

# FICTIONAL ENCOUNTERS AND REAL ENGAGEMENTS: THE REPRESENTATION OF MEDICAL PRACTICE AND INSTITUTIONS IN MEDICAL TV SHOWS

**JOSEP M. COMELLES<sup>1</sup> AND SERENA BRIGIDI**

MEDICAL ANTHROPOLOGY RESEARCH CENTER. UNIVERSITAT ROVIRA  
I VIRGILI. TARRAGONA. SPAIN

*Abstract: The first episode of E.R. (1994-2009) was a revolution and opened a new era in the production of TV medical dramas. Years later, Grey's Anatomy (2005-active), among other series, became a cultural phenomenon in the USA. The success of this TV genre is related to its subject matter and some debate has been raised concerning its influence on audiences. In order to discuss the interaction between what is displayed on the screen and the viewers' point of view, we have chosen a few examples of TV medical shows to explore their role in the configuration of the global experience with respect to specific illnesses. Our hypothesis is that directors and writers expect the viewers to share and embody these representations. Our aim is to map the cultural patterning of this encounter (viewers with TV medical dramas) and shed light on how it engages and constructs the experience of viewers. Through the analysis of some shows produced in the US, the UK and Spain, we conclude that medical dramas cannot be reduced to the condition of entertainment, and that their ethnographic gaze opens up suggestive research perspectives in the sphere of the construction of health, disease and care processes, and of the associated personal and collective experiences.*

*Keywords: TV medical dramas, health and disease representation, audience's experiences, ethnographic gaze.*

---

1. Corresponding author:

Josep M. Comelles

Director

Medical Anthropology Research Center – Universitat Rovira i Virgili

Avinguda Catalunya, 35

43002 Tarragona (Spain)

Email: [josepmcomelles@mac.com](mailto:josepmcomelles@mac.com)

*Resum: El primer episodi de E.R. (1994-2009) va ser una revolució i va obrir una nova era en la producció de drames mèdics a la televisió. Anys després, Grey's Anatomy (2005-activa), d'entre altres series, esdevingué un fenomen cultural als Estats Units. L'èxit subseqüent d'aquest gènere televisiu està relacionat amb el tema tractat i ha donat lloc a un cert debat sobre la seva influència en les audiències. Per tal d'analitzar la interacció entre allò que es mostra a la pantalla i el punt de vista dels espectadors, hem triat alguns exemples de programes de televisió de temàtica mèdica per explorar el seu rol en la configuració de l'experiència global en relació a malalties específiques. La nostra hipòtesi és que els directors i guionistes esperen que els espectadors comparteixin i internalitzin aquestes representacions. El nostre objectiu és establir el patró cultural d'aquesta trobada (dels espectadors amb els drames mèdics televisius) i dilucidar la forma en què involucra i construeix l'experiència dels espectadors. A través de l'anàlisi de sèries produïdes als Estats Units, el Regne Unit i Espanya, arribem a la conclusió que els drames mèdics no poden ser reduïts a la condició d'entreteniment, i que el seu punt de vista etnogràfic revela perspectives d'investigació en l'esfera de la construcció dels processos de salut, malaltia i cura, i de les experiències associades, personals i col·lectives.*

*Paraules clau: drames mèdics televisius, representació de la salut i la malaltia, experiències dels espectadors, viés etnogràfic.*

## **TV medical dramas and medical anthropology**

The first episode of *E.R.* (1994-2009) was a revolution and opened a new era in the production of TV medical dramas. Conceived as a semi-fictional show, featuring a cinematographic style close to social realism, and shot in a real hospital, it broke most of the narrative conventions of the former medical shows. The subsequent success of this TV genre is owed to its subject matter (Bachtin, 1988; Turow, 1989a; Ostherr, 2013), to its influence on the training of professionals and students (Lait, 1987; O'Connor, 1998; Mikulencak, 1995; Czarny *et al.*, 2008), and on the debates induced in professional ethics (Beca & Salas, 2004; Wicclair, 2008), bioethics (Arawi, 2010) or risks (Belle-Fortune, 2005; Kennedy & Wilson-Genderson, 2011). In France, *E.R.* sparked a national debate on hospital emergency services (Chalvon-Demersay, 1999) and in Spain Milla-Santos (2001) discussed its relation with reality. Other debates are related to their possible influence on people feelings and behaviour (Altman *et al.*, 1997; Radford, 1997), or have drawn attention to the responsibility of production companies and the role of directors and writers (Beca & Salas, 2004; Douglas, 2007; Ostherr, 2013: 190-195), in relation to the viewers' potential embodiment of medical drama content.<sup>2</sup>

The purpose of this article is to analyse, from the perspective of medical anthropology, the representation these TV shows produce of the medical institutional and professional

---

2. Medical dramas are collective creations: directors, executive producers and scriptwriters play a determining role (Ostherr, 2013: 187-192).

world, and to suggest some issues in relation to the ethnographic value of some of them (Davin, 2003; Espanha, 2002; 2009). Most professional medical anthropologists consider TV shows as entertainment and do not pay attention to them as a source to be explored.<sup>3</sup> Yet, in our experience, our colleagues change quickly their attitude when they take into account the debates within media and TV studies about “realism” (Hallam & Marshment, 2000) and “medical reality” (Ostherr, 2013) and then approach TV medical shows with a professional gaze.

We will also consider their interest in teaching. Weaver & Wilson (2011), suggest that medical dramas have pedagogical values, as potentially significant cultural artifacts, concerning issues related to professional development and identity, negotiations around popular culture, and the perception of the medical worlds they deal with. Our own graduate and postgraduate teaching experience with health professionals and medical anthropologists shows us that, at the beginning, some students are reluctant to accept the value of medical dramas as tools in their training. Later on, however, they come to fully appreciate it.

Our point of departure is to analyse the interaction between what is displayed on the screen – as an effect of specific production processes – and the viewers. We argue that medical dramas contribute to the development of personal experiences and shared feelings related to specific diseases, and in general to our global comprehension of diseases in their social, cultural and institutional contexts. The ethnographic value of the shows is linked to the embodiment of these experiences. In this sense, the ethnographic narratives included in the plots are also crucial to keep the attention of the viewers, for they depict situations that they can identify with. These include viewers’ personal or collective experiences regarding specific diseases, medical institutions, and health professionals. In addition, these narratives may even respond in different ways to viewers’ needs or quests for information.

