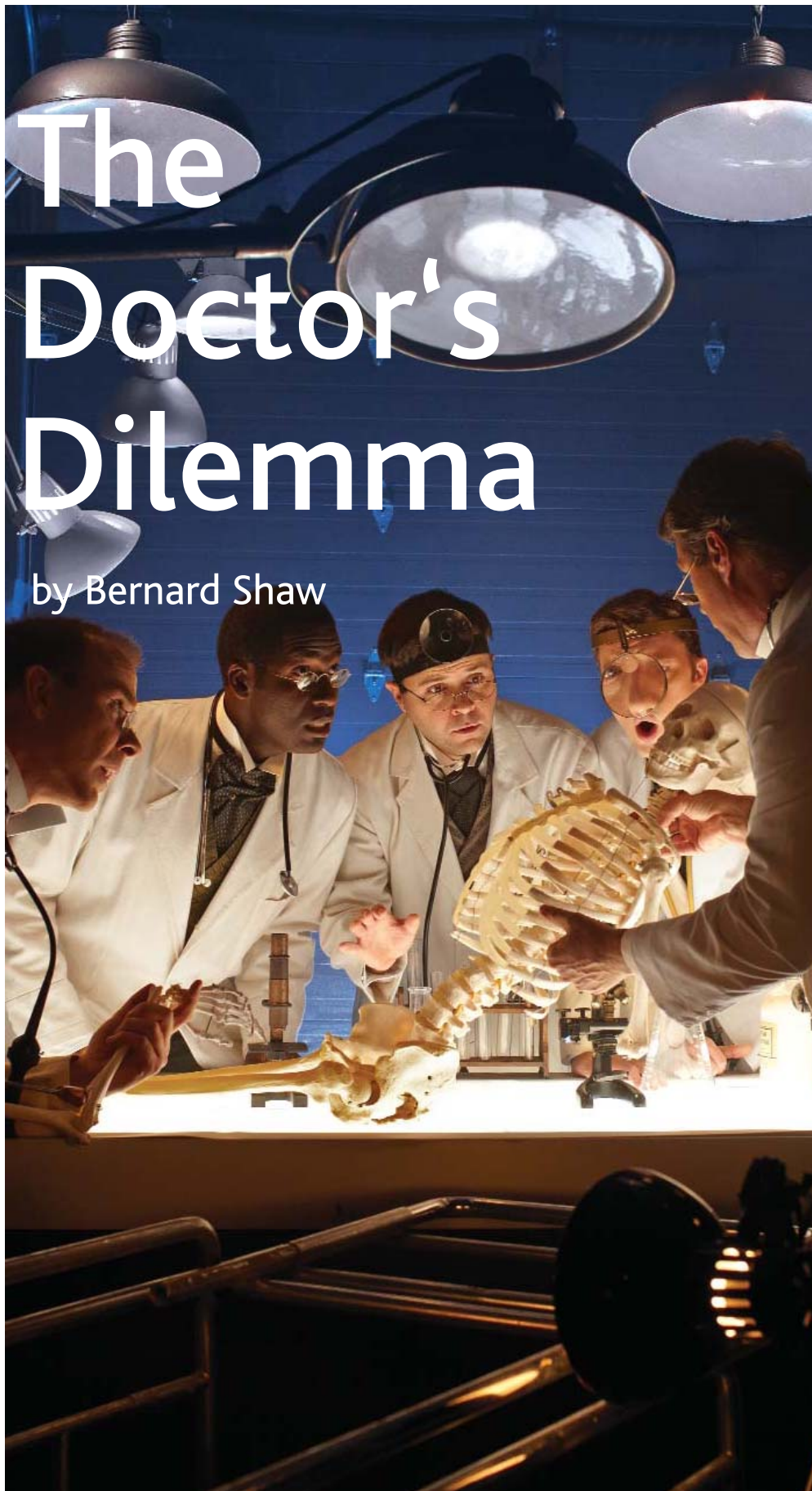


The Doctor's Dilemma

by Bernard Shaw



SHAW
FESTIVAL THEATRE
2010 SEASON

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THE SHAW STORY

MANDATE

The Shaw Festival produces and presents the work of George Bernard Shaw (1856-1950) and playwrights writing anywhere in the world during, or about, the era of Shaw's lifetime.

VALUES

- The Shaw Festival chooses works for presentation that are challenging, provocative and intelligent.
- Productions engage audiences with clever, insightful, and delightful portraits of the human condition.
- The works chosen often resonate with the wit, social commentary, and topical relevance for which G.B. Shaw himself was well known.
- The Shaw Festival is dedicated to excellence, consistency, and integrity in all its creative and administrative practices.
- The Shaw Festival operates within a fiscally responsible and accountable framework.

THE SHAW FESTIVAL ATTRIBUTES ITS SUCCESS TO:

The Ensemble - their talent, continuity, generosity, and collegiality fuel all of the Festival's efforts

The Company - their singular sense of purpose fosters mutual trust, respect, and dedication to the Festival

The Repertory - the alternating schedule of performance serves the audience and inspires the company

The Mandate - 1856-1950 offers a wealth of material to fascinate and delight, liberating the ensemble to explore complex questions from the safety of the not too distant past while encouraging audiences to re-discover themselves through the lens of historical perspective

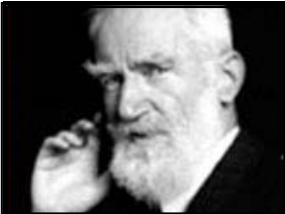
The Shaw Festival is a crucible of progressive and provocative ideas inspired by the brilliance, bravery, humanity, and humour of George Bernard Shaw.

