

## Stars and Triangles

Controversial Bioethics in Contemporary Spanish Film

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The stars are the apexes of what wonderful triangles!

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Spain has changed enormously in the last thirty years and at a greater speed than other countries have. The Spanish health care ethos is also changing, even if at a slower pace, from the older paternalist model to one based more on patient autonomy. These changes have been reflected in the way medicine is dramatized by the film industry, providing the viewing public with a new arena in which difficult issues about the end of life can be discussed without the pressures of a real-life scenario.

This trend has been especially visible in recent times. In May 30, 2005, two critics chose the nine best films in the history of *Time* magazine (Corliss and Schickel 2005). Their choice for the first decade of the twenty-first century was a film made in Spain, Pedro Almodóvar's *Hable con ella* (distributed in English as *Talk to Her*; Almodóvar 2002), a disturbing story about patients and their caregivers that won the Academy Award for best screenplay in 2002. On February 27, 2005, the big winner of the Oscar ceremony was *Million Dollar Baby* (Eastwood 2005), and the Spanish *Mar adentro* (distributed in English as *The Sea Inside*; Amenábar 2004) won the Academy Award for best foreign film; both are relevant to bioethics, specifically to issues dealing with euthanasia. Directed and cowritten by Alejandro Amenábar, *The Sea Inside* is based on a real-life case that engulfed Catholic Spain in the 1990s, that of Ramón Sampedro, a fifty-five-year-old former sailor who broke his neck and spent more than twenty-five years as a quadriplegic. On several occasions the Spanish courts

denied his petitions for the legalization of assisted suicide, and he died on January 12, 1998, by sipping a solution of cyanide through a straw.

In 2003 the Vancouver Critics gave their Best Canadian Film Award to another film dealing with euthanasia, *Les Invasions Barbares* (*The Barbarian Invasions*; Arcand 2003), and Sarah Polley won the Best Actress Award for her role in Isabel Coixet's *Mi vida sin mí* (*My Life without Me*; Coixet 2003). Polley's character is a young mother whose modest life takes a dramatic turn when her doctor tells her that she has only two months left to live.

*Talk to Her*, *The Sea Inside*, and *My Life without Me* have much in common. They explore dependence, disability, and vulnerability in subtle ways. They portray emotive end-of-life scenarios in a postmodern context of technological medicine and moral complexity. They are highly original works of art, directed and written by creative filmmakers who manage to transcend the disease-of-the-week genre. Most important, these three films are focused on the patient-professional relationship, raising issues of truth-telling, privacy, confidentiality, and fidelity that are central to bioethics (Beauchamp and Childress 2001, pp. 283–319). The main conflict in *Talk to Her* has to do with the responsibility of a health professional, while *My Life without Me* explores truth-telling from the perspective of the patient, and *The Sea Inside* has more to do with the private and public options regarding assisted suicide. Thus, each of the films is focused on one of the apexes of the health care relationship: the professional, the patient, and “the others,” as shown in Figure 20.1, which I will often use in this chapter.

### The Four Principles in the Spanish Context

According to Diego Gracia, who has been described by *El País*, the most widely read Spanish newspaper, as the foremost representative of bioethics in Spain (Pérez Oliva 2006), our present situation is a changing one. We are in the midst of a process in which the old paternalistic relationship between health care professional and patient is being challenged by a new one based on the conflicting demands of patient autonomy and professional beneficence (Gracia 1999, p. 25).

The first edition of *The Principles of Biomedical Ethics* (Beauchamp

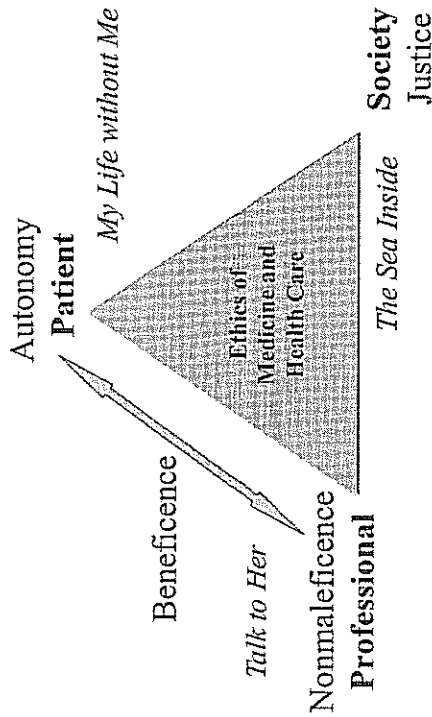


FIGURE 20.1 Proposed correlation of studied films, main principles, and agents in the ethics of medicine and health care. *Source:* Antonio Casado de Rocha.

and Childress 1979) unleashed the four principles of respect for autonomy, nonmaleficence, beneficence, and justice on the newly emerging field of bioethics. These principles were characterized as “midlevel norms” mediating between high-level moral theory and low-level common sense morality, and they immediately became very popular. Now the book is in its sixth edition, and it remains a standard text in the field.