In order to carry out our analysis, we have chosen some series produced in the US, the UK and Spain. US shows are easily sold to the world,<sup>4</sup> while British and above all Spanish productions have more limited markets. From the US, we chose two globally broadcasted and very popular shows: *E.R.* (1994-2009, 15 seasons, 331 episodes) and *Grey’s Anatomy* (2005-active, 11 seasons, 227 episodes). The first one has become a classic, a cult TV show and a reference to subsequent medical dramas. It has possibly influenced even medical students’ and physicians’ perceptions and beliefs (O’Connor, 1998). On the other hand, the interest in *Grey’s Anatomy* is due to its huge success among the general public, including medical students, and even in relation to government-funded programs of health education

---

3. On the research and teaching value of medical films, documentaries and TV shows see: Ostherr, 2013; Turow, 1989; Turow, 2010; and Kirby, 2011. In medical anthropology research, it is quite impossible to find cross-references to media productions, even in classical discussions about art, literature and ethnography (Clifford & Marcus, 1986; Geertz, 1985, 1998).

4. Sometimes, American producers develop remakes of European productions: for instance, *Red Band Society* (2014) is a remake of the Catalan TV3 production *Polsers vermelles* (2011-active).

for patients (Brian, 2009). It has been described as “television’s hottest show” (*New York Times*), which situates it far from the documentary profile of *E.R.* At any rate, *Grey’s Anatomy* has become a cultural phenomenon in the US and abroad, enjoying high ratings since its debut.<sup>5</sup>

Our third example is a BBC production: *Bodies* (2004-2006, two seasons, 17 episodes). British critics have said it was “the greatest television drama of all-time”.<sup>6</sup> It is comparable to *E.R.* in ethnographic terms, the quality of storytelling, and the depicted medical cases. Our interest was to look at the critical gaze at the hospitals of the British National Health Service as produced by a public television. In this sense, it may not be representative of popular British TV shows, such as the medical soap opera *Casualty* (1986-active, 29 seasons, more than 600 episodes), yet we chose it because of its potential ethnographic value.

Finally, our fourth example is *Hospital Central* (2000-2012, 20 seasons, near 300 episodes), broadcast by the private Spanish Channel Tele 5, owned, in turn, by the Italian group Mediaset (Bustamante, 2013). This show is the heir of two other medical shows, *Farmacia de Guardia* (1991-1995) and *Médico de Familia* (1995-1999) that were comedies about the fun and friendly everyday life (*costumbrismo*) in an urban pharmacy and in the family of a handsome general practitioner, respectively. *Hospital Central* is an example of the same Spanish *costumbrismo*, yet this time in a hospital (Benet Ferrando, 2012). It features a combination of comedy and drama in a hospital setting, although it can also be placed in the tradition of international medical dramas set in hospitals, such as *Dr. Kildare* (1961-1966). Despite a certain absence of originality, it had record audience ratings (up to 35.3% share) in Spain.

The different medical settings depicted in these programs and their varied social and cultural contexts allow for a greater contrast between the cases studied. With this in mind, our hypothesis is that directors and writers expect the viewers to share and embody these representations. Thus, our aim is to map the cultural patterning of this encounter (viewers with TV medical dramas) and shed light on how it engages and constructs the experience of viewers – the *health care systems* in Kleinman’s (1980) words.

### Medical dramas, medical anthropology and health promotion

Medical dramas have value for medical anthropology.<sup>7</sup> Most of them, in a realistic or naturalistic regard, depict the medical world and its changes from 1960. Their cinematography is today an ethnographic source in spite of their fictional dimensions because they show

5. Lacob, Jace (November 3, 2010). “*Gray’s Anatomy’s* 7<sup>th</sup> Year Surge”. *The Daily Beast*. The Newsweek Daily Beast Company.

<<http://www.thedailybeast.com/articles/2010/11/03/greys-anatomy-private-practice-shonda-rhimes-speaks-out.html>>.

6. <<http://www.theguardian.com/tv-and-radio/tvandradioblog/2010/jan/12/guardian-50-television-dramas>>.

7. On medical anthropology see Comelles & Martínez Hernández (1993) and Martínez Hernández (2008).

cultural diversity and participates on the construction of viewers' experience on disease, illness and sickness and of medical and health related knowledge (Boon, 2008; Kirby, 2011; Kirby, 2013; Ostherr, 2013).

Audience interest in these series lies in their ethnographic value and the viewers' capacity to recognize themselves and the medical settings from their own specific individual or collective experiences (Kirby, 2014). Unlike thrillers, sci-fi, or action shows where implausibility is admissible, health sector representations – whether medical dramas or other genres – *must be realistic* to avoid misinterpretations or false ideas about the medical institutional or professional practice (Collee, 1999).

Up until the 1990s, the show's producers in USA accepted medical supervisors from the American Medical Association and took pains over the realism of scenes in natural settings (Turow, 1989b). Nowadays, the health authorities in all countries monitor content to avoid inciting dangerous beliefs or practices that do not comply with scientific criteria (Turow & Gans, 2002), or suggest the screen writers to produce dialogues promoting healthy practices, such as dieting, non-smoking or abstaining from drinking, among many others.<sup>8</sup> Despite concerns that these series could affect health practices, researchers found that breast cancer storylines in *E.R.* or *Grey's Anatomy* had little impact on women (Hether *et al.*, 2008). Other scholars have explored their impact on health promotion (Howe *et al.*, 2002; Weber & Silk, 2007), in specific problems such as survival chances (Van den Bulck, 2002), or try to answer the question of whether medical dramas can help saving lives (Eisenman *et al.*, 2005). Furthermore, Western society finds itself in an extremely medicalized period. This means that medical dramas permit viewers to feel medically controlled and, at the same time, they can keep control over their health and their family. With the disappearance of corporate interferences, which could be interpreted as censorship (Turow, 1989a), the ethnographic dimension of medical dramas took a qualitative leap following the debut – and huge success – of *E.R.* This was also due to the change from 16mm film format to video, which offers an infinite room for manoeuvre and hugely reduces costs.

