After watching the film, I can only say that I am disgusted in the behavior of the character, Jason. As a Human Services major, another person’s well-being goes far beyond my own. I feel that he did not show proper etiquette in the slightest and should have been released from his duties. However, I can say I liked the nurse (though even she had moments where her actions and words were better set outside of the patient’s room). Nurses serve a very important role to patients—health and conversation. More individuals in the medical field need to be required to have that sort of demeanor.

That said, there are many recommendations I would like to suggest in regards to communication and treatment of health care professionals with critical-condition patients. First and foremost, negating any form of manhandling. Patients are people, not objects. Though their care might be part of research, the patients are not static. They (and their stability) are affected by the environment they are placed in. That said, I highly doubt grabbing a patient roughly on any part of their body, but especially the private areas, helps the patient heal and recover. Instead, I’d say it causes more damage.

Another recommendation I have is requiring the doctors to trade notes on the patient’s well-being with the nurse in such a way that both parties know the patients feelings on their treatment and that the nurses and/or doctors speak in language that explains clearly where the treatment is going and what the diagnosis is without confusing, causing more fear to, or negating information to the patient. In situations where the patient is in a critical-condition that has low success, that individual deserves to understand where they stand and to feel like the professional caring for them actually *care* for them.

A third recommendation I have is that the patient be given visitors. By this I mean, if the patient does not have personal visitors, then volunteers should be required to visit that patient at least once. Sometimes good intentions are not always recognized immediately, especially in circumstances where the person receiving the intentions is in severe amounts of pain or depressed. However, human companionship has this amazing ability to affect us later on, years after the interactions. Even the grumpiest, most spiteful individuals deserve such good intentions, especially when those intentions finally are registered by the individual.

The fourth recommendation I have is that conversations that are not directed at the patient be taken outside of the patient’s room and into the staff break room or—preferably—not at all. It doesn’t matter if the patient is asleep, deaf, or in a coma. Proper etiquette is that if you are expected to do something at all “normal” times, then you are expected to do it at *all* times. To me there is no excuse for that.

To conclude, I want to make a final suggestion about writing up health care professionals that do not follow protocol. When someone breaks a rule or oversteps a boundary, they need to face more than a “telling off.” Telling someone off does not stop unwanted behavior. Providing consequences does. We can’t just make recommendations and expect the medical world to accept and follow them. That world is stressful and ever changing. Things get forgotten in the chaos. So, standards about practices and consequences for not following them need to be implemented and followed through with. Along with my final suggestion, I recommend allowing the patient themselves to review the conduct of those taking care of them. After all, it’s their health and their well-being at stake. They deserve the final say.