Ten years after Beauchamp and Childress published their book, Gracia published his own *Fundamentals of Bioethics* (*Fundamentos de bioética*; 1989), a book that brought the four-principle approach to Spanish bioethics. Gracia read *The Principles of Biomedical Ethics* in the light of Aristotle, Kant, and Spanish philosophers such as Xavier Zubiri, and he agreed with Beauchamp and Childress that the content of traditional ethical theories is too abstract to explore practical ethical problems within medicine and the life sciences. To establish an agent’s actual duty in the face of conflicting obligations, a process of moral deliberation is required. With a theory recalling John Rawls’s concept of “reflective equilibrium,” Gracia proposed that moral deliberation is a tool by which we examine our considered judgments in the light of principles that are central to bioethics across cultures, as well as with the anticipated outcomes that they might bring about. Of course, there are many amoral persons who do not care about moral obligations, but Beauchamp and Childress believe

that all persons in all cultures who are serious about moral conduct do at least accept the norms of commonsense morality (2001, pp. 4–5, 404); Gracia, who in the *El País* interview described himself as a moderate optimist, would surely agree.

The bioethical doctrine proposed by Gracia, which has become very influential in the majority of Spanish and Latin American public health institutions (Guerro 2005), includes a principle of *autonomy* that requires respectful treatment of patients in disclosing information and fostering decision-making free from constraints imposed by others. It also includes a principle of *nonmaleficence*, which asserts an obligation not to inflict harm on others. In addition, the principle of *beneficence* requires that agents take positive steps to help others, balancing an action’s possible goods against its costs and possible harms. As for the principle of *justice*, it requires equality of access to medical treatment, research, and the distribution of resources in healthcare services. There is considerable debate about these requirements of justice, but it is clear at least that Spain has been evolving towards a welfare system, one in which universal access to health care is considered by the population to be one of its most cherished rights.

In this sense, Spanish bioethics works in an egalitarian vein, one in which justice is increasingly considered to be of paramount importance (especially by authors such as M. J. Guerra). It is illustrative that Beauchamp and Childress originally presented their principles as “prima facie duties,” without prioritization or hierarchical ranking, but Gracia separated the four into two levels: the *private morality* level of autonomy and beneficence, and the hierarchically higher *public morality* level of nonmaleficence and justice. In cases of conflict between a principle on the private level and one of the public, the public one will usually have priority in Spanish bioethics.

### Talk to Her, or Silent Movie Paternalism

Almodóvar’s previous film, *All about My Mother*, ended with a theater curtain opening to reveal a darkened stage. *Talk to Her* begins with the same opening curtain, but now we see two men who are watching three

people: two suffering, sleepwalking women and one man rather frantically attempting to protect them from falling over dangerous wooden chairs.

Those two spectators are, at the same time, narrators. According to Alasdair MacIntyre, human beings are “storytelling animal[s]” (MacIntyre 1981, p. 216), as we need narratives to make sense of our own lives. This point has been applied to bioethics by those who think that the principles of biomedical ethics must be supplemented by an understanding of the narrative structure of human action. These thinkers highlight that narrative elements are pervasive in all forms of ethical reasoning and that our responses to stories are the ground out of which moral theories and principles grow (Nelson 1997). The processes of getting ill, being ill, getting better (or not), and coping with illness (or not), can all be thought of as enacted narratives within the wider stories of people’s lives (Greenhalgh and Hurwitz 1999). Notwithstanding growing interest in bioethics in narrative, film as a storytelling medium has received comparatively little attention from bioethicists, and only recently this subject has begun to be discussed in the Spanish context (Marzabal 2004; Muñoz and García 2006).

