



# COLUMN: THE GOOD DOCTOR?

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When I was younger, I grew up with a father working as a paediatrician in the local hospital and a mother who loved hospital soap operas, most especially the show "Grey's Anatomy". Every Friday night was dominated by the daily escapades of Meredith Grey, Miranda Bailey, Richard Webber, and consorts. From 10 p.m. onwards, the living room would be filled with cries like: "I need 3mg of epi stat!"; "His GCS dropped to 5, we need to intubate!"; and "He is not dying on my watch!" These cries were mixed with remarks from my dad, peering over his book or newspaper, about how unrealistic a scene was or that patients with a certain disease do not present themselves with those complaints. Luckily, these were quickly shushed by my mother, who had no patience for realism and facts and just wanted to enjoy her show.

What always struck me as odd were the characters in these television shows. The doctors in medical dramas often show behaviour that is antisocial, labile, aggressive, dishonest, and unprofessional towards patients. Even stranger is that these traits, often associated with bad doctors [1], are the hallmarks of main characters in many medical soap operas. For instance, Dr. Gregory House in *House M.D.* is an antisocial egomaniac with a substance abuse problem who diagnoses extremely rare illnesses on a hunch. Dr. Max Goodwin in *New Amsterdam* is a doctor with cancer who lies about his diagnosis and its effects on his performance. From the same show, Dr. Lauren Bloom has temper issues, a substance abuse problem, and works triple shifts in order to avoid having to go home and face loneliness. The entire hospital staff of *Chicago Med* has slept with each other, the main characters fight over personal reputation—sometimes at the expense of patients—and they sometimes blatantly lie to save their own skin. It would probably make for bad television to make a show about a doctor who duly follows protocol, is cordial to his patients and co-workers, and willingly does all the administration that comes with the job.

However, this dramatisation of the medical profession does come at a risk. For instance, patients may have a distorted view of the medical profession and interventions. This can lead to miscommunication between patients and health care providers but also to the incomprehension of the fallibility of doctors [2]. Another study observed more concrete results. Witzel, Koch, and Kaminski found that patients that watch medical TV shows have more pre-operative fear than patients that do not [3]. Of course, there are more reality-oriented medical TV shows such as *24 Hours in A&E*. However, these shows often focus on the spectacular side of medicine, fast-paced medical interventions in the Emergency Department, helicopter rides, and emergency medicine. To my knowledge, there is no show that follows a doctor on an out-patient clinic of dermatology and shows the drudgingly minutia of medical bureaucracy. That too is medicine, and a show like that might prepare patients and medical students better for the real thing.

From reading this, one might suddenly realise that I know an awful lot about medical television shows, and that is true. I have watched all the television series mentioned above. Would I be inclined to watch a show based around the actual comings and goings of a medical professional? To binge-watch smooth and slow consultations with patients, awkward talks at the coffee machine, and polite communication with other medical professionals? Absolutely not. I

prefer to watch the intrigue, action, and drama that fictional medical characters have to deal with. What about you?

## Reaction

I did not grow up in a doctor's family. There was weekly enthusiasm for *M\*A\*S\*H* at our home (in the 1970s). The story is set in 1950 during the Korean War and followed the Mobile Army Surgical Hospital (MASH) 4077. The series mainly followed two surgeons (including the star of the show Alan Alda), a major ("hot lips"), a cleric and a communications officer. It is a series with misery in the operating room, with close friendships and with a lot of (sometimes lame) humor. In my college days there was *St. Elsewhere* (starring Denzel Washington!), *ER* again a little later, and right now I am watching the entire series of *House M.D.* watching again.

So, it cannot be denied: just like Guus, I am a fan of medical shows. However, I am not so afraid of the risk that Guus describes. Take Gregory House for example. In any hospital, this doctor would have been discharged within a week. Immediately. Viewers understand that too. And viewers also know that no doctor can get away with showing up for work under the influence of alcohol or drugs. It is entertainment indeed with intrigue, action, drama, and eroticism. But entertainment with (usually) a sound medical basis. And that is precisely where his strength lies. Viewers have an insight into the complexity of medicine. Viewers are realizing how difficult it can be to diagnose. I therefore expect more understanding and better communication between patients and health professionals.

Finally, these series show the beauty of the profession. Not just from a doctor, but also from a nurse. The shortage of nurses is one of the biggest bottlenecks in healthcare and such a series can give aspiring nurses that extra push. So, I cannot wait for a remake of *Medisch Centrum West*.

Reaction by Károly Illy, MSc., Chair of the Dutch Society of Pediatricians, and a fan of medical TV shows.



MSc. Károly Illy

## References

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