A MIX OF FACT AND FICTION: THE EFFECT OF MEDICAL DRAMAS ON PERCEPTION OF HEALTHCARE

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The first television was invented in 1927; in the 40s and 50s, televisions began to gain popularity as more and more people started putting them in their homes. We have come a long way from the big, square, black and white televisions of those decades. One difference is in the number of shows available for the viewer audience, as well as the abundance of genres. One genre that has been around awhile is medical dramas; in fact, the very first medical drama on television was City Hospital and it first aired in 1951. Over the decades, many other medical dramas have come on to the scene. Some of the most recent and popular include Grey's Anatomy, Scrubs, ER, and House. With medical dramas comes a lot of medical terms and information, and although some scenes from these dramas can contain useful and accurate information, the majority of the episodes are full of inaccurate information and depictions. As a result, society has undoubtedly made false assumptions about healthcare based solely on what they have watched on television. Sometimes these false assumptions result in unrealistic expectations and general confusion. It is important to realize that not everything seen on medical dramas is accurate, no matter how realistic it may seem.

When it comes to what is viewed on television, most would probably like to think that they are able to separate what they watch from reality. However, the truth is that doing so is a lot more difficult than many would believe. There is a term for this overlap between what is watched on television and views of reality, and it is called cultivation theory. This theory, “in its most basic form, suggests that television is responsible for shaping, or cultivating viewers’
conceptions of social reality” (“Cultivation Theory”). This means that when viewers sit down and regularly watch shows such as *Grey’s Anatomy* or *House*, they eventually start to apply what the series presents to reality. With that being said, it is worth noting that people often make this connection between television and reality unknowingly, because watching television tends to alter thinking in “subtle and complicated ways” (Beck). This means that even if one does not think they are influenced by the fictional dramas, they very well could be. For example, if one continuously sees scenes where doctors are acting unprofessionally, they, the viewer, are likely to start believing that this is how many doctors actually behave. It is not just medical dramas that can shape one’s perspective; all television shows have the ability, but medical dramas are known for having lots of realistic (or not so realistic) information that is very misleading to viewers.

There is a lot of inaccuracy contained in each episode of medical dramas. One big discrepancy is in the behavior of doctors, nurses, and other medical staff. For example, on the show, *House*, the viewer can see the main character, Dr. House, (played by actor Hugh Laurie) talking to patients as if they are completely unintelligent. He very often comes across as rude and sarcastic; traits one does not, and should not, seek in his or her physician. Although it may seem laughable at the time, cultivation theory shows that watching a healthcare worker act disrespectfully, such as Dr. House, really does rub off on the viewers. People may begin to believe that if they go to see a doctor, they will be treated the same way the patients on television are treated, which is often poorly. This shows just how easily scenes where healthcare workers talk disrespectfully to patients, and even coworkers, can unfairly shape how one perceives the real life medical world and all of the professionals involved. In a study conducted in 2003, “watching more prime-time medical shows was associated with ‘perceiving doctors as more
uncaring, cold, unfriendly, nervous, tense, and anxious’” (Beck). No professional wants to be labeled like that, but unfortunately, the inaccuracies in medical dramas have led to this.

Another inaccuracy of medical dramas that viewers are likely to accept as realistic is the way in which individual cases are handled. On television, there is no time, or need, to discuss the costs of treatment. If a patient has a problem, they are immediately sent to a bed and tests are ordered. However, in real life, cost and payment is a very significant consideration of patients. New Choice Health and MTBC, “companies dedicated to comparing hospital charges and physician billing” (Gutierrez-Folch), reported that a typical test sequence done on an episode of House would cost someone about $9,200, which shows how “television has consistently portrayed treatment as an unlimited resource” (Gutierrez-Folch). Unlike the actors on television, patients need to check whether their insurance covers specific tests and treatments; and the reality is that sometimes health insurance does not cover everything doctors prescribe. When that happens, some may ultimately choose not follow through with the suggested treatment, and they may attempt a different treatment that is covered by their insurance. On television shows, this is just not the case. No one ever asks to see insurance cards, or inquires how long they have to stay in the hospital and how much it will cost them. As a result, frequent viewers of medical dramas may adopt this way of thinking and not consider their own finances before agreeing to an extensive, and often expensive, health solution. In addition to not mentioning costs, TV doctors tend to diagnose very quickly and then insist on starting treatment immediately. Often, the television doctors will even misdiagnose their patients, come up with a new treatment, and start treatment for the new disease or condition immediately. If this were to happen in real life, doctors would be facing malpractice lawsuits left and right. Misdiagnoses can quickly become the difference between the life and death of a patient, but once again, this is not something the
television shows acknowledge. Instead, the goal of the pretend doctors seems to be to diagnose as quickly as possible, and if they are wrong, simply come up with an alternative treatment plan.

In real life, medicine practice is all about tincture of time, meaning, “how things change and develop over time may be the clearest indication of all of what the underlying condition is” (Katz). This is due to the sheer power of medicine, and the ultimate responsibility of physicians to watch out for the patient’s well-being. The health of patients would be greatly at risk if real physicians were to make as hasty of diagnoses as fictional physicians do. So, in an ideal world, when viewers watch medical dramas, they will realize that they shouldn’t expect to be cured in forty-five minutes like the actors, and that there are many things to consider before agreeing to various treatments. Unfortunately, the realistic vibe given off by medical dramas can make it difficult for the audiences to come to this conclusion.

