



P.O.V.

Season 18

Discussion Guide

The Self-Made Man

A Film by Susan Stern



www.pbs.org/pov

**Letter from the Filmmaker**

SAN FRANCISCO, 2005

Dear Viewers,

My family is very private, so I have to believe something good will come from sharing our very personal story with you through my film, ***The Self-Made Man***. The extremely public death of Terri Schiavo has shown how polarized we can become over the issue of how we die, and how this polarization can devastate a family. Through ***The Self-Made Man***,

I hope that my family's experience can help other families discuss their end-of-life wishes and prepare the legal documents that specify their end-of-life wishes (living will or advance directives) and designate a trusted loved one (health care power of attorney) to make health care decisions for them should they become incapacitated.

As you watch ***The Self-Made Man***, I'd like you to know that the nuances you see in it, the ambivalence, the things that seem open to interpretation, are indeed intended to be open to your interpretation. I am presenting my point of view on what happened in my family, but I don't intend to convince you of anything other than the need to form and act on your own point of view.

I know ***The Self-Made Man*** will be controversial. I've heard from many people who, upon seeing the film, tell me of a similar story in their own families. In many cases, it's something they don't talk about out of fear and shame. If you are one of these people, I'd like to ask you to share your story with others, to end the secrecy about people who take their own lives due to terminal illness or disability or physical pain they cannot endure.

On the other hand, you may be someone who thinks that hastening one's own death can never be rational or good. You may oppose "rational suicide" or "assisted suicide" for religious reasons or because you think that wanting to hasten one's death is a sign of untreated depression. Or you may oppose hastened death because you fear that allowing people to do this is the beginning of a "slippery slope," leading to the ability of HMOs or the government to euthanize poor, weak, or disabled people.

I'd like to encourage people on both sides of these issues to consider the other side's point of view, calm down the rhetoric, and strive toward compromises that enhance freedom and tolerance. If anyone reading this is in despair and considering suicide, please talk to someone before doing anything. You can talk to a sympathetic listener 24 hours a day, 7 days a week, by calling the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Sincerely,

Susan SternDirector/Producer/Writer, ***The Self-Made Man****Filmmaker Susan Stern*

Photo: Sibylla Herbrich



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Introduction

The Self-Made Man, a feature-length (60 min.) documentary, tells the story of Robert (Bob) Stern, a California solar energy pioneer who, in 2001, took his own life rather than undergo surgery for heart disease and cancer. On Independence Day at Stern Ranch in central California, the 77-year-old decided to cheat fate. His family tried to stop him. He set up a video camera to tell his story.

Bob Stern's videotaped explanation of the reasoning behind his decision to end his life is the centerpiece of **The Self-Made Man**. The film, made by his daughter, reflects on the factors that influenced him to consider suicide: his beliefs about gender roles, independence, strength, reason, and his fear of becoming a burden. At the time, an elderly in-law of Bob's own son was slowly declining on artificial life support in a hospital—a fate he did not want to share.

Bob Stern's story invites viewers to consider critical questions. Should we be permitted to control how we die? Is it ever rational to choose death? Is it reasonable to praise and reward men for being independent and strong during their lives and then expect them to accept weakness or vulnerability at the end of life? These questions provide a natural springboard for dialogue on topics that will inevitably touch every person in your community, making **The Self-Made Man** an exceptional tool for outreach.

****Note to the Facilitator: be sure to clarify that neither the film nor the discussion advocates suicide—and that we urge people to get help if they feel despair over their lives. The hotline number in the filmmaker letter is the one the National Suicide Prevention Lifeline uses. It is available 24 hours a day, 7 days a week..**



*The Stern family, from left - Bob, Laura, Adele, Mike and Susan.
Photo: Michael Taylor*



Potential Partners

The Self-Made Man is well suited for use in a variety of settings and is especially recommended for use with:

- **Your local PBS station**
- **Groups that have discussed previous PBS and P.O.V. films relating to death and dying, including *A Family Undertaking* and *The Smith Family***
- **Groups focused on any of the issues listed to the right**
- **Senior citizen groups or programs (e.g., AARP, nursing homes, senior living centers, or community recreation programs, etc.)**
- **Medical/nursing/social work professionals**
- **Hospice and palliative care providers and advocates**
- **Faith-based organizations and institutions**
- **Families talking amongst themselves about end-of-life wishes**
- **Academic departments and student groups at colleges, universities, community colleges, and high schools**
- **Community organizations with a mission to promote education and learning, such as P.O.V.'s national partners Elderhostel Learning in Retirement Centers, members of the Listen Up! Youth Media Network, or your local library.**

