your hands away from the clean are-a... It's very important! O.K.?

MR. EISEN
Yes. I understand.

UP FULL

DR. ORTIZ
(uncomfortable; as if memorized)
You understand that, although they're not likely, it is possible...Like all surgical procedures...there are risks-

MR. EISEN
(interrupts)
I understand already. You don't have to bother...like I could have another stroke or I could get a clot in my brain or my leg. Listen, I don't LIKE to make this test, but what can I do?

DR. ORTIZ
(encouraging nod)

MR. EISEN
Dr. Graham explained he doesn't have another way...to look at the arteries... so maybe somebody can fix something in this old brain...before...so I shouldn't get another stroke.

DR. ORTIZ
We'll try to keep that from happening again...

MR. EISEN
My wife...she gets so scared. You know, when it happens...I was lying on the floor and she doesn't know what's the matter.

DR. ORTIZ
I know...I know how frightening it can be. You know, because of your age and the condition of your arteries, your risks are a little greater.

MR. EISEN
Don't worry dahling, you'll do a fine job. Anyways, it's better if something should happen here...I'm already in the hospital than at home, no?

DR. ORTIZ
You're right...Now, I'd like you to read this carefully.
(hands him a clipboard and pen)

MR. EISEN
(laughing)
Oh, so I shouldn't make a lawsuit!

DR. ORTIZ
(embarrassed)
Yes.

MR. EISEN adjusts his glasses, recognizes the form, signs without reading.

MR. EISEN
I don't need to read it again. I know already what can happen.
(then, delighted)
My other grandson just finished law school. He's good-looking. Need a lawyer?

DR. ORTIZ
(playing outraged)
I hope not! Do you have any questions about what we just talked about?

MR. EISEN
(shakes his head to say no)

DR. ORTIZ
Be sure to ask if there's anything you want to know or if you feel uncomfortable.
(apologetically)
Sometimes we get so busy...we forget to talk to patients.

DR. ORTIZ wheels MR. EISEN into Angiography Room.

FADE IN SOUND EFFECTS: Angiography room: Clatter of metal, pouring of liquid, people chattering.

MR. EISEN
Don't worry. You do the operation. I'll do the talking.

INTERIOR: ANGIOGRAPHY ROOM: DAY

In the middle of this large room is a metal table surrounded by equipment and supplies. Separated by a windowed partition is the "control room," a narrow corridor containing a panel of instruments. A young man and woman are preparing the room for the next study. When they become aware of MR. EISEN'S presence, they automatically start to help him onto the table as they greet him.

SANDI
How are you doing, Mr. Eisen? Just inch over...Good...A little more.

MR. EISEN struggles to get onto the table independently.

MR. EISEN
All right. Thank you.

SANDI
Sorry the table's so hard. It's got a fluoroscopic camera inside so they can see where the catheter...er...the tube...

V.O. MR. EISEN
The table should be my BIGGEST worry!

MR. EISEN
It's all right.

SANDI
(cheerful)
It's probably the most unpopular part.

V.O. MR. EISEN
I care what's popular? Now? Hmph...

MR. EISEN
(nervous)
It...doesn't t...trouble me.

SANDI
That's what you say now! That's what patients complain about most!

MR. EISEN
I'm not a com...complainer.

ROOM TONE GETS LOUDER: TRACK with MARK rotating camera.

V.O. MR. EISEN
THEN! All the sudden...it's an invasion! All these people running around...I can't understand how they don't bump in...

MARK hits the x-ray machine against the table where MR. EISEN'S head is resting.

MARK
Excuse me, Mr. Eisen.

MONTAGE

MR. EISEN'S glasses taken, his head lifted, two hard foam "pillows" shoved under.

MR. EISEN'S POINT OF VIEW: SANDI scratching his chest to attach heart monitor.

SANDI
I know, my hands are always cold.

MR. EISEN'S I.V. filled with tranquilizer, blood pressure monitor on his arm, light from the camera centered on his face, his head marked with black ink, a test shot.

MR. EISEN'S POINT OF VIEW: SANDI feeling pulse in groin.

