

PALLIATIVSTATION

Ein Film von
Philipp Döring

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TECHNICAL DETAILS

Title	Palliativstation
English title	Palliative Care Unit
Genre	Documentary
Year of Production	2025
Format	Color, 16:9
Sound	stereo
Length	245 min
Production country	Germany
Language	German with English subtitles



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SYNOPSIS

LOGLINE

A film about people facing death.

SHORT SYNOPSIS

The film follows the everyday routines at the Palliative Care Unit at the Franziskus Hospital in Berlin. How do fatally ill patients face death? And how can you help them fill their remaining time with as much quality of life as possible?

LONG SYNOPSIS

How do people face their own death? And how can you help fatally ill patients fill their remaining time with as much quality of life as possible? The film follows everyday routines at the Palliative Care Unit at the Franziskus Hospital in Berlin over several weeks to find answers to these questions.

One core goal of palliative care is not to make life last longer at any price, but to fill the time that remains with more life. Symptom control and the treatment of psychological, social and spiritual problems take the place of curative therapy.

The film follows the conversations and meetings between doctors, nurses and therapists with patients and their relatives. The staff is confronted with complex medical, ethical, psychological, and legal issues that can only be answered individually - every human will have to find his or her own way to deal with dying.

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TEAM

Director
DOP
Editor
Producer Philipp Döring

Sound Design
Sound Editor Karsten Höfer

Sound Mix Jörg Höhne

Color Grading
Mastering Till Beckmann

With Sebastian Pfrang, Winfried Hardinghaus, Annette Ortmann, Tabea Sammer



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DIRECTOR & PRODUCER PHILIPP DÖRING

BIOGRAPHY

Born 1977 in Freiburg. After high school, he first studied linguistics, then film at the Filmakademie in Ludwigsburg. His graduation film *AM ANDEREN ENDE* (*At the Other End*) received the First Steps Award for best film school film of the year, as well as the Deutscher Kamerapreis (German Cinematography Award). He realized several other short films, produced clips for NGOs, and worked for Luk Perceval at various theaters. Despite his love of feature films, he makes a living from short clips for social media. *PALLIATIVSTATION* is his first feature-length documentary.

Philipp Döring currently lives in a small village in Tuscany with his family.



FILMOGRAPHY

EXIL BACKSTAGE (web series, 15x10 min., 2020)

FATA MORGANA ZOLA (experimental documentary, 40 min., 2017)

LIEBE, NACH ZOLA (documentary, 141 min., 2016)

MEANDER (experimental short, 19 min., 2016)

KANN JA NOCH KOMMEN (short fiction, 15 min., 2013)

NAGEL ZUM SARG (short fiction, 27 min., 2012)

AM ANDEREN ENDE (short fiction, 24 min., 2009)

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DIRECTOR'S NOTE

Whenever I tell someone that I'm working on a film about palliative care, the inevitable reaction is a startled "Oh really, why would you do that?"

Actually, the first impulse to make this film did come from my own fear of death. Though an uncle of mine had died in a hospice after a long illness, he never lost his optimism and cheerfulness. He thought a lot about how he would spend his last months, including planning his funeral himself. Obviously, he was a generation older than me. Still, my different feelings about death stayed in my mind.

When I began my research for the film, I quickly understood something that I hope also becomes clear in the film. In the palliative care unit, it's not chiefly about dying; it's about life. It's about helping the patients find a way to face death in life, to fill their lives with as much quality as possible, to consciously decide how to spend their remaining time.



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It was a long way from the first idea to the final film. The first two wards that had already more or less consented to the film withdrew after the hospital management intervened. Finally, the Franziskus Hospital agreed to let me film - and then the pandemic struck.

When I finally started shooting several years later, the ward team trusted me from the start. That was a great gift, and I think it was key to capturing the intimate conversations and situations with my camera. Certainly, it also helped that I was there on my own, without a camera team. The staff probably also soon realized that I was someone who was really interested in what they do. There was a lot of mutual trust, and I'm sure the patients felt that as well.

Making this film was an immense effort. The first team member only joined me for the sound mixing and color grading when the editing was finished. On the other hand, I believe that this might have been the only way to make this film - all on my own and with no budget - but with complete artistic freedom.

