Twenty years on, *Buffy the Vampire Slayer* remains a clever and intense show. Its best episodes were infused with wit and guile, which belied the title’s silliness. The series moved with remarkable ease from battles to comedy, taking in romance and tragedy, and keeping it all within a context of growing up in high school.

Yet Series 5 took the show into a battle with an enemy that Buffy had no chance against: the death of her mother.1 Her mom begins suffering from collapses, then losses of consciousness and episodes of confusion. The initial denial of the problem reflects the reality of many patients with serious conditions that we all see every day. However, eventually, thanks to Buffy’s persuasion, her Mom gets a CT scan and then a biopsy.

The anxious wait for results is echoed by the coldness of the hospital waiting room and the harshness of the impending diagnosis. When the doctor appears, we see one of the most realistic depictions of bad news.

*Your mother has … It’s a brain tumour.* The first words from his mouth stun Buffy into silence. The doctor keeps relentlessly pushing information and trying to fill the silence with hope, unaware of the impact of these words on Buffy. Yet the sound is turned gradually lower. Words such as ‘glioma’ and ‘excision’ are barely heard, while the camera instead focuses on Buffy’s face, her mouth gasping to try to contain the shock, her eyes bulging at a horror that she cannot fight. Soon, not one of the doctor’s words is audible.

I often use this example when training registrars and medical students. Patients’ minds often fixate onto the most serious condition possible, once told they have a brain tumour. Any other words become white noise and static, and float past on empty currents of dead air. What Buffy needed here, and what our patients need, is safe space with their doctor to understand and process the implications of explanations.

The series portrays Buffy’s mother as she is treated, and the audience is led to believe that her treatment is working as Buffy’s life returns to its normal routine of battles to comedy, taking in romance and tragedy, and keeping it all within a context of growing up in high school.

The silence is eventually broken by one of Buffy’s companions, Anya, who with a child-like innocence says what everyone is feeling, *There’s just a body, and I don’t understand why she just can’t get back in it and not be dead any more. It’s mortal and stupid.* A sentiment echoed by many grieving families, particularly with patients who identify themselves as strong people. An undefeatable enemy causes them to crumble.

Buffy’s friends suffer from the desperate need to be helpful, common to any bereavement, yet the characters end the show stuck in the cold light of the hospital morgue, unable to find the comfort of darkness and dreams. They are strangely torn apart, unable to find any understanding of the emptiness. Buffy even has to fight a vampire over her mother’s dead body.

It is tempting to act like Buffy’s friends, trying to fix everything. Yet bereavement is very often accompanied by helplessness, and we would do better to spend time with patients, listening to their stories and helping patients to understand the emotional journey of loss. Signposting interested families to join Buffy on her journey for 45 minutes would be a good way to encourage emotional engagement.

Michael Bryant, GP, Wales.

References


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