SANDI
(loud; as if to a child)
I'm going to prepare the area...make it sterile. So keep your arms at your sides!

MR. EISEN silently obeys.

SANDI
That's good!

SANDI proceeds to shave site of incision, lift hairs with tape, wash with red solution, cover hip area with surgical cloth with hole in it.

MR. EISEN
It's my ARM! Not my EARS! I HEAR all right!

SANDI
(quieter)
I'm sorry. Some patients do have trouble hearing.

Enter DR. ORTIZ: wearing lead apron.

SANDI
Phyllis, which catheter do you want for this one?

DR. ORTIZ
Let's try #01 with the straight tip. Hello Mr. Eisen.

DR. ORTIZ puts on gown and gloves, checks supplies on cart, fills syringe.

MR. EISEN
How you doing?

DR. ORTIZ
I'm going to give you some medication to make the area numb. It'll burn for a few seconds. Next to the hard table, this is the worst part.

MR. EISEN is tense in anticipation.

V.O. MR. EISEN
I can't understand it! Everybody's so worried about the table!

DR. ORTIZ
There, did that hurt?

MR. EISEN
(gratefully disappointed)
Not so bad. A little burn.

MR. EISEN'S POINT OF VIEW: SANDI holding long plastic package containing catheter, shows it to DR. ORTIZ.

DR. ORTIZ
Perfect.
(to MR. EISEN)
Can you feel anything?

MR. EISEN
A little pinch.

DR. ORTIZ
(injects more)
How about now?

MR. EISEN
Did you pinch me again?

DR. ORTIZ
Yes, I did.

MR. EISEN
Then, it's good. I didn't feel it...
(impressed)
Better than my dentist. When he says I won't feel it...Let me tell you, I FEEL PLENTY!

DR. ORTIZ
(surprised)
Thank you!

MR. EISEN'S POINT OF VIEW: SANDI hovers over him, checks blood pressure, etc. DR. ORTIZ makes incision.

DR. ORTIZ
How are you feeling, Mr. Eisen?

MR. EISEN
Not bad. Better than I expected.

MR. EISEN'S POINT OF VIEW: DR. ORTIZ proceeds to insert needle, wire, takes catheter as SANDI holds package.

MR. EISEN
(mischievously to SANDI)
Did anybody ever tell you you have very nice nostrils?

SANDI
No, actually...

DR. ORTIZ bends to look. SANDI demonstrates by tilting her head back.

DR. ORTIZ
He's right. They're gorgeous!

SANDI
(playfully frowns; then observing)
You look about ready, Phyllis. Should I call Dr. Norman?

DR. ORTIZ
(checks catheter)
Yes, thank you.
(holding incision site)
Mr. Eisen, it'll just be a minute. How are you feeling?

SOUND: From control room, people giggling.

MARK
What did he say?
(as if an important discovery)
He's right! You DO have nice nostrils!

SANDI
He's really charming.

MR. EISEN
(lifts his head)
You having problems?

DR. ORTIZ
No, you're doing fine. Try to relax. We're just waiting for Dr. Norman.

MR. EISEN
So far, it doesn't feel so bad. I expected worse.

Enter DR. NORMAN: brisk, tying apron. He immediately begins to don gown and glove.

DR. NORMAN
Hi, Phyllis.

DR. ORTIZ
Mr. Eisen, this is Dr. Norman. He's going to help me guide the catheter to the place where we'll inject the dye.

DR. NORMAN
Hello, Mr. Eisen. How are you doing?

MR. EISEN
Very good. I think Dr. Ortiz does a very nice job. You think she needs help?

DR. NORMAN
(leans over)
Confidentially, I think she just likes an audience.

DR. ORTIZ plays insulted. DR. NORMAN steps on foot pedals to turn out room lights, turn on fluoroscope and swivel table. Both doctors watch T.V. monitor.

DR. ORTIZ
(to control room)
A little brighter...O.K. That's fine.

