

PALLIATIVSTATION

Palliative Care Unit

Director Philipp Döring

Germany | 2025

245 min. | German with English subtitles

Cinematography Philipp Döring. **Editing** Philipp Döring.
Producer Philipp Döring. **Executive Producer** Philipp Döring.
Production company Philipp Döring (Berlin, Deutschland).
With Sebastian Pfrang, Winfried Hardinghaus, Annette Ortmann,
Tabea Sammer.

Synopsis

"It's not about giving life more days, it's about giving days more life" is one of the ideas formulated by Cicely Saunders, the founder of palliative care. It flickers up during a presentation in Philipp Döring's four-hour institutional observation while a carer instructs a new staff member. They are at the Franziskus hospital in Berlin. Döring documents a few months here between the start of the year and summer, accompanying doctors on their rounds and in consultations with relatives and listening in on the team's internal exchanges, which don't shy away from mentioning shortcomings. A safe space is created that follows its own rules, in which dialogues about life paths are taken up and reflected upon, progress is celebrated and approaching farewells entrusted to the necessary people. **PALLIATIVE CARE UNIT** is thus also a film about language, which shifts between medical jargon and different dialects and is sometimes only able to be produced with technical help. Döring gets very close to death, but with it also to life. His film is weighty, impressive and yet never becomes crushing under the burden of fate. One thing quickly becomes clear: life only ends with the final heartbeat. (Carolin Weidner))

Philipp Döring, was born in 1977 in Freiburg. He studied German philology and, later, film directing at the Filmakademie Baden-Württemberg. His thesis film **AM ANDEREN ENDE** won the First Steps Award and the Deutsche Kamerapreis. He shot more short films as well as videos for NGOs, and worked in various theatres for Luk Perceval. Despite his love of feature films, he primarily earns his money making short videos for social media. **PALLIATIVE CARE UNIT** is his first feature-length documentary. Döring currently lives with his family in a small village in Tuscany.

Films: 2009: *Am anderen Ende* / *At the Other End* (short film). 2012: *Nagel zum Sarg* / *The Nail* (short film). 2013: *Kann ja noch kommen* / *Maybe Later* (short film). 2016: *Meander* (experimental film). 2020: *Exil Backstage* (web series). 2025: *Palliativstation* / *Palliative Care Unit*.

Director's Statement

A Film About Life

The result of a one-man shoot that demanded a lot of trust

When I tell someone that I am currently working on a film about a palliative care unit, the response I nearly always receive is a shocked: "Oh God, are you really doing that to yourself?"

Actually, my first impetus to make this film was an impulse to examine my own fear of death. One of my uncles died in hospice care after a long, difficult illness – but until the very end, he never lost his courage to face life and his cheerfulness and he examined very consciously how he wanted to spend his final months. Of course, he was one generation older than me. Nevertheless, it really made me think about how differently I deal with the topic.

In my research, I soon understood something that will hopefully become clear in the film as well. In the palliative care unit, it is far less about dying than it is about life. It is a matter of helping gravely ill patients to find a way to deal with their own death and to fill their remaining time with as much quality as possible, to live the final phase of their life consciously. Therefore, I too see my film more as a film about life than about death.

The path from the idea to the shoot was a long one. The first two palliative care units that had already more or less agreed were called off again by the hospital management. In the end, the Franziskus Hospital confirmed and I was about to start shooting – than came Covid.

As the project could finally move forward several years later, I was at first still unsure if it would be possible to capture the extremely intimate conversations and situations on camera. But from the first moment on, I received considerable trust from the team at the ward. Surely, it also helped that I was there alone, with my camera. And they quickly noticed that somebody was deeply interested in their work. Consequently, strong trust on both sides was created. The patients surely felt this too.

It was a huge effort to finish this film completely alone. Only after the editing was finalized did the sound mix and colour grading crew members join. On the other hand, I think that I could only have made this film in this way – without a budget, but therefore with total artistic freedom.