The combination of these two factors had an immediate effect. Collee (1999) in a *British Medical Journal* editorial reflected this in his comparison of the moral and scientific clarity of *Doctor Kildare* (1961-1966) with the deliberate expression of the complexity of the actual health care sector in *E.R.*, and the representation of the London Hospital in *Casualty 1900* (2006-2009), set at the beginning of the twentieth century,<sup>9</sup> whose naturalism and greater depth demand higher levels of concentration from the viewer, but also lead to greater demand for quality.

---

8. This also happens in many "non-medical" TV shows and soap operas.

9. *Casualty* (2006-2009) is a 10 episodes show: *Casualty 1906*, three episodes of *Casualty 1907*, and six of *Casualty 1909*, six episodes. Recently three shows are historical careful reconstructions: *Call the Midwife* (2012-active), *The Knick* (2014-active) and a part of the storyline in *Deadwood* (2004-2006).

*E.R.* was the first medical drama to be included in the new show languages in television, before *The Sopranos* (1999-2007) and *The Wire* (2002-2008) (Casas, 2010). But moreover, its narrative breakdown show the dismantling of the boundaries between reality and fiction to create a distinct reality contained in the manufactured product: the “reality effect” (Glevarac, 2010). However, medical dramas, unlike the “reality shows” featuring all manner of ill people and oddballs, maintain a rigor – already present in medical documentaries (Boon, 2008; Ostherr, 2013) – that we will discuss below. And while the “reality effect” is now present in some of the best high quality series, it can equally be applied to written ethnography and ethnographic film.<sup>10</sup>

We consider the ethnographic dimensions of medical dramas crucial to keeping viewers’ attention, by depicting situations that they can identify with from their personal or collective experience of doctors, nurses or hospitals, or by providing responses to their own needs or quests for information (Ostherr, 2013). A chronological review reflects the evolution of health services and professions (Hallam, 2012), and the representations and narratives on illness in the last fifty years.<sup>11</sup> *House M.D.* (2004-2012) is somewhat different because it focuses much more on depicting diagnostic reasoning and goes beyond the realist or naturalist register.<sup>12</sup> Cases, diagnostic debates, and deliberations over treatments are dealt with in the episodes, and viewers witness the controversies and ethical dilemmas present in global culture.<sup>13</sup> In addition, the universality of medical dramas distinguishes them from thrillers like *24* (2001-2010), sci-fi dramas like *Farscape* (1999-2003), fantasy genres like *Supernatural* (2005-active), or even realist and naturalist comedies or dramas like the American *Desperate Housewives* (2005-2012) or the Spanish *Cuéntame cómo pasó* (2001-active). *E.R.* shows a US hospital in naturalistic terms, far from the Spanish show *Hospital Central*, or the British NHS hospital culture represented in *Bodies* (2004-2006). Also removed from hospital everyday practices, *Everwood* (2002-2006) shows a collateral gaze on a general practitioner in the rural countryside, in a plot based on a father-son relationship. The teenager son’s world in this show serves to present

---

10. The ethnographic value is explicit in shows like *Southland* (2009-2013), a thriller conceived as a docudrama about the day-to-day events in police patrols, or in *Treme* (2010-2014), a semi-fictional ethnography about New Orleans after the Katrina hurricane.

11. Some refer to the technical reliability of the representation; see the study of cardiopulmonary resuscitation in British series during the 1980s and 1990s (Gordon *et al.*, 1998).

12. The evolution of the ideal type of doctor over the last fifty years can be followed by comparing the hospital doctors depicted in *Dr. Kildare*, *Ben Casey*, *E.R.*, *House M.D.* and up to the interns in *Grey’s Anatomy*. Also general practitioners have evolved from urban *Marcus Welby* (1969-1976), to the rural GPs in *Everwood* and *Northern Exposure* (1990-1995) or the present urban *Private practice* (2007-2013). About the evolution of ideal types of physicians, see also Comelles (2007).

13. Davin (2003) has compared viewers’ perceptions of series, soap operas and documentaries.

highly nuanced global ethical dilemmas heightened by the highly conservative cultural rural context in which the action is set.<sup>14</sup>

Medical dramas intervene also in the cultural production of *ideal types* of professionals (Comelles, 2007a, 2007b; Strauman & Goodier, 2011; Hallam, 2012), institutions and the way they organize space and rituals (Lepofsky *et al.*, 2006). They represent the hegemonic conception of health, illness and care,<sup>15</sup> sometimes in a very critical way. Nevertheless, there are changes. The characteristic handsome male doctor characters have shifted to depict complex care teams with large gender and ethnic diversity (Ye & Ward, 2010), as well as more horizontal team relationships. The representation of nurses has moved away from their habitual supporting roles.<sup>16</sup> Carol Hathaway, a nurse, had a leading role in *E.R.*, where she showed her authority over the doctors. This pattern was recently followed by *Nurse Jackie* (2009-active). In *Grey's Anatomy*, Nurse Debbie takes revenge on a female doctor for her lack of respect toward the nurses by only passing on calls for basic care. Gender relationships are no longer limited to sex or love, but involve the sharing of tasks. Women are given an increasing number of leading roles. In *The night shift* (2014-active), Dr. Jordan Alexander holds the position of head of the emergency room at night; Dr. Jenny Bremner is a talented cardiothoracic surgeon in *Monroe* (2011-2012); also, Dr. Cristina Yang in *Grey's Anatomy*, Nurse Jackie in her namesake series, or Veronica Flanagan in *Mercy* (2009-2010), hold leading roles. Therefore, women's roles have become more intriguing and complex owing to the professional skills of their characters, as opposed to being just associated to illnesses, such as with Dr. Izzie Stevens' brain cancer in *Grey's Anatomy*, or Dr. Catherine Black's mental illness in *The black box* (2014), or beauty and love affairs, such as with Drs. Meredith Grey and Callie Torres in *Grey's Anatomy*. The shows deal with cultural and social diversity through topics like immigration, body modifications, voluntary amputations (Hurtado, 2015), intersexuality (Gregori, 2015) and bioethics. Less favourable images of physicians emerge that apparently influence doctor-patient relationships (Stinson & Heischmidt, 2012). In contrast, medical pluralism tends to be treated with indifference; perhaps because it goes beyond the established limits.<sup>17</sup>

---

14. European medical dramas tend to distance themselves from the North American ones, by describing idiosyncratic profiles of medicalization in different cultural settings (Espanha, 2002), or linking specific topics with local cultural contexts (Strauss & Marzo-Ortega, 2002).