Staring at monitor, DR. ORTIZ manipulates catheter as DR. NORMAN controls attached syringe. MR. EISEN watches as they casually ad-lib, "catheter works well on this kind of case." "Not like yesterday." "How did you like the conference?" "Interesting."

V.O. MR. EISEN
The way the doctors talk to each other!

Continue ad-lib: "What did you think of that scan?" "I thought it was an enlarged cistern." "He didn't really know what it was." "Then I noticed a C.S.F. density." "A malignant glioma?"

V.O. MR. EISEN
They were making me more nervous.

MR. EISEN
(bursts out)
You talking about MY brain?

DR. NORMAN
No, we're just talking about some x-rays.

DR. ORTIZ
I'm sorry. How are you feeling?

V.O. MR. EISEN
See, it pays to ask. I could be worrying for nothing!

DR. ORTIZ
It'll feel hot for a few seconds while we inject a little dye.

MR. EISEN nods, clutches sheet in anticipation. Staring at screen, DR. NORMAN injects. DR. ORTIZ glances at MR. EISEN, then back to monitor.

DR. NORMAN
Where did you feel that, Mr. Eisen?

MR. EISEN makes a conscious effort to relax.

DR. ORTIZ
In your arm?

MR. EISEN
It's not pain...but never before I felt such a heat!

DR. ORTIZ
Where?

MR. EISEN
This arm.

Satisfied, DR. ORTIZ continues to manuever catheter. Both doctors intensely staring at monitor.

DR. ORTIZ
(to herself)
Where are we
(then, to DR. NORMAN)
A little contrast.

DR. NORMAN
(injects)
In the innominate...Pull back a little... Good...turn a little to the right.

DR. ORTIZ
Good. Oh, Mr. Eisen, we've got it in. Now we're getting it...
(distracted)

MR. EISEN
In the place for the x-rays?

DR. ORTIZ
Right...You can watch yourself on T.V.!

MR. EISEN
Inside me? NO, THANK YOU!
(enlivened)
Such a movie star I don't need to be!

DR. NORMAN
(to DR. ORTIZ)
Pretty tortuous.

DR. ORTIZ
More contrast, please...Good.

INTERIOR: LIVING ROOM

MR. EISEN
So then he tells me, Dr. Norman, he has trouble with the tube, getting it to the place. He tells me, "It's not unusual." For ME it's UNUSUAL!

INTERVIEWER
So, what did that mean?

MR. EISEN
He says it means it will take a little longer than they expected.

INTERIOR: ANGIOGRAPHY ROOM

MR. EISEN
How much longer?

DR. NORMAN
I know, you want to keep going...but I'M getting tired!

DR. ORTIZ
(responding to the joke, she shakes her head in disapproval)
It won't be long now. We're almost finished.

Enter SANDI: She checks blood pressure, pulse, heart, I.V.

SANDI
How are you feeling, Mr. Eisen?

DR. NORMAN
You're doing fine, Mr. Eisen.

MR. EISEN
I know I'M doing fine. How are YOU doing?

DR. NORMAN hands DR. ORTIZ the syringe. They switch positions. MR. EISEN takes a deep breath, trying to relax.

DR. ORTIZ
We've got it now, Mr. Eisen. We're ready to inject the dye and take the x-rays.

SANDI handles the unsterile part of the injector as DR. ORTIZ connects it to the catheter.

DR. ORTIZ
It's important that when we tell you, you don't move at all. Don't even breathe.

MR. EISEN nods.

OFFSCREEN VOICE
(from control room)
Phyllis, what do you want it set at?

DR. ORTIZ
Let's do the lateral six for nine, four for eight.

Enter MARK: He rotates x-ray machine, puts in film, adjusts MR. EISEN'S head.

MR. EISEN notices from the corner of his eye that everyone is leaving the room.

MR. EISEN
(abandoned)
What's the matter? Where are you going?

SANDI
Oh...we have to go because of radiation.

MR. EISEN
(relieved)
You think I like radiation?

SANDI
Well, we do this every day...It builds up. You're just getting a bit. That's why we wear these lead vests and...
(indicates tag)
these: to tell how much radiation we've accumulated.

