

Article

The Different Impacts of Video Production Practices on Filmmakers and Filmed Subjects in the “End-of-Life Care” Documentaries filmed Zhejiang Communication University

Ge Guanghe^{1*}, Shazleen Mohamed¹, Muhammad Nurhafiz Hassim¹ & Wang Wenting²

¹Faculty of Communication and Media Studies, Universiti Teknologi MARA(UiTM), 40450 Shah Alam, Selangor, Malaysia

²Integrated Traditional and Western Medical Oncology Ward, Hangzhou Cancer Hospital, 310000 Hangzhou, Zhejiang, China

*Corresponding Author: 905904552@qq.com

Received: 22 November 2023

Accepted: 13 December 2023

Abstract: Most of the current video production practices are focusing on filming, editing, storytelling or special effects, and the articles on video production also put the emphasis on tourism, business or natural scenery. There are not many video production practices on topics such as hospice, because this topic involves death, illness, patients and their families and other factors, and most of these film subjects are not willing to be shot. This research aims to explore the impact of filming practices on sensitive topics on the producers and the filmed subjects. By selecting the hospice care documentaries produced by Zhejiang Communication University as a case study, this study interviews 8 documentary producers and 8 filmed subjects and researches the whole filming process through method of participatory observation. This research demonstrates that for hospice documentary filmmakers, going through such a filmmaking journey can be helpful in increasing their level of identification with hospice care, increasing their emotional experience and documentary production skills, and most importantly for their future documentary filmmaking, as they feel the power of humanity. For the subjects, i.e. patients, families, doctors and nurses, end-of-life care documentaries have expanded the dissemination of knowledge to a certain extent, but the impact on the behavioural choices of patients at the moment of death has not been significant, and these behavioural choices are more influenced by non-medical factors which the filmmakers are clearly aware of it. Instead, these filming activities were somewhat of an optional burden on filmed subjects.

Keywords: Documentary; hospice care; Zhejiang communication university; end-of-life care; filmed subjects

Introduction

With the development of science, the Chinese people have gained unprecedented enjoyment on both the material and spiritual levels (Brown & Bērziņa-Čerenkova, 2018). However, while the quality of life of Chinese people is certainly improving, the quality of death has received very little attention in China. China ranks 53rd out of 81 countries in the Quality of Death Index for 2021 (Gong et al., 2022). This suggests that the issue of quality of death is still marginalised in China and needs to be given more attention and coverage.

Hospice care, or palliative care, is a specialised form of medical care that seeks to provide support and comfort to individuals with life-limiting illnesses and their families. Hospice care is delivered by a dedicated hospice team comprising professionals such as physicians, nurses, social workers, clergy, counselors, and volunteers. This team is committed to addressing the comprehensive requirements of patients, encompassing

medical, psychological, and spiritual dimensions (National Cancer Institute [NCI], 2019). Hospice care is a comprehensive health care service that attends to the pain and problems of the dying patient's death process, offers the patient a comfortable medical environment, warm interpersonal relationships and strong spiritual support, assists the patient to complete the final journey of life, and delivers comfort and care to the family (Yu et al., 2022). The rising cancer burden in China is a sensitive issue for the aging population. The number of cancer deaths increased from 51,090 in 2000 to 88,800 in 2011, a 73.8 percent increase; most cancer deaths occur between the ages of 60 and 74 (Chen, 2016), and most older adults wish to die in their own homes (Shih, 2015). The Chinese government has acknowledged the importance of improving hospice care and has begun to enact policies to foster hospice services and train healthcare professionals in this field. In order to enable older adults to live in peace and pass away with dignity, the Notice on Promoting the Integration of Healthcare and Elderly Care Services issued by the General Office of the State Council of the People's Republic of China clearly sets out the goal: "to provide older adults with health and elderly care services, such as treatment-related inpatient care, rehabilitation-related care, stabilised living care, and comprehensive end-of-life care (Li, 2018).

