

# Medicine on the big and small screen: “All those small things that one does”: *Keepers of The House*

Therese Jones, PhD, and Lester D. Friedman, PhD, Movie Review Editors



with mortality and redemption in the *Holy Sonnets* has been a theoretical and aesthetic concern, and now, in her own dying, she not only recognizes but also concedes that intellect is simply not enough, “I thought being extremely smart would take care of it, but I see I have been found out.”

What Vivian learns through the long and arduous journey of illness from a diagnosis of metastatic ovarian cancer to a course of extensive surgery and experimental chemotherapy is that there is more to learn, “...nothing would be worse than... analysis, erudition, interpretations,

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## ***Keeper of The House***

Produced by Neil Prose, MD (AQA, New York University School of Medicine, 1974); Produced and Videographed by Rhonda Klevansky; Animated by Francesca Talenti. Running time 15 minutes. Available at <https://sites.fhi.duke.edu/health-humanitieslab/portfolio/keepers-of-the-house/>.

What I do...is not only housekeeping...not only cleaning. Talking with patients helps a lot. Sometimes they are depressed, sometimes there are mothers who are crying. Sometimes I will ask them, ‘Would you like me to bring you a glass of water? Are you ok?’ All those small things that one does.

—Gladys

There is an unforgettable moment—a turning point—in Margaret Edson’s 1999 Pulitzer Prize-winning play, *Wit* (made into a film by HBO in 2001), when Professor Vivian Bearing realizes that she lacks a crucial piece of knowledge, she has seriously miscalculated her commitment to, and appreciation of, the mind’s superiority as evidenced in her disciplined and uncompromising study of 17<sup>th</sup> century metaphysical poet John Donne. To Vivian, Donne’s preoccupation

and complications.... Now is the time for simplicity, now is a time for, dare I say it, kindness.”<sup>1</sup>

To the biomedical professionals in the play and film, Vivian is a research subject rather than a complicated woman in a hospital bed, and her epiphany comes not as the consequence of any straightforward and sympathetic communication from them about her impending demise, but as the result of nurse Susie’s simple acts of care and comfort—holding Vivian’s hand, calling her “sweetheart,” sharing popsicles, and telling the truth about what will likely happen very soon and how she, Susie, will be there. One cannot help but conjure up another well-known dying character, Ivan Ilych, the eponymous protagonist of Tolstoy’s novel.

Ilych’s terrible existential and physical suffering is alleviated only by the words and actions of the young servant, Gerasim, who also faces Ilych’s illness with honesty and kindness. Gerasim empties the chamber pot, talks with Ilych, and tries to make him comfortable. Gerasim’s service is borne of wisdom and compassion, “...everything he did showed that he alone understood what was happening... he did not find his work a burden because he knew he was doing it for a dying man...”<sup>2</sup>

The short film, *Keepers of the House*, reminds viewers of a simple and profound truth that both Tolstoy and Edson explore and dramatize—our need for human contact and human kindness in the experience of illness and decline. Produced under the auspices of the Franklin Humanities Institute Health Humanities Lab at Duke University by Neil Prose and Rhonda Klevansky, *Keepers of the House*

introduces eight environmental service workers at Duke University and Duke Regional Hospital who talk about the work that they do in a series of individual comments and anecdotes shared directly before the camera.

Klevansky introduces each housekeeper initially, and their first names appear beside them in script, evoking how one of them, Barbara, describes writing her name on the white board of a patient's room when she begins her shift. Klevansky then returns more deliberately and selectively to speakers whose commentaries introduce and develop certain themes such as continuing friendships with patients beyond their hospitalizations; confronting and sharing the painful loss of patients in death; and providing psychological and emotional support for patients who are in despair.

As expressed by Gladys in the epigraph, the work these housekeepers do is far more than cleaning, rather, they understand and embrace their work as an integral part of healing people, and their acts of kindness and gestures of care extend well beyond emptying waste cans and mopping floors. They tell stories of sharing plates of country cooking, providing meal tickets for needy families, asking charge nurses to relocate patients to larger rooms in order to accommodate big families, talking about the Lord, singing with patients, translating for clinical staff, and encouraging patients to accept treatment and not give up.

In the cold and alien world of imposing clinicians, medical jargon, and invasive tests, the humbleness and helpfulness of housekeepers can inspire trust and invite confidences from frightened, vulnerable and even bored patients.

Isaac Johnson, Regional Director of Operations, describes what often becomes the dynamic between housekeeper and patient. "We don't inflict any harm. We don't ask you for anything. We're only there to clean and sanitize your environment. So often time people feel very comfortable to share even some of their most inner secrets and thoughts and feelings with us because the walls are down," he explains.

