BEBSIDE MANNER
A film by Corinne Botz

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People make a story about themselves, who they are, that then they feel they have to stick with. But sometimes getting well is really about unlearning the story.  - Alice Flaherty

SHORT SYNOPSIS

BEDSIDE MANNER focuses on standardized patients and the art of medicine. The film explores empathy and medical relationships through the practice of using medical actors to train student doctors. At the center of the film is the brilliant neurologist Dr. Alice Flaherty, who plays herself as a doctor, standardized patient and real patient. In addition to offering viewers a rare glimpse into the practice of training doctors, the uncanny medical simulations also reveal the tenuous boundary between the real and artificial. BEDSIDE MANNER invites reflections on empathy, authenticity, and medical relationships.
BEDSIDE MANNER focuses on real-life standardized patient simulations to explore the performative aspect of doctor-patient encounters and issues concerning empathy. Standardized patients (SPs) are professional medical actors who are trained to present particular sets of symptoms in order to help medical students improve their diagnostic skills and bedside manner. Simulations delineate a space in which viewers and participants are asked to suspend disbelief and rehearse for trauma. In addition to offering viewers a rare glimpse into the practice of training doctors, the uncanny medical simulations also reveal the tenuous boundary between the real and artificial.

Artist and filmmaker Corinne Botz gained special access to clinical skills centers throughout New York City. The documentary stars the fascinating neurologist Dr. Alice W. Flaherty, author of the bestselling book, “The Midnight Disease.” Martina Radwan (William Kunstler: Disturbing the Universe, Saving Face a 2012 Academy Award Winner) was one of the cinematographers and Robert Greene (Kate Plays Christine and Actress) assisted with editing. Bedside Manner was funded by the Jerome Foundation.

The central character, Dr. Alice Flaherty, plays herself as a doctor, patient and standardized patient. Dr. Flaherty is currently writing a book about the neuroanatomy of empathy. We learn her interest in the performative interpretation of medicine resulted in part from the death of her premature twins and the lack of empathy displayed by her obstetrician. Analogous to the construction of a medical write-up in which doctors decide what is true and relevant for diagnosis and treatment, spectators of Bedside Manner will be challenged to decipher what is authentic in Flaherty’s narrative. To paraphrase Flaherty: she is a doctor learning how to be a patient, in order to teach doctors how to be better doctors.

Focusing on neuropsychology case (delirium), the film was shot in a manner that references how the camera has been used to represent and construct medical relationships. Standardized patient are performing, yet the encounter is also real, revealing the ritual gestures and phrases of medical interactions. The first scene of the film depicts a reversal of the traditional medical gaze from the patient onto the student-doctor. The young medical residents must convince patients they are more competent than they feel. The nervous and vulnerable medical student’s performance leaves us thinking not only thinking about what patients feel, but what student doctors feel as they go through the process of becoming an “authority.” The simulation is deconstructed in the following scenes when we see Flaherty being trained to portray the delirious patient and giving feedback to the medical students. Also portrayed in the film is footage of a wider community of standardized patients playing various medical roles and “backstage” in the break room. The architecture of the clinical skills training center is an important element. The two-way mirrors, hallways and central control room with video monitors point to issues of surveillance and establish an uneasy mood in the film.

BEDSIDE MANNER focuses on the state of being sick but the end shifts towards healing. “Sometimes the idea that you have some unified self that you have to be true to, whether you’re sick or well, can be rather limiting,” says Flaherty. “People make a story about themselves, who they are, that then they feel they have to stick with. But sometimes getting well is really about unlearning the story.” Flaherty’s ability to see from the perspective of both the physician and patient allows her to approach medicine from a unique angle. Viewers are compelled to ask which aspects of the film are not just true but relevant to their own medical history. Real patients too, in order to communicate their suffering, must learn how to act in doctors’ offices. In BEDSIDE MANNER, the notion of authenticity is related back to acting in our regular lives -- life requires a certain amount of pretending to be what one is not. BEDSIDE MANNER invites reflections on empathy, authenticity and medical relationships.
DIRECTOR’S STATEMENT

When I was younger, I was sick a lot and I had a general distrust of doctors. When you go into the doctor’s office—with the examination table, the white coat and the patient gowns—it can be de-personalizing. You take on a role. The doctor takes on a role. Consequently, I was fascinated when I learned about the slightly surreal professional of medical actors who are trained to portray patients in order to help medical students improve their diagnostic skills and bedside manner. I saw the performances as a way to ask questions about interactions between doctors and patients.

To make the film “Bedside Manner,” I teamed up with the brilliant and fascinating neurologist Dr. Alice W. Flaherty, author of the bestselling book, “The Midnight Disease.” Dr. Alice Flaherty is the central actress and she plays herself as a doctor, patient and standardized patient. We learn her interest in the performative interpretation of medicine resulted in part from the death of her premature twins and the lack of empathy displayed by her obstetrician. To paraphrase Flaherty: she is a doctor learning how to be a patient, in order to teach doctors how to be better doctors.