Starting from the 21st century, there has been a notable increase in the production of documentary films that showcase narratives related to the conclusion of life (Moilanen, 2019). They have established a public perception of hospice and palliative care as a comprehensive strategy addressing the medical, psychological and emotional needs of critically ill patients. As an illustration, they offer educational experiences to healthcare students focusing on the emotional dimensions of end-of-life scenarios (Head & Smith, 2016). They additionally enhance visibility and empowerment for individuals in the terminal stages of life, while advocating for the advancement of palliative care (Fox, 2011). End-of-life documentaries provide recognisable pathways into patients' experiences, offering insights into emotional and personal involvement in hospice care. A series of documentary films on hospice care not only help Chinese people to record the development of hospice care in China (Wang, 2020).

Current documentaries depict the lived experience of patients as it unfolds, and imply through the lens the social implications and solutions behind it. However, there is a dearth of research on the filmmakers/subjects themselves, and the impact of this type of subject matter on them is tremendous. This is because the director may empathise with the patients during the filming process, which broadens the director's understanding and knowledge of death, something that has a significant influence on the video production practices and the final outcome of the product. Secondly, there is also a lack of research on the effect of the video filming practice on the subjects, i.e. patients and families. This is because their involvement in the filming process entails many relationships that need to be coordinated, and in some cases, the producers may even ask the patients or their families to repeat certain behaviours or words for the sake of additional footage or the presentation of the video.

This study aims to explore the different impacts of video production practices on filmmakers and filmed subjects in the end-of-life care documentaries shot at Zhejiang Communication University. This study will conduct in-depth interviews with filmmakers and filmed subjects, and analyse the challenges and opportunities they face in the video production process, as well as the effects of these practices on their emotions and cognition.

Literature Review

Hospice documentaries are an important medium for disseminating information about terminal illness treatment by providing a realistic and intimate glimpse into the experiences of patients, families, and healthcare professionals involved in hospice care. These documentaries can increase awareness, educate the public, and offer valuable insights into the difficulties and benefits of hospice and palliative care.

Haraldsdottir (2017) conducted a study on how art is employed in hospices and advocated for more attention to be paid to the topic of hospice care. The study results indicate that documentaries can convey to the general public the importance of hospice care by illustrating how it differs from conventional medical care and demonstrating the advantages that hospice care brings to patients and families (Haraldsdottir, 2017).

Some cultures and individuals may have emotional obstacles when it comes to death and dying. Documentary films can address these issues in a respectful way and stimulate discussions about the treatment of terminal illnesses. Haraldsdottir (2017) carried out a study exploring the use of art in a hospice setting. In this article, the author highlighting the challenges associated with death and dying in hospice care, this article describes how the researcher and a documentary filmmaker undertook an art project in a hospice that resulted in the film, 'Seven Songs for the Longest Time'(Haraldsdottir, 2017).

Chatterjee et al. (2021) conducted a study which aim to present a comprehensive overview of video interventions employed in patient information and education, along with an examination of the tools utilized for assessing their effectiveness. The primary objective was to assess the feasibility of formulating generic guidelines and appraisal tools for the application of video in patient care. The findings underscored that targeted video-based interventions have the potential to enhance patient experience and outcomes. To enable widespread and sustainable implementations, there is a discernible need for highly practical guidelines and appraisal tools that can be adapted across diverse contexts. These findings highlight the informative role of hospice documentaries in educating the public about various options for hospice care, thereby assisting patients and their families in making well-informed decisions (Chatterjee et al., 2021).

Bell and Zitter (2023) conducted a study aimed at assessing the effectiveness of short documentary films in enhancing healthcare providers' comprehension and support for family caregivers of seriously ill patients. The research implemented a interactive virtual viewing and discussion session designed to emotionally prepare participants for learning about educating and supporting family caregivers, with the intention of influencing their behavior positively. Throughout the session, a specific short documentary film titled "Caregiver: A Love Story" was screened, depicting a narrative wherein an individual resigns from employment to become the primary caregiver for his wife, who opts for hospice support instead of ineffective chemotherapy treatments. Following the screening, the researcher replayed selected clips to stimulate discussions on caregiver education and support, concurrently administering a brief pre/post-screening survey to assess satisfaction, acceptance of the format, and the session's impact. The outcomes revealed that engagement in film viewing and discussions contributed to an enhanced understanding among service providers of hospice care and home care. Documentary films focused on hospice care provide valuable insights for healthcare providers into the emotional and psychological dimensions of terminal illnesses, fostering a deeper understanding and responsiveness to the needs of both patients and their families. The findings imply that utilizing storytelling through film can significantly assist healthcare providers in comprehending the experiences and challenges faced by family caregivers of seriously ill patients (Bell & Zitter, 2023).