OUR THEATRES

The Shaw Festival presents plays in four distinctive theatres. The Festival Theatre with 869 seats is The Shaw's flagship theatre; the historic Court House where The Shaw first began performing seats 327; and the Royal George Theatre, modeled after an Edwardian opera house, holds 328. Our new Studio Theatre has flexible seating and can accommodate approximately 200 seats.

THE SHAW'S COAT OF ARMS

In 1987, on the occasion of our 25th Anniversary, the Shaw Festival became the second theatre company in the world to be granted a Coat of Arms by the College of Heralds. A large painted sculpture of our Coat of Arms adorns the lobby of the Festival Theatre.



WHAT MAKES SHAW SPECIAL



Festival Theatre



Court House Theatre



Royal George Theatre

A practical, hands-on resource for the classroom which contains background information for the play, as well as suggested themes for classroom discussions.

The Doctor's Dilemma is recommended for students in grade 7 and higher.

This guide was written and compiled by Suzanne Merriam and Amanda Tripp. Additional materials were provided by Morris Panych, Ken MacDonald, Rona Waddington, Leonard Conolly and Charlotte Dean.

Cover: Graeme Somerville, Richard Stewart, Andrew Bunker, Mark Uhre and Peter Krantz
Photo by Shin Sugino

Previews June 10
Opens July 9
Closes October 30

THE PLAYERS

Sir Patrick Cullen	MICHAEL BALL
Redpenny	WADE BOGERT-O'BRIEN
Jennifer Dubedat	KRISTA COLOSIMO
Sir Colenso Ridgeon	PATRICK GALLIGAN
Louis Dubedat	JONATHAN GOULD
Sir Ralph Bloomfield Bonington	THOM MARRIOTT
Emmy	CATHERINE MCGREGOR
Mr Cutler Walpole	PATRICK MCMANUS
Lab Assistant/Waiter/ Newspaperman	KELLY PENNER
Dr Blenkinsop	RIC REID
Minnie Tinwell	CHERISSA RICHARDS
Dr Schutzmacher/Mr. Danby	JONATHAN WIDDIFIELD

THE ARTISTIC TEAM

Director	MORRIS PANYCH
Set Designer	KEN MACDONALD
Costume Designer	CHARLOTTE DEAN
Lighting Designer	ALAN BRODIE

SYNOPSIS

A doctor who has discovered a lifesaving cure must make an impossible decision. Whom should he treat: a kindly colleague who serves the poor, or an extremely talented but unscrupulous young artist, who also happens to have a beautiful young wife? When there's only room for one more, whom can he afford to save? This is Shaw's comic exploration of the medical establishment and the value of art.

“Well, Mr Saviour of Lives: which is it to be? That honest decent man Blenkinsop, or that rotten blackguard of an artist, eh?”

-Sir Patrick Cullen,
The Doctor's Dilemma

The Story

THE DOCTOR'S DILEMMA

“Life does not cease to be funny when people die, any more than it ceases to be serious when people laugh.”

Bernard Shaw had a lot to say about doctors, medicine and the medical field in general. He had struggled with health issues his whole life – smallpox, scarlet fever, an infected foot and bouts of migraines and fainting spells to name a few. He wrote a great deal about doctors and had strong views against vivisection and vaccination and questioned the amount of faith we put in doctors, who are themselves only human. In this play, Shaw tests the humanity of a doctor and gives him a moral dilemma. And in that dilemma, familiar questions arise about the ethics of a healthcare system that can only be provided to a few and features a doctor who must decide who deserves treatment. But as Shaw himself said, he is not against doctors: “Please do not class me as one who ‘doesn’t believe in doctors’. One of our most pressing social needs is a national staff of doctors whom we can believe in, and whose prosperity shall depend not on the nation’s sickness but on its health.”

What is the dilemma? The play opens on the day that Sir Colenso Ridgeon, a prominent research doctor, is knighted for discovering a cure for tuberculosis, a serious disease that killed many in the 19th century. His friends gather to congratulate him, including Sir Patrick Cullen, a distinguished old physician; Cutler Walpole, an aggressive surgeon; Sir Ralph Bloomfield Bonington, a charismatic society doctor; and Dr Blenkinsop, a threadbare but honest government doctor. Each one has his favorite theory of illness and method of cure.

The dilemma that arises is that the doctor only has enough of his new cure for tuberculosis for one more patient. He inevitably is faced with a difficult moral choice – which patient should receive this final, life-saving treatment? A kindly but poor medical colleague, or an extremely gifted but very unpleasant young artist with a young and vivacious wife with whom the doctor is somewhat in love? His fellow doctors join in the debate:

Sir Patrick: Suppose you had this choice put before you: either to go through life and find all the pictures bad but all the men and women good, or to go through life and find all the pictures good and all the men and women rotten. Which would you choose? ... To me it’s a plain choice between a man and a lot of pictures.

Ridgeon: It’s easier to replace a dead man than a good picture.

At one level this comedy (although Shaw calls it a “tragedy”) deals with allocation of scarce medical resources; which of the two men will Sir Ridgeon save? Blenkinsop is an honest doctor who works assiduously for the poor. Dubedat is a charming sociopath, who happens to be an extraordinary artist. The play also becomes a question not only about the medical establishment, but about the place of art in society.