Key Issues

The Self-Made Man is an excellent tool for dialogue because it features a family whose members are both forthright and thoughtful. The film will be of special interest to people interested in exploring or working on the issues or topics below:

- **Aging**
- **Assisted suicide**
- **Bioethics**
- **Death & dying**
- **Depression**
- **Disability rights**
- **Euthanasia**
- **Family dynamics**
- **Gender**
- **Gerontology**
- **Grief and mourning**
- **Medical ethics**
- **Mental health**
- **Nursing**
- **Psychology**
- **Rational suicide**
- **Religious teachings about death and dying**
- **Right-to-die movement**
- **Rural communities**
- **Senior citizens**
- **Social entrepreneurship**
- **Social work**
- **Sociology**
- **Suicide**
- **Terminal illness / hospice care**



Outreach Event Ideas

- Team up with a local senior center, AARP chapter, or similar group of elders to host a screening. Following the screening, invite volunteer legal counselors to help people fill out living will/advance directives and health care power of attorney forms.
- In conjunction with local right-to-die societies, physicians, hospice and/or nursing care staff, and elected officials, use a screening of ***The Self-Made Man*** as the centerpiece of a town meeting to discuss your state's legislative policies on end-of-life issues.
- Join with legal experts and medical ethicists to use a screening of ***The Self-Made Man*** as part of a training day on end-of-life issues for medical professionals, mental health professionals, gerontology specialists, nursing home staff, social workers, and other professionals working with the elderly or terminally ill.
- Coordinate a weekend focused on end-of-life issues from a religious perspective. Send preview copies of ***The Self-Made Man*** to local clergy and ask them to devote their sermons to religious ethics around death and dying. Ask congregations to plan small group and interfaith study sessions. For essays and articles on religious perspectives, check www.endoflifechoices.org.
- Work with local universities that offer courses in "Ethics in Medicine" and/or "Ethics in Law" to use the film and guide as a topic for classroom discussion.



Bob Stern as a paperboy for the Chicago American newspaper.

Bob is second from right in front row.

Archival photo courtesy: the Stern family



Background Information

STATISTICS

- People aged 65 and older make up just over 12 percent of the population of the U.S., but they account for almost 17.5 percent of all suicides.
- White men over the age of 85 are at the greatest risk for suicide compared with all other demographic groups. Their suicide rate is 55.3 per 100,000 each year. That is more than five times greater than the national average.
- Men account for 85 percent of all elderly suicides.
- In 2002, there were 5,558 elder suicides reported in the U.S.
- Firearms were the most common means (73 percent) used for completing suicide among the elderly. Men use firearms more than twice as often as women.
- One of the leading causes of suicide among the elderly is depression. Other common risk factors include: recent death of a loved one, physical illness, uncontrolled pain, perceived poor health, social isolation and loneliness, major changes in social roles (e.g., retirement).

Source: Elderly Suicide Fact Sheet (compiled by the American Association of Suicidology from information gathered by the National Center for Injury Prevention and Control)

law and the Supreme Court is expected to hear their challenge. Right-to-die legislation has also been considered in California, Arizona, Vermont, Hawaii, North Carolina, Wisconsin, and Wyoming.

Advocates for right-to-die legislation argue that it is ethically wrong to force the extension of life, especially if a person is suffering, simply because technology makes it possible. Opponents argue that life and death decisions are meant to be in divine hands, and that placing those decisions in

human hands can present a special danger to people with disabilities, whose lives might be judged by others as not worth living.

The most effective way to have one's own wishes carried out is to fill out a "health care power of attorney" form giving a trusted individual power to make medical decisions for you if you are incapable. A "living will" or "advance directives" form can also be used to let that person know what you want.

LEGAL BATTLES

In 1994, Oregon passed the nation's first law allowing sane, terminally ill patients to receive prescriptions for lethal drugs if doctors certify the patients are within six months of death. Named the "Death with Dignity Act," the law was reaffirmed by Oregon voters in 1997. Since 1998, more than 200 people – most with cancer – have used the law to end their lives. Under the law, patients must take the drug themselves; a physician may not administer it. The Bush administration opposes the Oregon



Background Information

Glossary

Suicide: when the motive is either unclear or without reasoned consideration, and/or the result of mental illness.

