FOLIA 278

Annales Universitatis Paedagogicae Cracoviensis

Studia ad Didacticam Biologiae Pertinentia 8 (2018)
ISSN 2083-7276
DOI 10.24917/20837276.8.9

Philippe Chavot, Anne Masseran

The televisual framing of organ transplantations in France, from the 1960s to the 1980s

Introduction

Since the first successful organ transplants in humans, television has represented a means of making public and popularizing a surgical operation that is not self-evident in scientific terms or in terms of social acceptance. This is especially true for heart transplants, which were by far the most publicized operations in the 1960s and 1970s. Also, in a 1968 news programme, the American Norman Shumway, the main competitor of the South African Christian Barnard in the race for the first cardiac transplantation, argued that the increase of the number of voluntary donors "will be one of the beneficial effects of the total coverage of this event [the first heart transplant] by the press and television" (Schiller, Désiré 1968). From this period onwards, the construction of the TV discourse on organ transplantation has resulted from interactions between doctors, journalists and institutions. Television first contributed to the recognition of a practice that broke certain taboos. Then, it helped gain public support by establishing a virtual link between the public and the field of transplantation. Doing so, television has constructed narratives or stories depicting social images of a sophisticated medicine, of functioning and dysfunctional bodies, of life and death, and of solidarity.

As part of this positive relationship between television and organ transplants, the French case is peculiar. Although the links between the media and organ transplantation were quite strong in other countries, they were not necessarily going in favour of the practice of transplantation. For instance, Nathoo (2009) analyzed the early interaction between the media and the heart transplant field in Britain in the 1960s. The press and the television quickly took over the field, but they painted quite a negative picture of heart transplant through destructive reporting on transplant failures and premature death of patients. This breach in the media's handling of transplant surgery culminated in the BBC TV programme "Tomorrow's World" on February 2, 1968, when Christiaan Barnard, author of the first successful heart transplant, had to "face his critics".[1] According to Nathoo, this publicization

1 This TV show was entitled "Barnard faces his critics". The criticism not only drew on emotions, but also concerned medical and political aspects: it insisted, for instance, on the fact that the first South African donors were black whilst the recipients were white.

of criticism about Barnard was decisive in stopping heart transplant in Britain for a decade, the technology being considered unsuccessful.

Inversely, in France, television fully supported organ transplantation since the late 1960s. Admittedly, discordant voices appeared on the TV screen, particularly with regard to cardiac transplants, for which the survival of patients at one year was at that time far from assured. Nonetheless, the operation appeared as a success story of medicine, and the actors of the transplant (surgeon, patient, families) were presented as true heroes.[2] Furthermore, it appears that, at least in France, the core of the graft narrative produced by television was peculiarly stable over time: it focused on the operation and on its positive consequences, on the talented and human surgeon, and on the grateful recovered patient.

This persistence of a positive narrative staging heroic characters is intriguing and needs further investigation. This paper intends to show how this narrative has been constructed through time in France and how contextual element may have affected it. We will examine the premises and the founding elements of the graft narrative in French TV. First, we will describe the four periods of graft represented on screen in France. Second, we will focus on the "actors" of this story, the surgeon, the patient, the donor and later the organs, and discuss the part they played in the construction of a public image of organ transplantation. Finally, we will show how stable these elements are, but also how their staging has been adapted according to the televisual, institutional and sociological changing contexts. For this part, we will focus on the televisual shaping of transplant from the 1960s up to the 1980s in France.

Method

To carry out this study, we have viewed documents from the National Audiovisual Institute (*Institut National de l'Audiovisuel* – INA). INA gathers archives from the national radio and TV channels or those having a share of French funding. It provides descriptive notes that generally present a fairly complete description of TV programmes, be they magazine or news programmes. These notes contain information about the status of the programme or of the clip (title, authors, producers), its broadcast (channel, date and time of broadcast) and describe their content through a summary and several key words (called "descriptors"). In a previous search (Chavot, Masseran 2001, 2011), we used the *Mediacorpus* database developed by the INA. We looked at descriptive notes related to three types of programmes: TV news programmes, magazines and fiction. We identified more than 900 TV news clips dedicated to organ transplant over the period 1950–2000, and about 450 videos related to other programmes (television shows, news magazines, TV movies). We viewed about 20% of these productions, selected first by means of core sampling,

2 The French press was not as unanimous on the benefits of heart transplants as French television. For example, after the death of Father Boulogne, who survived 17 months after his heart transplant, the journalist Pierre Rouanet (1969) signed an article in the weekly *Nouvel Observateur* entitled "The damnation of Father Boulogne". There, he described the "physical and mental martyr" that the patient suffered after his graft.

and then in relation to historical and thematic angles. This first approach helped us construct a periodization of graft on screen.