MR. EISEN
Oh...O.K.

SANDI
Now you just try to relax. Keep as still as you can. (on her way out)
Keep your head turned all the way to the left. Chin up. Good.

DR. ORTIZ
(from control room)
All right, Mr. Eisen. It'll burn like before, only you'll feel it in your head this time.

We see MR. EISEN through the glass partition. He strains to keep still, staring.

DR. ORTIZ
We're going to inject, so keep perfectly still...Good...It'll feel hot...Don't breathe!

SOUND EFFECTS: Swoosh...ringing.
Lights flash on MR. EISEN'S head.

SILENCE for a moment then FADE IN sound of footsteps; someone rushing in wearing nurse's shoes.

BLUR PAN: DR. ORTIZ, SANDI and MARK march back into room.

OFFSCREEN DR. ORTIZ
You can breathe now, Mr. Eisen.

Disoriented, MR. EISEN looks with lack of recognition. MARK takes x-rays from machine.

MARK
How are you feeling, Mr. Eisen?

MR. EISEN
(weakly)
All right.

DR. ORTIZ
How are you feeling, Mr. Eisen?
(no response)
Mr. Eisen?
(sees him squinting)
How are your eyes? Tell me...Where did you feel that? It's important that you talk to me.

ROOM SOUND: Normal volume.

MR. EISEN
On the left...like the stroke...
(closing one eye)
I think already it's a little better.

FADE UNDER: DR. ORTIZ examines MR. EISEN'S vision, checks his pulse under following V.O. MRS. EISEN and V.O. MR. EISEN.

DR. ORTIZ
Probably...You know it's not unusual to have a temporary effect. It'll probably clear up right away...or in a day or so.

V.O. MRS. EISEN
Why didn't you tell me you had complications? I knew something was going on...

V.O. MR. EISEN
(apologetically whispers)
See, it's all better now.
(louder)
But I'm not embarrassed to tell you I was scared! You could imagine I didn't have enough troubles before?

Lights out. Fluoroscope on. DR. ORTIZ pulls catheter down. MARK rushes out of room carrying x-rays. He stops for a moment to whisper to SANDI, who is writing on a chart.

MARK
I think he's worried.

SANDI nods. In response, she puts down the chart and approaches MR. EISEN, who is motionless.

SANDI
(cheerfully)
How are you doing, Mr. Eisen?

MR. EISEN
(reluctant)
Better.

SANDI
How are your eyes?

MR. EISEN
Maybe not so blurry.

SANDI
(concerned)
You know, it often takes a while to clear completely...What happens is, when the dye is injected into the arteries...

MR. EISEN
(interrupts)
I know...from when Dr. Graham explained. It's like a stroke - the brain doesn't get enough blood.

SANDI
I know, it must be pretty frightening.

MR. EISEN
It's already better. I just have to wait.

FADE UNDER FOR V.O.: SANDI checks blood pressure, incision site, pulse in his foot. She tells him that he's doing fine.

V.O. MR. EISEN
Anyways, it couldn't be so bad. So I try to have patience. But EVERYTHING takes such a long time!

LONG SHOT: Back of DR. ORTIZ examining MR. EISEN.

UP FULL

MR. EISEN
My eyes are just the same like when I came here. I still don't see like a teenager!

DR. ORTIZ
We still have to wait for the x-rays to come back developed.
(sympathetically)
I know, it feels like a long time.

REVERSE ANGLE: Contrast injector in foreground, patient in middle, light table in background. MARK places x-rays on light table for examination. The light from the table reflects on his face as he writes numbers on them.

MR. EISEN'S POINT OF VIEW: Searching for information, he surveys the room. A quartet of nurse, technician and doctors gather around the x-rays. He picks up isolated words, "good technique," "plaque."

SANDI
Great news, Mr. Eisen!

MR. EISEN is startled.

SANDI
You're all finished! The pictures turned out fine!

MARK
Glad it's over?

MR. EISEN
You did very nice, all of you...but what did you find out?