One of the dance spectators is Benigno (played by Javier Cámara), a nurse who sits patiently at the side of Alicia (played by Leonor Watling), who is in a coma. Benigno teaches the other spectator Marco (played by Darío Grandinetti) to take care of Lydia (played by Rosario Flores), his girlfriend, who is also unconscious. In Almodóvar’s films no name is neutral; Benigno is indeed a benign, soft talking, “strangely assured stuffed animal of a man” (Mitchell 2002); Alicia is beautiful and fast asleep, a new “Alice in Wonderland.” Eventually, Benigno manages to wake her up, but to do so he transgresses the most basic norms of his profession. In the meantime, Marco learns how to say good-bye both to Lydia and to Benigno, and, as the film ends, he is able to take care of both himself and someone else—Alicia.

What model of interaction between patients and health care professionals can we find here? Partially because Alicia and Lydia are both in a persistent vegetative state, the patient-professional relationship portrayed in this film is a paternalistic one, in which decision-making lies solely within the province of the professional. The patient’s needs are cared for,

but patient-professional communication becomes a sort of monologue, bringing about dangers of distrust and abandonment.

### Beneficence: Why Caring Is an Art

Giving particular attention and personalized care is a difficult and even consuming activity. This is very well illustrated in *Talk to Her*, in which the main characters are not the ill women but rather their caregivers. These two men, according to the script, are “unable to do any harm,” but live fundamentally isolated lives and have problems communicating; they both talk too much, or too little, or to the wrong person. When Marco tells Benigno that he cannot take care of Lydia, the latter answers: “Talk to her. Tell her about it.” “I wish I could,” Marco says, “but she can’t hear me.” “You never know,” replies Benigno. “To caress them, to remember that they exist and that we care for them. That’s the only therapy.” Initially, Marco lacks this ability to engage in authentic conversations, both to express himself and to listen to others compassionately.

Benigno does know how to “talk to her,” but eventually fails to do so in an appropriately professional, detached way. From his perspective, he makes love to her; from ours, he takes advantage of her vulnerability in order to possess her. It is highly ironic that only after Benigno rapes and impregnates Alicia does she actually recover. In a way, the film suggests that the best therapy is to become the ultimate object of an obsessive caretaker’s attention, a disturbing theme that appears also in other films by Almodóvar (such as *Tie Me Up! Tie Me Down!*). But here lies Benigno’s confusion between beneficent-professional care and consuming-romantic love. He is unable to separate his job and his private life—Benigno became a nurse at home when he had to take care of his mother for fifteen years, and after her death he sought refuge from his loneliness in his professional career as a nurse.

*Talk to Her* illustrates the centrality of patient autonomy as a concern for contemporary bioethics, showing that beneficence without respect for autonomy becomes paternalism (for a more sympathetic discussion of Benigno’s actions and type of care, see chapter 19 of this volume). Actually, the whole film is about the art of respectfully “talking to her.” Most

of it takes place in a comfortable health institution, a private clinic that looks, according to Almodóvar, “more like a hotel than anything else.” But even in the best circumstances there are ethical problems, emerging as they inevitably do from the relationships and conversations that occur in health care organizations. This “art of talking” plays an important role in the deliberation among health care professionals. First, because only the effective exchange of information between the various professionals that participate in the patient’s treatment can provide her with the best possible care. Second, communication between hospital staff members can also have an indirectly therapeutic effect for patients, because the treatment can be emotionally draining on caregivers, and one of the best ways to deal with such difficulties is to share one’s experience in conversations. This requires an ability on the part of health care professionals that might be called “dialogical competence” (Árnason 2000).

#### My Life without Me, or Secret Patient Autonomy

Ann is twenty-four years old and has not had much time to think about her life; now she is told that in a few weeks she will die. To avoid bringing suffering to her family and to be able to realize a few plans, she decides not to tell her family the truth about her condition. The patient-professional relationship in this film could be rightly placed inside what has been called the “patient autonomy model” (Árnason 2004). Here we find the primacy of the patient’s wishes and at the same time a risk of evasion of professional responsibility, because Ann makes all the choices. The situation is the reverse of that in *Talk to Her*, but with a similarity: once again, only one agent in our triangle does all the talking. The film is based on Ann’s monologues, so its design is more “monological” than “dialogical.”

This film is entirely based on Ann’s perspective—she appears in all the scenes. Before the opening credits, Ann speaks to herself in a soft yet commanding voice that says, “this is you.” But this second person addressed, “you,” from whose perspective the narrator exercises her autonomy, is divided: something new has happened. Before, she was never “one of those kinds of people who like looking up at the moon.” But her imminent death has introduced new demands—or rather it has changed her priorities—and her old self has become a “you” who has to be redirected.