One of my goals as a filmmaker is to share stories that are commonly underrepresented or overlooked. In order to film “Bedside Manner” I gained special access to medical school training simulations throughout New York City. Although I take the documentary tradition as a starting off point, my work complicates this category and I’m interested in the revelations that emerge when truth and fiction, artifice and reality collide.

Simulations delineate a space in which viewers and participants are asked to suspend disbelief and rehearse for trauma. Viewers of “Bedside Manner” are compelled to ask which aspects of the film are not just true but relevant to their own medical history. Real patients too, in order to communicate their suffering, must learn how to act in doctors’ offices. In “Bedside Manner,” the notion of authenticity is related back to acting in our regular lives -- life requires a certain amount of pretending to be what one is not.
Alice Weaver Flaherty, MD, PhD
Dr. Alice Flaherty is a neurologist at the Massachusetts General Hospital and an associate professor of both neurology and psychiatry at Harvard Medical School. She heads MGH Neurology’s Brain Stimulator Unit, and treats patients with movement, mood, and psychogenic disorders. She was the site principle investigator for the trial of the first successful genetic treatment of Parkinson’s Disease. While still a resident she wrote The Massachusetts General Hospital Handbook of Neurology. It received a national award for its innovative approach, has been multiply translated, and remains by far the most widely used neurology text in its class. During her research fellowship, she wrote The Midnight Disease, an award-winning nonfiction book about the neural basis of creativity. The Washington Post and The San Francisco Chronicle named it one of the best books of 2004. Her work on this subject has been featured in publications ranging from The New Yorker to Brazilian business magazines to a photo-essay in National Geographic. A strong media advocate for the abilities of the mentally and neurologically ill, she has appeared as an expert on documentaries and news stories for the ABC, BBC, CBC, NBC, and PBS, as well as productions in Japan, Germany, and the Middle East.

Dr. Flaherty completed her AB, MD, internship, residency, and fellowship at Harvard. In an attempt at diversity, she also did a PhD at MIT.

ANTHONY ERRICHETTI, PHD
Tony Errichetti earned his PhD in psychoeducation from Temple University with a focus on group dynamics and organizational development. In his first career he was a professor of psychology and used simulations to train therapists. Since that time he has specialized in standardized patient (SP) education. He started by serving as a standardized patient to train psychiatry residents, and then became an SP trainer in 1992 at the National Board of Medical Examiners in Philadelphia. He is now director of doctor-patient communication assessment at the National Board of Osteopathic Medical Examiners. Between his two national board positions, he has worked for over 20 years developing and directing medical school and hospital-based simulations centers in Philadelphia and New York.

Dr. Errichetti started the first MS program in Medical/Healthcare Simulation in 2012 at the NYIT-College of Osteopathic Medicine. He is proud to be teaching in Drexel’s MS in Medical and Healthcare Simulation program. In 2011 he co-founded The Simulation Studio, where he continues to serve as co-director, organizing patient simulation conferences for SPs and SP trainers at medical and nursing schools.
“The Islands and the Whales” wins at DOC NYC

By Darah Hansen  
November 18, 2016

The Islands and the Whales, Off the Rails and short Bedside Manner have been awarded grand jury prizes at the DOC NYC festival, which concluded Nov. 17 in New York after eight days.

Director Mike Day’s The Islands and the Whales (pictured) was awarded the top prize against nine finalists in the Viewfinders competition for its distinct directorial vision. The film looks at the inhabitants of a remote archipelago whose traditional way of life is facing pressure from international animal rights activists. “The nine films of the Viewfinders competition presented the jury with a rewarding range of artistic and political perspectives, but one film stood out for its potent balance of artistry and message,” the jurors stated of their choice.

Special mention in the category went to Zhang Zanbo’s The Road, an in-depth look at the corruption-plagued construction of a massive highway through a rural Chinese village. Other films featured in the Viewfinders section included The Age of Consequences, from director Jared P. Scott; The Beekeeper and His Son, directed by Diedie Weng; Death By a Thousand Cuts, from directors Jake Kheel and Juan Mejia Botero; Forever Pure, directed by Maya Zinshtein; Girl Unbound: The War to Be Her, directed by Erin Heidenreich; The Lure, directed by Tomas Leach; and The Nine, directed by Katy Grannan.