Moilanen (2019) conducted a study which focus on the television documentary *My Last Words*, in which terminally ill patients bid farewell to their loved ones in the form of a video message. He examined the narrative structure of the story using William LaBeouf's Narrative Analysis and the stance taken by the narrator using Michael Bamberger's Narrative Positioning. The findings emphasised that the television documentaries used as source material in this study are an active negotiation of personal and social ideals. Public narratives about illness can have a significant ideological impact on the encounter between illness and death and personal experience (Moilanen, 2019).

Methodology

1. Case Selection

For four years, Zhejiang Communication University, a university located in Zhejiang Province, China, has engaged the teachers of the college who are involved in documentary education, the students who are studying documentary production, and some hired documentary editors and photographers to conduct documentary filming and production on end-of-life care at Hangzhou Oncology Hospital, the Department of Pediatric Oncology of the First Hospital of Jilin University, the Department of Oncology of the Affiliated Luoyang Central Hospital of Zhengzhou University, and the Department of Oncology of the Fourth People's Hospital of Tongxiang City. They have collaborated with doctors, patients and patients' families on the themes of these documentaries. They have produced three documentaries so far, with one more in progress. The process of

making these hospice care documentaries has great academic value and has drawn the attention of researchers (Moilanen, 2019).

2. Sample

The informants for this study were divided into two groups: filmmakers and subjects of the documentary. The selection criteria for the informants were based on the following characteristics: i) Filmmakers who have participated in or are currently involved in the production of hospice care documentaries at Zhejiang Communication University. ii) The subjects being filmed of the documentary such as doctors, nurses, patients, or patients' families who have consented to be interviewed and have experience with hospice care. iii) Regardless of age. This study was conducted on 15 informants, including 8 filmmakers and 7 subjects. The informants were recruited through purposive sampling, which is a technique that allows the researcher to select informants who are relevant and knowledgeable about the topic of interest (Yin, 2011). The researcher has chosen to terminate the interview process when no new themes are found in the transcript of the 15th informant, which indicates that data saturation has been reached (Akhter & Sofi, 2022).

3. Research design and Data Collection

This study used the qualitative research method. This method was chosen because the aim of the study was to gain a deeper understanding of the different impacts of video production practices on filmmakers and filmed subjects in the end-of-life care documentaries (Yin, 2011). Qualitative research methods help to obtain the most direct, real and concrete understanding, to reveal the meaning and value thereof, to analyse the complex relationship between the object of study and the elements of the environment, and thus to better describe, generalise and explain the practical actions of the object of study (Chen, 2000). The main methods of data collection in this study were participant observation and in-depth interviews. It is important to note that the combination of the two is an essential step in obtaining further information.

During the observation, the researcher took a field note and kept a written record on each observation. The study identified several aspects that needed attention during the observation based on the objectives of this study. For the implementation of the participatory observation method, the researcher realised it by participating in the on-site shooting activities of the documentary film at Zhejiang Communication University. The researcher conducted participant observation at Hangzhou Cancer Hospital, Tongxiang First People's Hospital, and Luoyang Central Hospital of Zhengzhou University, all of which were located within the hospitals, and conducted 30 participant observations of their filming activities, ranging from approximately 1-6 hours each. Prior to the implementation of the observations, the researcher developed a recording form in consultation with the research team. The researcher sat next to the director at each shoot, brought a pen and paper, and obtained permission to take notes as the researcher observed the dialogue and workflow within the filming team. Verbal consent was obtained for observations on set and the research subjects were anonymous.