This dialogue with herself constitutes an illustration that a real exercise of autonomy is not common because it requires this kind of deliberation; Ann is simply not used to thinking this way, because she has never had much leisure or spare time in which to do so.

#### Autonomy: Why Ann Chooses to Lie

*My Life without Me* contains an extreme argument for the priority of patient autonomy, but how realistic is it? Let us remember that, in opposition to the main message of this film, Gracia’s theory gives less normative force to the principles of autonomy and beneficence than to the principles of nonmaleficence and justice, as the latter couple belong to a minimal ethics that is publicly compulsory (“the right,” in John Rawls’s terminology), while compliance with the former is a matter of private excellence (“the good”). But this position has been challenged in Spain by Simón (1999), who understands the primacy of autonomy as the most important feature of modern morality and argues that respect for autonomy is not a principle like the other three but rather a new perspective on them, one in which nonmaleficence, justice, and benevolence are all understood as autonomy promoting.

This film suggests something similar: in the new list of priorities, respect for autonomy is paramount—at least in palliative care, in which the aim of healing has been replaced by the aim of providing a good death—and consequently many of the other traditional principles lose most of their normative force (conversely, autonomy loses this privileged position in other situations; for instance, in emergency medicine). In the difficult moment occasioned by a terminal diagnosis, the patient needs above all to maintain a certain self-respect, a sense of her own worth as a human being, and the feeling that she has some control over the process of dying. Ann chooses to lie because, as she sees it, that is the only way to satisfy those needs. This exercise of her autonomy is not devoid of a concern with beneficence towards others, as the message she leaves for her daughters is one of self-confidence, but one could ask whether they do not have a moral right to see their mom off.

Some have warned against a person’s attempting to control every aspect of his or her life, insofar as doing so may exclude the needs or wishes

of others. But self-control is part and parcel of our Western culture, and health care authorities, in both America and Europe, encourage people to take control over end-of-life decisions by completing advance directives. Ann wants to be remembered in a certain way and to control the content of that memory by means of the "advance directives" she gives to Dr. Thompson. In a deleted scene, she makes love with a stranger she has just met in a bar. When he asks her name, she answers, "I'm not going to tell you. I don't want you to forget it." This determination to control how others will remember her is the reason why she forces Dr. Thompson to give up any therapeutic goal, sticking to only the palliative ends of medicine. "I don't want any more tests if they're not going to save me," she tells him at the hospital. "I don't want to be here and I don't want to die here . . . I'm going to do it my way." The physician agrees to the deal as "part of (her) therapy," provided Ann accepts "something to ease the pain."

"No one thinks about death in a supermarket," says Ann. Indeed, mortality is largely invisible in public, though there are certainly significant differences in cultural attitudes toward the end of life and toward communication in this stage. A recent ethnographic study has shown that European Americans and African Americans are likely to view truth-telling as empowering in end-of-life medical contexts, in that it enables the terminal patient to make choices, while Korean-American and Mexican-American respondents are more likely to see truth-telling in this context as cruel, and even harmful, to the patients (Blackhall, Frank, Murphy, and Michel 2001).

For Ann, her only way to overcome death is by facing it on her own: "I don't want people to start treating me like I'm dying." This is why she refuses to bring her husband with her to the hospital and refuses also a second opinion. It has been noted that sometimes the physician's preoccupation with technical activity represents a futile attempt to overcome death (Casado 2003). Terminally ill patients look for clinicians with whom they can build a "therapeutic alliance"—a person who can act as a sounding board or guide them through the dying process (Back 2004). Initially, Dr. Thompson is not very good at that. When Ann tells him she will be twenty-four in December, she adds that she is an Aquarius. Of course, she is not; she is just speaking nonsense because Dr. Thompson is not being helpful as a sounding board. What she really wants to say is: "How about you? What star sign are you? What the hell is happening to

me?" After that, Ann refuses to take part in more tests ("they're trying out a new machine, they're like little kids"). She wants to be free of death talk so that she can live the end of her life autonomously, not to evade death (as in the supermarket), but to deal with it, and, to use Thoreau's words in *Walden*, "to live deep and suck out all the marrow of life."

### *The Sea Inside, or Bioethics at the Courts*

Our third story follows Ramón Sampedro's case as he tries to persuade those who love him and the high court that he should be given the right to die. Although the authorities reject this wish, his friends ultimately help him prepare this last journey. One of those friends, Julia (played by Belén Rueda), is also ill, and plans to end her life in the same way as Ramón (played by Javier Bardem), but eventually she takes a different path. (A few scenes dealing with the development of Julia's character, actually a collage of several real persons, were deleted in the final cut to make the film shorter. This obscures her reasons for choosing a different path from Ramón and makes the final cut somewhat unbalanced in its point of view, which is dominated by the impressive presence of Ramón.)

