TV MEDICAL DRAMAS: HEALTH CARE AS SOAP OPERA

LESLEY HENDERSON

‘Medicine is drama, doctors are human, and patients are trouble or troubled’.¹

The medical drama occupies an extraordinary position in contemporary television. The format attracts multiple awards (ER became the most nominated series in TV history, earning 122 Emmy nominations and 22 Awards) and breaks new ground in television aesthetics (St Elsewhere popularised pedeconferencing – the ‘walk and talk’ tracking shot to signify the supposedly frenetic pace of hospital life). The genre is economically important, too, as medical dramas consistently attract large audiences with ‘gold dust’ demographics for advertisers – the notoriously elusive 18-49 years. These programmes deliver high drama but also convey important messages about health and illness, often highlighting political issues which are neglected in television news and documentary formats. Thus the humanitarian crisis in the Darfur region of Sudan – underreported by the US news media – was brought to ER viewers through characters Dr John Carter and Dr Gregory Pratt, who were depicted working in a refugee camp trying to protect their patients from the Janjaweed militia (series 12, 2006). As these fictional scenes were being transmitted to global audiences, George Clooney – formerly ER’s Dr Doug Ross – spoke out at public rallies to stimulate support for American intervention in Darfur, thus blurring the lines between drama and the material world still further.² Shows such as House MD are dissected in meticulous detail by fans and medical professionals on websites filled with endless analysis of the plausibility of plot and procedure.³

The medical drama is a commercial product that not only reflects our socio-cultural and economic environment but also illuminates wider changes in broadcasting culture. Why are medical dramas important? How do they relate to other fictional genres, such as police series and TV soaps? What sorts of messages are conveyed in medical dramas, and what are omitted?
What is their influence on public understandings concerning health care?

There is little doubt that in recent years we have witnessed an increased medicalisation of the mass media: medical-related stories appear more frequently than ever in press and television outlets. This is driven in part by an increase in health-related PR, and in a multi-channel, multi-platform environment there are also more spaces where health and illness issues can be aired. Entire cable channels are devoted exclusively to our wellbeing and numerous internet websites offer instant access to health information and celebrity gossip that is also often health-related. Emerging television formats such as lifestyle and physical ‘make-over’ shows also provide opportunities for audiences to witness intensely personal moments and have sparked debate concerning their overly voyeuristic nature. At the same time there has been an increasing ‘soapisation’ of the media in general, with documentary formats appropriating popular techniques from television soap opera. Medical and police drama series (commonly termed ‘cops and docs’) dominate television viewing schedules, and although strictly defined as being within the drama-series genre (being produced as self-contained episodes to be watched, in theory, in any order) they do now share many of the characteristics of soap opera serials, interweaving multiple plots with a continuous core cast and concluding with ‘cliff-hanging’ plot twists. Almost all US TV series are now soap operas, ‘since storylines stretch across several episodes and there is a sense of a long story being slowly unfolded as seasons go by’.

The dominance of medical and police drama in television schedules has sparked a serious concern that such relatively cheap and formulaic programming is displacing other more challenging ‘quality’ drama. Indeed the ‘soapisation’ of the media in general is seen as a negative consequence of increased competition for audiences and the proliferation of channels. The rise in ‘reality television’ shows, the decline in resources allocated to documentary programming, and the alleged ‘feminisation’ of news media (move towards lighter, human interest, interpretation based stories) suggest that broadcasting is in crisis and becoming ratings-led to the detriment of more challenging programming. Shifts in news media from the public to the private realm (replacing expertise with the ‘raw testimonies of experience’) have been accompanied by a simultaneous blurring of the boundaries between fiction and reality in television drama.

The routine portrayal of ‘hard’ subject matter in prime time ‘entertainment’ slots, and the impact of this on audiences, have sparked a lot of discussion about the cultural role of television drama. Yet these formats and their reach in terms of audiences are highly desirable to health charities, lobbying groups and even governments – all of whom consider television drama to be a
useful conduit of policy messages.

The explosion in PR generally, and concerning health and illness issues in particular, means that there is significant competition between charities to place information posters and leaflets in background shots. In soap opera scenes the positioning of such posters, leaflets or message-carrying mugs is not just beneficial to the charity which receives wider exposure but also arguably adds authenticity and realism to a hospital scene or a primary health clinic. These details function as visual referents, just like domestic details in characters’ homes; dishes in the sink, photographs on a mantelpiece.\(^7\) Story lines win awards for ground-breaking representations: so the Channel 4 soap opera Brookside was awarded the first National Childbirth Trust baby friendly award for portraying breastfeeding positively, by showing (very unusually for British television) a baby suckling at her mother’s breast.\(^8\) In 2002 EastEnders received a Mental Health Award for sensitively portraying Kat Slater as she contemplated suicide after breaking her silence about childhood sexual abuse.\(^9\)