In the Metropolis Competition, which showcases films that exemplify a diverse range of stories in New York City, the jury selected Off the Rails, directed by Adam Irving, for its “imaginative portrait of an indelible New York character.” The film tells the stranger-than-fiction story of serial imposter Darius McCollum, who has been jailed more than 30 times for illegally driving buses and conducting subway trains. Special mention went to Winter at Westbeth, directed by Rohan Spong and The Incomparable Rose Hartman, directed by Otis Mass. The Audience Award, meanwhile, went to Jake Kheel and Juan Mejia’s Death by a Thousand Cuts. Produced by Ben Selkow, the film chronicles the story of a Haitian murder that exposed “long-simmering tensions that boil over into xenophobia and racism.”

In the Shorts competition, Corinne Botz’s Bedside Manner, won the grand prize in recognition of its “unique subject matter and haunting, inventive, female-centric storytelling.” The film explores empathy and medical relationships through the practice of using medical actors to train student doctors. In all, 111 feature-length documentaries were screened at the festival, along with 102 short films with 19 films enjoying their world premieres at the event.
An artist and physician team up to examine the role of acting in the clinical setting.

You will probably never see medical actors perform, but they play a key role in education, acting out the symptoms of a variety of ailments and presenting fictional personal histories in hospitals and medical schools. Physicians-in-training work with the actors to practice the critical human skills of diagnosis and empathy.

Corinne Botz, a Brooklyn-based artist and photographer, was fascinated by the slightly surreal idea of an actor posing as a patient. She saw the performances as a way to ask questions about interactions between doctors and patients. Botz teamed up with Alice Flaherty.

Alice Flaherty, a neurologist and director of the Movement Disorders Fellowship Program at Massachusetts General Hospital, to create Bedside Manner, a series of photographs and an 18-minute video focused on clinical performers and the theatricality of medicine.
Q: You’ve said that a kind of performance happens every day between doctors and patients. What do you mean?
Botz: When I was younger, I had a general distrust of doctors. When you go into the doctor’s office—with the examination table, the white coat and the patient gowns—it can be depersonalizing. You take on a role. The doctor takes on a role. That felt unsettling.
Some of that has changed for me after this project. I got to look behind the curtain and see how medical students are trained—see them begin to learn their role—and I got a better view of the humanity on the other side of the white coat.
Flaherty: I was sick a lot when I was a neurology resident. When doctors become patients they often realize how bad other doctors are, but the main thing I realized was how bad a patient I was. I was awful! I wasn’t good in that role. As a result, I became fascinated by the idea of how we play sick. We all know how to cry, but what I didn’t know was how not to cry or when to cry.

Q: So patients are also playing a role?
Flaherty: Absolutely. There are many different roles. The angry, entitled patient. The stoic patient. The hypochondriac. Each of these affects how your physician perceives you and the type of care that you will get.
Many doctors consider hypochondriacs to be the worst patients, but often it’s a role that helps the patient. It can be more of a health risk to deny your medical problems than to play them up. If you don’t act like a patient you don’t get treated like a patient.
Q: Did any actors particularly fascinate you?
Botz: I was most interested in the psychiatric roles. In my film, Dr. Flaherty plays a standardized patient with delirium. It’s something that stems from a physical cause but produces mental problems so it relates to the history of somatization and psychosomatic illnesses. The imagery sought to capture how isolated and anxious you can feel as a patient when relying on someone else to interpret your body for you. That dynamic throws the roles into vivid contrast.

Q: The photographs do seem to be sizing patients up, as if they’re taken from the doctor’s perspective.
Botz: That’s exactly right. A lot of my photographs place the viewer in the position of a doctor who is looking at a patient through a one-way mirror. The framing of the image is an attempt to capture the weight of the medical gaze. But that’s not the whole story. Even though these pictures have this element of artifice, they still show suffering. They make you think about empathy, about how you react to the suffering of people in images you encounter in your daily life. In my work, I intentionally undermine the boundary between document and fiction and reality and representation. Real feeling is often accessed through the artificial. I learned from Dr. Flaherty that actions produce feeling.
Flaherty: Empathy is really important. Part of a doctor’s training is to act in a scientific manner, which can be very unemotional. When I had twins who died at birth, my obstetrician just froze up. For some reason, that was just unbearable to me. I just wanted to see on his face that he felt sorry for me. That was another experience that got me interested in medical performance. No one sees a doctor’s thoughts. They only see her actions. And that role of scientific detachment is reinforced throughout medical training.

Q: What do you hope physicians take away from this?
Botz: The work is not didactic, but it invites viewers to shift perspectives. I hope the physician will see their dynamic with patients with fresh eyes. The work also raises the question of whether or not empathy can be taught. When I see a doctor, I find just one sentence, “What do you think is going on?” or “How are you processing everything that has happened to you?” means so much. It can have a lasting impact.
Flaherty: We should start to think of empathy as an essential skill, part of our job as doctors. A lot of us are trained to be very technical—we know how to clip an aneurysm—and think that empathy is what you do when your surgery doesn’t work. We doctors should feel pleased if we can calm an angry patient down, instead of just seeing empathy as a nuisance that is interfering with our job.