Directed by Morris Panych, with Patrick Galligan as Dr Colenso Ridgeon, Krista Colosimo as Jennifer Dubedat, Michael Ball as Sir Patrick Cullen and Thom Marriott Sir Ralph Bloomfield Bonington, featuring Jonathan Gould as Dubedat, Patrick McManus as Cutler Walpole and Ric Reid as Dr Blenkinsop.

The Persons of the Play

The following overviews come from Bernard Shaw's character descriptions

REDPENNY

A medical student - assistant to Dr Ridgeon.

...wide-open-eyed, ready, credulous, friendly, hasty youth, with his hair and clothes in reluctant transition from the untidy boy to the tidy doctor.



EMMY

An old serving-woman for Dr Ridgeon.

...an industrious, agreeable, and popular old soul, she is a walking sermon on the vanity of feminine prettiness.



MINNIE

A hotel maid also married to Louis Dubedat.

...a pretty, fair-haired woman of about 25.

SIR COLENSO RIDGEON

The doctor who is faced with the dilemma.
...a man of fifty who has never shaken off his youth...Even the lines in his face are those of overwork and restless skepticism, perhaps partly of curiosity and appetite, rather than of age.



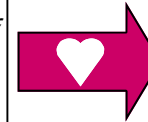
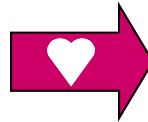
MRS JENNIFER DUBEDAT

Dubedat's lovely wife.
...something of the grace and romance of a wild creature, with a good deal of the elegance and dignity of a fine lady.



LOUIS DUBEDAT

A young artist dying of tuberculosis.
...a slim young man of 23...although he is all nerves, and very observant and quick of apprehension, he is not in the least shy...his artist's power of appealing to the imagination gains him credit for all sorts of qualities and powers.



DR BLENKINSOP

A doctor.
...clearly not a prosperous man. He is flabby and shabby, cheaply fed and cheaply clothed. He has the lines made by a conscience between his eyes.



DR SCHUTZ-MACHER

A schoolmate of Ridgeon.
A gentleman, well dressed... combination of soft manners and responsive kindness.



SIR RALPH BLOOMFIELD BONINGTON

A doctor.
He radiates an enormous self-satisfaction, cheering, reassuring, healing by the mere incompatibility of disease or anxiety with his welcome presence.



SIR PATRICK CULLEN

An older doctor.
His name, his plain, downright, sometimes rather arid common sense, his large build and structure...are Irish, but he has lived all his life in England.



CUTLER WALPOLE

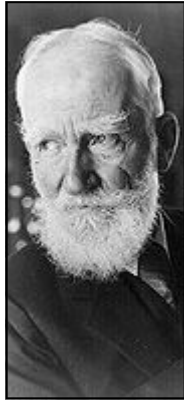
A doctor.
...an energetic, unhesitating man...his face looks machine-made and beeswaxed; but his scrutinizing, daring eyes give it life and force. He never seems at a loss, never in doubt..



“A bachelor, an Irishman, a vegetarian, a fluent liar, a social-democrat, a lecturer and debater, a lover of music, a fierce opponent of the present status of women, and an insister on the seriousness of art.”

- Bernard Shaw
talking about Bernard Shaw

The Playwright



GEORGE BERNARD SHAW

An acclaimed **dramatist, critic,** and **social reformer**, Bernard Shaw was born in Dublin where he grew up in an atmosphere of genteel poverty. He attended four schools and was tutored by a clerical uncle, but left his formal education behind him at the age of fifteen. He developed a wide knowledge of music, art, and literature under the influence of his mother, a singer and vocal music teacher, and as a result of his visits to the National Gallery of Ireland. In 1876 he moved to London, where he spent his afternoons in the British Museum and his evenings pursuing his informal education in the form of lectures and debates. Shaw declared himself a **socialist** in 1882 and joined the **Fabian Society** in 1884. He soon distinguished himself as a fluent and effective **public speaker**, as well as an incisive and irreverent **critic of music, art, and drama**.

Shaw's first play, *Widowers' Houses*, was produced privately in 1892 for the members of the Independent Theatre Society. Shaw achieved his first **commercial success** with the American premiere of *The Devil's Disciple*, the income from which enabled him to quit his job as a drama critic and to make his living solely as a **playwright**.

In 1898 he married Charlotte Payne-Townshend, an Irish heiress whom he had met through his Fabian friends Beatrice and Sidney Webb.

Harley Granville-Barker, a young actor-manager, helped to advance Shaw's popularity in London with his famous repertory experiment at the Royal Court Theatre from 1904 to 1907. Of the "thousand performances" of this venture, over 700 were of plays by Shaw, including the premieres of *John Bull's Other Island* (1904), *Man and Superman* (1905), *Major Barbara* (1905), and *The Doctor's Dilemma* (1906). Shaw's best-known play, *Pygmalion*, was first performed in 1913. Two generations later, it attained even greater fame as the musical *My Fair Lady*.

During World War I, Shaw's **anti-war** speeches and a **controversial** pamphlet entitled *Common Sense About the War* made him very unpopular as a **public figure**. In *Heartbreak House* (performed 1920) Shaw exposed, in a country-house setting on the eve of the War, the spiritual bankruptcy of the generation responsible for the carnage. Next came *Back to Methuselah* (1922) and *Saint Joan* (1923), acclaim for which led to the awarding of the **Nobel Prize for Literature** in 1925.