But there is an ambiguous relationship between seeking the public profile which a soap story can confer and simultaneously policing these stories, and production teams are frequently criticised for what is said to be the negative impact of their story lines on the public. The soap opera Brookside was criticised for showing a terminally ill woman begging her family to end her suffering because her doctor failed to provide sufficient pain relief. The British Medical Association and the Director General of the Cancer Research Campaign criticised the portrayal of carers of people with cancer being forced to buy drugs on the street. Resisting the efforts of medical organisations, charities, lobby organisations and indeed governments to promote policy initiatives seems to have become an established part of the producer’s role. The former executive producer of Coronation Street, David Liddiment, has commented that ‘soap, corporate agendas and politicians make a heady mix best avoided’.\(^10\)

Nonetheless drama with a social message has developed a unique position in television culture, so much so that fictional programmes may themselves become events with social and material consequences.\(^11\) In the UK, Cathy Come Home (1966) focused public attention on the plight of the homeless. In the US, audiences reportedly cheered as Helen Hunt’s character launched a vitriolic attack on her HMO in the film As Good As It Gets (1997).\(^12\) More recently the powerful film John Q (2002) featured Denzel Washington as the underinsured father of a critically ill son and highlighted the issue of managed care in the US. In the same year the Kaiser Family Foundation organised a public forum, John Q Goes to Washington, which drew together
drama writers, academics and representatives from the American Association of Health Plans to debate the role of entertainment TV in shaping public perceptions. A survey found that as many as seven in ten of those Americans who had watched this film believed that insurers refuse to pay for treatment ‘a lot of’ the time.\textsuperscript{13} The potential of television drama and soap opera to shift and focus public opinion means that these formats are subject to intense lobbying by diverse groups keen to have their issues incorporated into story lines.\textsuperscript{14} At the same time, these programmes generate vital revenue, and producers are inevitably constrained by the competing and at times conflicting interests of network/channel sponsors/advertisers and audiences. It seems clear, however, that fiction can be a powerful tool for social change and is increasingly recognized as such.

**A BRIEF HISTORY OF THE EVOLVING MEDICAL SOAP**

*From paternalistic and compassionate …*

In the early days of medical drama television fiction was seen as important to preserving and enhancing the reputation of the medical profession. The popular UK drama *Dr Finlay’s Casebook* (1962-71) and the US shows *Dr Kildare* (1961-1966), *Ben Casey* (1961-66) and later *Marcus Welby MD* (1969-76) presented a dominant view of dedicated doctors willing to move beyond their professional boundaries to help their patients and motivated not by financial reward but by a noble calling. These TV doctors have been described as ‘psychological brokers’, or ‘necessary outsiders’, in that their central role was to help patients resolve the internal dramas or conflicts that were generated by their illness.\textsuperscript{15} These programmes centred on the medical hero (embodied in the modern but compassionate *Dr Kildare*) who was concerned with the lives of his patients to the extent that he was willing to sacrifice financial rewards and personal relationships. As Vandekieft notes, at this time medicine was becoming more reliant on high-tech science, which dramatically improved treatment but also raised its cost, with serious consequences for patient-doctor relations in the US:

> as physicians’ incomes rapidly increased, and the profession fought to preserve traditional fee-for-service medicine, many viewed the profession as avaricious and uninterested in public health.\textsuperscript{16}

Television audiences were, then, often watching the type of doctors they desired rather than ones who bore a close similarity to their actual healthcare professionals. The TV doctors were infallible, had endless time to spend with few patients and were not financially driven (in the eponymous medical
drama Dr. Marcus Welby ‘never argued with his partner about money, the commonest problem in American medical partnerships’). As Anne Karpf commented:

the more rushed real-life doctors become, the more leisurely the pace of their fictional counterparts. And the same went for money: as American medicine became increasingly profit orientated, with tales of impecunious patients being turned away from casualty, American medical dramas depicted a medical practice where fees were almost never discussed, and patients never rejected because of their inability to pay.

These programmes received an official ‘stamp of approval’ from organised medicine. The American Medical Association (AMA) Advisory Committee endorsed Dr Kildare and Ben Casey, and the American Academy of Family Physicians (AAFP) collaborated with the producers of Marcus Welby. Although the extent to which such institutions could control the content of programmes is debatable, this was nonetheless a useful collaboration, and these largely positive fictional portrayals were regarded as supporting AMA interests in preserving private medicine and resisting state provision of health care.

These programmes were also being screened during a period of enormous social change in the US and Europe, with the birth of the civil rights and feminist movements. In this context their role was to reassert social stability. As Karpf noted, ‘the white male tele-doctor made good the damage and healed the hurt, the doctor shows offered reassurance that the system could succour and patriarchy provide’. The reassuring medical drama was also exemplified by the UK television show Emergency Ward 10 (1957–67), which was developed with the aim of ‘overcoming the pre-war attitude of the British public of hospitals as institutions, places to be avoided at all costs’. The programme used ideas from the Ministry of Health and was praised by the British Medical Association for helping to allay public fears about hospital treatment. At the same time, however, as Joseph Turow argues, by presenting a utopian view of health care such programmes began a trajectory of medical drama in which audiences assume that health care is a limitless resource.