This first work has been supplemented by a more detailed analysis of the 1967–1982 period within the frame of the BodyCapital programme. We made use of the new INA *Mediapro* online database, which includes regional collections and allows watching TV programmes online. We identified 310 descriptive notes related to organ transplants for that period, which we have processed and recoded via the Atlas. TI discourse analysis software. Then, we conducted a double analysis: a quantitative treatment of the frequency of certain angles (first medical, science popularization, sensitisation campaigns, testimonies) and "actors" (human and non-human). Finally, we watched a selection of clips to study the foundation of narrative elements and their evolution according to contextual elements (technological developments, TV evolutions, legal and institutional transformations).

Periodization

Based on our analysis of the INA archives, we propose to distinguish four periods, which take into account changes in the staging of actors and those driven by contextual factors (evolution in medical practices and of television, societal and legal breakthrough, for instance).

The first period is that of the medical advances, culminating with the first heart transplant in December 1967. It is a pioneering period, as much for television, which was becoming more democratic and was "bringing science" into the living room (Nelkin 1987), as for graft surgery, whose long-term success and even social acceptance had not yet been achieved. During this period, television focused on medical achievements and on science heroes. These heroes are the surgeons, but also the organ donors and the few patients who survived the operation. In this case, 1968 was a significant peak in media coverage (Fig. 1). More than a hundred heart transplants were performed worldwide and five in France. Therefore, and from that moment on, transplantation entered the TV agenda (McCombs, Shaw 1972) and a master narrative has gradually taken shape (Chavot, Masseran 2011).

A legal transformation opened the second period. The 1976 Caillavet bill established the principle of presumed consent and of anonymity for organ donation.[3] Then, the television staging insisted on the rational aspect of the graft, presented as a mechanical repair of the body. At this moment, organ transplantation, and in particular kidney transplantation, was presented as a "routine" operation. The surgeon is at the service of medical procedure that is becoming sustainable since the legal-social difficulties (the removal procedures) and the medical ones (the rejection of organs[4]) were about to be resolved. However, over the same period,

3 **Bill n°76-1181 of 22 December 1976 on organ removal.**

4 Cyclosporine was experimentally used in organ transplants to reduce the risk of rejection in the late 1970s. Its use, combined with a deeper knowledge of the HLA system, largely contributed to the success of heart transplant: in 1985, 83% of patients survived a year after a heart transplant (Colombo, Ammirati 2011), while only 15% of those grafted in the 20 months period following the first heart transplant survived 6 months.

several dysfunctions were intensely publicized, especially in the 1980s and 1990s: international trafficking of organs, disrespectful treatment of the donor's body, problems in organ allocation, etc (Campion-Vincent, 1997). These cases were an echo to the scandals that distorted the public image of the biomedical sector, such as the contaminated blood scandal of 1991. Hence, while the "routinization" of transplant was scenarized, malfunctions of the transplantation system were pointed out in the media.