This film lacks patient-professional relationships, in the sense that no health care personnel are involved. But it is clearly about relationships of care and advice, and there are also issues of professional ethics, as Julia and Gené are lawyers who actively assist Ramón in his plea. The model of interaction is dominated by relationships between the patient and society, the legal system, and even institutionalized religion. In this sense, the film has to do with the role of power and the law throughout the world of health care—what some would call the "judicialization of bioethics."

Let's go back to our assessment of the current Spanish bioethical scenario. It is time to recall that this situation is not only characterized by the conflict between paternalism and the new patient autonomy model. There is a third part: society and the state, which are always present in the patient-professional relationship, often through the law and the economy. The standards of care have never been better or more universal in Spain, but the expectations of the citizenry have also increased, and the triangle is more problematic than ever (Gracia 1999, p. 25). Beauchamp and Childress maintain that the principles of justice foster questions about

“what the people of a nation should expect from their health care system and how the nation can address citizens’ needs” (2001, pp. 64, 113, 165–66, 272). However, can a nation help someone if he asks to die?

### Justice and Nonmaleficence: Why Ramón Chooses to Die

*The Sea Inside* has been the most viewed and acclaimed film in Spain in recent history, as Sampedro’s case has caused a great public controversy (Guerra 1999). Newspapers have published a wide range of articles and letters to the editor, both “for” and “against” euthanasia, forgetting that Ramón was not terminally ill, and therefore that his case was not one of “euthanasia” in the usual sense of the word. Moreover, on September 22, 2004, the *Diario de Navarra* published a piece suggesting that the debate over Ramón Sampedro had the intent of making it easier for doctors to kill patients to save the rising costs of health care in an aging society. The Catholic Church published leaflets against the film, and some bioethicists complained that it was misleading because it ignored the influence that Ramón’s example could have in medical practice (Simón 2004).

Some critics (de Prada 2004) ridiculed the presumed use of autonomy as a moral justification for assisted suicide by pointing out that anyone choosing this option thereby terminates his or her capacity for autonomous choice. But there is nothing about the principle of respect for autonomy as such that precludes one’s choosing options that rule out one’s own future autonomous choices (Preston, Gunderson, and Mayo 2004). Others mentioned the risk of a slippery slope in reference to the much-debated Dutch experience (Hendin, Rutenfrans, and Zylicz 1997) with legal, physician-assisted suicide, and many remarked that, since euthanasia and physician-assisted suicide play no part in the dying process of 90 percent of terminally ill patients, the objective must be to improve the quality of care at the end of life and not to win the battle over legalizing euthanasia, which is “an emotionally charged irrelevance” (Emanuel 2001).

However, these films are emotionally charged because they are made to be moving, to appeal to the senses and the emotions by means of image and sound—that is, after all, the aim of cinema, and it would be silly to consider this characteristic a fault of the film. In addition, *The Sea Inside* is not an apology for pure, irrational emotion. Quite the contrary: Ramón

is an unflinchingly Socratic figure, who for instance says to his nephew, “Look, if you want to persuade me you’ve got to rationally justify your point.” He is aware that the topic of death raises powerful emotions, but he wants to face them and think them through. “At the end of the day,” he acknowledges, “this is just about fear.”

“What is the future for you?” Julia asks. “Death,” he replies, “for me as well as for you.” Other critics condemned Ramón’s obsession with death, as if his position was that the life of a quadriplegic was not worth living. But, as he says in the film, “who is talking about quadriplegics here? I’m talking about myself. About Ramón Sampedro.” We might agree with this basic existentialist claim that we determine our values through our choices, that is, through the course of our actions. In this sense, by choosing to die, Ramón somehow values death. But he does not value any type of death, or death in general; what he values is rather the result of *his* specific circumstances, *his* deliberation, and *his* choice. And he agrees that others may choose differently. As his friend Gené says, “what we support is freedom: that of those who want to live, and that of those who prefer to get out of the way.”