Rational suicide: when the act is the result of a carefully considered belief that one has come to the reasonable end of a full life and/or that the future is not likely to hold anything but suffering.

Assisted suicide: when a loved one helps with the act; illegal in most states.

Physician-assisted suicide: when a physician helps with the act, most often by supplying or administering lethal drugs in a circumstance when a person has a documented terminal illness; illegal in most states.

Euthanasia: taking another's life with merciful intent but without their permission or at the direction of a guardian (for those declared legally incompetent); a criminal act.

Voluntary euthanasia: taking another's life with merciful intent and at their request; illegal in most states.

Elder suicide: generic term used when an elderly person takes his or her own life.

Medical Information

Bob Stern was diagnosed with prostate cancer and an aortic aneurysm.

Prostate Cancer

The prostate, found only in men, is a walnut-sized gland located in front of the rectum and underneath the urinary bladder. It contains gland cells that produce some of the seminal fluid, which protects and nourishes sperm cells in semen. The prostate surrounds the first part of the urethra, the tube that carries urine from the bladder and semen out of the body through the penis. Although several cell types are found in the prostate, over 99 percent of prostate cancers develop from the glandular cells. Glandular cells make the seminal fluid that is secreted by the prostate.

Most prostate cancers grow slowly. Autopsy studies show that many older men who died of other diseases also had a prostate cancer that never affected them and that neither they nor their doctor were aware of. Some prostate cancers, however, can grow and spread quickly. Even with the latest methods, it is still hard to tell which cancers may become life threatening and which likely do not need treatment.

Prostate cancer is the most common cancer, excluding skin cancers, in American men. The American Cancer Society estimates that during 2005 about 232,090 new cases of prostate cancer will be diagnosed in the U.S. About one man in six will be diagnosed with prostate cancer during his lifetime, but only one man in 33 will die of this disease.

- Prostate cancer is the second leading cause of cancer death in American men, exceeded only by lung cancer. The American Cancer Society estimates that 30,350 men in the U.S. will die of prostate cancer during 2005. Prostate cancer accounts for about ten percent of cancer-related deaths in men.
- Among men diagnosed with prostate cancer, about 99 percent survive at least five years, 92 percent survive at least ten years, and 61 percent survive at least 15 years. These figures include all stages and grades of prostate cancer but do not account for men who die from other causes. In other words, many of the men who died before 15 years, died from causes other than prostate cancer.
- 90 percent of all prostate cancers are found in the local and regional stages (local means it is still confined to the prostate; regional means it has spread from the prostate to nearby areas, but not to distant sites such as other organs). The five-year relative survival rate for all of these men is nearly 100 percent.
- Of the men whose prostate cancers have already spread to distant parts of the body at the time of diagnosis, about 34 percent will survive at least 5 years.



Background Information

Modern methods of detection and treatment now mean that prostate cancers are detected earlier and treated more effectively, which has led to decreases in death rates in recent years. This means that a man diagnosed this year probably has a better outlook than the numbers above.

[Source: www.cancer.org © 2005, American Cancer Society, Inc. Reprinted with permission.]

Aortic Aneurysm

An aneurysm (AN'u-rizm) is a bulge in a blood vessel, much like a bulge on an over-inflated inner tube. Aneurysms are dangerous because they may burst. The aorta, the main artery leading away from the heart, can sometimes develop an aneurysm. Aortic aneurysms usually occur in the abdomen below the kidneys (abdominal aneurysm), but may occur in the chest cavity (thoracic—tho-RAS'ik—aneurysm). This can happen if the wall of the aorta becomes weakened by build-ups of fatty deposits called plaque. This is called atherosclerosis (ath"er-o-skleh-RO'sis).

Aneurysms can be detected by X-ray or by imaging techniques such as echocardiography (ek"o-kar"de-OG'rah-fe), an MRI (magnetic resonance imaging) or a computed tomography (to-MOG'rah-fe) (CT) scan. A small aneurysm may not cause symptoms, in which case a patient's doctor will want to check it regularly to see if it's enlarging. Pain in the area of an aneurysm is a common symptom. The larger an aneurysm becomes, the more likely it is to burst.

Aneurysms are treated surgically. A patch or artificial piece of blood vessel is sewn where the aneurysm was.