15. See Reagan, L. J.; Tomes, N; Treichler (2007), the second edition of Turow (2010), and Dans (2000).

16. On the ethnographic value of the series to nursing, see Mikulencak (1995).

17. Some alternative medical practices appear collaterally in *Private practice*, *Grey's Anatomy*, *Everwood*, and *Northern Exposure*.



### North American, British and Spanish shows

The relationships between the globalization of medical dramas and their idiosyncratic cultural dimensions can be illustrated comparing the first three episodes of the opening seasons of the American *E.R.* and *Grey's Anatomy*, the Spanish *Hospital Central*, and the British *Bodies*, all of which are set in hospitals, the first three in Emergency Service Departments and the last one in an Obstetrics and Gynaecology unit that also deals with emergencies. The authors of *E.R.* and *Bodies* had medical training. The scripts and characters of *Hospital Central* were based on *E.R.*'s. Both *Bodies* and *E.R.* were filmed on location whereas sets were used for the other two.

*E.R.* sets out to document the emergency service of a North American public hospital in Chicago and the extreme working conditions faced there. The areas within the emergency service – waiting rooms, doctors' working and rest areas, and the patients' cubicles – are described through a naturalist lens. There are no external shots and the overall impression is claustrophobic. Common sense forms the basis for the depiction of the relationships between doctors, health professionals and patients, and the attention paid to distinguishing professional jargon from dealings with patients and relatives is particularly effective. In general, doctors – including a then unknown George Clooney – and other health workers are portrayed as normal people; none of them are saints, and as doctors or nurses, they have to accept the impact of their work on their families, personal or economic choices, and an arduous pace of work for comparatively low financial reward. There are constant references to the organization of the service, how it works on a daily basis and the socialization and learning processes of new members. Staffs are portrayed as a team, with a balance of roles that breaks the stereotypical patterns of previous series. The nurses are of a different generation, they dress and wear their hair like the nurses we are familiar with, and in the first episode, when the doctors ask them to bring some coffee, they tell them to get it themselves. The nursing staffs have a vital role in numerous processes of mediation with the patients and their families. There are frequent comments on the problem of financing hospital stays, even at the admissions stage, and the nurses have a certain sympathy for the patients' circumstances, the problems of attending patients in the waiting rooms, and good interpretations are sometimes given on the social and cultural epidemiology<sup>18</sup> of the cases they take care.

The private Spanish channel Tele5 broadcasted twenty seasons of *Hospital Central*. Filmed on set, and despite a good production design, the spaces are much emptier. Set details are limited, and for the common viewer, *Hospital Central* evokes a Spanish private hospital and not a public one. The producers hid any kind of specific public hospital symbols. Paradoxically, the emergency service in *E.R.* is closer to those in European public hospitals than the one depicted in *Hospital Central*. Although the storyline of the first episode of *Hospital Central* covers the effects of a multiple accident, its depiction is less delib-

---

18. About this concept see Haro (2011).



erately chaotic than in *E.R.* in an attempt to create a positive impression of the crisis management model and the work and responsibility of the professionals involved. The hospital staffs operate on more hierarchical lines than in *E.R.* and the nurses reflect the classic stereotypes: attractive, young, and subordinate women (with some exceptions). This is the only one of the four series in which nurses and patients touch and joke with each other not only when they are carrying out their professional duties, a common practice in Spanish health institutions. However, the effect of two levels of censorship is patent in *Hospital Central*, one seen in the respect for the ideal type of doctor imposed by the corporate overseers, and the second evident in the absence of a naturalist register that would likely have attracted political pressure if the situation of public hospitals had been dealt with critically as it was in the BBC's *Bodies*. Tele5 and Spain are not the BBC and the United Kingdom, and it shows. Although the hospital's public or private status is deliberately ambiguous, some of the relational anecdotes evidence cultural traits typical of the Spanish Social Security System, and economic references do not concern the patients' individual insurance cover, but the availability of resources in the institution. *Hospital Central* falls strictly within the hegemonic medical model. Common sense disappears; they do not "come down to earth" and the doctors' discourses "are doctors' discourses", whereas the spontaneity of the patients ties in with the Spanish cultural and theatrical tradition of the "funny guy" that has no equivalent in the other series.

*Bodies* is based on a book that severely criticized the British National Health Service. A limited number of predefined episodes were commissioned with a conclusion that did not anticipate any new seasons. This is common practice in British series, like with *Casualty 1900* or *Call the Midwife*, which tend to have more carefully prepared scripts and more sophisticated, less functional cinematography than the North American or Spanish series. *Bodies* was shot in a public hospital with documentary and ethnographic intentions. Scrupulous attention is paid to the narratives of space and of the social, personal and professional relationships; professional and class roles are clearly defined to show not only the day-to-day running of the unit, but also the effects of the organizational models and class conflicts on the patients' health, as well as the corporate silence surrounding medical errors. The fact that *Bodies* was condensed into a limited number of episodes might give the impression of exaggerated conflict that may be more diffuse in reality. However, the ethnographic intention lies in highlighting the roles and conflicts between the doctors, nursing staff and administration in a university hospital that obtains funding from its research activities, and needs results in order to receive basic funding within the public managed care system. The scripts include medical errors as well as successes, power games in order to obtain academic promotion or research funding, administrative interference in the diagnostic and treatment decision-making process and, as in *E.R.*, all the characters in *Bodies* are portrayed as ordinary people in a rigorous endeavour to achieve ethnographic naturalism. With a less choral structure than the others, the series gives an impeccable depiction of scenes from

everyday clinical practice. The ethnography describes reasonably well the public sector management models, and the European professional training structure.