Philipp Döring

Interview

'It's also about learning to deal with that kind of situation.'

Philipp Döring talks to Carolin Weidner and Christiane Büchner about the filming conditions in a palliative care unit, the relevance of trust and spending time that remains in a meaningful, positive manner

Carolyn Weidner: Philipp, **PALLIATIVE CARE UNIT** is one of your first documentaries, but I saw that you made an in-depth documentary about a theatre ensemble a number of years ago. Was your approach to that film also a preparation for **PALLIATIVE CARE UNIT** to a certain extent?

Philipp Döring: I might start a bit earlier. I studied fiction film production in Ludwigsburg and made a short thesis film there. Afterwards, I made a few more shorts and there were a few other projects for which I also had screenwriting subsidies, but whose financing ultimately did not work out. It's a frustrating process since at some point you need to earn money. In my last year in Ludwigsburg, an acting and theatre academy was founded, which is unusual. I met Luk Perceval, the artistic director, and asked him if I could document the rehearsal process. Later, he had a project at the Ruhrtriennale with his Thalie Ensemble and I made a kind of 'making of' about it. I thought that was great because I really enjoy the working environment in theatre and could move around with total freedom. I learned to work as a documentarian there. Basically nobody saw these films. But I understood that I can work entirely on my own. I was just about to give up on artistic filmmaking. But I wanted to do at least one more thing for real, and with the conditions that it would be documentary, that I could do it alone, and that it would again be about a limited setting. While filming the ensemble, I also realised that I'm interested in teamwork.

CW: What came next? How did you find the subject?

PD: On a personal level, one of my uncles had just died. He was sick for a long time with a bad cancer, and he was only given a few weeks to live, but somehow he did not die. He was cheerful until the end, even though he certainly felt a lot of pain. He even planned his own funeral. The way he dealt with his own death left a strong impression on me. At the same time, I felt that the topic filled me with fear. I then started looking at palliative care units in Berlin.

CW: It wasn't clear that you would choose the Franziskus Hospital?

PD: Right, that's a long story. I had the idea about ten years ago. At that time, I went, as one does in Berlin, to the Charité Hospital. It's often the case in palliative care units that there is one person who holds everything together. This doesn't need to be a doctor, sometimes it is a psychologist. Nevertheless, there is often chaos and everyone is overworked. The palliative care unit in the Franziskus Hospital was, the first time I was there, very small. They only had six beds. I thought, it's just too small. Then I was in Havelhöhe, where we had in fact agreed with the head doctor, but when we discussed the contract, the hospital management stepped in. It was similar at the Emil von Behring Hospital. Then I looked at the Franziskus again. In the meantime, it had expanded and also re-located. We came to an agreement. One month before I was supposed to start, Corona came and everything was delayed for another three years. But they stuck with it and I did too, and then I could begin.

CW: How did you describe your plans to the care unit? Did they have any concerns?

PD: Chief physician Hardinghaus, who also appears a few times in the film, is chairman of the German Hospice and Palliative Association and very politically engaged. It is very important to him to spread ideas about palliative care and he was also very open to the project. I told him that I did not want to make a film about dying patients, but instead really wanted to show what the work in the unit is like. How does palliative care work? They also noticed that I was just interested in what they do there. A few months prior, a TV crew had spent a few days at the Franziskus Hospital. This led to a few people bailing out of the care unit, since they didn't want to have that kind of experience again. Many doctors' openness probably is also related to the fact that

palliative care, at least in doctors circles in Germany, is only taken half-seriously. They want to find open ears and make their ideas better known.

CW: How long did you film and how did you prepare?

PD: I estimated 6 to 8 weeks, and in the end it was two months. Mentally, I tried to be open. From my research in the different palliative care units, I knew more or less what to expect. What I did not know was how the patients would react to the camera. I simply hoped it would go well. Otherwise, it was not possible to do so much preparation. For me, it was mainly about the right mindset.

