

Films in Health Sciences Education

**Learning through
moving images**

M Teresa Icart Isern
and Kieran Donaghy



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LOVE. AT ANY COST.

THE CONSTANT GARDENER

RALPH FIENNES RACHEL WEISZ

THE HIGHLY ANTICIPATED INTERNATIONAL THRILLER FROM JOHN LE CARRÉ
& FERNANDO MEIRELLES THE ACADEMY AWARD® NOMINATED DIRECTOR OF CITY OF GOD

FOCUS FEATURES PRESENTS AN ENTERTAINMENT WEEKLY TOP FILM COUNCIL PICK A FILM BY FERNANDO MEIRELLES STARRING RALPH FIENNES RACHEL WEISZ "THE CONSTANT GARDENER"
DANNY HIRSTON BILL MICHY PETER KOSLOFF/FRANKS PRODUCED BY DAVID GARDNER AND PRODUCED BY DANIEL WISNIEWSKI EDITED BY ROBERTO GILBERTO DIRECTOR OF PHOTOGRAPHY
JUDIAN CHALMERS COSTUME DESIGNER TRACY SEARNDORF EXECUTIVE PRODUCERS GABRIEL YONER AND GUY HEDDERLEY PRODUCED BY GUY HEDDERLEY AND JUDIAN CHALMERS
WRITTEN BY JOHN LE CARRÉ DIRECTED BY FERNANDO MEIRELLES
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FOCUS
Presents

THE CONSTANT GARDENER

(2005)

1. DETAILS

Original title: *The Constant Gardener*

Country: Germany and United Kingdom

Year: 2005

Director: Fernando Meirelles

Music: Alberto Iglesias

Screenwriter: Jeffrey Caine's adaptation of the novel of the same name by John Le Carré.

Cast: Ralph Fiennes (Justin Quayle), Rachel Weisz (Tessa Quayle), Hubert Koundé (Dr. Arnold Bluhm), Danny Huston (Sandy Woodrow), Bill Nighy (Sir Bernard Pellegrin), John Sibi-Okumu (Dr. Joshua Ngaba), Archie Panjabi (Ghita Pearson), Donald Apiyo (Kioko), Pete Postlethwaite (Lorbeer), Anneke Kim Sarnau (Birgit), Katherine Damaris (Nurse)

Colour: Colour

Runtime: 129 minutes

Genre: Drama, thriller

Produced by: Potboiler Productions, Epsilon Motion Pictures, Scion Films Limited, UK Film Council

2. SYNOPSIS

Justin Quayle is a British diplomat in Kenya. His wife Tessa, a committed political activist, is brutally murdered along with a local physician. According to the British High Commission, the evidence indicates it was a crime of passion. Justin, however, has some serious reservations about this issue and he tries to uncover the truth about his wife's murder.

Awards and nominations: Rachel Weisz, awarded the Oscar for the Best Supporting Actress (2005). Oscar nominations for the Oscar for Best Writing, Screenplay Based on Material Previously Produced or Published, Best Music Written for Motion Pictures, Original Score and Best Editing.

3. SUBJECTS

Clinical trials, pharmaceutical companies, ethics, human experimentation, social inequalities and health education.

4. DISEASES

Tuberculosis, AIDS and miscarriage. Mentioned: cancer.

5. HEALTH PROFESSIONS

Medicine, nursing, pharmacy, social work and sociology.

6. SCENARIO

Justin Quayle, a midlevel career diplomat in Kenya has recently married Tessa, a young activist who works with a Kenyan physician, Arnold Bluhm. Both Tessa and Arnold discover the unethical practices of the international pharmaceutical company KDH and its local subsidiary Three Bees. Tessa is pregnant, but miscarries and while she is at the hospital she meets a 15 year old girl and her young brother, Kioko. The girl has recently given birth and is dying after she has been treated with Dypraxa. Tessa, who breastfeeds the newborn child, starts

to investigate links between the testing of TBC medication, the British High Commission and the big pharmaceutical companies.

