

soon dissolves to recrystallize around the next bed. Philip silently commands, "I can handle it," but his lips quiver, "Not another amphotericin night."

The day passes too quickly. Philip beseeches his window's sunlight to last a little longer, to forestall the words, "Visitors' hours are over." He has hidden last night's horror from his parents, at least in response to, "How did last night go, Philip? Did the new anti-nauseant work?" But he knows that they know from the way they stare at the dark circles disguising his energetic eyes. They do not admit it, for that would admit they know what he will go through tonight and each night for a month. He tries to hide last night's horror from the nurse as she again hangs the amphotericin, then the anti-nauseant. He hides it from himself until his being writhes.

The next morning, when the flotilla flocks around his bed, he retorts his

doctor's encouraging enquiry.

"Philip, how was your night?"

"Actually, not so hot."

His physician knowingly nods, "You can handle it, Philip."

Philip knows he cannot. He freezes their flow from his bed with, "Isn't there an alternative to amphotericin?"

His doctor pauses, begins to speak, pauses again. An apology sifts through his smile. He puts his hand on Philip's shoulder, and says, "I don't think so, son." He pauses again, absorbing Philip's hope and hurt, courage and acquiescence. "I'm sorry, Philip. I wish there was another way."

"That's okay. I just thought I'd ask."

This day seems shorter, its night longer. Philip tries to accept an amphotericin-alloyed future, but by 4 am, as the yellow bag drips its poisoned promise, runnels of tears resolve to tell the doctors he had suffered his last amphotericin night. This commitment

forges his spirit's renewal. He regales the remaining hours, taunting the amphotericin bag: "Hurt me tonight if you want, it's your last chance. Tomorrow, I will refuse you. Tomorrow night I will sleep, and the next day I will draw pictures again, I will be Philip again."

Philip welcomes this dawn. He has rehearsed his refusal well. His team surrounds his bed; his doctor asks, "How's it going, Philip?" He inhales slowly, nods twice, and begins.

"I had another amphi-terrible night."

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Lifeworks

Bodies and light

Although the experiential and medical versions of our own bodies overlap and inform one another, the medical version can be extremely alienating. For example, most people faced with an MRI scan of their own body would not be able to interpret what they see.

Saskatchewan artist Linda Duvall wrestles with her emotional responses to the detached, highly focused imagery of medicine in *Bred in the Bone*, an exhibition featured at Winnipeg's Floating Gallery Nov. 15 – Dec. 14, 2002. After her mother's death and autopsy had revealed a hereditary condition that no one in the family had known about, Duvall underwent magnetic resonance imaging of her whole body. In her work, Duvall does not disclose what the disease in question is, for this is an artistic, not medical, exploration. Instead, she wants to understand the results of medical imaging as more than

an indication of where her anatomy fits against a certain range of normalcy. As she writes in her artist's statement, "I felt very much that I was excluded from the potential offered by these images [because] I was not able to see the information contained within them, in the way that I felt I would approach most other photographic imagery."

Duvall enlarged twelve tiny, 1.25 cm × 3.75 cm sections of medical film onto 50 cm × 175 cm sections of regular photographic paper, laminated them, and backlit them to mimic the way medical images are viewed. She then turned to what has become one of the most personal, informal kinds of photography: family snapshots. From them, she pinpricked outlines of members of three or four generations of her family into the MRIs, dot by painstaking dot. Some groupings contain over a dozen people, so dots cluster up to the edges of the film. In others, a close-up of a



Courtesy Floating Gallery, Winnipeg

Linda Duvall, 2002. Image from *Bred in the Bone* (detail). Backlit photograph.



Linda Duvall, 2002. *Bred in the Bone*, installation view.

single individual trails more sparsely across the stark black-and-white MRI. Because they are backlit, the family figures glow, invoking constellations and perhaps glancing toward astrology as another system of knowledge.

The family members are brighter than the ghostly MRIs, as the pinpricks are direct holes to the light panels. Yet both image types are elusive in different ways. Each of the twelve panels is untitled. The body parts are so segmented that they are usually unrecognizable to the nonmedical viewer. Here, one sees what might be a section of brain; there, a femur seems apparent — or is it an extreme close-up of a finger bone? Scale is impossible to determine. As for the people, they are perforated and unsubstantial; intricate checkered and flowered fabric patterns are embedded with great care, but skin is simply outlined. Thus the humanizing element functions as a limited communication as well.

Duvall's attention to the family members' clothes connects *Bred in the Bone* with earlier works in which she uses fabric as a metaphor for the way secrets are kept within or beneath a skin of normal self-presentation. The installation *Tea Gone Cold* (2000), for example, presented fabric-covered stones on an insubstantial fabric table as the physical residue of a family's former presence.

Duvall originally studied photography, and since the late 1980s her work has evolved into innovative installa-

tions that often include sound and video recordings and motion sensors. She also explores virtual installations with two interactive pieces produced in 2002: *Stained Linen*, a Web-based

project; and *933-CALL*, a series of telephone voicemail boxes telling segments of a story that the listener navigates at will.

Thus *Bred in the Bone* is a rare return for Duvall to photography-based work. With MRIs, she is able to look under her own skin, but she relieves her sense of medical alienation by looking outward to other bodies, not by looking further inward at her own. The identity that emerges is one of a person in connection, grappling to understand that there is no miraculous medical cure—all genetic mysteries retain secrecy even when we use the most complex technology to see to the bone.

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One thousand words



Luxury drugs: Of 42 million people world wide living with HIV/AIDS, only 5% receive life-prolonging medications. In Dec. 2002, Médecins Sans Frontières launched a postcard and online campaign (www.msf.ca) to petition the Canadian government for fulfil its commitments in fighting the AIDS pandemic and protecting access to essential medicines. The campaign asks for more financial support and urges the government to hold the course set by the World Trade Organization's Doha Declaration in Nov. 2001. Paragraph 6 of the declaration gives struggling economies some latitude in putting "public health rights" such as access to medicines ahead of commercial rights such as patent protection. This

provision is still awaiting implementation, however, and MSF is concerned that, to date, "a lack of leadership" by the Canadian government in ongoing trade talks has helped to erode the "spirit and the letter" of the Doha Declaration.

The Access to Essential Medicines campaign was launched with MSF's Nobel Prize money in 1999. Spokesperson Carol Devine cites some recent successes: a drug for sleeping sickness, discontinued because of its unprofitability, is back in production, and there have been some "monumental" reductions in the price of antiretrovirals for the developing world. Also promising is the emphasis on treatment access in US President Bush's \$15 billion Emergency Plan for AIDS Relief. But there is a long way to go, Devine says, in putting essential medicines within reach of the world's poorest, and sickest, populations. — CMAJ