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It's not about you—it's about me

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Hold Me, a film written and directed by Teace Snyder.

Hannah Bryant (Hannah Fierman) travels to an indeterminate but darkly lit location. She meets Nancy (Heather Benton) for the first time. A brief awkward interaction ensues. As instructed, Hannah dons a red dress and pearl necklace. They enter a room with lots of candles and a large bed containing an elderly man, Mr. Wagner (Shannon Baker). Nancy removes the man's oxygen tubing and prepares three syringes of medication. Hannah lies in bed next to the man as he reminisces about the likeness she has to his deceased wife. As he talks, Nancy euthanizes him via intravenous injection.

Hold Me has recently been distributed by email to palliative care clinicians and educators. What follows here is not a review of this movie as a drama for entertainment. Rather it reviews the film to address the suggestion by its producers that it could serve as an adjunct to palliative care professional education.

Hannah is a “holder”. She appears at the planned time for a euthanasia and provides comfort to the soon-to-be-deceased person. Hannah struggles with this role, has anything but a comforting demeanor, and does not provide or evidence any motivation other than income. There is no mention of any professional training or qualifications. Her role in Mr. Wagner's death is ornamental. The film does not portray any communication or decision-making process by professional clinicians to arrive at the decision regarding euthanasia. Presumably this is occurring in a locale where voluntary euthanasia is legal, although an organizational structure for the process and accompanying guidelines are not shown or mentioned in the film

It turns out that Mr. Wagner is the father of Vincent (Rob Krakovski). Vincent is Hannah's recently jilted lover. He is a

professor at a college that Hannah vaguely attends. Vincent has been estranged from his impressively wealthy father for years—but apparently when Hannah confided her holder activity to Vincent he somehow connected his father with the “organization” that coordinates the euthanasia services. The process is not defined or named but is shown to be run by Collin (Teace Snyder). He is a nurse who makes the connections, provides the necessary resources, and then doles out checks in the hospital nursing station locker room to the contractors such as Hannah and Nancy.

Hannah lives at home with her mother who is in poor health and unaware of Hannah's source of income. Marie Bryant (Laura Kenny) suffers a fall. Hannah, surreptitiously with the assistance of Collin, gets her a hospital bed and physician evaluation without registering. They claim to be unable to afford medical care. A doctor insists that she be registered with subsequent testing showing “bone cancer, 4th stage”. In a tangential and tear-filled discussion never really identifying the situation or options, Hannah acquiesces to her mother's request to go home. The only expressed rationale from Marie is that she does not want to burden Hannah with the financial implications of pursuing treatment options. Marie was told she is not eligible for hospice care.

One needs to conceive here of a health care system where an elderly person does not have basic health coverage, is not deemed appropriate for hospice care despite advanced cancer, and yet has access to a plan for voluntary euthanasia. Where would this be? Even if we were to give the filmmaker some license here the lack of any depiction of clinical communication and decision-making including even the most rudimentary principles of medical ethics makes this interesting drama but not relevant as a source of information or example for palliative care professionals or

trainees.

Coincident with the plot line regarding Marie, Collin offers a new “client” to Hannah. Bryce (Daniel Harray), unlike any of Hannah’s prior clients, wants to meet her before scheduling the final event. Hannah is nonplussed and initially refuses. However, with the potential expenses related to her mother’s care, she changes her mind (“I need the money”). She meets with Bryce who is a 40ish man without apparent disease manifestations. It is mentioned that Bryce was a friend of a previous client with amyotrophic lateral sclerosis. Hannah is cryptic and unhelpful (call me “Julie”). She will not discuss prior clients—“sort of like a doctor-patient confidential relationship”. This appropriate respect for privacy is abandoned during a second meeting with Bryce. Here she acknowledges that during the “holding” interval prior to death Hannah was able to ascertain from Bryce’s friend that he had never been kissed. Hannah, with a sigh, confides that she granted this last tender mercy. When the time comes for Bryce’s final event, Hannah purposely reduces the amount of medication available. However, Nancy spots this manipulation and corrects things to the usual dose. Bryce dies while being held by a surprised Hannah. As earlier with Mr. Wagner, the concoction given is remarkably smooth and quick-acting.

“*Touching on issues of grief, compassion fatigue, doctor assisted dying and more...*” is the claim made on the film’s website and promotional materials. Hannah is narcissistic, immature, depressed, profoundly unsuited for a clinical role in end-of-life care. She is apparently capable of only dysfunctional relationships, or even conversations. Equating her distress with the significant problems of compassion fatigue and burnout in palliative care professionals is not

tenable. Hannah’s story could be used as an example of lay caregiver anticipatory grief exacerbated by overwhelming psychological and socioeconomic difficulties. Likewise, it could illustrate risk factors for a complicated bereavement process. The lesson for professional caregivers or trainees is to recognize Hannah’s need for extensive support, treatment, and career counseling.

As any knowledgeable viewer ascertains, the deaths in the film are not doctor assisted dying. They are euthanasia, hopefully voluntary. The requisite underlying procedures, guidelines, and decision-making processes for a legitimate clinical intervention are not mentioned or depicted. A caution for palliative care clinicians and educators is that the end-of-life practice shown in the film would be illegal anywhere in the United States.

The 89-minute movie ends with Hannah and her mother at home. Marie has deteriorated over an unspecified period. She is clearly shown to be in pain but symptom management or other palliative measures are not mentioned. No further communication or decision-making between Hannah and her mother is shown. The final scene shows Hannah in bed “holding” her mother. Hannah is sobbing uncontrollably. Marie is attempting to comfort her daughter. Collin is drawing up the syringes.

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None.

Footnote

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