She writes a report about the serious side effects that Dypraxa causes and gives it to Justin's colleague, Sandy, who sends it to the head of the diplomatic service, Sir Bernard Pellegrin, hoping he will take action. However, the British government has colluded with these companies and on a trip to the small town of Lokichongio she and Arnold are brutally murdered.

After the funeral, Justin decides to investigate her death so he goes to the village where Kioko lives. Justin discovers the truth about the malpractices of KDH, the pharmaceutical company that created Dypraxa, a



new drug to treat multi-resistant tuberculosis. Three Bees, the African subsidiary of KDH, is now testing the new drug on poor African villagers at no cost. However, if they refuse to submit themselves to the experiments to test the new drug, they are denied medical assistance.

The British High Commission does not want Justin to investigate and against the wishes of his superiors to leave the matter to them, he risks his own life in order to expose the truth about Dypraxa. When he returns to London, his passport is confiscated. There he meets Tessa's cousin, Arthur, who gives him more information about links that Tessa had with German activists. With a false passport, he travels to Berlin where he finds more clues relating to the practices of the pharmaceutical company. He also learns that the drug will only be marketed if the current experiments that are testing the drug in Kenya show no potentially dangerous side effects, but some clinical tests have been manipulated. In fact Three Bees eliminated all results that do not fit with the expected values. To confirm his suspicions he travels to Sudan where he hopes to find Dr Lorbeer who invented the drug and was testing Dypraxa in Kenya and who has a report on this test; at present Lorbeer is hiding in a poor village.

In the end, Justin can confirm that Tessa was murdered because she wanted the experiments to test Dypraxa to be stopped and for the company to redevelop the drug. This, however, would have been an enormous setback for the pharmaceutical firm because it would imply a delay in the market introduction of the drug and hence a huge loss of money. Although the drug may have some healing properties, it can also have fatal consequences. But the cost of redeveloping such a drug to be marketed worldwide, with no mortal effects, would cost millions of dollars. In addition, they cannot afford to lose money, so they falsify the existing data by dismissing all data concerning patients who presented adverse side effects.

7. MINUTES TO ANALYSE

Min: 25:33 In the shantytown of Kibera we see a mobile medical unit and the logo of Three Bees on an ambulance. Tessa is talking with Arnold about tests that the medical staff is performing.

ARNOLD: Look, near the car. Jomo is getting a test.

TESSA: Of course. You told him to.

ARNOLD: It was a suggestion, not an order.



TESSA: What are they carrying in those little jars?

ARNOLD: It's probably **saliva**.

TESSA: But that's not how you **test for HIV** here, is it?

ARNOLD: They're also testing for TB.

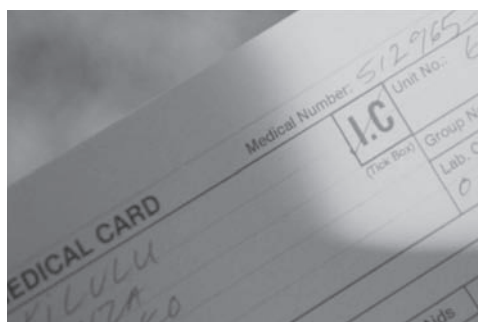
TESSA: Why?

ARNOLD: When they **test for HIV**, they also **test for TB** free here.

TESSA: What, just for free?

ARNOLD: A small extra service to humanity.

TESSA: They're a **drug company**, Arnold. Come on. No drug company does something for nothing. Is there... something you're not telling me, Arnold?



Min: 49:30 Village. Justin is trying to find Kioko. Dialogue between Justin and a nurse who is giving medication to people.

JUSTIN: Can I help you? Why was that lady turned away?

NURSE: She **refuses treatment**.

JUSTIN: But she seemed to want to have treatment.