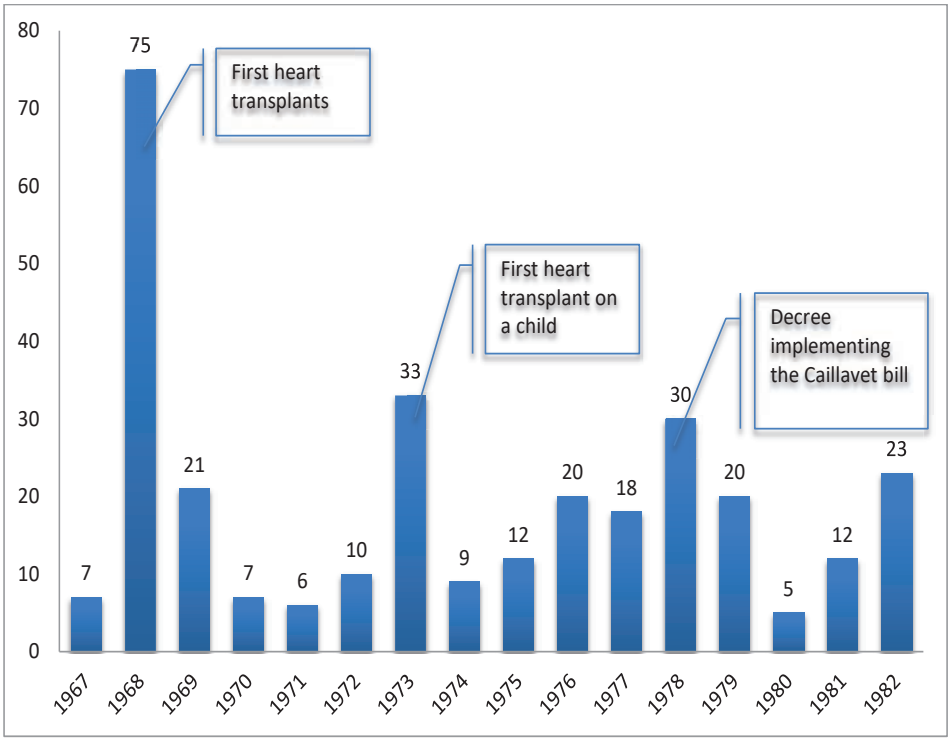

Fig. 1. Number of video clips or programs devoted to organ transplants on the three French TV channels,5 1967–1982 (n=310).

The management of these dysfunctions by the State opens the third period. The 1994 bioethics laws[6] provided a new framework for organ removals and transplantation. They recommended, in particular, to collect the testimony of relatives in order to establish what could be the opinion of the brain-dead person regarding organ donation. In addition, they set up a state body, the *Etablissement français des greffes*, to coordinate the activity of transplantations and manage communication to the media and the general public. The challenge was to face the "organs shortage".

5 The third French TV channel had been instituted in 1972.

6 **Law no. 94-654 of 29 July 1994** on the donation and use of elements and products of the human body, medically assisted procreation and prenatal diagnosis.

And as a consequence, most television reports of that period focused on patients waiting for a graft and on the difficulties they faced in daily life.

The contemporary period does not really break with the previous one but reinforces its pattern: state commitment was consolidated by the creation of the Agency of Biomedicine in 2005, which manages communication with the media and develops new sensitization campaigns (Masseran, Chavot 2014). However, the first spectacular non-vital transplants – such as face and hand transplants – in the 2000s added new dimensions to transplant stories (Chavot, Masseran 2015).

The way in which TV reports on organ transplantations has not only been affected by the transformation of the medical, legal and ethical contexts. It was, over time, also influenced by the transformations of television techniques, genres and practices. This may change the framing of transplant stories: for example, while the talk shows of the 1970s highlighted the confrontations between experts and laymen, the "television of intimacy" (Mehl 1996) of the 1990s refocused on patients' lives. Finally, it should be noted that all television genres have devoted subjects on transplantation: news programmes, news magazines, talk shows, science popularization broadcasts, fictions, documentaries and debates. The integration of transplantation into these very different genres has favoured its societal integration. In addition, the emergence of digital recording in the 1990s led to a plethora of images being shot. These recordings truly enter the intimacy of patients or of hospital life and have contributed, through significant extracts, to the construction of lifelike stories.

The founding elements of the narrative

The television staging of organ transplants in the 1960s and 1970s was rather one-dimensional, partly because of the historical formation of French TV. Indeed, in the 60s, the French Television Broadcasting (*Radio télévision française* – RTF) offered only two channels, the third channel having been created in 1972. All three were public channels. It was only from the mid-1980s that the number of channels increased significantly. Nonetheless, from that time on, only a few channels – and among them the German-French channel ARTE – provided alternatives to the master narrative on organ transplantation. This narrative includes four elements.

The surgeon and the donor

In the 1960s, television was still a "novelty", a relatively rare object very respected in the household (Jeanneney 2011; Bourdon 2017). At that moment, the media were building the first public significations of organ transplantations. In 1967–1968, French television presented a dozen reports or interviews on the first two cardiac transplants performed by the South African Christiaan Barnard. The staging gives a heroic image of the surgeon. In the report, "The heart: Cape Town – these doctors at the end of the world", broadcasted in the *Panorama* programme in January 1968 (Larriaga 1968), science and humanity come together to form a coherent narrative whose meanings are not negotiable: heart transplantation is not only portrayed as a major medical advance, it is presented as a culturally acceptable approach.