Shaw continued to write plays and essays until his death in 1950 at the age of 94.



MORRIS PANYCH talks about directing *The Doctor's Dilemma*

Over a hundred years ago, Bernard Shaw helped to shape the arguments for socialized medicine, some of which appear here in this play. Unbelievably, the debate about public health goes on, as if there were a suitable alternative to our collective health. Should personal wealth trump need? Should society, rather than the almighty dollar, decide what a human life is worth? So long as we have self-interest and compassion sharing a social platform, one can only imagine that the debate will continue.

There is no question, in my mind, that were our health left entirely to market forces, we would all live more expensive and uncertain, less productive lives; and doctors really would be little gods; the medical establishment a kind of Olympus. Thankfully, in this regard, we have recognized – at least for now – the primacy of the common good over individual profit. No society benefits from the illness of any of its citizens; conversely, a healthy populace makes a strong, vibrant, productive nation. Public health has its flaws – overspending being one of them – but are any of the drawbacks as bad as the alternative: private medicine? And yet, there remain social forces, recently emboldened in this country, which would advocate a return to the dark ages of Victorian England. Let this tale be a cautionary one; doctors should face no dilemmas. Decisions of life and death should be in the best interests of all of us. If we can all agree that professional hockey players, for instance, should not be first in line for H1N1 vaccination, then I think we can all agree that health issues are public, national issues. If we lose our egalitarianism, our humanism, we have lost our reason. It may not be what some people want, but it's what all of us need. Without our collective health we are all sick; it's not so much a question of generosity as a matter of survival.

MUSICAL NOTES

Morris Panych's inspiration for the music in *The Doctor's Dilemma* was drawn from two ideas:

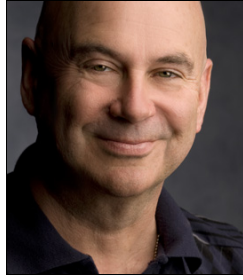
- 1) He saw that pictures of tuberculosis bacteria have a psychedelic, paisley-like appearance when blown up to many times their original size
- 2) The way that the artist challenges the morality of the doctors in the play reminded him of the way hippies challenged their parents in the 1960s

Panych then had the idea to inject a 1960s sensibility into the play's Edwardian context. This led him to orchestrations by the London Symphony and other groups that sound Edwardian—but, if you listen carefully—you'll hear that they are actually playing songs by the Rolling Stones.

“ We are playing with the premise that some scientific data about disease can look a little like modern art, an idea that ties in nicely with Dubedat’s profession.”

- Morris Panych & Ken MacDonald

Designer’s Notes



KEN MacDONALD talks about designing *The Doctor’s Dilemma*

Q: Can you describe your vision for this production of *The Doctor’s Dilemma*?

A: We are playing with the premise that some scientific data about disease can look a little like modern art, an idea that ties in nicely with Dubedat’s profession. The set will be big, theatrical, overscale, bold, modern, not stuffy Victorian.

The patients in *The Doctor’s Dilemma* suffer from TB. As it turns out, when microscopic pictures of TB bacteria are blown up to a zillion times their original size—they look a lot like paisley. Look for the TB bacilli inspired paisley patterns in the sets and costumes.

Q: Have you ever worked with this director before?

A: Yes. I’ve done about 100 shows with him.

Q: Tell us about designing for this playwright. Is there anything in particular about their writing that inspires you or is a particular challenge for designers?

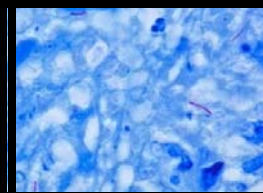
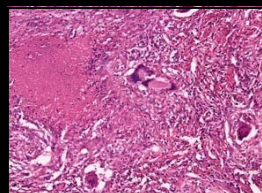
A: . I don’t read any setting directions from GB Shaw.

Q: What do you find most ‘striking’ about this play?

A: It’s a great story.



At left, a preliminary set model where large frames containing x-rays will configure to make Dr Ridgeon’s office in Scene one.



Left to right: a painting by Klimt, tuberculosis under a microscope, ‘Starry Night’ by Van Gogh

“...it is not the 5th act of *The Doctor's Dilemma* that kills the play; it is the 4th. Everything will depend on whether Dubedat can make an acting success of this...Of course the critics did not know what was wrong: they never do. Lots of people thought the 5th act the gem of the play: others thought it spoiled everything.”

-Bernard Shaw in a letter to Siefried Trebitsch, 1908

Production History

THE DOCTOR'S DILEMMA

The Doctor's Dilemma premiered on November 20, 1906, at the Royal Court Theatre, London, directed (with Shaw's help) by Harley Granville Barker, who also played Dubedat. Lillah McCarthy, who had married Barker in April 1906, was Jennifer Dubedat. Barker also directed the first West End production at the St. James's Theatre in December 1913, and there have been several major revivals in England since then, including, most recently, an acclaimed Almeida Theatre production in 1998, directed by Michael Grandage. An earlier, 1984, Triumph Productions revival, directed by Peter Coe, starred Colin Firth as Dubedat, but failed to make it to the West End.

Vivien Leigh and Cyril Cusack (succeeded by John Gielgud) played the Dubedats at the Haymarket Theatre in 1942, and at the same theatre in 1963 Anna Massey and Brian Bedford played the roles. Other prominent actors attracted by the play include Joan Plowright, Robin Phillips, and John Neville (Jennifer, Dubedat, and Ridgeon, respectively), at Chichester, 1972, and Lynn Farleigh, Simon Callow, and Nigel Hawthorne (Jennifer, Redpenny, and Walpole, respectively), at the Mermaid Theatre, London, 1975.