*Grey's Anatomy* is very different. It was created after the success of *House M.D.* in 2004. The storyline is based on the face-to-face relationships between a cluster of young doctors and nurses, including their sexual approaches and relationships. Its set production design is closer to *Hospital Central* than to the other two series. Here, the storylines centre on the personal and private relationships of the characters against the background of a highly competitive surgical unit and based on a conception firmly rooted in surgery. Although medical practices are accurately depicted, such as in *Hospital Central*, the storyline stays close to the teen high school show format and the plot include a lot of personal sentimental and sex relationships between doctors and nurses.

The foremost feature the four series have in common is probably the way medical practice is dealt with, more naturalistic in *E.R.* and *Bodies*, more stylized and ritualized in the other two. *E.R.* and *Bodies* both have a clear documentary intention but from two distinct ethnographic perspectives: *E.R.* may be associated with *clinically applied anthropology*, a perspective that aims to reveal rather than judge, whereas *Bodies* comes closer to a *critically applied anthropology* approach by focusing more on the economic-political context.<sup>19</sup> Both share an ethnographic value that may be used in training for health professionals and medical anthropologists. The two follow different strategies: *E.R.* tells the story and leaves its interpretation to the viewer, who has to deduce the economic-political context; *Bodies* spells it out. Both aim to entertain, but also to raise the viewer's awareness, although with a significant cultural bias that differentiates the United States from the United Kingdom.

*Hospital Central* and *Grey's Anatomy* do not have a specific ethnographic intention, but rather use the health sector as the setting for a melodramatic storyline, without attempting to engage the viewer and thereby raise civil consciousness, though its plot lines do contain cases that allow for this. The differences between the two lie in the distinct profiles of North American screen comedy and its Spanish equivalent, based on a long tradition of theatre in particular, as well as popular cinema. *Grey's Anatomy* continues in the mark of popular comedy for teenagers or young audiences; *Hospital Central* follows the conventions of *comedia madrileña*, a genre based on tradition and habits present in Spanish cinema since the times of Franco's regime, and rooted in previous theatrical conventions, infused with influences from popular Italian right-wing comedy cinema. Nonetheless, both present some marginal ethnographic features and interesting cases.

### **Medical dramas and the health, disease and care processes**

Having established their ethnographic value, which is also present in medical dramas featuring general practitioners – particularly *Everwood* and *Northern Exposure* – we now turn

---

19. For both concepts see Comelles & Martínez-Hernández (1993).

to explore their role in the cultural construction the viewers make of the health, disease and care processes. The crucial point is the decision about what disease processes are shown. This explains why most of the cases are linked to highly controversial diseases, such as cancer, degenerative diseases, or the consequences of accidents and injuries. In most of them, ethical dilemmas are present, such as euthanasia or aggressive interventions, plots referring to debates about abortion or the conceptions of health and disease of teenagers, or the legal implications of some therapeutic decisions, as in *Everwood*. Institutions concerned with health promotion closely watch medical dramas because they can either fuel good practices by one side, or broaden the public debate.

In *Doctor Kildare's* times, the representation of medical professionals was always positive. The current trend is to go to a more naturalistic representation, showing the complexity of actual medical practice well balanced in terms of gender and sensible to the problems derived from the management of diversity. In the first episode of the first season of *E.R.* (1994), the cinematography of the disclosure of a cancer in a dialogue between a young female doctor and a male adult patient is a brilliant exercise of verbal and non-verbal communication between two different people who are speaking different languages. *Bodies*, from a more critical perspective, does not avoid the political and social concerns related to the management of female cancer cases. The ability of directors and screenwriters to develop cinematography very close to an ethnographic gaze gives an extra value to medical dramas.

Medical anthropology has demonstrated how these processes are universally constructed in society on the basis of everyday experiences, in face-to-face relations among lay people, folk healers, and professionals either within or outside institutions (Menéndez, 2005). Medical dramas represent these processes that result in characters acquiring experience and therefore offer a reflection on the reality we all share. What role do they play when we watch them on the television screen, with the light on, in the company of our families? We consider that ethnography, as a tool to represent reality, has always been able to evoke in the reader – or in this case the viewer – human dramas regardless of cultural differences. Ethnography is a marvellous tool that transports life from one place to another and *translates* it (Geertz, 1985); and this includes the ethnographic dimension of medical dramas, however dreadful they might be. For decades, family or neighbourhood audiences congregated around a single screen, as in the case of the Spanish *teleclubs* in the 1960s, for example.<sup>20</sup> This practice gradually disappeared with the spread of television sets into private homes and has become more demographically segmented.<sup>21</sup> The collective experience was condi-

---

20. Collective television viewing has made a comeback in bars and pubs for football matches and other sporting events. This space remains alive in series production: shows like the medical drama *Everwood*, described as a *family show*, are aired during family time slots in order to attract the widest possible audiences as they contain three generational story arcs: adolescents, parents and grandparents.

21. Even in the US, where NBC, CBS and ABC cornered audiences by syndicating local TV stations.

tioned by broadcasting schedules and a limited number of channels. The narratives of *Doctor Kildare*, *Ben Casey* or *Marcus Welby* moved within the coordinates of good realist cinema with an educational inclination, able to control emotions but not evade problems and conflicts, in productions suitable for any age, and used as a tool for disseminating the virtues of hegemonic medicine.