Television, as a symbol of modernity and object of desire, reinforces the influence of this narrative.

Several features of this report help ensure the acceptability of transplantation. First, the television staging shows a positive narrative, far from the myth of Frankenstein or certain negative cinema fictions of the time.[7] It is a matter of showing that it is possible to give one's own organs. Thus, this 1968 report begins with the interview of the donor's wife surrounded by her family. She explains the decision she made to give her husband's heart to help another person (Fig. 2).

Fig. 2. Testimony of the donor's wife surrounded by her family (Larriaga G., 1968, *Le cœur: le Cap – ces médecins du bout du monde*, [in:] *Panorama*, 1ère chaîne, 12 January).

Later in the report, Professor Barnard explains to the journalist how he asked the donor's wife:

> Barnard: "I have treated the donor as far as I can, I have no more treatment left. And now you could do a service to humanity by donating his heart. I have no more feeling about it, I have done my best for the one patient and now what I want to do is my best for the next patient" (Larriaga 1968).

Hence, in this report, the donor family is involved in the graft narrative just as the hero surgeon. And for some time to go, the donor would systematically be integrated into the television staging, either through the testimonies of his/her relatives or through the filming of his/her burial.

Second, in this report, Professor Barnard appears both as a talented and as a deeply human surgeon. He expresses his talent through surgical techniques, and his humanity through his determination to help and save lives. This point is clearly underlined in his brother's testimony (Fig. 3).

Barnard's brother: "My brother is a doctor. […] I would say that the only reason for that present success is that he is first of all a doctor, and then a surgeon. For him

7 Such as the movies *The hand of Orlac* (Greville 1960), staging a pianist who had been grafted the hands of a recently executed murderer, and *Eyes without a face* (Franju 1960), staging a plastic surgeon determined to perform a face transplant on his daughter.

every patient is something special, somebody that needs him and somebody whose life is in danger" (*Ibid.*).

Fig. 3. Human and family ties, presentation of Professor Barnard (1,4) by his brother (2) (ibid).

The patient: central actor of the celebration of the transplant success

During this pioneering period, the French cameras particularly scrutinize the life of the patient/recipient: it is the living proof of the necessity and of the success of the transplant. Hence, he/she becomes a public figure, just like the surgeon. For instance, the picture of the first cardiac transplant recipient Washkansky on his hospital bed has appeared around the world, but he died prematurely, eighteen days after the graft. The main indicator of the success of the operation is the health status of the patients: those of French recipients were presented in news programme, either through health bulletins or press conferences. More generally, any indication of the grafted person's return to a normal life would be filmed as a sign of success. And when contact with the patient turned out to be impossible, the journalist asks the nurses about the contents of his/her meals, for instance

In this context, special attention is paid to Dr. Blaiberg, the second of Barnard's patient to be grafted in January 1968. He has been interviewed on his hospital bed a few days after the graft. Later, after leaving the hospital, his residence is taken over by spectators and journalists, to the point that police was requested to protect him from the crowd. However, although the transplant is successful, the patient refuses to play the game of television communication, his wife having signed an exclusive contract with a Hollywood firm.[8] A March 1968 TV documentary (Bernadac 1968)

8 This is the explanation given by the journalist when facing the impossibility of interviewing Dr. Blaiberg. Nathoo (2009) largely comments on the war opposing American and British media to make a film of Barnard's second heart transplant.

stages all his displacements and comments them, as it would do for a country's president (Fig. 4). And the camera can sometimes put on a critical look, taking for instance by surprise his driver and his wife smoking cigarettes on the way to the city.[9] It focuses as well on the difficulties that Blaiberg faced to climb a few steps at the entrance of his building.

Fig. 4. Dr Blaiberg and his wife getting out and back to medical visit in Cape Town (Bernadac C., 1968, *Quelques pas avec Blaiberg*, [in:] *Panorama*, 1ère chaîne, 22 March).