*Reproduced with permission, www.americanheart.org
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Bob Stern's mother Jeanette Stern with older son Ed, left, and Bob, right. Archival photo courtesy: the Stern family



Background Information

Selected People Featured in *The Self-Made Man*



Bob Stern - the "self-made man" and a pioneer in the development of solar energy technology



Adele Stern - Bob's wife



Mike Stern - Bob and Adele's youngest child and Bob's sometimes partner in the solar energy business



Laura Stern - Bob and Adele's eldest child



Susan Stern - Bob and Adele's middle child and the filmmaker of *The Self-Made Man*



Using This Guide

This guide is designed to help you use *The Self-Made Man* as the centerpiece of a community event. It contains suggestions for organizing an event as well as ideas for how to help participants think more deeply about the issues in the film. The discussion questions are designed for a very wide range of audiences. Rather than attempt to address them all, choose one or two that best meet the needs and interests of your group.

Planning an Event

In addition to showcasing documentary films as an art form, you can use screenings of P.O.V. films to present information, interest people in taking action on an issue, provide opportunities for people from different groups or perspectives to exchange views, and/or create space for reflection. Using the questions below as a planning checklist will help ensure a high quality, high impact event.

- **Have you defined your goals?** With your partner(s), set realistic goals. Will you host a single event or engage in an ongoing project? Being clear about your goals will make it much easier to structure the event, target publicity, and evaluate results.
- **Does the way you are planning to structure the event fit your goals?** Do you need an outside facilitator, translator, or sign language interpreter? If your goal is to share information, are there local experts on the topic who should be present? How large an audience do you want? (Large groups are appropriate for information exchanges. Small groups allow for more intensive dialogue.)
- **Have you arranged to involve all stakeholders?** It is especially important that people be allowed to speak for themselves. If your group is planning to take action that affects people other than those present, how will you give voice to those not in the room?
- **Is the event being held in a space where all participants will feel equally comfortable?** Is it wheelchair accessible? Is it in a part of town that's easy to reach by various kinds of transportation? If you are bringing together different constituencies, is it neutral territory? Does the physical configuration allow for the kind of discussion you hope to have?
- **Will the set-up of the room help you meet your goals?** Is it comfortable? If you intend to have a discussion, can people see one another? Are there spaces to use for small breakout groups? Can everyone easily see the screen and hear the film?
- **Have you scheduled time to plan for action?** Planning next steps can help people leave the room feeling energized and optimistic, even when the discussion has been difficult. Action steps are especially important for people who already have a good deal of experience talking about the issue(s) on the table. For those who are new to the issue(s), just engaging in public discussion serves as an action step.



Using This Guide

Facilitating a Discussion

Controversial topics often make for excellent discussions. By their nature, those same topics also give rise to deep emotions and strongly held beliefs. As a facilitator, you can create an atmosphere in which people feel safe, encouraged, and respected, making it more likely that they will be willing to share openly and honestly. Here's how:

Finding a Facilitator

Some university professors, human resource professionals, clergy, and youth leaders may be specially trained in facilitation skills.

Preparing Yourself

Identify your own hot-button issues. View the film before your event and give yourself time to reflect so you aren't dealing with raw emotions at the same time you are trying to facilitate a discussion.

Be knowledgeable. You don't need to be an expert on right-to-die issues, but knowing the basics can help you keep a discussion on track and gently correct misstatements of fact. In addition to the Background Information section above, you may want to take a look at the suggested web sites and books in the Resources section on p. 19.

Be clear about your role. You may find yourself taking on several roles for an event, e.g., host, organizer, or even projectionist. If you are also planning to serve as facilitator, be sure that you can focus on that responsibility and avoid distractions during the discussion. Keep in mind that being a facilitator is not the same as being a teacher. A teacher's job is to convey specific information. In contrast, a facilitator remains neutral, helping move along the discussion without imposing their views on the dialogue.

Know your group. Issues can play out very differently for different groups of people. Is your group new to the issue or have they dealt with it before? Factors like geography, age, race, religion, and socioeconomic class can all have an impact on comfort levels, speaking styles, and prior knowledge. Take care not to assume that all members of a group or community will share the same point of view. If you are bringing together different segments of your community, we strongly recommend hiring an experienced facilitator.



Using This Guide

Preparing the Group

Consider how well group members know one another. If you are bringing together people who have never met, you may want to devote some time at the beginning of the event for introductions.

Agree to ground rules around language. Involve the group in establishing some basic rules to ensure respect and aid clarity. Typically such rules include no yelling or use of slurs and asking people to speak in the first person (“I think...”) rather than generalizing for others (“Everyone knows that...”).