CW: Many scenes we see in your film have very intimate conversation situations. The shots are sometimes very long as well. We were very impressed. What was your process?

PD: In the first few days, we developed a procedure with the senior physician, who is on-screen the most. This worked very well and we basically kept it until the end. When a new patient arrives, there is usually an anamnesis on the same day, an initial intake, and I always accompanied them, without the camera. I wore a gown and sat to the side like a student. At the end of the conversation, they would mention that I am making a film about the unit. That was enormously important, because by then a lot of trust had already been established. Finally, they asked if it would be fine for me to film them and ensured that this would of course have no influence on the treatment. For two out of three patients, this was okay.

CW: I'm interested in the camerawork. Was it easy for the patients to ignore or did they need to adjust to it? There was a foreign body in the room.

PD: I think that due to the fact that the unit's team was not bothered by it, the patients did not either. Of course, everyone had to adjust a little, that's obvious. But it really went well. Honestly, I was a bit surprised how well it went.

CW: Do you have an explanation for that?

PD: An important word here is trust – if there is a foundation of trust between the patients and the team and it is clear that between me and the team there is also a foundation of trust, then that brings a lot of calm to the situation. I was also standing in the corner and was quiet, I didn't move a lot. Besides, they have important things to discuss. They probably didn't take that much notice of me. I tried to be a self-evident, perhaps even boring appendage in the unit.

CW: And the family members? A few of them are seen too.

PD: In fact, that was similar. It's about trust and transparency. I can also recall one moment in which the wife of a patient broke into tears. Annette, the head nurse in the care unit, gave me a sign to leave, which I of course did right away. That is also part of the foundation of trust.

Christiane Büchner: What about the duration, the four hours? The film is about the little time that remains, lifetime. But your film takes a lot of lifetime from viewers. How did that come about?

PD: My feeling was that the subject matter demanded a certain length. The scenes and conversations are long, it is also about endurance and learning to deal with such a situation. In one of the conversations towards the end, where the woman is on the roof with her partner, I simply knew that scene needed to be long, that nothing needed to be shortened. The first rough cut was ten hours long and only I watched it. The second was six hours. That's the advantage of not having a TV station, an investor, or a producer and if you are also not interested in the theatrical release. Then you have no run time limitations.

CB: For me, your film is really about what it means not to hurry death. That is, not to declare as already dead someone who is in fact hopelessly sick, but instead to enliven the time that remains. How did you approach that? What changed over the two months, what you saw and perceived?

PD: I arrived there with a lot of respect for the staff and in the process that respect actually grew. How the people in the unit manage to be completely present at work and nevertheless find an everyday life there. How they also need to keep a certain distance when they go home to their families or their other life. They need to say goodbyes every day. I wasn't aware before how intense this change is.

CW: You show the team speaking among themselves. Was it possible to film a supervision session, too, for example?

PD: That was one of the meetings where they did not want a camera present.

CW: Parallel to filming, did you discuss your experiences with anyone professionally? Simply as treatment or support?

PD: No. I didn't know either how it would be when I would deal with it at such a length. But I found the way things were handled in the unit unbelievably positive, life-affirming, and strengthening. The basic mood is different than in a hospital, which is dominated by passage and many patients feel unseen. You have the feeling that something is occurring here and it is meaningful. People are really helped. That's why it was a very positive experience for me.

*CW: I have the impression that this comes through when you watch the film. A lot of us were a little afraid of **PALLIATIVE CARE UNIT** for different reasons. At the same time, a special, staggering feeling arose very quickly. It is likely what you just said, that you witness something that is meaningful and in fact good.*

PD: Yes, I'm thinking of the scene on the roof again. Everything for that patient is terrible, but he finds a way to deal with it. It's a commonplace, but everyone has to die at some point. To understand this and to arrange the time you have left as the situation allows is meaningful.