WHAT IS PALLIATIVE CARE?

Its goal is not necessarily to make life last longer, but to fill the time that remains with more life.



According to the WHO, palliative care is "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual."

Palliative care is not "death medicine." It is a patient-centered model that seeks relief of suffering and aims to increase the quality of life for terminally ill patients. However, palliative care is not restricted to the final stages of a disease; it applies in the early stages of any chronic and ultimately fatal illness. It is a strictly interdisciplinary approach that includes doctors, nurses, therapists, chaplains, and voluntary workers, and includes the support of the patient's relatives.

The foundations of palliative care grew out of the hospice movement and are usually associated with Cicely Saunders in the 1970s. The first German palliative care unit was established in Cologne in 1983.

INTERVIEW WITH PHILIPP DÖRING

How did you come to make a film about dying?

First of all, though obviously death is central to this film, I don't think it's a film about dying, but about living. You never hear someone talking about how they want to die, but always about how they will spend the remaining time of their lives. But you asked about the beginnings of the film. An uncle of mine died in a hospice after a long illness, yet he never lost his optimism. It left a deep impression on me.

At film school, you made fiction films instead of documentaries.

Yes, at the Filmakademie in Ludwigsburg, Fiction and Documentary are two different departments. After I graduated, I made a few more short films, but I could not find a budget for any of the screenplays that I developed. Though I still don't think they were bad... You can't make a living from short films, and I did all kinds of things, little TV magazine pieces, image films, clips for NGOs. And I worked for the stage director Luk Perceval at various theaters in Germany. Today I pay my rent mainly by making sports social media clips.

You made videos for stage productions?

No, I filmed rehearsals for a kind of behind-the-scenes piece. I love working at the theater; in a way, it is much more free. During rehearsals it's all about finding a form for what you want to say. When you make a movie, everyone expects that everything is completely set before you start. No one ever really watched these theater films, but for me it was a great experience. I learned visual storytelling in a very reduced setting. And you learn to react quickly - what focal length is good, where does the light come from, where will the actors probably move next? In a way, it was my personal rehearsal for a bigger documentary.

You made this film without any funding. Did you ever try to raise money?

Not really. First of all, I didn't have much of a documentary track record. It's also very difficult to get funding for a project when most of the protagonists are only confirmed once the filming starts - but of course, there's no way around that. Last but not least, it's

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also nearly impossible to get distribution for a film in this style upfront, especially if you don't want to limit it to 90 minutes. The system just isn't set up for that. I briefly reached out to television networks, but it was clear that such a long film without narration and music had no chance. Honestly, I probably wouldn't have funded it myself either, given those conditions.

How did you proceed then?

During my research, I visited all the palliative care units in Berlin. I had received verbal confirmation twice, but both times things fell through with the hospital management. I had also inquired at the Franziskus Hospital, but decided against it because the unit with only six beds seemed too small. But in the meantime it had expanded, and Dr. Hardinghaus, the chief physician, was very open to the idea from the start. I was just about to begin when the pandemic struck, which delayed the project again by a few more years. But maybe that was for the best. When I finally could start, I was deep into the topic and knew exactly what I wanted, which probably benefited the film.

What were the filming conditions like? How did you approach the patients?

I was usually present at the initial consultation, without a camera at first. I would sit quietly behind the doctors, just like an intern. By the end of the consultation, the patients usually trusted the doctors. I was briefly introduced, and most agreed to participate right away. It was always important to me to make it clear that I was making a film about the team on the ward, not about an individual's fate. But that was the foundation for the filming: The team tried to establish a relationship of trust with the patients, and the patients felt that there was also a relationship of trust between the team and me.

Your film follows the tradition of direct cinema.

I'm a big fan of Frederick Wiseman. His film *Near Death* was one of the inspirations for me. It's even six hours long! Actually, it also screened at the Berlinale many years ago. With this straightforward, seemingly objective way of filmmaking, you can get very close to people. Although of course it is far from objective. Wiseman always has a very clear stance on what is happening in front of his camera. By the way, there is also another film on the topic, *Dying at Grace* by Allan King, which was also shown in the Forum a few years ago. So, it's a huge honor for me to be part of this tradition.