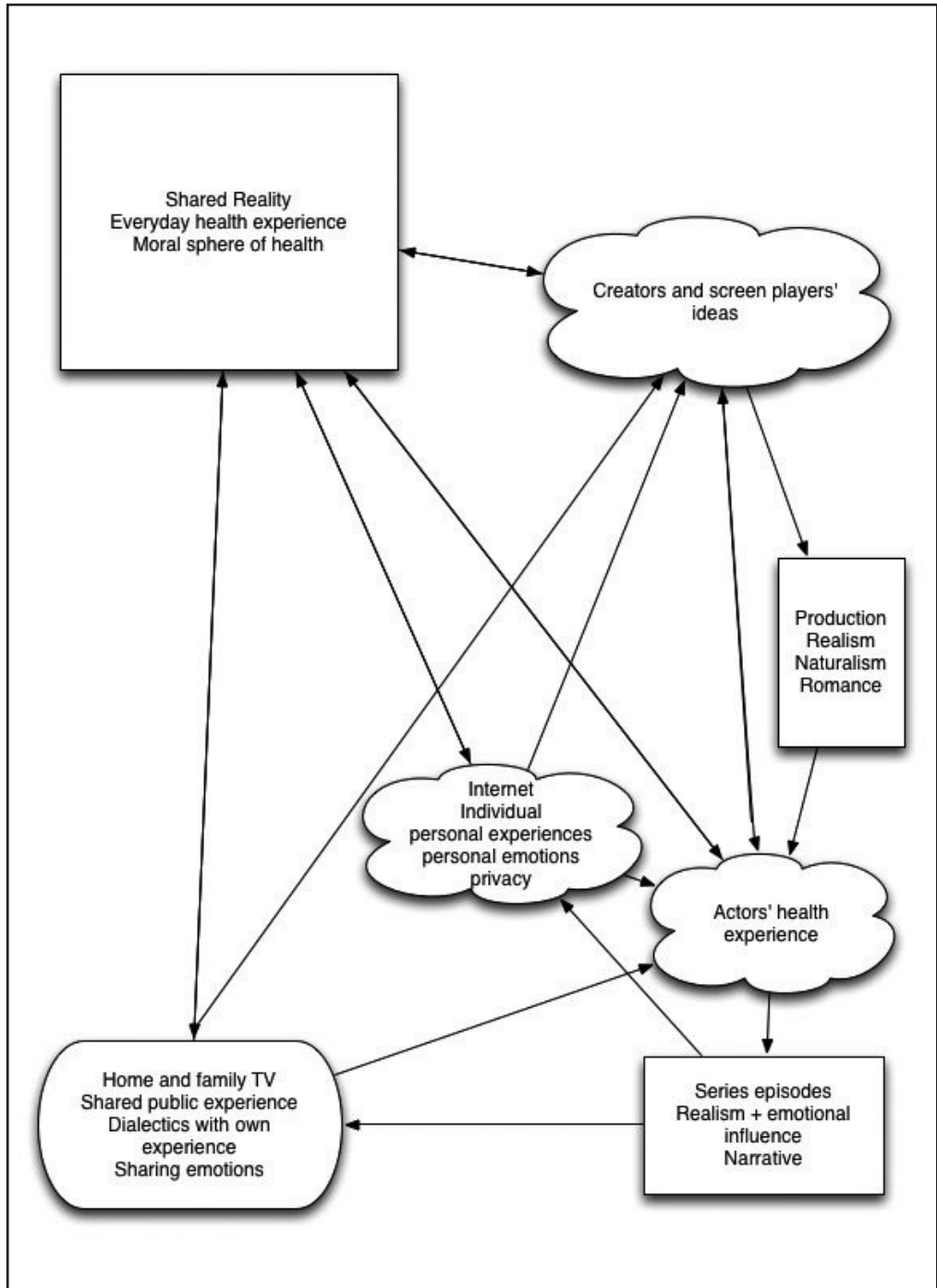
This has all changed. Globalization has spearheaded the atomization of the audio-visual market into compartments specialized by genre, culture, religion, class or demographic segments. The torrid episodes of sex in *Grey's Anatomy*, *Nip/Tuck* (2003-2010) or *Nurse Jackie* are made possible by viewing on demand, regardless of schedules, on laptops, smart-phones or iPads.<sup>22</sup> There is a greater moral permissiveness *represented* – that would be the simple explanation –, but this is necessary in order to bring them closer to reality shows where the limits between reality and fiction are blurred. The experience of watching on one's own leaves no room for discussion or comment with one's peers, except on the virtual networks, where illusionary fabrication predominates; it is merely an individual experience. And this raises some pertinent questions regarding the construction of the health, disease and care process. The aim is to present a network of relationships based on the idea that viewers, producers, directors, writers, actors and others involved in the productions share their own experience with health, illness and care when they write the screenplays, film them, act in them or watch them. The dialectics between them work on different levels: writing, filming, acting, viewing, and sharing the experiences with their own networks introduce a major change in the hegemonic production of health, illness and care experiences. For centuries these experiences were the fruit of face-to-face relationships between social actors and professionals; now the production of visual representations of ethnographic value comes to life at home.<sup>23</sup>

The interactions among social actors, from creators and screenwriters to actors and viewers, constitute a complex space with different levels of visual interpretation. The magnitude of the casts in the choral series seeks to widen the spectrum of communication with viewers since only the wide-scale diffusion of medical dramas on the most generalist channels guarantees their medium- and long-term economic viability. We try to depict the complexity of the process in the following chart (figure 1):

---

22. Cinema based in movie houses did not have the everyday feel or the ubiquity that television would have, and much less the hegemonic role that television played between 1950-1960 and the end of the century. Internet did not start broadcasting video on a mass scale until 2005-2007. On video formats see Cuadra-Colmenares & López-Yebes (2008).

23. Clifford Geertz (1985) explained in this way the meaning of written ethnographies.



## Conclusions

This article attempts to show two things. Firstly, medical dramas cannot, and indeed must not be reduced to the condition of entertainment, even when the portrayal of the health, disease and care process is insufficiently rigorous. The porous boundaries between fiction and reality call for prudence in this respect. Less than rigorous content with simplistic language can have a much greater impact than more sophisticated narratives that almost fall into the documentary format.

Secondly, ethnography in medical dramas opens up suggestive research perspectives concerning the construction of the health, disease and care process, as well as in the construction of the personal and collective experience particularly in relation to some diseases widely represented in the plots. Whereas it is not easy for an individual to become Jack Bauer (24), Admiral Adama (*Battlestar Galactica*, 2004-2009), or Detective McNulty (*The Wire*), all of us who watch medical dramas encounter a reality that could be our own: we recognize Gregory House or Nurse Jackie in the hospitals we visit. We recognize the discussions involved in reaching a decision, or we identify with the on-screen suffering that at some point in our lives we have also experienced. Moreover, we find answers regarding the excessive bureaucratization of the medical system, cases of medical incongruity, or the need to improve communication processes. Medical dramas may help to enhance patient's empowerment, even give clues to teach how to become a good patient in the terms Allué (2013) suggests. Paul Valéry spoke of cinema as *divertissement pour ilotes*. We refer to the television as the idiot box. But the box has matured to become a mirror with which we converse day in, day out, a kind of invisible friend that accompanies our solitude and watches out for our discomforts.