The same narrative line appears in one of the first successful French heart transplant. In the report "Father Boulogne a year after" (Bourget 1969), broadcasted in May 1969, two complementary messages are developed. First, the staging shows an operation whose success seems total. Father Boulogne's body is filmed as proof of the effectiveness of the transplant. It is in this perspective that we can understand the scene during which Father Boulogne climbed stairs (Fig. 5). During the narration of the story, he makes a physical effort without his heart getting tired. The operation works, since the body/heart works:

> "Journalist: Do you climb these stairs often?
> Father Boulogne: No, I don't often have to. But, it's definitely easier now.
> Journalist: You don't find it tiring?
> Father Boulogne: No, I climb them quickly. So, I'm short of breath, but I can't feel the heart. The biggest fears of a heart patient are the stairs. There's always the concern that the slightest effort will give them trouble.
> Journalist: You don't have that worry anymore?
> Father Boulogne: No, I don't. I have another concern though. When I climb stairs with patients who haven't reached this stage yet, it's always a bit embarrassing, you know?" (Bourget 1969).

Secondly, Father Boulogne is presented as a true hero. The report insists on the personal choice he made and his actions to raise awareness about organ donation and transplantation: transplant is part of his life, or more precisely he has put his life at the service of transplantation. He is not reduced to the graft, he has integrated it, he

9 At that time in France, medical discourse encouraging the population to limit cardio-vascular risk factors (tobacco, alcohol, fat food) is largely relayed by the media.

Fig. 5. Stairway scene (Bourget P., 1969, *Le père Boulogne un an après*, [in:] *Panorama*, 1ère chaîne, 8th May).10

makes it a significant element of his daily life: he is a hero and a witness. However, the graft does not leave the body and the soul intact. When Father Boulogne is asked, "If you had to do it all over again, would you?" The patient is cautious or even reluctant:

> Father Boulogne: "Maybe, if I had known how high the price to pay was. I don't know, as a human, what I'd have done. With the grace of God, maybe. But, I can't answer, because, you know, it would be preposterous on my part, to say yes, straight away. I agreed and so it is, I endure it with all my heart. Would I do it all over again? That's something else" (*Ibid.*).

Fig. 6. Emmanuel Vitria (dressed as a cyclist) involved in a cardiac disease prevention day (Unknown autor, 1977, *Journée nationale de la bicyclette en faveur de la cardiologie à Marseille*, [in:] *Journal télévisé*, 3ème chaîne, 13 June).

Throughout the television story of the transplant, the image of the patient hero would reappear, giving to see an even more perfect picture. Thus, Emmanuel Vitria, who lived nearly 19 years after his 1968 heart transplant, was regularly staged in news programmes as having a "happy" life that seemed to be of a "miracle", as some journalists put it. As a mark of gratitude for medicine, Vitria get deeply involved in sensitization campaigns for blood donation and the prevention of cardiovascular disease (Fig. 6).[11]

10 A first report broadcasted in 1968 stages the stairs climbing in the same way, but without comments from father Boulogne.

11 Emmanuel Vitria appears in 53 documents out of the 310 listed over the period of 1967–1982, i.e. one out of six documents.

If heart transplant is still a delicate operation and post graft rejection is far from being completely controlled,[12] this ordeal is however rewarded by post-transplant life.

The diagram below (Fig. 7) summarizes and traces the evolution of the surgeon-patient-donor triptych. We note that the two curves "surgeon/doctor" and "patient/recipient" evolve the same way, according to the progress of medicine and of legal transformations. However, the "donor" disappears from TV staging after the application decree of the Caillavet law on presumed consent in 1978.