Not everyone who asks for an assisted suicide is depressed or unloved. From the fact that a person in a certain situation decides not to go on living, we cannot infer a negative judgment regarding those in similar circumstances who decide otherwise. Ramón is choosing for himself, not for others. Although by setting a precedent he may inevitably be paving the way for others in a comparable position. Western societies are characterized by an attitude of reasonable pluralism, meaning that they are not dominated by a belief in a single moral code but rather that there are several conceptions of the good life, each of them with its own conception of the good death. What was a good death for Ramón Sampedro might not be as good for another quadriplegic person, and it is reasonable that this be so.

Human beings are moral because they can choose, even if they choose to die. In this sense, the argument between Father Francisco (“Life-denying freedom is not freedom!”) and Ramón (“A life without freedom is not a life either!”) is a false dichotomy. Battin and Quill (2004) show how the argument over physician-assisted dying has often been based on similar statements: “What would you have, access to hospice and palliative care or access to physician-assisted death?” Put it this way, most people would

choose the former option, not the latter. But that is not a genuine choice, they argue, as the state of Oregon and Holland's institutions of legal physician-assisted suicide show that good palliative care, including that provided by hospice, is compatible with physician-assisted death. The film strongly suggests the possibility of a model that integrates assisted dying with excellent end-of-life care, and also its moral necessity, because suffering may be more tolerable when it is endured voluntarily.

In *The Barbarian Invasions*, it seems that no one who helped in the suicide of the main character was convinced that it was morally wrong. *Mar Adentro* (and *Million Dollar Baby*) depicts a more complex situation, one in which family and friends are divided about it, but also one suggesting that suicide—whether or not it is, generally speaking, “wrong”—is not a wrong that should be forbidden by the law. There are, of course, other wrongs that should be legally prevented—Alicia's rape, for instance. Thus one who would assist another in a rape should be prevented from doing so, but one who would assist another in a genuine suicide should not.

## Conclusion

Bioethics is an attempt to bring together moral theory and health care practice, and film provides us with an excellent laboratory for this task. Here we have explored the contribution of three recent Spanish films to the philosophical debate about issues surrounding disability and the end of life. These films have attracted great attention in Spain and abroad, but their underlying bioethics had not yet been systematically studied.

Underlying the emergence of the moral questions introduced by these films is the greatly increased medical capacity to keep people alive beyond a point that would have been hardly imaginable in Spain (or anywhere else) in the nineteenth or early twentieth centuries. The films provide nuanced treatments of the three sides of the triangle. We have seen that the main conflict in *Talk to Her* has to do with the principle of beneficence, whereas *My Life without Me* represents the principle of autonomy at its fullest expression, and *The Sea Inside* has to do with the justice of an act of assisted suicide. But each film also shows the risks of putting too much emphasis on one moral principle and forgetting the others. Benigno's beneficence becomes a controlling domination and violation of Alicia's

autonomy, Ann's autonomy alienates her from family and friends, and Ramón's plea is rejected by church and courts of justice in the name of nonmaleficence. In all three cases what we have is a value model based on the preeminence of a single principle, a relationship centered on just one of the apexes of the relationship, a monologue.

Without authentic conversations, the patient-professional relationship becomes a silent movie where good health care is absent. At the end of his *Fundamentos de bioética*, Gracia approvingly quotes Adela Cortina, a contemporary philosopher who claimed that such a dialogical competence was absent from the Spanish public sphere. Indeed, the absence of a “civil morality” brings about a number of ills afflicting contemporary societies, such as “a lack of tolerance, little willingness to take part in dialogue and to accept its outcome, the pretension of having a monopoly over truth, etc.” (Gracia 1989, p. 574). These films show how standard bioethics, as it is taught today in Spain, is still characterized by an unresolved tension between the older paternalistic outlook and the newer autonomy-centered models, which combine multiple principles. Only authentic conversations and deliberation between the three main agents in our triangle—patients, professionals, and “the others”—can address such a tension in a comprehensive, cooperative way. Otherwise—as we have seen in the cases of Ramón, Ann, Lydia, or Alicia—the primacy of autonomy in modern ethical theory will be hard to put into practice. In real practice, however, the key is often to attend to the particularities of the cases, and to allow the guiding principles to emerge from a respectful and informed dialogue among all parties in these tangled, yet sometimes wonderful, triangles.

As in ancient times, stars help us navigate.

## QUESTIONS FOR CONSIDERATION

1. *Is Lydia better treated than Alicia? Where is the line that separates beneficence from maleficence in both cases?*
2. *On what basis is Ramón's plea justifiable? Is the battle over legalizing euthanasia an emotionally charged irrelevance?*
3. *Is Ann's decision right? Is it based on particular considerations about how a culture understands autonomy?*

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