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You mentioned having a stance. What is it like to face terminally ill people with a camera?

I tried to define my perspective as being like that of a concerned relative. I'm usually positioned at the foot of the bed, a little closer to the caregivers, looking at the patient. I also feel that my perspective developed over the course of the filming. At the beginning, I was more like a shy child, and then the perspective grew more mature, so to speak, more "adult." But maybe that's just in my mind.

Were there moments when filming became difficult for you?

There were indeed moments when I couldn't hold back my tears while the camera was running. For instance, the Ukrainian who desperately wanted to defend his country, who then came to Germany for better treatment, only to learn that it was already too late. He leaves his wife and child alone in a foreign country. In that moment, the team was also at a loss for words.

How did you decide when you had enough material?

The shooting was planned from the beginning to last six to eight weeks. When that time was almost over, I felt that I already had enough material to make a good film. But then two more patients arrived, Herr Dickhoff and Frau Rachwal. They added a whole new dimension to the film; their stories are some of the most intense moments in the film.

Then you went into editing with a mountain of footage.

The editing took about a year and a half. Of course I didn't work on the film the whole time; I had to earn some money at some point... In total, I had about 100 hours of footage. The most time-consuming part was watching the material. This process is really crucial. If you start editing too soon, it usually takes much longer in the end, and you never really know what you have. So I dug myself through these 100 hours, watching many clips more than once. But after that, the actual editing didn't take that long and proceeded quite straightforwardly. The first rough cut was 10 hours long, the second one about 6 hours. A friend of mine had to watch it, and then I shortened it once. After that, it was just small adjustments.

The situations in the film are quite repetitive. How did you find structure for the film?

Interestingly, the patients appear in more or less the same order that they arrived on the ward. Some of that has logical reasons; for instance, Berit, the new doctor, only joined

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the team after three weeks. But even so, everything came together almost by itself, in a way that built on other things naturally. I also structured it into several chapters and organized everything by themes in great detail. So there are the three main sections: Dying - Death - Living On. I think that'll mostly be unnoticed by anyone but me. Still, it helped me to shape the material.

When watching the film, one gets a very positive impression of the work on the ward. It almost feels like a model for a better hospital.

I completely agree. Of course, a surgery or gynecology unit works very differently. But the way the team interacts with the patients is really remarkable. This holistic approach that puts the patient's wishes first is impressive. Unfortunately, it seems that in medical circles, palliative care is often not taken too seriously; they are ranked pretty low in a strange hierarchy that sees brain surgeons on the top of the pyramid. That's at least the case in Germany; it might be a bit different in other countries. One thing I kept marveling at during the filming: many patients have already been through a long hospital history before they arrive at the palliative care unit. Dr. Pfrang often started his first consultation like this: "I studied the records, I know about your medical history, but please tell me first - what can we do for you?" Many patients were not able to answer this simple and obvious question. They had surrendered their fate completely to the doctors, so they were no longer able to decide about themselves.

It sounds like you see your film as a political film.

Well, the term "political film" is a bit problematic. It's often used for films that address a specific hot topic in the media and then convey an opinion on it. In that sense, the film is not very political. It mentions that the shortage of care workers is a problem, but that's about it. Still, the film could be considered political in another sense. It has a clear stance on how people should treat each other - how to approach human suffering and handle conflicts. I tried to maintain an empathetic view of the patients through the camera, if you can put it like that. Anyway, if you call this approach to human interaction political, then the film definitely has something to say.

You've worked on this film for a long time. Do you already have a new project?

Last summer, I moved with my family to a small village in Tuscany for a year, so I'm taking things a bit slower for now. But I've actually found a new topic. I'd like to make a film about victim-offender mediation. This is a concept that comes from the restorative justice movement. In short, it's about bringing the offender and the victim together after

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a crime to resolve the conflict outside of court. It's a really fascinating concept. I already have a good idea of what I want to do, but I haven't started the actual research yet. Anyway, I hope this film will also help me get some funding for it.

Finally, a personal question - has your own relationship with death changed over the making of the film?

Definitely. My own mortality used to be something that really scared me. I won't claim that it's completely different now, but through the film, I've learned to see death more as part of our existence and also to feel it that way.

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