Interviewing in hospitals is a delicate matter as it involves patients' privacy. Therefore, all individual interviews with documentary film makers, doctors, nurses, patients and patients' family members were conducted with signed informed consent or verbal consent was obtained, and study participants were anonymised. The in-depth face-to-face individual interviews for this study were conducted with the documentary makers, doctors, nurses, patients and patients' families. All interviews with documentary producers took place in the documentary editing room of Zhejiang Communication University, individual interviews with doctors or nurses took place in their offices, and individual interviews with patients and family members took place at the bedside of the inpatient unit. The time and place of the interviews were arranged according to the convenience of the interviewees (no third party was present, just the researcher and the interviewees), and the duration of the interviews varied from approximately 30 minutes to 1 hour. An outline of the interview was prepared before the interview, and the final formal outline was based on several preparatory interviews for this study, developed in consultation between the researcher and the supervisor. During the interviews, the researcher used a tape recorder to record the interviews and a pen and paper. The recording effect was checked before each test to ensure that the recorded information was clear and authentic,

and the original materials such as the recorded information and relevant transcripts were completely sealed by the researcher herself after the interviews.

4. Data Analysis

In this study, the researcher interviewed the informants based on a list of pre-set questions to understand the focus of the study and collect data. The researcher interviewed informants based on a list of pre-arranged questions to understand the focus of the study and to collect responses and answers that were similar or different from these informants. The researcher conducted a thematic analysis of these responses for thematic analysis. According to Braun & Clarke (2006), thematic analysis was incorporated into the practice of qualitative research (Braun & Clarke, 2006). Incorporating thematic analysis for qualitative measurement into qualitative research practice added complexity and provided a step-by-step manual of logical procedures that were useful for systematic qualitative research. The researcher had to identify, paraphrase, and replicate thematic and categorical relationships in all data collected. The researcher coded and organised the information collected from observations and interview transcripts. The researcher coded and organised information collected from observations and interview transcripts into research topics.

Findings

1. Impact for end-of-Life Care Documentaries on the Filmmakers

During the observation and interview process, the researcher found that the main gain for the creators of hospice documentaries was the ability to deal with the ethical issues of documentary filming, which was a profound and transformative experience for them. One of the informants, Li (female, documentary director, 28 years old) claimed that it does require a relatively strong mental capacity to deal with the people being recorded, especially when facing suffering. During the observation process, the researcher found that despite the shocking authenticity of some hospice stories, these directors or documentary film makers would feel somewhat powerless in the face of refusal to film or other ethical situations. However, once the directors had convinced the families or patients to film through their empathy and won the patients' praise, the directors were very happy. Li said in the interview: "This feeling of powerlessness always needs to be fought, its like dancing with shackles, and if I break through, it will be especially cool, especially fulfilling, especially cool." While doing the interview process, the researcher discovered many filmmakers believed that they developed a close and empathetic relationship with the subjects, who shared their stories, emotions, and perspectives with them.

During three separate interviews with the filmmakers, the researcher was able to found hospice documentaries have a practical effect on widening the boundaries of people's perceptions. A documentary film editor Liu (female, documentary editor, 31 years old) detailed her feelings about making the hospice documentary *The World on Earth*. Although she would have liked to live a little longer, she said she is no longer afraid of death, has a better understanding of end-of-life care after editing the documentary, and is willing to plan for her own dying moments instead of being afraid of death like most older Chinese people. One of the informants, Ge (male, documentary director, 26 years old) claimed that through the filming of the medical system and the doctor-patient relationship, he gained a clearer perception of this complex issue and would not easily resort to a dichotomous way of thinking in the future.

As a documentary director and editor who focuses on the medical field, Qin (male, documentary director, 35 years old) very graphically demonstrates the process of creating a medical documentary on end-of-life care, with no outline, no script, and not even a slightly refined theme. During the observation, the researchers found that director Qin recorded and edited a clip of an only child named Wang Rong, whose father had a sudden and life-threatening illness, and whose mother had broken her thigh in a fall, and who had to deal with the loss of a loved one, the burden of caring for the elderly, and the huge medical expenses of her parents. During the in-depth interview, Qin and his crew claimed that the story was invaluable from a media standpoint, and that in terms of death education, the main character of the story was the closest thing to their younger generation,

the ones for whom real death education should have started at a young age. As a documentary film maker, she gained earlier knowledge and education about death by making this documentaries.