The Doctor's Dilemma premiered in America on March 26, 1915, at Wallack's Theatre in New York, directed by Granville Barker. Lillah McCarthy again played Jennifer, but Dubedat was played in this production by Nicholas Hannen. A 1927 Theatre Guild production featured Alfred Lunt as Dubedat and Margalo Gillmore as Jennifer, while the cast of a 121-performance run at the Shubert Theatre in 1941, directed by Guthrie McClintic, included Katharine Cornell (Jennifer), Bramwell Fletcher (Dubedat), and Raymond Massey (Sir Colenso Ridgeon).

The Canadian premiere was at Toronto's Princess Theatre on April 2, 1923, in a British touring production by the Cameron Matthews Players. Matthews directed and also played Sir Ralph Bloomfield Bonington.

There have been three previous Shaw Festival productions – in 1969, 1991, and 2000, directed, respectively, by Dillon Evans, Paul Lampert, and Christopher Newton.



Anthony Asquith directed a 1959 film version of *The Doctor's Dilemma*, starring Leslie Caron and Dirk Bogarde as the Dubedats (poster, left). At right, Sir Colenso Ridgeon (Blair Williams) is shocked by Jennifer's (Severn Thompson) scathing response to his advances in the Shaw Festival's 2000 production.

“ My way of joking is to tell the truth. It is the funniest joke in the world.”

-GB Shaw

The World of the Play

THE DOCTOR'S DILEMMA: A TRAGEDY

A tragedy depicts the downfall of a noble hero or heroine, usually through some combination of hubris, fate, and the will of the gods.

HOW TO RECOGNIZE A TRAGIC HERO

These are some of the identifying traits:

The tragic hero is considered a great person

The hero is a reputable and prosperous individual. Neither a villain nor a model of perfection, but basically good and decent.

The tragic hero has a tragic flaw or makes a mistake and a reversal of fortune

...and as a result things start to unravel for this character—due to some weakness of character, some moral blindness, or error. We should note that traditionally the gods are also in some sense responsible for the hero's fall.

THE DOCTOR'S DILEMMA: A TRAGI-COMEDY

In a tragic-comedy, wit and humour are used to examine topics that are basically serious. Although Shaw labels his play a 'tragedy', it is also very conspicuously and persistently comedic and the elements of tragedy and comedy are intertwined. Nearly all of Shaw's plays deal with serious social problems, but the elements of tragedy and comedy play together, making the weighty topics he wrote about easier to digest. He used the stage as a platform for advocating his social and political agenda while entertaining and amusing his audience.

REALITY: THE INSPIRATION FOR A TRAGICOMEDY

A PROVOCATION

Shaw's friend, William Archer, challenged Shaw to write a convincing death scene, believing that he was not up to the task. Shaw had never written a death scene before.



A FRIEND

Shaw based his doctor characters and their arguments on real scientists and issues of the day. The model for Dr Ridgeon was Sir Almroth Wright (pictured at left), who invented a very similar treatment for tuberculosis to the one that the fictional Dr Ridgeon did. He also advised Shaw on the scientific elements of the play and became a great friend of Shaw's, despite their differing views on health and medicine.

A PROBLEM

Shaw was present in his friend Sir Almroth Wright's laboratory when a discussion arose amongst the physicians that were present over admitting an extra tuberculosis patient who had arrived that day for treatment using a new experimental method. Wright's assistant objected, saying "we've got too many cases on our hands already." Shaw then asked: "What would happen if more people applied to you for help than you could properly look after?" and Wright famously answered: "We should have to consider which life was worth saving." Shaw laid a finger to his nose and exclaimed: "I smell drama! ... I get a whiff of a play."

“Life does not cease to be funny when people die, any more than it ceases to be serious when people laugh.”

-Ridgeon,
The Doctor's Dilemma

The World of the Play

DISCUSS

Whose "tragedy" is this?

Sir Colenso Ridgeon's? The play opens with the news of his knighthood. He has the respect of his peers and a successful career in medicine. By the end, he no longer holds the position of a celebrated healer and believes himself to be a murderer.

Is it Dubedat's tragedy? He is a brilliant young artist, struck down by disease and denied proper treatment.

Is it Jennifer's tragedy? She subordinated herself to this egotistical artist and believes (however mistakenly) that when she lost her husband to tuberculosis, she lost a 'king of men'.

If it weren't for Ridgeon's attraction to Jennifer, do you think Ridgeon would have allowed Dubedat to die?

Did you find humour in the scene where the doctors visit the dying Dubedat?

What do you think of the playwright mixing comedy and tragedy like this?

This scene was controversial in its day for mingling a death with comedy - what we call 'black comedy' today. In response to such criticism, Shaw commented (in the play as well as the programme): "Life does not cease to be funny when people die, any more than it ceases to be serious when people laugh". Do you agree?

INVERSION

Shaw delighted in creating topsy-turvy situations, inverting the usual view of things to allow audiences to experience a fresh perspective. In *The Doctor's Dilemma*, the usual view of journalism, science and biography is reversed. Nowhere is there more disagreement and misunderstanding about what the truth is than in those areas where truth is supposedly being empirically verified and reported! The journalist that reports on Dubedat's death cannot seem to get the facts straight - he can't even get Dubedat's name right; the biography Jennifer Dubedat writes about her husband's life paints a picture that is incomplete - to say the least; and the doctors cannot seem to agree on either the cause or the cure for any disease!