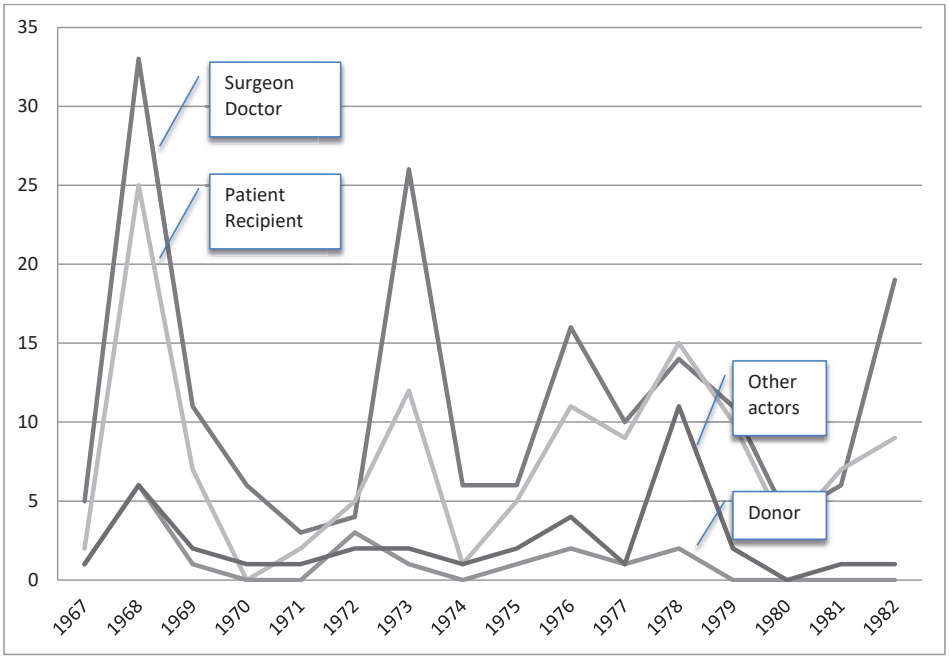

Fig. 7. Number of mentions of transplantation actors per year in INA descriptive notices (1967–1982).

The organ – the link between the donor and the recipient

The doctor-donor-patient triptych dominates television staging until the mid-1970s. In this context, transplantation appears as a human story resulting from the commitment of extraordinary individuals. Accordingly, images of the operation or of the organ to be grafted are seldom presented. Everything goes as if transplantation should stay a human story and as if television has to avoid pictures that could lead to a social "rejection" of transplantation. Hence, the few images of surgery that are shown are those of experimental works on dogs, animals on which doctors often practiced before proceeding to human transplants (Fig. 8).

12 In the 1970s, several French hospitals stopped doing heart transplants due to repeated failures. But others continued. This is an important difference between the French case and the British case

Fig. 8. Heart transplant on a dog (Bourget P., 1967, *Washkansky n'est pas mort pour rien*, [in:] *Panorama*, 1ère chaîne, 22 December)

A radical change in television staging occurs in the mid-1970s. At that time, human transplant is more and more practised, especially kidney transplant. Near to 300 kidney operations were practiced per year, but a thousand could potentially be achieved. The main obstacle for these grafts was family reluctance to organ removal. A bill voted in 1976, the Caillavet bill, intends to set aside the family testimony by instituting the principle of presumed consent: according to this bill, any person who does not oppose to organ donation during his life becomes a potential donor. The application decree of the law would be signed 15 months later, in April 1978. Interviewed during a retrospective programme in June 2000, Senator Caillavet underlines the idea that laws must accompany progress and help science bypass supposedly irrational misgivings:

> Henri Caillavet: "I said simply: because when in a conscious state, a person does not say that it does not want to give their organs, for that very reason, it is supposed, presumed, organ carrier, therefore organ donor. […] Who is silent consents" (Cros 2000).

On November 20, 1976, the day after the first Senate vote of the Caillavet bill, a 6-minutes report on organ transplants (Cornet 1976) is presented in a news programme. It focuses on the organ and on the surgical operation. The report shows a set of shots of a waiting aircraft, the rapid intervention force in action, the cool box protecting the organ, the surgeons ready to proceed and, finally, the grafting of the patient (Fig. 9). The staging is spectacular and accentuates the urgent nature of the organ transport and of the transplant. The message is clear: organ donation makes transplantation possible and the whole of society stands with organ transplant.

This staging is the prototype of a transplant story that would last until the 2000s. In this story, families or relatives of brain-dead donors do not appear on the screen.[13] Indeed, the Caillavet law establishes the free and anonymous donation and, consequently, the donor or his relatives are out of the TV staging of organ transplantation. From now on, it is the organ that makes the link between the donor and the patient. The 1976 TV report was about kidney surgery, a field where graft shortage is most prevalent. The narrative insists on this shortage, on the dependence

13 Relatives of the donor would reappear in the late 1980s, when several transplant-related scandals broke out. They are also staged after the adoption of the 1994 bioethics laws, which require the testimony of donor relatives for post mortem removal.

Fig. 9. The transport of the organ (Cornet F., 1976, *Dossier : les greffes d'organes*, [in:] *Le Journal de 20h*, Antenne 2, 20 November).

of patients upon medical machines, and relies on patient testimonies to encourage organ donation. However, even if kidneys are the most grafted organs, heart remains the chief symbol, the main actor of surgical operations focused on by the camera (Fig. 10). At the end of the 1970s and especially in the 1980s, in numerous reports we see some or all of the following storyline: a surgeon taking the beating organ, placing it in a container with a liquid that stops heart beats; a few shots later, the organ is removed from the container, grafted, and comes back to life in the patient's thoracic cavity.