Of course, kindness does not always beget kindness, especially within rigidly hierarchical and profit-driven institutions. While the film does not explicitly foreground the most common concerns for hospital workers like housekeepers, such as substandard wages, lack of opportunities for advancement, and systemic racism and sexism, it does provide openings to discuss those issues when it is used in educational settings. Moreover, that kind of meaningful and open discussion is supported with a forthcoming teaching guide for the film, which will be published in the near future. Together film and guide meet the producers' goal of enabling viewers to see housekeepers differently,

and to recognize, as did both Ivan Ilych and Vivian Bearing, the grace of empathy and humility in response to human suffering.

### **An interview with the producers**

In the interview below, which I conducted by email with Neil Prose and Rhonda Klevansky, the producers address some of the institutional challenges in making a film in a hospital setting given concerns about patient privacy, legal liability, and public relations. They also emphasize the need to probe viewers regarding their level of knowledge about their own institutional policies to protect and value hospital staff as well as their personal attitudes toward and treatment of, hospital staff as members of the health care team.

#### **TJ: Why and when did you decide to make this film?**

NP: The decision to work on this film arose more than four years ago, during a conversation between myself and colleague Ray Barfield (AQA, Duke University School of Medicine, 2017, Faculty). We agreed that the role of housekeepers in providing emotional support for patients and their families was often ignored by other members of the health care team. To some extent, doctors and nurses may tend to ignore the very presence of the housekeepers—not bothering to greet them in the hall, or to learn their names. Sadly, when a patient dies, it is often the case that the housekeepers who developed a relationship with that patient are never informed and are excluded from the processing that is available to doctors and nurses.

#### **TJ: Let's talk about some of the artistic decisions that you made in the creation of the film. For instance, why did you go with animation?**

RK: Early on in the process, we discovered that hospital policy made it extremely difficult to film on the hospital wards where the housekeepers worked. While the decision to use animation originally arose out of necessity, the line drawings by Francesca Talenti made the film much more interesting and emotionally engaging than it would have been otherwise.

#### **TJ: And why film against a black background?**

RK: I felt that the solid black background and dramatic lighting would give each person interviewed a strong screen presence.

**TJ: I really liked the mix of English and Spanish. Was that a conscious choice?**

RK: The Hispanic housekeepers that we interviewed for the film are fluent in English. But we quickly noticed that the content of the interviews became much more emotional and expressive when we switched to Spanish. We hadn't planned to do that, but we discovered that it worked better.

**TJ: How are you hoping to use the film?**

NP: A curriculum for the use of the film will be widely available very soon. It asks learners to reflect on their personal reactions to the film—What was your favorite story? What surprised you? How might you act differently toward housekeepers (and transport and food service workers) in the future?

We discuss the important ways in which the actions of doctors and nurses deeply affect the extent to which housekeepers feel valued or devalued at work. And the qualities of the housekeepers—including generosity and attention to detail—that we should incorporate into our own ways of approaching patients.

**TJ: The film was made before the COVID-19 pandemic. What has changed? What matters now?**

NP: Hospital housekeepers, by the very nature of their cleaning work, are an important part of our defense against Covid-19. And because very sick patients may now be prohibited from having visitors, the emotional work of the housekeepers is even more important.

Unfortunately, housekeepers in some hospitals and health systems have not received the training and PPE that is needed, and are at risk for becoming infected and bringing the virus home to their family members.

**TJ: One powerful element of the film is the deep commitment of housekeepers to patients. Has the film made a difference about inclusion of, and respect for, all staff at Duke?**

NP: The film has been viewed in grand rounds presentations for several departments including dermatology, orthopedics and psychiatry, and there has been a strong response from participants at those events.

Many viewers expressed surprise at the ways in which housekeepers provide emotional support for patients,

and increased appreciation for the work of the members of the team. It reminded others of personal stories about connections with hospital housekeepers, which reinforced the messages we want to convey.

I strongly believe that *Keepers of the House* could be used within any health system to increase the sense of inclusion and respect for all staff. For example, I would love to see our film incorporated into the orientation process for all new hospital employees, including doctors and nurses.

**TJ: To both of you, is there another project in the pipeline?**

NP: I am working with a team of educators to develop a new technique for teaching intercultural communication in a health care setting. "Story Circles," an experiential learning exercise now being used by UNESCO worldwide, focuses on listening for understanding as a method of developing human connection. We will soon be piloting this technique in a medical education environment.

RK: I am working on a photography project, "Reaching out to the Hungry." This is a series of portraits of people who are providing free food in Durham, North Carolina. By shining a light on these inspiring community members, I hope to reveal the shadow of food insecurity in our city.

**References**

1. Edson M. Wit. New York: Faber & Faber, 69-70.
2. Tolstoy L. The Death of Ivan Ilyich. New York: Bantam Books, 9.

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**Correction**

In the Autumn 2020 issue, the article, "Hair and its stories," the second sentence in the second paragraph should read "Mnemonics abound to help us remember..." and in the fourth paragraph, the first sentence should read "...and that a smaller surgery wouldn't delay her chemo."

We apologize for any confusion or inconvenience this may have caused.