Shaw also reverses the standard view that the appreciation of Art is subjective. Conventional wisdom holds that some will see beauty where others will not. Interestingly, everyone agrees upon the beauty and goodness of Dubedat's drawings—and that appears to be about the only thing anyone can agree on as a matter of empirical fact. In *The Doctor's Dilemma*, beauty is not in the eye of the beholder, but within the work of art.

The scientific view of reality fails to report the truth and the artistic representation of reality triumphs. Opinion turns out to be fact and the 'facts' are revealed as opinions.

“ Do not try to live for ever. You will not succeed.”

-GB Shaw

The World of the Play



THE ART OF MEDICINE

Ridgeon's ability to save lives gives him a God-like status. What will define him is how he chooses to use this ability. Some artists are also elevated to a God-like status, not because they can affect our mortality, but because they have become immortalized through their work. The artist Gustav Klimt, for example, is in many ways still with us ... and where is his doctor?

Art and Medicine have had a long, though not always easy, relationship, representing two sides of a coin.

A few years ago, Harvard Medical School made headlines by hiring two art professors to teach their medical students. In order to make accurate diagnoses, doctors must be able to make accurate observations. A decline in observational skills had been noticed and so the art department was called in to teach medical students the art of observation. Art professors took the medical students to the Boston Museum to look at Jackson Pollack's abstract #10 (below). Although this painting involves no human anatomy, it demands the ability to recognize patterns and texture—the same two skills that are important in recognizing skin disease! Studying Pollock, Monet, Gauguin & others increased the students' abilities to correctly diagnose illness and interpret X-ray by 38%.



Conversely, Leonardo da Vinci - whose paintings *The Mona Lisa* and *The Last Supper* are recognized as the most famous paintings in the world - studied in hospitals: dissecting corpses and learning anatomy in order to create drawings of muscles, bones and the heart and vascular system.

It is also worth noting that Shaw generally considered anyone who creates to be an artist, an expanded view of 'art' that included new thoughts, theories, and inventions. In this way the classification of 'artist' belongs not just to painters and poets but also philosophers, mathematicians, and innovators of all kinds.

ACTIVITY

By this way of thinking, the creation of the x-ray, for example, is the work of an artist/creator. The first medical x-ray (pictured above) was taken of inventor Wilhelm Röntgen's wife's hand.

Continue to investigate the relationship between Art & Medicine. What did you discover? Do you agree that art and medicine are two sides of a coin? Do you agree with Shaw's definition of 'Artist'? Write about it.

“ When a thing is funny, search it for a hidden truth.”

-GB Shaw

The World of the Play

SOCIALIZED MEDICINE

Also called Universal Health Care, it refers to a publicly funded healthcare system. A hot topic in Shaw's day, the debate over public vs private health care is still being fiercely debated today.

SHAW'S ARGUMENT FOR SOCIALIZED MEDICINE

Shaw was concerned about the danger inherent in a system where doctors would profit from patients who were in poor health and go hungry when people were well. In his view, as long as a profit motive remained at the core of the medical profession, insufficient attention would be paid to the root causes of illness and disease (i.e. poverty, unhygienic living conditions) and that the industry would be dominated by self-interest, rather than the public interest. If a doctor's wage depends on seeing people who are in ill-health, what would be his motive for promoting good health?

"It is simply unscientific to allege or believe that doctors do not, under existing circumstances perform unnecessary operations and manufacture and prolong lucrative illnesses," he says. In *The Doctor's Dilemma*, we see Cutler Walpole making an excellent living by removing as many 'nuciform sacs' as he can. Although Ridgeon tells his colleagues that his patients "might as well get their hair cut for all the difference it makes". Shaw concludes that this state of things would likely get worse unless the government intervenes to create a public health service in which the doctor is 'a civil servant with a dignified wage paid out of public funds.'

Shaw believed physicians would have a strong incentive to promote public health while free from worry about their income if their salary were guaranteed and paid by the government and based on the health of their constituency: a healthy constituency = a healthy salary. This would no doubt provide a physician with the incentive to strive for good public health.

Shaw wrote *The Doctor's Dilemma* in 1906 and England's National Health System (NHS) came into being in 1948 (during Shaw's lifetime). Shaw welcomed the creation of the NHS but continued to press government to take reform even further, especially advocating lay control (those not actively involved in the medical profession) of the General Medical Council, the body responsible for the training and registration (and de-registration) of doctors and surgeons. "At present", he said "the GMC consists of practicing doctors exactly as if the Prison Commissioners were practicing burglars and murderers". Shaw never got his way on this, but today there is equal lay and medical representation on the governing body of the GMC.

Shaw did not live long enough to see the introduction of a publicly funded health care system in Canada two decades later. And in the United States, the debate continues ...

“Of all the anti-social vest interests the worst is the vest interest in ill-health”

-Bernard Shaw

The World of the Play

MEDICAL ETHICS IN *THE DOCTOR'S DILEMMA*

Medical ethics involve the study of moral and value judgments as they relate to medicine. The central moral question in *The Doctor's Dilemma* is whether Dr Colenso Ridgeon should save Louis Dubedat, a talented, but egotistical artist who 'borrows' money with no intention of repayment and deceives his devoted wife Jennifer OR a morally upright, poverty-stricken doctor who treats patients regardless of whether they are able to pay. This central dilemma is further complicated by the fact the Dr. Ridgeon falls in love with Jennifer. The larger question is one of how to decide the value of one life over another and whether the person or body in charge of making such a decision is qualified to do so.