Ensure that everyone has an opportunity to be heard. Be clear about how people will take turns or indicate that they want to speak. Plan a strategy for preventing one or two people from dominating the discussion. If the group is large, are there plans to break into small groups or partners, or should attendance be limited?

Talk about the difference between dialogue and debate. In a debate, participants try to convince others that they are right. In a dialogue, participants try to understand each other and expand their thinking by sharing viewpoints and listening to each other actively. Remind people that they are engaged in a dialogue.

Encourage active listening. Ask the group to think of the event as being about listening as well as discussing. Encourage participants to listen for things that challenge as well as reinforce their own ideas. You may also consider asking people to practice formal “active listening,” in which participants listen without interrupting the speaker, then re-phrase to see if they have heard correctly.

Remind participants that everyone sees through the lens of his or her own experience. Who we are influences how we interpret what we see. So everyone in the group may have a different view about the content and meaning of the film they have just seen, and all of them may be accurate. It can help people to understand one another’s perspectives if, in addition to sharing their views, people identify the evidence on which they base their opinion.

Take care of yourself and group members. If the intensity level rises, pause to let everyone take a deep breath. You might also consider providing a safe space to “vent,” perhaps with a partner or in a small group of familiar faces. If you anticipate that your topic may upset people, be prepared to refer them to local support agencies and/or have local professionals present. Think carefully about what you ask people to share publicly, and explain things like confidentiality and whether or not press will be present. Have the suicide hotline number—1-800-SUICIDE—handy.



General Discussion Questions

Immediately after the film, you may want to give people a few quiet moments to reflect on what they have seen. If the mood seems tense, you may want to pose a general question and give people some time to themselves to jot down or think about their answers before opening the discussion.

Unless you think participants are so uncomfortable that they can't engage until they have had a break, don't encourage people to leave the room between the film and the discussion. If you save your break for an appropriate moment during the discussion, you won't lose the feeling of the film as you begin your dialogue.

One way to get a discussion going is to pose a general question such as

- **If you could ask anyone in the film a single question, who would you ask and what would you ask them?**
- **Imagine you are talking with a friend and they ask you what this film was about. What would you tell them?**
- **What insights, inspiration, or new knowledge did you gain from this film?**
- **Two months from now, what do you think you will remember from this film and why?**



Self-Made Man Bob Stern as a soldier in W.W.II. Stern served with the Army Air Forces in Burma and India building aircraft guidance towers.
Archival photo courtesy: the Stern family



Discussion Prompts

The Right to Die/Rational Suicide

- The filmmaker asks, “The self-made man is an American hero. But if we celebrate the self-made man, can we accept the self-made death?” How would you answer her?
- Mike doesn’t like the way his father ended his life, but says, “I think people should have the right to end their life with dignity.” He observes that you can take a beloved dog to the vet and be there with it and have it go out peacefully, but a person has to find a way to kill themselves, often alone and isolated from their loved ones. Do you agree with Mike that people have a right to end their lives with dignity? Why or why not? Do you think that others should have the right to assist? Why or why not?
- Following up on her mother’s observations, the filmmaker comments on the use of the word “should” in the sentence “I think I should kill myself.” Susan says, “The deepest *shoulds* for many people come from religious beliefs. God decides when people die. But God wasn’t much part of our family life.” What guidance does your religion or belief system provide on end-of-life decisions?
- As you listened to Bob, which of his arguments did you find compelling and with which did you disagree?
- Consider the differences in how each of the following systems of thought reach conclusions about end-of-life decisions:
 - Medical ethics
 - Religious teaching
 - Law and legal precedent
 - Philosophy (especially espousing individual liberty)
 - Psychology
- Which system should be used as the basis for government policy and why? Which guides your own decision-making and why?
- The filmmaker asks, “What is a good death? Who should decide?” How would you answer her?

- Bob says, “Life is not forever. I’m 77. I’ve had good years, I’ve been a very fortunate man.” Does being satisfied that one has lived a full life make suicide acceptable? Is there a cut-off age? Would you accept Bob’s judgment of his life if he had been 37 years old instead of 77? How about 57? What are the implications of accepting decisions from the elderly that we would find troubling from younger people?