This storyline embodies several facets of transplantation. First, the donor's body is no more than a neutralized reservoir. Second, the heart holds life, it stays in it. Third, surgeon skills and technical perfection appear at the center of the staging. The surgeon seems to be able to give life or to withdraw it. The technique, meanwhile, reminds us that this power draws on science. Thus, a sequence of some pictures based on the organic functioning of the heart could become a real scenario, with a beginning, a middle, an end, and integrating human and non-human actors, a mission, suspense and action. This type of sequence where an inert heart manages to give life to a patient symbolizes the effectiveness of the entire field of transplantation. That sort of staging would be recurrent until the 2000s. At the same time, discourses about the possibility of transplantation tend to spread to all organs, with an increase of reports featuring liver, pancreas, lungs and, later, face transplants (Fig. 10).

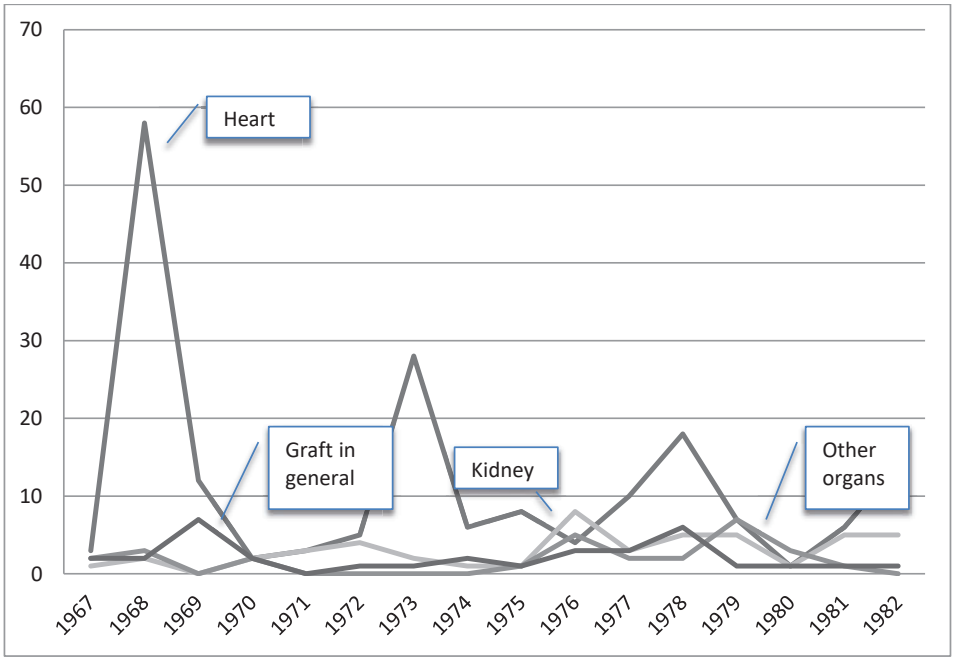

Fig. 10. Number of mention of organs (heart, kidney and others) per year (1967–1982) in INA descriptive records. It can be seen that when the TV reports favoured the heart, kidney transplants disappeared from the TV screen. Moreover, the heart is much more mediatised than kidney.

Concluding part – some evolutions of graft images

The extension of graft to all organs and the increased success of the operation through the use of cyclosporine in the 1980s gradually lead to the construction of standard television scenarios dealing with transplantation. How is the surgeon-patient-organ triptych evolving from the 1980s to the 2000s? The founding elements showed several evolutions depending on the contexts.

The surgeon remains visible through the filming of the operation and of his/her "art" work. He/she embodies the transplantation. However, in the 1980s, the transplanter's humanity becomes secondary, it appears as a disembodied actor. It gives way to the television fascination for technical mastery. The adoption of bioethical laws in 1994 required doctors to collect the family's testimony prior to any organ removal. This legal evolution underlines the reluctance of families towards organ donation. In this context, the part played by television to raise awareness about organ donation is strengthened. Many reports highlight the usefulness and effectiveness of transplantation. They are enriched by new actors (nurses, coordinators). These reports show the work in hospital and insist on the transparency of the system: transplantation becomes a story of solidarity and of teams all engaged in the same effort.