NURSE: She's a **TB patient** who **discontinued her treatment**. Her card was cancelled.

JUSTIN: Isn't that all the more reason to **inoculate** her child?

NURSE: This is **diphtheria vaccine**.

JUSTIN: That's the family - it's a family **medical card**, right?

NURSE: Yes.

JUSTIN: And what does «IC» mean?

GARDIAN: It means **informed consent**.

JUSTIN: It means they consented to treatment and have family **medical entitlement**. And that treatment is Dypraxa? But if they don't give consent, then they lose the right to **medical care**? It's not much of a choice, is it? I suppose they're not even informed that they're **testing a new drug**?

Min 77:17 On the street in Berlin. Justin is talking with Birgit (a German activist who knew Tessa) while she is collecting her son.

JUSTIN: Dypraxa. Does it **cure TB**? Yes, it cures.

BIRGIT: But it can also kill, you know, because they haven't got the **formula right**.

JUSTIN: Right. So why don't they work on that?

BIRGIT: It's cheaper to **fix the trials**. Exclude the patients that have **side effects**, you know. To go back to the **lab** would cost them time- two years- millions of

dollars, and other companies would have time to produce their own cures. Okay, next question.

JUSTIN: You said to Tessa in your e-mails that the Kenyan Government had **approved the trials**. Somebody bribed them. Who?

BIRGIT: Three Bees, Lorbeer. We don't know. But \$50,000 in the right hands and you can test battery acid as skin lotion.

JUSTIN: Who is Lorbeer? Birgit, is it a company?

BIRGIT: A white coat. He invented Dypraxa. When patients started to die, Lorbeer jumped clear.



Min: 97:50 Clinical centre in the poor village where Lorbeer works under the name of Dr Brandt. Justin introduces himself as a freelance journalist named Mr. Black.

LORBEER: Now I'll show you what the devil's up to. Our **treatment centre**. Pretty crude, isn't it?

JUSTIN: Well, I've seen hospitals little better in Nairobi.

LORBEER: So have I. Gharan, what surprises have they got in store for us this month? Have you checked those things? Ja? Should be forty boxes. **Free medicines**, Mr. Black. Most of them well **beyond their sell-by date**. The drug companies donate them. It's a tax break for them. **Disposable drugs** for disposable patients. Out here they have absolutely no shelf life. Safest thing to do is incinerate them. **Big pharmaceuticals** are right up there with the arms dealers. This is how the world fucks Africa, Mr. Black.



LORBEER: What's your paper really interested in?

JUSTIN: In the big pharmaceutical companies. African **guinea pigs**. Cheap trials for **unsound drugs**. **Uninformed consent** extorted with threats against children.

8. LINGUISTIC FEATURES

Most of the film is in standard British English. There are some expressions associated with the English upper-middle class and upper-class such as *darling* used as a term of endearment. There is a lot of vocabulary related to drugs, the pharmaceutical industry and clinical trials which is explained in the glossary.

Glossary

- *approved the trials* – accept that clinical trials have been carried out correctly and that the findings are sound, and the drug is effective without important side effects.
- *beyond their sell-by date* – when the date stamped on a medicine after which it should not be sold has expired.
- *big Pharma* – an abbreviation of big pharmaceuticals companies, refers to the pharmaceutical lobby of paid representatives of large pharmaceuticals and biomedicine companies in the United States who seek to influence federal government policy.
- *cure* – to make an illness or medical condition go away.
- *diphtheria vaccine* – a vaccine used against diphtheria, an upper respiratory tract illness.
- *discontinued her treatment* – stopped taking medication and receiving medical treatment.
- *disposable drugs* – drugs that can be thrown away.
- *drug company* – a colloquial expression to describe a pharmaceuticals company.
- *fix the trials* – to alter the results of clinical trials.
- *right formula* – when the substances and the amounts of each substance used to make a medicine are correct.
- *free medicines* – prescription drugs which the patient does not have to pay for.
- *guinea pigs* – someone who is used in a scientific test to see how successful or safe a new drug is.
- *IC / informed consent* – agreement by a patient to undergo a medical or surgical treatment or to participate in an experiment after the patient understands the risks involved.
- *inoculate* – to protect someone against a disease by putting a weak form of the disease into their body using a needle.
- *jars* – a glass container with a wide top and a lid.
- *lab* – a common abbreviation of laboratory.
- *medical card* – a type of documentation which allows the holder to receive certain health services free of charge.
- *medical care* – professional treatment for illness or injury.
- *medical entitlement* – a right to receive medical care.