Making Decisions

- Bob speaks of using a cost-benefit analysis (weighing the “price” against the “reward”) to make his decision about whether to have surgery or end his life. On the cost side, what emotional costs does he include? Which people does he include? Are rational tools like cost-benefit analyses useful for decisions with significant emotional impact? Why or why not?
- Bob, his children, and his grandchildren consider whether Bob’s decision was selfish or selfless, courageous or cowardly. Susan summarizes, “Sometimes I think Dad wasn’t strong enough to be weak, to get old. Other times I think he had the courage to be himself.” How would you characterize Bob’s decision?
- Consider how Bob’s wife and son explain their own actions.

Adele says, “It is really rotten to say to someone, ‘I want you to lie there in a bed, being sick and in pain’—that’s really a rotten thing to say to somebody when you know they don’t want it. So you let them go.”

As Bob is walking out the door Mike stops him and asks, “Are you sure you want to do this? Are you sure you have to do this?” And he said yes so I just let him keep walking.” If you had been in Mike’s or Adele’s place, what would you have done and why?



Discussion Prompts

The Influence of Culture

- How would you define or describe a “self-made man?” Do you think that being “self-made” is an accurate label? Are “self-made men” really “self-made”? Do they do it all by themselves? What privileges, structures, and people work for and against them?
- American culture once emphasized the virtue of being “self-made”—the Horatio Alger notion that the United States is a meritocracy and those who work hard and with integrity will be rewarded. Do you think that American culture still values being “self-made”? Where do you see this value reinforced or contradicted?
- Mike says that his father “raised me to respect him.” What does respect for your parents mean to you? What about respect for one’s children?
- What did you learn about Bob’s family history, e.g., his relationship with his parents, his relationship with his children, etc.? How do you think his experiences influenced his choice?
- Themes of dependence and independence appear throughout the film. How would you define independence for yourself? As you age, what will you need in order to satisfy your desire for independence? Do you have a plan for arranging for those needs? What responsibility does your family have in helping you meet those needs? What responsibility does society have?
- The filmmaker observes that there is a fine line between “independence and isolation.” How would you describe the difference between the two?



Self-Made Man Bob Stern on his California ranch.
Archival photo courtesy: the Stern family

Independence and Definitions of Manhood

- What do you see or hear in the film to indicate how Bob defines what it means to be a man? How did his beliefs about gender roles influence his approach to health care, his willingness to following his doctor’s advice, and his final decision to end his own life?
- Susan says that her father “felt like once he set foot in the hospital, he’d no longer be in the director’s chair.” Is it realistic to expect a “self-made man” to put himself in vulnerable situations or to give up control? Do you know any people like Bob? In what ways does their independence serve them well? In what ways does it hinder them?



Discussion Prompts



- During the taping, Bob's doctor called to let him know that his heart surgery was low-risk, but according to the filmmaker, what Bob heard was that his prostate cancer might be terminal or cause impotence. In your view, how important is the loss of sexual function? What messages does our culture send to men about impotence and what are the sources of those messages?
- The sheriff says that suicide "is more common than what people realize, especially in this older generation of men with emotional medical issues confronting them. They just simply don't deal with it as well as the ladies do. They don't want to be seen as a burden and often times will feel like they're losing control, they have to take the matter into their own hands." In your view, why do men and women deal with illness so differently? If you could change something about gender roles that would improve the ability to cope with situations like Bob's, what would you change?

The young Bob Stern's family, from left: brother Ed Stern, father Jack Stern, Bob Stern, mother Jeanette Stern. Jeanette already had cancer when the photo was taken.