“I think death is a universal and inevitable phenomenon, but also a taboo and sensitive subject in our society. I wanted to challenge myself and the audience to face death with courage and compassion, and to learn from the experiences of those who are going through it. I found the story of Wang Rong and her family by chance, when I was visiting a hospital for another project. I was moved by their situation.....I thought their story was very valuable from a media standpoint, and also very relevant for death education. I wanted to document their journey and share it with the world.”

(Qin, documentary director, 35 years old)

While doing the observation and interview process, the researcher discovered, it was clear that these filmmakers improved their skills and techniques in documentary production, such as interviewing, filming, editing, storytelling, etc. They said that they learned how to balance the ethical and aesthetic aspects of documentary production during the filming process. Qin claimed, “I had to respect the privacy and dignity of the subjects, but also capture the reality and intensity of their situation. I had to be careful not to exploit their suffering or sensationalize their story, but also to show the truth and the beauty of their lives.” They also claimed that they learned how to adapt to different situations and environments, and how to collaborate with the subjects and the researchers. Liu also claimed that she experienced professional growth through the filming process.

“I had to be flexible and creative and adjust to the changing conditions and challenges of the filming process. I had to communicate and cooperate with the director and subject about editing, and listen to their feedback and suggestions. I had to be open-minded and humble, and learn from their experiences and perspectives, which was helpful with my film editing.”

(Liu, documentary editor, 31 years old)

2. Impact of End-of-Life Care Documentaries on the Subjects

Foucault (1978) contends that discourse possesses the capacity to convey, generate, and fortify power dynamics. Simultaneously, discourse also has the potential to subvert and unveil power structures, thereby destabilizing them and enabling potential resistance (Foucault, 2020). Implicit in this view is the assumption that discourse is a resource, and that those who hold this resource have a form of power. The image is essentially a discourse, and the producer becomes a user of this power, and the ability to make documentaries is a privilege. In the actual production of a documentary film, the creator takes the initiative in terms of content, constructing and disseminating the other's image through filming and processing, and this ability to create images is power. In the process of production, the inquiry emerges regarding the equilibrium between the entitlement to access, utilize, and disseminate, and the responsibilities vested upon the film's subject. Should this authority be wielded without constraints, an inevitable ethical conflict is poised to surface (Gu , 2020). During the interview, the researcher discovered that once informed consent for filming has been signed, the subject is often on the weaker side of the rights equation. Li (male, documentary filmmaker, 27 years old) claimed that patients are also sacrificers, only the size of the sacrifice is different. He is a very experienced documentary filmmaker and has a strong empathy for his patients, but he also has to admit that once patients enter the public issue and expose their privacy, it is the director and the creative subject who ultimately reap the rewards of the work, and more applause is given to the documentary maker, and directors are actually the beneficiaries. He also claimed that he will get along to let them recognise, but there is still such an ethical dilemma, he brings the purpose of filming and they know. Patients and their families are not actors, they're making a sacrifice of their lives.

Miss Yao (female, teacher, 56 years old), a female terminally ill patient, claimed that the filming was somehow intrusive for herself and her family. The results of the participant observation also confirmed the interview findings. During a shoot at the First People's Hospital in Luoyang City, Henan Province, the documentary site lacked a live sound technician. Liu's family offered to help the film crew carry the sound

equipment out of compassion. This was not an exceptional case, however. During the interview, one of the informants, Bai (female, documentary filmmaker, 27 years old) also shared the story of a subject who travelled to the United States for treatment. Bai stated, "Due to the lack of visas for the U.S., the patient's husband volunteered to document his wife's treatment process, and the couple flew to the U.S. with the filming equipment provided by the crew." Bai also acknowledged that sometimes the documentary production could be intrusive for the subject.

However, according to the researcher's observations and interviews, the number of complaints received by the emergency rooms of the hospitals where the documentaries were captured has significantly decreased, and from time to time patients are surprised to recognise that Dr Che, who was involved in the documentary, has appeared on the TV screen before. The results of this finding demonstrate that, in addition to being intrusive, hospice documentary filming does have a broadening effect on the knowledge boundaries of the subjects and is helpful in the formation of their empathy with their physicians.