Ridgeon explains his dilemma like this:

Imagine ..."ten shipwrecked men on a raft - a raft that is barely large enough to save them - that will not support one more. Another head bobs up through the waves at the side. Another man begs to be taken aboard. He implores the captain of the raft to save him. But the captain can only do that by pushing one of his ten off the raft and drowning him to make room for the newcomer. That is what you are asking me to do."

MODERN DILEMMAS IN MEDICAL ETHICS

In the early days of renal dialysis in Canada, when treatments cost \$25,000 a year per patient and there were only 2 dialysis machines in the entire country, difficult questions surrounding resource allocation arose: Could society afford this? The scarcity of units in the face of overwhelming need essentially boiled down to the question of who should be saved when not everyone can be saved. The decision to accept some, but not all, for dialysis treatment became one of the major issues that stirred public and professional interest in medical ethics, and opened the medical decision-making process to public scrutiny.

More recently, the H1N1 vaccination raised some important ethical questions, such as: who should be vaccinated first? Should rich countries share their stockpile of medications with less fortunate countries? Who has the authority to make these allocation decisions? Should they have that authority?

ACTIVITY

Imagine that you have the power to save lives - but you can only save one life. What kind of criteria would you use to determine who will be saved? Age? Usefulness? Goodness? Beauty? Intelligence? Talent? etc. Why?

Research a current dilemma in medical ethics. Propose a solution to the problem.



MEDICAL ETHICS IN *THE DOCTOR'S DILEMMA* cont'd

How might Shaw view the current state of our health care system? The commercialization of health care has proceeded to levels of organization that were not present in Shaw's day. Shaw viewed the 'precarious, shabby-genteel, irresponsible' private practitioner as the principal danger. Today, medicine is big business and large corporations control the production and distribution of drugs, medical devices and technology.

New epidemics of communicable diseases that Shaw could not have foreseen have swept and are sweeping across the globe. International mega-corporations aggressively market products that contribute to poor health in an effort to win over consumers' wallets - from tobacco to processed food and from drugs to vaccines. If Shaw were alive today, it seems reasonable to suppose he might argue that public health now takes a backseat to corporate profits.

ACTIVITY

Watch one of the following films and discuss ethical issues as they relate to medical ethics, health and wellness:

Food, Inc

Sicko

Awakenings

One Flew Over the Cuckoo's Nest

ACTIVITY

Improvisation: LIFEBOAT SURVIVOR

A group of people are on a life raft that is barely large enough to save them - it cannot support one more person. A head bobs up through the waves at the side of the life raft. Another person begs to be taken aboard. Another life can only be saved by pushing one of the people now on the raft out into the water.

Everyone must now defend their existence. Each character argues the case for or against saving their own life.

Choose one of the following characters or make up your own characters and draw them from a hat:

-doctor

-small child

-artist

-survival expert

-parent

-athlete

-activist

-psychic

-The teacher grading you on this improv

Who will decide who goes overboard?

The captain? The people in the lifeboat? Does the person in the water get a say? The audience?

Afterwards, discuss as a class:

Do you agree with the final decision? Why/Why not?

“ Modern science is a wonderful thing. Look at your great discovery! Look at all the great discoveries! Where are they leading to?”

-Sir Patrick,
The Doctor's Dilemma

The World of the Play

A BRIEF HISTORY OF WESTERN MEDICAL ADVANCES

400 BC - Hippocrates, Greek physician known as the “Father of Medicine” advances diagnostic methods, stresses diet and hygiene as keys to good health, and encourages an ethical code for doctors now known as the “Hippocratic Oath”.

330 BC - Greek philosopher Aristotle insists that theory should follow observation, and does pioneering work in anatomy and physiology.

200 AD - Galen writes hundred of treatises on medicine, anatomy and philosophy. Although he adheres to prevailing theory that the body is made up of four humours, his authority remains largely unquestioned for over 1500 years.

1350 - In a 20-year period, “The Black Death” kills an estimated 3/4 of the population of Europe. The collapse of Roman sanitary systems is a contributing factor.

1600 - Galileo and other scientists develop and improve practical microscopes.

1630 - English physician William Harvey, using experimental methods, demonstrates the circulation of blood and the function of the heart.

1796 - English physician Edward Jenner introduces a vaccine to prevent smallpox, the beginning of the modern science of immunology. Over the next 150 years, new vaccines are developed for a wide range of diseases.

1862 - The germ theory of disease is established by Louis Pasteur. According to germ theory, a specific disease is caused by a specific organism. Before this discovery, most doctors believe diseases arose spontaneously. In fact, doctors would perform autopsies on people who died of infectious diseases and then take care of living patients **without washing their hands**, not realizing that they were transmitting disease!

1865 - English surgeon Joseph Lister drastically reduces post-surgery fatalities by insisting on the sterilization of surgical instruments. He calls his methods ‘antiseptic’.

1882 - Robert Koch demonstrates that tuberculosis is caused by a specific germ.

1895 - Discovery of the X-ray .

1899 - Felix Hoffman develops aspirin.

1906- Sir Frederick Gowland Hopkins suggests the existence of vitamins and **1907** concludes that they are essential to health. He receives the 1929 Nobel Prize for Physiology or Medicine.