Archival photo courtesy: the Stern family



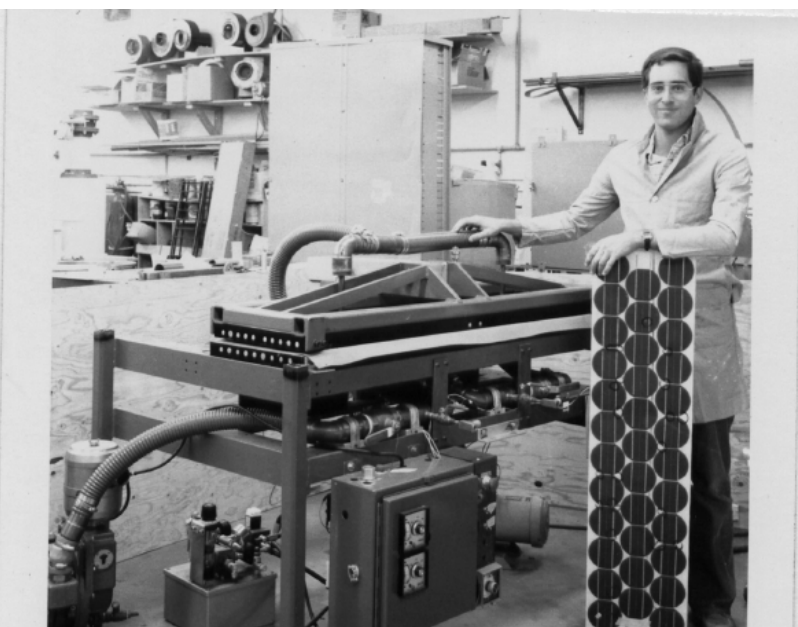
Taking Action

Sit down with family members and craft advance directives (also called health care proxies or living wills) for each person. Requirements vary by state. To investigate the rules governing your area, go to www.uslivingwillregistry.com/forms.shtm. Forms also may be available from your local hospital. You will probably also want to sign a health care power of attorney, giving someone you trust power to make decisions if you are incapacitated. Meanwhile, follow the debate over end-of-life choices and decide if you want to become involved. For more information on these choices, check out the web resources that follow.

Think about what you would say if you were going to say good-bye to your loved ones. Then figure out a way to discuss your sentiments with them while you are still alive by writing a letter or making a video or audiotape to be shared immediately or upon your death.

Plan a suicide-awareness event in your community. The Society for the Prevention of Suicide publishes a guide that can help: www.sprc.org/library/10stepguide.pdf

Form a committee at your religious institution to help congregants who are dealing with end-of-life issues.



Mike Stern with solar panels at ARCO Solar.
Archival photo courtesy: ARCO Solar



Resources

Websites

The film

P.O.V.'s *The Self-Made Man* Website

www.pbs.org/pov/pov2005/theseelfmademan

Access the *The Self-Made Man* web site for trailers, an interview with the filmmaker, and more.

Support of the Right to Die

COMPASSION & CHOICES

www.compassionandchoices.org

Compassion & Choices is the most prominent American right-to-die organization. It represents the merger of Compassion in Dying and End-Of-Life Choices, which was formerly called The Hemlock Society. The organization advocates for individual freedom of choice in end-of-life decisions.

THE DEATH WITH DIGNITY NATIONAL CENTER

www.deathwithdignity.org

The Death with Dignity National Center is the organization that proposed, passed, and helped implement the Oregon law that allows terminally ill individuals meeting stringent safeguards, to hasten their own deaths. The web site is the best resource for those considering legislation in their own states, including statistics and answers to critics.

Opposition to the Right to Die

BIOETHICS.COM

www.bioethics.com

The site brings together articles, editorials, and web site links from around the globe that counter right-to-die arguments.

What's Your P.O.V.?

*P.O.V.'s online Talking Back Tapestry is a colorful, interactive representation of your feelings about **The Self-Made Man**.*

Listen to other P.O.V. viewers talk about the film and add your thoughts by calling 1-800-688-4768. www.pbs.org/pov/talkingback.html

THE NATIONAL COUNCIL ON DISABILITY

www.ncd.gov/newsroom/publications/1997/suicide.htm

The National Council on Disability has crafted this very thoughtful paper outlining objections to assisted suicide.

Suicide Prevention

AMERICAN ASSOCIATION OF SUICIDOLGY

www.suicidology.org

The American Association of Suicidology is a non-profit organization founded in 1968 promoting suicide research, understanding and prevention. This site also provides an emergency help line: 1-800-273-TALK. For a useful fact sheet on elder suicide go to: www.suicidology.org/associations/1045/files/ElderlySuicide2002.pdf.

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

www.afsp.org

The American Foundation for Suicide Prevention web site offers some useful resources for those recovering from the loss of someone to suicide.

CENTER FOR ELDERLY SUICIDE PREVENTION

www.ioaging.org/programs/cesp/cesp.html

The CESP site offers support, guidance and hope for severely depressed and/or suicidal elders with links to a 24 hour Friendship Line and Grief Counseling.



Resources

General Information

AMERICAN PSYCHOLOGICAL ASSOCIATION

www.apa.org

A working group of the American Psychological Association prepared a comprehensive overview of issues related to physician-assisted suicide and other end-of-life decisions. (From the main page do a search for "assisted suicide").

AMERICAN ASSOCIATION OF RETIRED PERSONS MAGAZINE

www.aarp.org/aarpmagazine.org/Articles/a2003-01-14-dignity.html

This links to an article on an Oregon woman who chose suicide rather than a slow death from cancer. It also includes links to other articles from AARP's magazine, including articles that oppose suicide.