Initially, the researcher had no intention of finding out that there were some family members of patients who were doing the opposite while being aware and understanding of the benefits and social significance of hospice care for their patients. The researchers were surprised to learn that the families and patients who had participated in the hospice documentary did not change their minds about how to deal with their own deaths just because of the documentary. When asked how they would cope with the death of a family member, children with one or more siblings often responded loudly and immediately with "insist on endotracheal intubation, chest compressions, and shock defibrillation," even though these children had participated in the filming of hospice documentaries and were well aware that these behaviours were contrary to the concept of end-of-life care.

Your documentary was very realistic. I think it would be good if we could delay a little bit at the last minute, after all, we all want to live a little bit longer, but some doctors say that the last minute is the most painful time, I don't know, I may have a different idea at that time, maybe it depends on my father's decision.

(Ding, female, has a old father who has stomach cancer, 45 years old)

What should I do? I'm not really sure. First of all, it's definitely to cure the disease, which is the ultimate goal of coming to the hospital, and also, my mother is a person who likes life very much, so I would like to keep some of her beautiful moments if I can, from a humanistic point of view. But from a filial piety point of view, I also wish she could stay with me for a little while longer (crying softly). I hope that my mother will be able to fulfil all her wishes and not have any regrets.

(Wang, female, had cerebral infarction, 93 years old)

On the other hand, this result prompted the researcher to inquire more about what caused these families to reject the concept of hospice care even after they participate in these documentary. During the research, more interviews revealed that subject's choices about how to deal with death are torn by other social factors, such as possessions, relationships, and Chinese cultural ethics, to name a few. Another important reason is the constraints of traditional thinking. The traditional Chinese concept of death is a taboo subject, and the concept of rebirth rather than death has led to a lack of death education among the Chinese people. According to Di and some scholars, the traditional concept of filial piety also tends to lead to excessive and ineffective medical treatment: when a loved one is facing an incurable disease, the patient's family still asks the medical staff to carry out meaningless treatment and resuscitation. This not only adds to the suffering of end-of-life patients, but also wastes valuable medical and health resources (Di et al., 2018).

In this study, the researcher attempts to summarise the impact of hospice documentaries on both the creators and the viewers of the documentaries (patients, families, doctors and nurses). This study introduces and shares different perspectives on hospice documentary filmmaking. The effect of documentary filming on improving the quality of life of patients and their families and promoting the acceptance of the hospice concept is not significant, and there is a mismatch of supply and demand between the filmmaker and the filmed, making it difficult to provide patients with a service that truly penetrates into their needs and enables them to be satisfied. Documentary films on end-of-life care are a way to provide information and broaden people's

knowledge, but they are not the most powerful weapon for changing social ideology and altering the status quo of medical care in Chinese society. The findings can be visualised more intuitively in the figure below (as shown in Figure 1).

