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Paging Dr. Nielsen

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The Orange County Register

Dr. Addison Shepherd, a neonatologist, has one urgent thing on her mind: to find out which of four 14-year-old Girl Scouts is the mother of a newborn found in a trash can at a high school. There is no time to squander.

The infant has a serious medical condition and needs a blood transfusion from his mother - "stat." Blood tests narrow the candidates to two girls, who stay tight-lipped. But Shepherd's persistent entreaties pay off.

"The truth will come out," Shepherd says. "In time it will come out - it always does."

Finally, one of them looks up, pleads quietly, "Don't tell my mom, OK?"

A possible situation? Yes.

Real? No.

The scene is straight out of the recent season premiere of "Grey's Anatomy," one of three popular television hospital dramas that recently ranked in the Nielsen ratings' top five among viewers ages 18 to 49.

Like predecessors "St. Elsewhere," "Trapper John, M.D." and "Chicago Hope," shows such as "House" and the long-running "ER" are dramas, first and foremost, which happen to have medical settings.

Granted, they're fictional accounts, not documentaries of hospital life.

But by their nature, these shows borrow material from real medical journals or news. They inevitably portray one or more viewpoints about conditions and diseases, and how these are treated, managed and cured.

The shows also are powerful sources of medical information, even if informing isn't necessarily their goal. Their viewers arguably could rattle off character names such as Dr. Preston Burke and Dr. Luka Kovac before giving the correct name of the real acting U.S. surgeon general. (It's Rear Adm. Kenneth Moritsugu.)

"It is the bully pulpit, so you have to be careful what you use it for," says Dr. David Foster, one of the writers for Fox's drama/comedy "House."

Such power comes with the responsibility to be as medically accurate as possible, says Vicky Rideout, vice president and director of programs for the study of entertainment media and health for the Henry J. Kaiser Family Foundation in Menlo Park. The nonprofit foundation focuses on healthcare issues.

"There is a subtle impact on viewers on how a medical issue is portrayed," Rideout says. "TV medical dramas contribute to agenda-setting ... and influence how people look at situations and professions."

Sometimes, some of the messages are conveyed not by inclusion but by omission, even if it's unintended.

"In medical dramas, there's hardly anything about the uninsured. There's a subtle message that that issue is not that central or doesn't affect that many people," Rideout says.

"Whenever you see an uninsured person with a medical issue, and it's a homeless drug addict, you may be less likely to understand that there are a lot of working families who don't have health insurance."

In 2001, the foundation released a survey that found one in five doctors are consulted "very" or "somewhat" often by patients wanting to talk about specific diseases or treatments they had heard about on shows like "ER."

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In 2002, the foundation issued a report that quantified the effect of "ER's" health content. Researchers conducted surveys of more than 3,500 regular "ER" viewers from March 1997 to April 2000.

Slightly more than half said they talked with family and friends about health issues addressed on the show. One-third of viewers said they used information they received from "ER" to help make choices about their own or their family's health care. About one in five said they had gone to other sources to find additional information about a health issue because of something they saw on "ER."

On the other hand, such shows can distort patients' expectations of the hospital environment, or the kind of treatments they'll get, says Dr. Christopher Lee, a gastroenterology fellow at UCI Medical Center in Orange.

While completing his residency at an inner-city hospital in Chicago, Lee found himself explaining to emergency room patients the discrepancy between reality and TV. "Patients would say, 'This doesn't resemble 'ER,' " Lee said. "On a daily basis, hospital ERs are well-paced and organized. It would be boring to show on TV. It's much calmer in real life, and there isn't as much excitement."

That's precisely the challenge of trying to replicate real life for medical dramas, say writers for "ER," "Grey's Anatomy" and "House."

"We work really hard to stay as accurate as possible and to be as dramatically engaging as possible and that's hard work," says Elizabeth Claviter, director of medical research for "Grey's Anatomy."

In addition to having physician writers on staff, all TV medical dramas retain a cadre of consulting physicians who vet medical content and storylines for accuracy.

Health organizations such as the Centers for Disease Control and Prevention, as well as nonprofit advocacy groups representing specific conditions, provide briefings for writers. The medical community knows that medical dramas are one way to disseminate information, so it's taking steps to ensure that the information is accurate, Rideout says.

But there's no denying that drama rules.

"Because it's first and foremost a drama, we go for the jugular," says Dr. Lisa Zwerling, an emergency room pediatrician and a four-year writer/producer on "ER." "When we're trying to come up with a story, we show the most dramatic presentation of a disease. Someone walks in with cancer, it's usually not the cancer in which the patient gets chemotherapy. Our cancer patients come in and die dramatically."

There are occasions when a plot or a character's direction may stretch medical reality beyond its usual boundaries.

A story about organ transplantation and a doctor's personal relationship with a transplant patient in the season finale of "Grey's Anatomy" sparked a debate in the show's Web forum and drew some fire from critics for straining credibility. In the episode, a TV doctor deliberately makes a patient's condition worse so the patient would become more likely to get a heart transplant.

People shouldn't take the medical dramas too seriously because they're entertainment first, according to Kevin Goodman, an instructor at Center for Ethics, Humanities and Palliative Care at the University of Rochester's Rochester Medical Center in Rochester, N.Y. "It's just compelling drama that tries to be medically accurate. But in the end, (the writers) have got to sell to viewers."

Still, some lines are not to be crossed, no matter how compelling a story they might make, Foster says. "There is a certain responsibility to not say something that's outright false and misleading. To do otherwise – that's dangerous. For example, it would be irresponsible to say that AIDS can be cured and managed now."

Foster recalls a real patient who didn't believe in the HIV virus. "Even though he tested positive, he didn't believe in it. There are certain camps that have this point of view. We've thought about that as an issue," Foster said, "... but as a physician, it's irresponsible (for me) to put that idea out there. Even if we did it as a point that is raised, a certain number of people aren't going to get that. It can be used out of context ... so we won't go there because there's a public health issue at stake."

Love them or hate them, there's no arguing that the shows do touch lives. The most intense reactions tend to come from people who are affected by the disease or condition portrayed on the shows, writers say.

"I got a letter from a patient with hepatitis C," Foster says. "The patient in the show contracted it after getting a tattoo in prison. The patient who sent the letter contracted hepatitis C through a blood transfusion, and wrote us saying the episode was 'a disservice to all of us (with hepatitis C).'"

Foster says that although it is possible to get hepatitis through tattoos in prison, it's one person's experience. "Is that the whole picture of hepatitis C? Of course not."

Sometimes, the writers get responses that remind them just how much they can affect people's lives. Claviter remembers an episode in the second season of "Grey's Anatomy" which showed a 15-year-old paraplegic who wanted to have surgery so she wouldn't need the catheter that she had endured for many years. "The story line wasn't

particularly or hugely dramatic in a Hollywood way," Claviter says. "But the writer of that episode was giving a talk about how to become a writer in Hollywood when a young woman came up to her. The woman said that she and her parents wept when they were watching that show because it was her story."

Still, Foster points out that there are limits.

"Our power isn't as great as people might believe. Our ability to actually create an opinion isn't as strong as our ability to reflect an opinion."

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