DR, ORTIZ
(handing him his glasses)
YOU did very well. How is your vision now?

MR. EISEN
(puts on his glasses)
NOW it's perfect!
(raises his head with effort)
So, what did you find? Do I need an operation?

DR. ORTIZ
We can't tell yet. We'll have to study the x-rays. I'm going to take the tube out. This will hurt a little.

LIGHTS OUT. FLUOROSCOPE ON: DR. ORTIZ steps on pedal to maneuver table, pulls up a stool to sit down, pulls out the catheter.

DR. ORTIZ
I'll put pressure here for fifteen minutes... to close the hole. For the next six hours you shouldn't move at all! Not even the bathroom. That means a bedpan.

MR. EISEN
(disinterested)
All right.

DR. ORTIZ
(demonstrating)
Now, if you feel a lump there...

MR. EISEN
I know, it means I have a clot.

DR. ORTIZ
Maybe. Just call for a nurse.

SANDI is setting up for the next study. She uses forceps to open a sterile cloth package of instruments.

SANDI
How are you feeling, Mr. Eisen?

MR. EISEN
You were right about the back!
(changing his mood, he turns to DR. ORTIZ)
When will you tell me what you see in the pictures...It's a secret?

DR. ORTIZ
We really do have to study the x-rays.

MR. EISEN
After all these years you still have to study?

DR. ORTIZ
Dr. Graham will come down either today or tomorrow to...

MR. EISEN
Here? He's gonna study also?

DR. ORTIZ
(surrendering)
All right. You know those noises you heard after the injection?

MR. EISEN
I know. The rings. That's what makes the pictures.

DR. ORTIZ
Right...That's the x-ray machine taking six pictures in a row!

MR. EISEN
So?

DR. ORTIZ
Now the reason we have to study isn't to learn new things, but to COMPARE those pictures...to each other.

MR. EISEN
Oh, I see...so you're not looking just at pictures...OH! THAT'S what he meant. Dr. Graham...the way the blood GOES! Where it is in one picture and when it is later! So, why don't you go look where it is?

DR. ORTIZ
Well, it's hard to see. The bones of your skull make it difficult to see, so what we have to do is process the x-rays...subtract the bone.

MR. EISEN
Very interesting, but when are you gonna tell me?

FADE UNDER AD LIB DIALOGUE BETWEEN DR. ORTIZ AND MR. EISEN ABOUT ABOUT HOSPITALS AND SICKNESS FOR THE FOLLOWING V.O.:

V.O. MR. EISEN
And my wife. She waited all this time for me to come back upstairs...in my room...

DISSOLVE TO PRESENT: SAME LIVING ROOM: C.U. MRS. EISEN

MR. EISEN
(continues)
And then she watched and helped me all the six hours...so I shouldn't have to move.

MRS. EISEN
(flattered)
You know, Dr. Ortiz, such a sweet girl and so SMART! She comes up to look at Mr. Eisen.

MR. EISEN
To look at my eyes...but also to meet with my wife.

MRS. EISEN
That was so nice. She doesn't have to do that, you know.

MR. EISEN
By then it was mostly better,..the eyes... not the leg.

MRS. EISEN
The LEG still hurt!

MR. EISEN
But the medicine works very good for the pain. My wife asked for me for more medicine, and it really helps!
(disappointed)
Still, she didn't have what to say about the x-rays.

INTERVIEWER
Your wife?

MRS. EISEN
Dr. Ortiz.

MR. EISEN
And then Dr. Graham comes! And he still doesn't know!

MRS. EISEN
So, I ask, in the hall, nobody should hear...

MR. EISEN is surprised.

MRS. EISEN
Dr. Graham, please. It's better you should tell me. Is it...can...cancer?

MR. EISEN
(interrupts)
So, tomorrow...I mean...in the morning, Dr. Graham comes and he says...
(amused)
If I WANT, I can have an operation.

INTERVIEWER
If you WANT?

MR. EISEN
Well, not exactly. He thinks it's better if I don't...because complications for an older person...

MRS. EISEN
And then another doctor comes with ANOTHER opinion!