## TV Shows quoted

24 (2001-2010), USA

*Battlestar Galactica* (2004-2009), USA

*Ben Casey* (1961-1966), USA

*Black Box* (2014), USA

*Bodies* (2004-2006), UK

*Call the Midwife* (2012-active), UK

*Casualty 1900* (2006-2009), UK

*Cuéntame cómo pasó* (2001-active), Spain

*Deadwood* (2004-2006), USA

*Desperate Housewives* (2005-2012), USA

*Doctor Kildare* (1961-1966), USA

*E.R.* (1994-2009), USA

*Farscape* (1999-2003), Australia

*Grey's Anatomy* (2005-2014), USA

*Hospital Central* (2000-2012), Spain  
*House M.D.* (2004-2012), USA  
*Marcus Welby* (1969-1976), USA  
*Northern Exposure* (1990-1995), USA  
*Nurse Jackie* (2009- active), USA  
*Nip/Tuck* (2003-2010), USA  
*Polseres vermelles* (2011-active), Spain  
*Private practice* (2007-2013), USA  
*Red Band Society* (2014), USA  
*Southland* (2009-2013), USA  
*Supernatural* (2005-active) USA  
*The Knick* (2014), USA  
*The Night Shift* (2014), USA  
*The Sopranos* (1999-2007), USA  
*The Wire* (2002-2008), USA  
*Treme* (2010-2014), USA



## References

ALLUÉ M. (2013), *El paciente inquieto. Los servicios de atención médica y la ciudadanía*. Barcelona, Bellaterra.

ALTMAN, L.K. *et al.* (1997), *Medicina y Medios de comunicación. The Lancet*, Barcelona, Fundación Dr. Antonio Esteve.

ARAWI, T. (2010), «Using medical drama to teach biomedical ethics to medical students», *Medical Teacher*, **32**, (5), e205-210.

BACHTIN, M. M. (1988), *L'Autore e l'eroe: teoria letteraria e scienze umane*, Turin, Einaudi.

BECA, J. P.; SALAS, S. P. (2004), «Medicina en Televisión: ¿un problema ético?» *Revista Médica de Chile*, **132**, (7), 881-885.

BELLE-FORTUNE, B. (2005), «Are medical dramas a public health hazard?», *Nursing Times*, **101**, (48), 13.

BENET FERRANDO, V. J. (2012), *El cine español: una historia cultural*, Barcelona, Paidós.

BIGNELL, J.; LACEY, S. (2005), *Popular Television Drama: Critical Perspectives*, Manchester, Manchester University Press.

BOON, T. (2008), *Films of fact: a history of science in documentary films and television*, London, Wallflower Press.

BUSTAMANTE, E. (2013), *Historia de la radio y la televisión en España (Vol. 21)*, Madrid, Gedisa.

CASAS, Q. (2010), «Series de televisión de la última década: un lenguaje renovado». *Dirigido por ...: Revista de cine*, **399**, 44-51.

CLIFFORD, J. (1988), *The Predicament of Culture. Twentieth-Century Ethnography, Literature and Art*, Cambridge/MA., Harvard University Press.

CLIFFORD, J.; MARCUS, G. E. (eds.) (1986), *Writing Culture: The Poetics and Politics of Ethnography*, Berkeley/Los Angeles, University of California Press.

COLLEE, J. (1999), «Medical fiction», *British Medical Journal*, **318**, (7189), 955-956.

COMELLES, J. M. (2007a), «De Marcus Welby à Gregory House. Les ambivalences des images de la pratique médicale au tournant du siècle». In: Obadia, G.; Carret, L. (ed.), *Représenter, classer, nommer. Regards croisés sur la médecine*, Fernelmont : Éditions Modulaires Européennes, 111-128.

– (2007b), «Feelings, distance and emotions in medical practice». In: DONGEN, E. VAN; KUTALEK, R. (eds.), *Facing distress: distance and proximity in times of illness*, Vienna: Lit, 117-151.

COMELLES, J. M.; MARTÍNEZ-HERNÁEZ, A. (1993), *Enfermedad, cultura y sociedad. Un ensayo sobre las relaciones entre la antropología social y la medicina*, Madrid, Eudema.

CUADRA-COLMENARES, E.; LÓPEZ-YEBES, A. (2008), «Cine, fotografía, radio y televisión en la red: formatos multimedia». *Temaria: Revistas Digitales de Biblioteconomía y Documentación*, 69-84.

CZARNY, M. J.; FADEN, R. R.; NOLAN, M. T.; BODENSIEK, E.; SUGARMAN, J. (2008), «Response to open peer commentaries on "Medical and nursing students' television viewing habits: potential implications for bioethics"», *The American Journal of Bioethics*, **8**, (12), W1.

DAVIN, S. (2003), «Healthy viewing: the reception of medical narratives», *sociology of Health & Illness*, **25**, (6), 662-79.

DOUGLAS, P. (2007), *Writing the TV Drama Series: How to Succeed as a Professional Writer in TV*, Studio City, Wiese.

EISENMAN, A.; RUSSETSKI, V.; ZOHAR, Z.; AVITAL, D.; STOLERO, J. (2005), «Can popular TV medical dramas save real life?», *Medical Hypotheses*, **64**, (4), 885.

ESPANHA, R. (2002), «Ficcio televisiva i construccio de les representacions sobre salut a Portugal», *Portal de La Comunicacio IN-Com-UAB*, 11.

– (2009, «Projectos de autonomia numa sociedade em transição: os media e a saúde», *Repositorio.iscte.pt*. ISCTE -IUL.

GEERTZ, C. (1985), *The interpretation of cultures. Selected Essays*, New York, Basic Books.

– (1989), *El antropólogo como autor*, Barcelona, Paidós.

GLEVAREC, H. (2010), «Trouble dans la fiction. Effets du réel dans les séries télévisées contemporaines et post-television», *Questions de Communication*, **18**, 215-238.