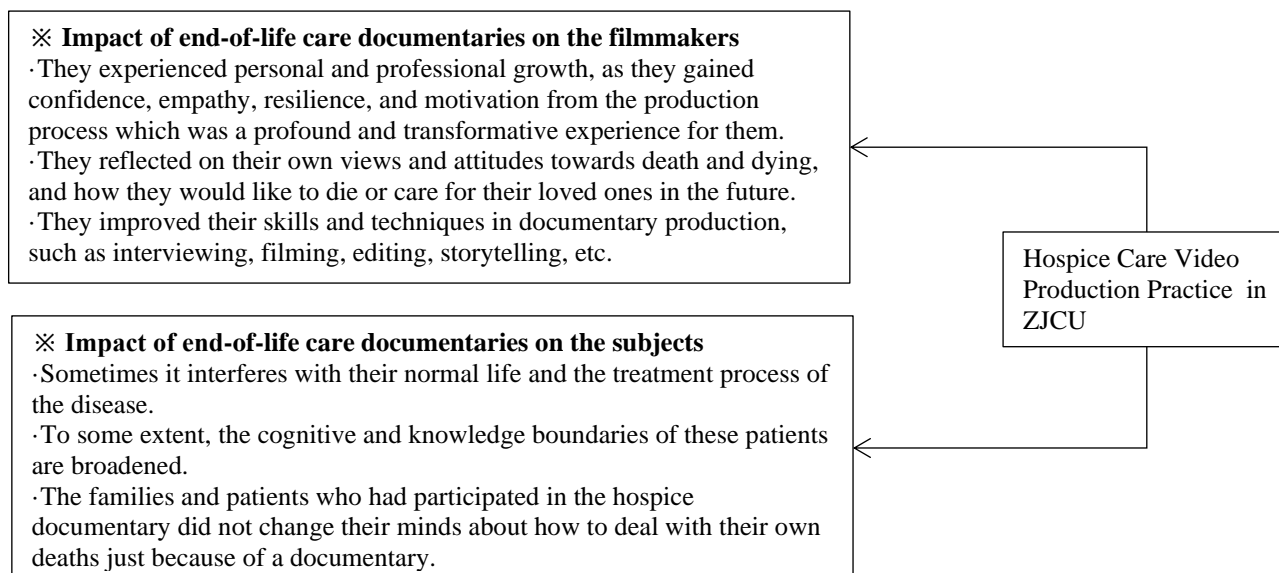


Figure 1. Summary of influence of filmmakers and subjects

Discussion

The study's results underscore the divergent impacts of participating in the production of hospice documentaries on filmmakers and subjects. Documentary filmmakers experienced significant personal and professional growth through their involvement, acquiring knowledge, skills, values, and attitudes related to hospice, palliative medicine, and documentary filmmaking. This immersive experience deepened their understanding of death, enabling them to confront it with reduced fear while fostering increased empathy. Conversely, the subjects' responses varied, with some finding that sharing their stories broadened their cognitive boundaries to some extent. However, a subset of doctors, nurses, family members, and patients exhibited negative reactions such as disturbance, annoyance, or indifference to the filming process or the documentary product. Importantly, the documentary-making process had limited impact on the end-of-life choices of the individuals featured.

The study holds both theoretical and practical significance. Firstly, it enriches the literature on documentary production and impact within the context of hospice care in mainland China. It offers a nuanced understanding of production practices, shedding light on the effects on both producers and subjects while emphasizing the challenges and opportunities encountered. Secondly, it provides insights for documentary production and education, particularly for filmmakers involved in hospice care documentaries. Recommendations are offered to enhance the ethical and aesthetic aspects of production, addressing the emotional and ethical dilemmas they may encounter. Thirdly, the study advocates for increased awareness and acceptance of hospice care in mainland China, targeting the general public and policymakers. It underscores the value of these care practices in improving the quality of death for patients and their families.

Conclusion

In conclusion, this study calls for action by emphasizing the need for greater attention and support for hospice care in mainland China, from both the media and society. Documentary filmmakers are urged to produce ethically sound, aesthetically pleasing, and impactful hospice care documentaries for wider dissemination among the public and policymakers. Additionally, encouragement is extended to patients and their families to actively seek and embrace end-of-life care, facilitating dignified and comfortable end-of-life planning. The

study envisions a more accessible, affordable, and acceptable landscape for end-of-life care and hospice care in mainland China, with the ultimate goal of improving the quality of death for all.

It is crucial to note that this study provides a snapshot of the current state of documentary film production in mainland China and does not represent the views of all viewers and filmmakers of Chinese hospice documentaries. While acknowledging its limitations, the study anticipates that shifts, mechanisms, policies, or collaborative efforts among various stakeholders will emerge to create more impactful documentaries for the terminally ill. Recognizing the need for ongoing improvement, the study calls for further analysis and research to enhance Chinese documentaries on end-of-life care and contribute to the broader dissemination of hospice care concepts in mainland China.

Acknowledgement: The authors would like to express their sincere gratitude to all who helped in data collection in this study. Also, the efforts put in the previous research articles are appreciated. Finally, heartfelt thanks to all the patients, family members, doctors & nurses who cooperated in the interviews and wishes each and every one of them a healthy body and a beautiful soul.

