

A Response to “Doctors Challenges During Infectious Disease Outbreaks: Medical Education Insights from Realistic Fiction Movies” [Letter]

Natalie Ning Yan Choi¹
Shreya Chawla²
Hamza Nawaz¹ 

¹Barts and the London School of Medicine and Dentistry, London, UK;
²Faculty of Life Sciences and Medicine, King's College London, London, WC2R 2LS, UK

Dear editor

We read with great interest the article “Doctors’ Challenges During Infectious Disease Outbreaks: Medical Education Insights from Realistic Fiction Movies” by Daher-Nashif S.¹ The selfless qualities of doctors portrayed in movies played important roles to inspire the decisions to pursue careers in medicine amongst many of our peers. We therefore reflect on the article with our current perspectives as 5th year medical students regarding the value of movies in medical education.

Medicine is a perpetual learning profession and methods for learning should not be limited to traditional resources. “Cinemeducation” is an established method of medical education with the utilization of movies, which has been shown to improve the understanding of various aspects in medicine, namely medical ethics and professionalism.² Similarly, the author appreciates the potential value of using movies to understand the responsibilities and challenges faced by doctors during a pandemic. The topical nature of the article is again exemplified with the mention of female representation in positions of authority. Indeed, this encourages reflection as gender inequality remains a pertinent issue in the medical profession.³

The educational value of movies should not be disregarded, nevertheless accuracy of the information portrayed in movies is at times questionable. Storylines can often be exaggerated and dissimilar to real-life situations thus leading to potential risks of misapprehension. One of the analysed movies “Toxic Skies”, depicts a conspiracy based on a “government’s chem-trail program” that led to a pandemic.¹ Researches have shown a rise in number of conspiracy theories surrounding COVID-19, therefore such depictions can shed a negative light on the government and instil mistrust in the society.⁴ These beliefs and their effects can be extremely detrimental to the public and pose significant challenges to doctors when managing these patients.

The author also recognizes a lack of mention of several key issues faced by doctors during infectious disease outbreaks. The time constraints on movies often results in bias towards the inclusion of the most gripping events and therefore unsurprising to focus on the depiction of front-line workers with little or no mention of doctors working in other settings. Another important point to bring to the readers’ attention is that movies can often emphasize the importance of immediate

Correspondence: Natalie Ning Yan Choi
Barts and the London School of Medicine and Dentistry, Garrod Building, Turner Street, Whitechapel, London, E1 2AD, UK
Tel +44 7472790796
Email n.y.choi@smd16.qmul.ac.uk

treatment for infected individuals, whilst better prevention and infection control may play equally significant parts in the grand scheme of a pandemic.⁵

A major limitation of the study was that non-English movies were not included for analysis. As a result, seven out of eight movies included in the paper were based in North America. A larger and more inclusive sample would perhaps provide a more representative reflection of doctors' experiences in countries with different socio-economic and cultural backgrounds.

In conclusion, cinemeducation provides opportunities for reflections and recognition of professional values, behaviours and challenges faced by medical professionals during the COVID-19 pandemic. Nevertheless, we believe the application of critical thinking skills balanced with real-life clinical experience are fundamental to achieve a meaningful learning experience through movies.

Disclosure

The authors report no conflicts of interest in this communication.

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<https://doi.org/10.2147/AMEP.S314338>