Patients waiting for a transplant are filmed through their dependence to the machines that are keeping them alive. By contrast, the camera follows transplanted people in their new life: the staging of their body demonstrates a perfect functioning. They are sporty persons, hyperactive, numerous shots show their *joie de vivre*. On the other hand, very few televisual reports focus on the constraints associated with the graft, particularly medications and opportunistic cancers. Everything goes as if television would show the body of a grafted person as a "super body", even better than the body of a normal healthy person (Fig. 11).

Fig. 11. Idaline resumes "normal" activity after a heart transplant (Giuliani D., 1996, *Greffe : état d'urgence*, [in:] *Savoir plus santé*, France 2, 16 November).

And, as in the case of Father Boulogne, the patient shows his/her gratitude to the donor in order to better encourage citizens to donate, such as Idaline, interviewed in November 1996.

Idaline: "The first time I did sport, I got up at once, I heard my heart beat, normally, without a breathlessness. Uh, oh really I was very moved, I shed a tear, I thought it's not possible, I rediscover a normal life, it is great. [...] It's nice to be able to give your organs so that someone can continue to live, I really thank, really, people who say yes. That's why I'm here." (Giuliani 1996).

In contrast, testimonies from people who refused organ removal from a close family member that had just passed away are publicized, but to a much lesser degree than other patients. These people express regret and feel guilty, a staging that reinforces the strength of the calls for organ donation. Thus, the televisual narrative

of transplantation imposes once again a normalization of solidarity between organ donors and recipients.

This analysis of the evolution of the constituent elements of transplant stories highlights the robustness of the TV narrative on transplantation in France on two levels. First, it seems obvious that the TV staging of organ transplants does not propose a mere account of the facts. Everything goes as if this staging would accomplish several missions: to sensitize the population to organ transplantation, to call for organ donation and, *in fine*, to sketch what is a normal behavior (to say yes to organ removal from a relative, for example) and an abnormal behavior (to refuse organ removal). On a second level, this monolithic narrative contains several shortcomings: the constraints weighing on the transplanted people are not well shown (medication, difficulty to get work again, insurance issues), in order to bring to the fore the "beautiful story" of (almost) healing and the patient's gratitude to the doctors and the donor. These two plans come together to anchor a story that is difficult to challenge.

Nonetheless, if we take the pedagogical role of television seriously, since it tends to be sensitizing people to organ transplant and donation, one must ask if this unified narrative does not overshadow other lived realities, and if this narrative is really convincing for all. Indeed, in France, and for twenty five years, whatever the efforts undertaken, a third of the relatives of a brain-dead person still refuses organ removal (Assemblée Nationale 2017). Also, one may wonder about the part that less positive stories may play in the construction of the social imagery of organ transplantation, i.e. the "stories" of many patients who do not play by the TV communication approach and of those who refuse organ donation.

Acknowledgements

This research received funding from the European Research Council (ERC) "The healthy self as body capital (BodyCapital)" project under the European Union's Horizon 2020 research and innovation programme (grant agreement No 694817). We would like to thank the INA and the people working there, who contribute in making notices and videos available to social scientists.

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The televisual framing of organ transplantations in France, from the 1960s to the 1980s

Abstract

Since the first successful human organ transplants of the late 1960s, television in France has represented a means of publicizing and then popularizing a surgical operation that is not self-evident in scientific terms or in terms of social acceptance. This paper intends to show how the televisual narrative on organ transplant in France has been constructed through time and how contextual elements may have affected it in the 1960s up to the 1980s. It describes the four periods that organ transplant went through on screen. It then focuses on the main "actors" of the French televisual narrative: the surgeon, the patient, the donor and, later on, the organs, and the part they played in the construction of a public image of organ transplantation. The conclusion shows that these elements are stable over time and underlines the shortcomings of this televisual narrative. The research is part of the ERC programme "The healthy self as body capital: Individuals, market-based societies and body politic in visual twentieth century Europe" (https://bodycapital.unistra.fr/), and is based on an analysis of the archives of the *Institut national de l'audiovisuel* (INA).

Key words: television studies, science popularization, organ transplantation, France, heart transplant

Philippe Chavot, dr
Laboratoire Interdisciplinaire des Sciences de l'Education et de la Communication (LISEC – Université de Strasbourg)
email: philippe.chavot@unistra.fr

Anne Masseran, dr
Centre de Recherche sur les Médiations (CREM – Université de Lorraine) et Université de Strasbourg
email: masseran@unistra.fr