ACTIVITY

Research and develop a more detailed timeline on one of the following topics in medicine:

- 1) surgery and anesthetics
- 2) germ theory and antiseptics
- 3) vaccination and immunology
- 4) tissue and organ transplants
- 5) genetics and reproductive technology

Did you know?

The Doctor's Dilemma popularized the name 'Jennifer'

Say What?



“The truth is, hardly any of us have ethical energy enough for more than one really inflexible point of honour”

BERNARD SHAW,
GENERAL CONSULTANT TO MANKIND

Below are a sampling of the ideas and opinions expressed by characters in *The Doctor's Dilemma*. Prepare to defend your opinion as you discuss whether the following statements are **right, wrong or debatable!**

There is nothing that cannot be explained by science -B.B.

Regarding the Medical Profession

We're not a profession: we're a conspiracy. All professions are conspiracies against the laity. -Ridgeon

Suppose you had this choice put before you: either to go through life and find all the pictures bad but all the men and women good, or to go through life and find all the pictures good and all the men and women rotten. Which would you choose? - Sir Patrick

It's easier to replace a dead man than a good picture. -Ridgeon

I don't think it is possible in medical practice to go into the question or the value of the lives we save. - B.B.

The most tragic thing in the world is a man of genius who is not also a man of honour. -Ridgeon

...it matters very little how a man dies. What matters is, how he lives. -Sir Patrick

The good that most men do lives after them: the evil lies interred with their bones. -B.B. (quoting Shakespeare)

...like all secrets: it will not keep itself. The buried truth germinates and breaks through to the light. - Ridgeon

GLOSSARY

PARRISH'S CHEMICAL FOOD A "tonic" medicine used throughout the 19th and into the 20th centuries. Tonics were used to aid digestion, provide relief from the onset of symptoms of illness, or to aid recuperation after an illness. Children were frequently given Parrish's Chemical Food as an iron tonic when showing signs of "languishing", and it was reported that their appetite often returned due to the awful taste of the tonic as opposed to its restorative qualities! Unlike other tonics used during the Victorian era, Parrish's Chemical Food did not contain arsenic or other toxic ingredients.

INNOCULATION Another term for "vaccination". To treat with a vaccine to produce immunity against a disease.

TUBERCULOSIS An infectious disease, also known as TB, that affects the lungs and other parts of the body. It is caused by a bacteria, *Mycobacterium tuberculosis*, and is spread from person to person by droplets from the throat and lungs of people with the active form of TB. Symptoms of TB include a bad cough (sometimes with blood), weakness, chest pains, weight loss, fever and night sweats.

PIKESTAFF The wooden handle of a pike, a long military weapon consisting of a metal spearhead attached to a long wooden pole or staff.

ST VITUS'S DANCE Now known as Sydenham's Chorea, it is a neurologic movement disorder characterized by irregular, abrupt, relatively rapid involuntary movements of muscles of the face, neck, trunk, and arms and legs.

LAWS OF TYRE AND SIDON Tyre and Sidon were ancient Phoenician city-states and were both great naval powers. Tyre was most likely originally founded as a colony of Sidon, but developed and eventually surpassed Sidon as a trade centre. Sidon and Tyre were both destroyed by conquering armies, but left a legacy of law, architecture, and the origins of the Graeco-Roman alphabet throughout the ancient world.

BLACKGUARD A person who behaves in a dishonourable or contemptible way.

VIVISECTION The practice of performing operations on live animals for scientific research. The term was generally used by those opposed to such work.

OPSONINS Molecules that bind particles and enhance their uptake into cells by a process known as phagocytosis. (In immunology, the particle would be a bacterium, infected cell or any foreign invader).

Say What?

PHAGOCYTES A group of immune cells that search out, engulf and destroy foreign particles and debris in the body in a process essentially akin to "eating" (these are classified under white blood cells).

NUCIFORM SAC "A structure unknown to any anatomy textbook but wielded to good effect by the surgeon in George Bernard Shaw's *The Doctor's Dilemma* "

GREENGAGES A type of plum, first cultivated in France and considered a "dessert plum" due to its rich, sweet flavour. First imported into England by Sir William Gage in 1724, from whom they get their English name, they have a small oval shape and range in colour from green to yellow.

BACILLUS The term is used to describe any rod-shaped bacterium, but also refers to a specific genus which includes a range of bacterial species.

PIERIAN SPRING In Greek Mythology, it was believed that drinking from the Pierian Spring would bring great knowledge and inspiration. Piera was a region of ancient Macedonia, the location of Mount Olympus, and was believed to be the home and seat of worship of Orpheus and the Muses, the deities of the arts and sciences.

WHITE CORPUSCLES A group of immune cells that defend the body from foreign invaders through phagocytosis and antibody production (another term for white blood cells).

WEBSITES

TRAGEDY/TRAGIC HERO

http://www.krucli.com/greek_drama_notes.htm#Tragedy

<http://faculty.gvsu.edu/websterm/Tragedy.htm>

MEDICAL ADVANCES TIMELINE

<http://www.infoplease.com/ipa/A0932661.html>

SHAW'S CRITIQUE OF HEALTH CARE

<http://ije.oxfordjournals.org/cgi/content/full/32/6/919>

MODERN/CURRENT HEALTH CARE ISSUES

http://www.newyorker.com/reporting/2009/01/26/090126fa_fact_gawande