MR. EISEN
He thinks I SHOULD need an operation...
(He shrugs)
Some doctors do, some don't...It's funny. They all have OPINIONS!

MRS. EISEN
(under her breath)
So funny, those doctors...

MR. EISEN
(proudly)
So, I have opinions also!
(timidly qualifies)
As long as they ask me, I say, "No, thank you.

MRS. EISEN sees that the INTERVIEWER is confused.

MRS. EISEN
Let ME explain. The doctors say there's two ways. He can have the operation, but then he can have a complication. I didn't know he already HAD a complication!

INTERVIEWER
What was the other choice?

MRS. EISEN
Or I can watch him very careful...you know, to take the medicine, not to eat what's bad.

MR. EISEN
And to make the exercises.
(proudly demonstrates)
It's still not perfect.

MRS. EISEN
But it's MUCH better! You should have seen it before! It's no comparison!

INTERVIEWER
Does that mean you're cured?

MR. EISEN
Well, I'll tell you the truth. Sometimes I'm afraid it should happen again...only sometimes...

MRS. EISEN
It's not gonna happen again!

MR. EISEN
You never know. I didn't think it would happen even ONE time...A person never knows. If you have one stroke, it's a surprise.

MRS. EISEN
You could wait for another one, and it could never happen!

MR. EISEN
I'm not gonna worry.

INTERVIEWER
(to MRS. EISEN)
Are you worried?

MR. EISEN
She'll always worry. She worried before!

MRS. EISEN
I don't JUST worry.

MR. EISEN
(appreciatively)
No, you take good care of me...always...

FADING OUT

INTERVIEWER
Just one more thing.

MR. EISEN
Yes?

INTERVIEWER
Are you sorry you had the angiogram?

MR. EISEN
Oh, no! How else could I know what it is? Even what it isn't?

INTERVIEWER
But you're not doing anything about it.

MR. EISEN
I'm doing. I'm just not having an operation! But if I didn't take the tests I would think I need an operation! No, I feel very much satisfaction. I don't know. You can only do the best you know.

CONCLUSIONS

Because of the complexity of the aims of the proposed videotape program, i.e., "reduced patient anxiety," "better physician-patient communication," "adequate informed consent," a separate research project would be required to evaluate its effectiveness in these areas. Such evaluation might be modeled, in part, on the study of the effects of viewing the videotape on patients' anxiety during endoscopy, in which testing was both quantitative (heart rate, blood pressure, amount of tranquilizer needed) and qualitative (reports by the medical staff and patients themselves). It would also be important to determine whether viewing of the videotape resulted in more effective physician-patient communication and in providing "informed consent" according to legal criteria.

A fundamental component of this project is the development of a questionnaire for physicians to use as an instrument to document "informed consent." Such a questionnaire should include a checklist of basic information about which the patient should be aware, such as:

1. Angiography is a diagnostic procedure - not therapuetic;
2. Risks are involved;
3. Patients are awake when undergoing an angiographic study; and
4. Patients as well as physicians and technicians have responsibilities for the successful implementation of the

study.

In addition to documenting patient understanding of the procedure, the questionnaire can be used to provide feedback on the effectiveness of the videotape program.

Less formal feedback will involve asking patients such questions as: "Was the procedure what you had expected?" "Based on your experience, what was missing in the videotape program?" "Did viewing the program encourage or discourage you to go through with the procedure?" "Do you think viewing the program helped you talk to your doctor?" "Did your family view the program with you?"

Writing this thesis has given me insight into the importance of stating clear goals and an appreciation of the amount of planning required to demonstrate these goals in a subtle communications medium. The enclosed script is flexible, not final. With its well-defined goals and its provision for a method of achieving these goals, I believe it works as a framework that can be further refined during actual production.

The problem of informing patients adequately about sophisticated medical procedures may be overcome, in part, by using technology to improve patient education. But the purposes of educating patients need reevaluation, and new goals must be set. Methods for employing educational media to implement such goals need experimentation, as well as development of research methods to evaluate these experiments according to their stated goals.

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