- *refuse treatment* – to state that you do not want to receive medical care.
- *saliva* – the liquid that is produced naturally in your mouth, colloquially known as spit.
- *side effects* – an effect that a medication has on your body in addition to curing pain or illness.
- *TB* – an abbreviation of tuberculosis.
- *test a new drug* – to carry out clinical trials on a new medication.
- *test for HIV* – to perform a test used to detect the presence of the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS).
- *test for TB* – a test used to diagnose tuberculosis by finding *Mycobacterium tuberculosis* bacteria in a clinical specimen taken from the patient.
- *treatment centre* – a health centre.
- *uninformed consent* – agreement by a patient to undergo medical or surgical treatment or to participate in an experiment, but the patient does not understand or has not been informed of the risks involved.
- *unsound drugs* – medication which has not been submitted to accurate clinical trials.

9. FILM FEATURES

Camera

In a film, the camera acts as a narrator, leading us through the story. Different camera shots are used for various purposes. Understanding these camera shots can help us understand the conventions and techniques of the craft behind film-making. The ability to tell the difference between types of shots is one of the keys to understanding film.

In the sequence where Sandy informs Justin that Tessa is probably dead, we can see a series of different camera shots, each one used for a specific purpose.



Wide shot

A wide shot is a shot of a broad field of action taken with a wide-angle lens. Wide shots are often establishing shots - used to show the whole setting of a scene and help the audience understand what is happening.

This shot also highlights the contrast between Sandy and Justin: Sandy is worried about breaking the news of Tessa’s death to Justin while Justin is watering his plants.

An establishing shot is usually a long shot that helps to set the scene; it helps the spectator locate him or herself within the narrative. It is often followed by a mid-shot then a close-up.



Medium shot / Mid-shot

Medium shots show one or more characters from the waist or knees up, sharing actions or dialogue key to the narrative, and their main purpose is to move the action along.

The medium shot normally shows us half of the character, in the case of the standing actor, the lower frame passes approximately through the waist. There is space for hand gestures to be seen. This medium shot brings us closer to the action.



Close-up shot

A close-up shot is often used to emphasise the expression on a character’s face.

In this shot we see Justin’s emotional reaction to the news that Tessa is probably dead. The camera holds Justin in close-up for 46 seconds as Sandy breaks the news of Tessa’s probable fate. A shallow focus is used to blur the rest of the frame in order to make the close up more intimate in a widescreen format. This close-up is also a reaction shot: someone’s face reacting to what has been said or an event.



Extreme close-up shot

The extreme close-up is a frame filled with just part of a character or very small objects, and it is normally used to reveal very small details in the scene such as facial features in a character or small objects.

Justin breaks a pod from a cactus and the camera, in extreme close-up, shows a drop of water. This image may be a metaphor for Justin's grief. This extreme close-up is also a point of view shot. Point of view shots build empathy as the camera adopts the perspective of a character. Because you are seeing through the eyes of a character, you feel closer to them. You see what a character feels, and therefore often identify with him or her. You, the viewer, feel as if you are sharing in the experiences seeing the same things, feeling the same way.