Aside from the more notable characteristics of medical dramas like rude physicians and careless practice, there are a lot of other smaller, but still significant, inaccuracies contained in just about every episode of every medical drama. One big mistake that occurs repeatedly is the way cardiopulmonary resuscitation (CPR) and defibrillator use is depicted. In the very first episode of Grey’s Anatomy, a patient’s heart stops beating, and the monitor shows a flat line heart rate. Dr. Meredith Grey, one of the main characters and namesake, leaps into action by ordering the nurses to perform chest compressions while she gets the defibrillator ready. Dr. Grey then takes the paddles of the defibrillator, rubs them together, and places them on the patient’s chest to administer the shock. Within a few seconds, the girl’s heart starts to beat again and the medical team breathes a collective sigh of relief. As often as scenes similar to this one occur on TV, one would think the producers would make sure the scene is as accurate as
possible. However, this pilot episode of *Grey's Anatomy*, along with most other similar scenes, contained many mistakes. Notable mistakes include the rubbing together of the paddles (ineffective and could damage equipment), using the defibrillator on a flat-line patient (it is used when the heart is beating irregularly, not when it has completely stopped), and the ever present image of the patient’s body jumping up off the hospital bed when the shock is delivered. Not everyone who watches medical dramas will see the less obvious technicalities like the ones mentioned, but they are still continuously present and can lead to false expectations of what will happen when someone is actually in such a situation.

Perhaps the most misleading part of cardiopulmonary resuscitation on medical dramas is the survival rate of the patients. Based solely on what is shown on television, one would think that cardiopulmonary resuscitation is extremely effective; the vast majority of characters who receive CPR live to see another day. Unfortunately, the truth is that patients “tend to survive cardiac arrest more often on television than they do in real life, making CPR seem more effective than it often is” (Beck). This can lead to “a misunderstanding as to the likelihood of a patient or loved one surviving cardiac arrest” (qtd. in Beck). It is hard enough when someone’s loved one is in a frightening medical situation, but even worse when the family thinks the issue can be as easily resolved as it is on television, when in fact it cannot. When all of the other miraculous scenes in medical dramas are taken into consideration, there ends up being many, many, many inaccuracies, and all of which can lead to the creation of false expectations.

Although there are many inaccuracies in medical dramas, this does not mean that there is absolutely nothing to be gained from watching these shows. Believe it or not, there have been cases where one acquires information from their favorite medical drama, and uses it to help someone. Even if the scenes –such as the CPR clips- are not completely accurate, sometimes
they are accurate enough to be useful in a future situation. There was a time recently when an episode of *House* aided a physician in Germany. Dr. Juergen Schaefer met with a man who was suffering from severe heart failure, blindness, deafness, and enlarged lymph nodes. None of the physicians the man had previously met with could figure out why he was having such symptoms. Luckily, according to an online article published by *Times*, Dr. Schaefer was able to diagnose the man in merely five minutes. The difference between the other physicians and Dr. Schaefer came down to his past viewing of the American television series, *House*. That is the series with the rude, unprofessional, and perhaps even crazy, Dr. House played by Hugh Laurie. As unrealistic as Hugh Laurie’s character may be, in one episode of the series there was a woman with heart failure caused by cobalt poisoning from her hip joint replacement. Dr. Schaefer, upon meeting with his patient, was able to relate that episode with his current patient, and thus save the man’s life. It turned out that the man was suffering from the exact same issue as the patient in *House*: cobalt poisoning. Not only do Dr. Schaefer and his patient have a medical drama to thank for this case, but the doctor even wrote an entire book on how to “apply *House* the fictional television show to real life medical practice” (Knibbs). Which means *House* could now be useful in treating countless other medical cases. This scenario shows how even physicians can learn a thing or two from prime-time medical television.

Another case where a medical drama just might have been the difference between life and death took place in 2011 in Wisconsin. A thirty-six-year-old woman, Kandace Seyferth, collapsed. The woman’s ten-year-old daughter and her daughter’s friend were present. Thanks to *Grey’s Anatomy*, the girls had witnessed CPR countless times and knew chest compressions and mouth-to-mouth were essential for helping Ms. Seyferth. The young girls were able to work together on applying chest compressions and mouth-to-mouth until the paramedics arrived
The quick thinking and television watching experience of the young girls is what saved the woman until help arrived. Like with the German physician, a favorite television show became more useful than anyone could ever imagine.

In addition to the specific scenarios medical drama viewers have found themselves in, University of Southern California researchers concluded that an *ER* episode featuring a girl who was diagnosed with hypertension and told to eat more fruits and vegetables, resulted “in self-reported healthier eating habits and a better understanding of hypertension and weight issues among *ER* viewers” (O’Callaghan). In this case, one small scene in a medical drama reportedly contributed to healthier habits in countless lives. It may not be as hands-on of an effect as Dr. Schaefer and the Wisconsin girls experienced, but the medical drama did still influence lives. This is yet another report that shows that though not all the scenes may be completely accurate, they could be realistic enough to help save a life, or lives.

Overall, there are indeed facts presented in medical dramas that can be of use to viewers. Unfortunately, with the good comes the bad, and the bad news is that the majority of the medical television shows contain inaccurate information on the medical field. It may not seem like an immense deal, but with cultivation theory, it becomes apparent that the things watched on television indeed have an influence on thoughts of reality. For instance, the behavior of medical staff on television is capable of leading viewers to believe that this is how real doctors, nurses, and healthcare workers behave. People may even choose not to go to a hospital because they are afraid they will be treated poorly. Alternatively, one could be under the false impression that if they go to the hospital they will be diagnosed as quickly as the characters on television are, and that cost and length of treatment is nothing for them to consider. In reality, diagnoses take time, and cost is indeed something to consider. Since there is such a fine line between realistic and
unrealistic in medical dramas, it is important to realize that these shows are indeed fictional, and the information viewed should not be assumed factual.
Works Cited