THE NATIONAL INSTITUTE FOR HEALTH

<http://www.nih.gov/sigs/bioethics/endoflife.html>

The National Institute for Health has collected a useful set of links to policies, programs, and organizations dealing with end-of-life and palliative care issues.

RELIGIONLINK.ORG

www.religionlink.org

This is a non-denominational site designed by the Religion News Writers Association for journalists researching stories. Searches on "assisted suicide" or "right-to-die" provide links to information from a variety of religious perspectives.

Books

Battin, Margaret Pabst. *The Least Worst Death: Essays on Bioethics on the End of Life* (Oxford University Press, 1994). Explores practices in a number of countries and will be of special interest to health care professionals pondering end-of-life issues as they relate to patient care.



The Self-Made Man with a gun.

Archival photo courtesy: the Stern family

Filene, Peter G. *In the Arms of Others: A Cultural History of the Right to Die in America*, (Ivan R. Dee, 1998). Looks at the 19th-century tradition of a "good death" through the benchmark Karen Ann Quinlan case and current challenges posed by medical interventions.

Werth Jr., James L., ed., *Contemporary Perspectives on Rational Suicide* (Brunner/Mazel, 1999). Pairs pro and con essays from a variety of professionals.

Articles

Lerner, Barron. "A Calculated Departure: For Someone in Good Health, Can Suicide Ever be a Rational Choice?" *Washington Post*. 2 March 2004.
www.biopsychiatry.com/misc/suicide.html



How to Buy the Film

To purchase *The Self-Made Man*

For institutions www.newday.com

For home viewing www.theselfmademan.com



Produced by American Documentary, Inc. and entering its 18th season on PBS, the award-

winning P.O.V. series is the longest-running series on television to feature the work of America's best contemporary-issue independent filmmakers. Airing Tuesdays at 10 p.m., June through September, with primetime specials during the year, P.O.V. has brought over 220 award-winning documentaries to millions nationwide, and now has a Webby Award-winning online series, P.O.V.'s Borders. Since 1988, P.O.V. has pioneered the art of presentation and outreach using independent nonfiction media to build new communities in conversation about today's most pressing social issues. More information about P.O.V. is available online at www.pbs.org/pov.

Major funding for P.O.V. is provided by the John D. and Catherine T. MacArthur Foundation, the National Endowment for the Arts, the New York State Council on the Arts, the Educational Foundation of America, the Ford Foundation, PBS, and public-television viewers. Support for P.O.V. is provided by Starbucks Coffee Company. P.O.V. is presented by a consortium of public television stations, including KCET/Los Angeles, WGBH/Boston, and WNET/New York. Cara Mertes is executive director of P.O.V., a production of American Documentary, Inc.

P.O.V. Community Engagement and Education

P.O.V. provides Discussion Guides for all films as well as curriculum-based P.O.V. Lesson Plans for select films to promote the use of independent media among varied constituencies. Available free online, these originally produced materials ensure the ongoing use of P.O.V.'s documentaries with educators, community workers, opinion leaders and general audiences nationally. P.O.V. also works closely with local public television stations to partner with local museums, libraries, schools, and community-based organizations to raise awareness of the issues in P.O.V.'s films.

P.O.V. Interactive www.pbs.org/pov

P.O.V.'s award-winning Web department produces our Web-only showcase for interactive storytelling, P.O.V.'s Borders. It also produces a Web site for every P.O.V. presentation, extending the life of P.O.V. films through community-based and educational applications, focusing on involving viewers in activities, information, and feedback on the issues. In addition, www.pbs.org/pov houses our unique Talking Back feature, filmmaker interviews, and viewer resources, and information on the P.O.V. archives as well as myriad special sites for previous P.O.V. broadcasts.

American Documentary, Inc. www.americandocumentary.org

American Documentary, Inc. (AmDoc) is a multimedia company dedicated to creating, identifying, and presenting contemporary stories that express opinions and perspectives rarely featured in mainstream media outlets. AmDoc is a catalyst for public culture, developing collaborative strategic- engagement activities around socially relevant content on television, on-line, and in community settings. These activities are designed to trigger action, from dialogue and feedback to educational opportunities and community participation.

Front cover photo:

Self-Made Man Bob Stern as a young man.

Archival photo courtesy: the Stern family

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