GORDON, P. N.; WILLIAMSON, S.; LAWLER, P. G. (1998), «As seen on TV: observational study of cardiopulmonary resuscitation in British television medical dramas», *British Medical Journal*, **317**, (7161), 780-783.

GREGORI, N. (2015), «Cuerpos y subjetividades intersex». In: BRIGIDI, S. (ed.). *Cultura, salud y cine*. Tarragona: Publicacions, URV (in press).

HALLAM, J. (2012), *Nursing the Image: Media, Culture and Professional Identity*, London, Routledge.

HALLAM, J.; MARSHMENT, M. (2000), *Realism and Popular Cinema*, Manchester University Press.

HARO, J. A. (2011), *Epidemiología sociocultural. Un dialogo en torno a su sentido metodos y alcances*, Buenos Aires, Lugar.

HETHER, H. J. et al. (2008), «Entertainment-education in a media-saturated environment: examining the impact of single and multiple exposures to breast cancer storylines on two popular medical dramas», *Journal of Health Communication*, **13**, (8), 808-823.

HOWE, A., OWEN-SMITH, V.; RICHARDSON, J. (2002), «The impact of a television soap opera on the NHS Cervical Screening Programme in the North West of England», *Journal of Public Health*, **24**, (4), 299-304.

HURTADO, I. (2015), «Cuerpos improprios: amputaciones electivas y el papel de la medicina en los malestares contemporáneos». In: BRIGIDI, S. (ed.). *Cultura, salud y cine*. Tarragona: Publicacions, URV (in press).

KENNEDY, M. G.; WILSON-GENDERSON, M. (2011), «Are medical dramas a public health hazard? », *Public Health Reports*, **126**(1), 150-159.

KIRBY, D.A. (2013), «Forensic fictions: science, television production, and modern storytelling», *Studies in History and Philosophy of Biological and Biomedical Sciences*, **44**, (1), 92-102.

– (2011), *Lab Coats in Hollywood: Science, Scientists, and Cinema*, Cambridge, MIT Press.

– (2014), «Kirsten Ostherr, Medical Visions: Producing the Patient Through Film, Television, and Imaging Technologies», *Social History of Medicine*, **27**, 626-627.

KLEINMAN, A. (1980), *Patients and healers in the context of culture. An exploration of the borderland between Anthropology, Medicine and Psychiatry*, Berkeley/Los Angeles, California University Press.

LAIT, M. (1987), «The use of soap operas in nurse education», *Nursing Standard*, **14**, (29), 38-40.

LEPOFSKY, J. et al. (2006), «I'm not a doctor but I play one on TV: E.R. and the place of contemporary health care in fixing crisis», *Health Place*, **12**, (2), 180-194.

MIKULENCAK, M. (1995), «Fact or fiction? Nursing and realism on TV's newest medical dramas», *The American Nurse*, **27**, (2), 31.

MENÉNDEZ, E.L. (2005), « El modelo médico y la salud de los trabajadores», *Salud colectiva*, **1**, (1), 9-32.

MILLÁ-SANTOS, J. (2001), «Urgencias médicas: algo más que una serie televisiva», *Medicina Clínica*, **117**, (8), 295-296.

O'CONNOR, M. M. (1998), «The role of the television drama ER in medical student life: entertainment or socialization?», *The Journal of the American Medical Association*, **280**, (9), 854-855.

OSTHERR, K. (2013), *Medical Visions: Producing the Patient Through Film, Television, and Imaging Technologies*, New York, Oxford University Press.

RADFORD, T. (1997), «Influencia y poder de los medios de comunicación». In: ALTMAN, L.K. et al. (ed.), *Medicina y medios de comunicación. The Lancet*, Barcelona: Fundación Dr. Antonio Esteve, 101-105.

- REAGAN, L. J.; TOMES, N.; TREICHLER, P. (2009) (ed.), *Medicine's Moving Pictures: Medicine, Health and Bodies in American Film and Television* (Social History of Medicine, vol. 22), Rochester, University of Rochester Press.
- STINSON, M. E.; HEISCHMIDT, K. (2012), «Patients' perceptions of physicians: a pilot study of the influence of prime-time fictional medical shows», *Health Marketing Quarterly*, **29**, (1), 66-81.
- STRAUMAN, E. C.; GOODIER, B. C. (2011), «The doctor(s) in house: an analysis of the evolution of the television doctor-hero», *The Journal of Medical Humanities*, **32**, (1), 31-46.
- STRAUSS, R. M.; MARZO-ORTEGA, H. (2002), «TV medical dramas - British or American: which approach do you prefer?», *European Journal of Emergency Medicine*, **9**, (2), 183.
- TUROW, J. (1989), *Playing doctor: television, storytelling, and medical power*, Oxford, Oxford University Press.
- TUROW, J.; GANS, R. (2002), *As Seen on TV: Health Policy Issues in TV's Medical dramas: a Report to the Kaiser Family Foundation*, Menlo Park: Henry J. Kaiser Family Foundation.
- TUROW, S. (2010), *Playing Doctor: Television, Storytelling, and Medical Power*, Ann Arbor, University of Michigan Press.
- VAN DEN BULCK, J. J. M. (2002), «The impact of television fiction on public expectations of survival following in-hospital cardiopulmonary resuscitation by medical professionals», *European Journal of Emergency Medicine*, **9**, (4), 325-329.
- WEAVER, R., & WILSON, I. (2011), «Australian medical students' perceptions of professionalism and ethics in medical television programs», *BMC Medical Education*, **11**, (1), 50-55.
- WEBER, C. M.; SILK, H. (2007), «Movies and medicine: an elective using film to reflect on the patient, family, and illness», *Family Medicine*, **39**, (5), 317-319.
- WICCLAIR, M. R. (2008), «The pedagogical value of House, M.D.--can a fictional unethical physician be used to teach ethics?», *The American Journal of Bioethics*, **8**, (12), 16-17.
- YE, Y.; WARD, K. E. (2010), «The depiction of illness and related matters in two top-ranked primetime network medical dramas in the United States: a content analysis», *Journal of Health Communication*, **15**, (5), 555-570.