Colours and light

The choice of colour can contribute to the overall mood and atmosphere of the film, to add visual contrast. Colours and light can be used to symbolise the difference between locations and characters. In *The Constant Gardener* colour and light are used to symbolise the difference between Kibera and London and Berlin. Kibera, the largest shanty town in sub-Saharan Africa, is shown as a bright, colourful and vibrant place.

In contrast, the light of London is soft and melancholic. Greys, greens and dark colours dominate. The weather is cloudy.

Light and colours can also be used to make a character stand out. As César Charlone, director of photography, says: «We determined that Justin's world (England) would be in cool greens, while Tessa's world (Africa) would be in warm reds.» We can see this in these shots.

Tessa is also associated with light throughout the film.



Justin walks through the market of a Kenyan village.



The Kenyan shanty town of Kibera.

FILMS IN HEALTH SCIENCES EDUCATION



1. Justin returns to Tessa's flat in London after her death.
2. Justin in the garden of Tessa's flat.
3. Justin attending a meeting with the High Commissioner in London. This shot was taken through a green filter.
4. Justin in the airport saying goodbye to Tessa.
5. Justin gives his speech in a semi-darkened lecture hall. As Tessa speaks, the blinds open and the room becomes lighter.
6. When Justin first speaks to Tessa in London, the lecture hall is filled with light.
7. Tessa attending a play about AIDS in Kibera.

10. LEARNING ACTIVITIES**a) Discuss these quotations:**

There are huge questions about Big Pharma. Fernando Meirelles gave me some background material, including *Dying for Drugs* (a British documentary about the practices of some pharmaceutical companies in the developing world). The companies are not obliged to discuss a lot of information about how they test or make their drugs. There's big, big money involved in the development, patenting, and marketing of a new drug; there's no question that the pharmaceutical industry has one of the most powerful lobbies in the United States. I'm sure there are companies out there wanting to produce good, effective drugs at reasonable prices but a lot of people want —and need— to ask tough questions of the industry as a whole (Ralph Fiennes).

It's David and Goliath; the little people taking on the great big corporations. I believe that pharmaceuticals are second only to oil now; it is a massive business. They make all this money, yet people in developing countries can't afford the drugs that could save their lives (Rachel Weisz).

I don't expect *The Constant Gardener* to change the conduct of international pharmaceutical companies. It might —best case— draw the attention of audiences to certain widespread practises of Big Pharma and in some small way help create a climate for more responsible behaviour. The most important thing for me is that the film should illuminate the nature of commitment (Jeffrey Caine, scriptwriter of *The Constant Gardener*).

b) Discuss the following questions related to the dialogues you hear in *The Constant Gardener*:

1. SANDY: «We're not paid to be bleeding hearts».
 - Why do some people feel that it is inappropriate to help individuals or worry about the problems facing the poor?
2. SANDY continues: «We're not killing people who wouldn't be dead otherwise. Look at the death rate. Not that anyone's counting».
 - Do you think this is cruel or pragmatic?
 - Is it legitimate to see the possibility of treating TB effectively in large numbers of people as a more important concern than the death of a few people taking Dypraxa?
3. TESSA: «They are drug companies. They do nothing for free».
 - Do you agree with Tessa?
4. LORBEER says: «Disposable drugs for disposable patients».
 - What does Lorbeer mean by this? Do you agree with him?

I. LORBEER continues: «Big pharmaceuticals are right up there with the arms dealer».

- Do you think it is fair to compare pharmaceutical companies with arms dealers? Why/why not?

c) Answer these questions involving ethics in clinical trials. Use the bibliography if necessary.

- What are the different phases involved in a clinical trial?
- What ethical principles are involved in clinical trials?
- What is free informed consent? How is it dealt with in the film?
- How are ethical testing procedures violated in the film?
- What emotions did the film stir up in you?
- Has the film changed the way you as a healthcare professional feel about big pharmaceutical companies?

11. BIBLIOGRAPHY (You can access the bibliography here: <http://www.publicacions.ub.edu/liberweb/filmsInHealth>)

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