Informed Consent Statement: All participants involved in the study provided informed consent.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Akhter, R., & Sofi, S. A. (2022). Precision agriculture using IoT data analytics and machine learning. *Journal of King Saud University-Computer and Information Sciences*, 34(8), 5602-5618. <https://doi.org/10.1016/j.jksuci.2021.05.013>
- Bell, J., & Zitter, J. (2023). Documentary short film to improve healthcare provider understanding and support of family caregivers of individuals with serious illness: A pilot study with medical students (Sci225). *Journal of Pain and Symptom Management*, 65(5), e653. <https://doi.org/10.1016/j.jpainsymman.2023.02.275>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, K., & Bērziņa-Čerenkova, U. A. (2018). Ideology in the era of Xi Jinping. *Journal of Chinese Political Science*, 23(3), 323-339 <https://doi.org/10.1007/s11366-018-9541-z>
- Chatterjee, A., Strong, G., Meinert, E., Milne-Ives, M., Halkes, M., & Wyatt-Haines, E. (2021). The use of video for patient information and education: A scoping review of the variability and effectiveness of interventions. *Patient Education and Counseling*, 104(9), 2189-2199. <https://doi.org/10.1016/j.pec.2021.02.009>
- Chen, W., Zheng, R., Baade, P. D., Zhang, S., Zeng, H., Bray, F., ... & He, J. (2016). Cancer statistics in China, 2015. *CA: A Cancer Journal for Clinicians*, 66(2), 115-132. <https://doi.org/10.3322/caac.21338>
- Chen, Xiangming. (2000). From one to all - the problem of inferring qualitative findings. *Educational Research and Experimentation*, 2, 1-7.
- Di Shuzhen, Zhang Jing, Zhang Xueru, Si Qiuju, & Feng Lili. (2018). Origins, development, and prospects of hospice care. *Medical Research and Education*, 35(1), 7.
- Foucault, M. (2020). Power/knowledge. In *The new social theory reader* (pp. 73-79). Routledge.
- Fox, B. (2011). The final cut: end-of-life empowerment through video documentary. In *Exploring issues of care, dying and the end of life* (pp. 55-62). Brill. https://doi.org/10.1163/9781848880580_008
- Gong, X., Pei, Y., Zhang, M., & Wu, B. (2022). Quality of death among older adults in China: The role of medical expenditure and timely medical treatment. *Journal of Aging & Social Policy*, 1-16. <https://doi.org/10.1177/17427665221125553>
- Gu Yachi. (2020). Image justice: On the ethical regulation of documentary film production and distribution. *Modern Communication (Journal of Communication University of China)*, 04, 111-115.

- Haraldsdottir, Erna. (2017). "Enhancing openness around death and dying thorough documentary film making in a hospice." *European Journal of Palliative Care*.
- Head, B. A., & Smith, L. C. (2016). Use of contemporary film as a medium for teaching an online death and grief course. *Journal of Social Work in End-of-Life & Palliative Care*, 12(3), 195-213. <https://doi.org/10.1080/15524256.2016.1201564>
- Li, L. M., Niu, M., & Yao, C. Y. (2018). Research progress on development model of internet+ hospice care. *Nursing Research of China*, 32, 2676-8.
- Moilanen, N. (2019). *The Dying Agent. A 'small story' narrative analysis of the television documentary My last words–Viimeiset sanani*. <https://urn.fi/URN:NBN:fi-fe2019100130691>
- National Cancer Institute at the National Institute of Health (USA). (2018). *Choices for care when treatment may not be an option*. 2018. <https://www.cancer.gov/about-cancer/advanced-cancer/care-choices#HC>.
- Shih, C. Y., Hu, W. Y., Cheng, S. Y., Yao, C. A., Chen, C. Y., Lin, Y. C., & Chiu, T. Y. (2015). Patient preferences versus family physicians' perceptions regarding the place of end-of-life care and death: A nationwide study in Taiwan. *Journal of Palliative Medicine*, 18(7), 625-630. <https://doi.org/10.1089/jpm.2014.0386>
- Wang, X. (2020). *Winning American hearts and minds: China's image building efforts in the 21st century*. Springer Nature.
- Yin, R. K. (2011). *Applications of case study research*. Sage.
- Yu, Juan, Li, Xiao, Wang, Yajuan & Wang, Xiongwei. (2022). Current situation and development strategy of end-of-life care services in China. *Modern Medicine and Health*, 17, 2950-2954.