… to working on the front line

Despite the widespread cynicism and disillusionment with the ‘establishment’ that marked the 1960s and 1970s on both sides of the Atlantic there appeared
to be little public desire in those years to tune into medical shows that portrayed the institutional failings of the medical system in any detail. One programme which did attempt to highlight the shortcomings of medical bureaucracy in radical ways, *Medical Story* (NBC, 1975) was a ratings failure. This became seen as a warning to producers contemplating a more overtly political approach to medical drama. As Turow argues, although American audiences were disenchanted with the establishment they were not yet ready to think of themselves as ‘pawns in struggles within the medical bureaucracy and between doctors and lawyers’. In other areas of the mass media (and certainly in academic medical sociology) the flaws in the medical establishment were being very clearly illuminated with critical accounts of medical negligence and law suits, rising healthcare costs, and patronising doctor–patient relations but little of this was depicted in medical drama.

By the early 1980s, however, when medical dramas reappeared it was with a reworked formula and a new critical edge. In the US the ensemble series *St Elsewhere* (NBC, 1982–8) represented a new wave of hospital drama, taking its cue from the police series *Hill Street Blues* and the Korean war black comedy *M*A*S*H* (CBS, 1972–83) in presenting a more subversive, irreverent take on powerful institutions. This was a very different setting from earlier programmes: *St Elsewhere’s* seedy inner city hospital was characterised by peeling wallpaper and dark corridors. Here there was no obvious hero, and although doctors were the main focus, rather than the patients, these doctors had personal problems, and unlike their earlier counterparts they were not necessarily in control of their environment.

This vision of health care did not provide viewers with reassurance. New medical dramas such as *Casualty* (BBC One, 1986– ) were now keen to present the hospital not as ‘sanctuary’ but rather ‘an extension of the street, a rough street at that, in which medical miracles were rare and damage limitation was often the best that could be achieved’. Producers Paul Unwin and Jeremy Brock originally developed the programme under the working title *Front Line*, reflecting their jaundiced view of the National Health Service. Their original programme outline began with these words, ‘In 1945 a dream was born in the National Health Service. In 1985 that dream is in tatters’. This uncompromising approach fitted with a swathe of other socially realistic drama that was emerging at around the same time, such as G.F. Newman’s four-part series ‘The Nation’s Health’ (1983) which was a didactic attack on Western medicine and characterised doctors as self-serving and the NHS as ‘diseased, class-ridden and doomed’. From the outset *Casualty* was devised not only as a mainstream Saturday evening family show but also explicitly as a campaign vehicle to counteract
the cuts that were being made in the National Health Service (NHS) by Margaret Thatcher’s neoliberal government. The programme was criticised by the Conservatives as being like ‘a Labour Party meeting’ and it formed part of a new wave of social problem television with the British soaps *EastEnders* (BBC1, 1985– ) and *Brookside* (Channel 4, 1982–2003) winning new audiences of men and younger people by focusing on gritty issues such as drug addiction, alcoholism and rape. In *Casualty* these problems were as likely to affect the staff as the patients and the programme was controversial in depicting accident and emergency personnel turning to alcohol, popping pills or smoking heavily to cope with the severe pressure of NHS conditions. *Casualty* is now the longest-running emergency room drama and has consistently drawn praise for producing fairly challenging story lines in a number of areas. A major study of images of mental distress in UK media highlighted the fact that *Casualty* was one of the very few programmes to critique the way in which mental illness was depicted as culturally constructed (thus the programme is not just sympathetic towards people deemed to be mentally ill but goes further in that it explores the social definition of behaviour that is labelled ‘irrational’).

Notably, background research for *Casualty* has gone well beyond reading newspaper cuttings or medical journals but also draws on practical experience and medical expertise. Writers have visited hospital departments to observe patients and discuss cases with medical staff. A script-editor for the programme has explained that a ‘research drama’ like *Casualty* ‘has to have that credibility about it. We would always encourage new writers to go to a casualty department anywhere in the country’. The programme script writers have not only been encouraged to identify their own contacts in the medical or social services profession, much as news journalists do, but have also been supported by regular medical advisers on the programme. An experienced script writer describes getting ‘my first commission and then [I] went off and researched it in my local hospitals, Guy’s [Hospital], Greenwich, I just spent a night and observed, watched cases, talked to the nurses’. The programme also paid a consultancy fee to a gynaecologist to advise her about a future termination story line. *Casualty* has regular medical advisers who are embedded within the production, checking story lines for inaccuracies, and script deadlines are flexible enough to allow for their advice to have an impact. As a script-editor explained:

> We have three medical advisers so they are on hand and obviously at the (initial) stage it is very important that the medical advisers give the stories the thumbs up. Often we would have cases where a
medical adviser would say ‘this would never happen’ so obviously we chuck the story out. Every single stage goes to a medical adviser for checks on dialogue. Once we’ve had all the medical notes back and the producer’s notes and the script editors notes we then have a meeting with the writer and they go away and re-write again. Even when a script has been finalised there are usually changes. A doctor might say ‘Well actually he wouldn’t say or do that’.

MONEY AND MEDICINE

The ER era

Perhaps more than any other medical drama the highly-regarded and influential US series ER (NBC, 1994-2009) can be considered to embody the characteristics of ‘the new hospital dramas’ which are distinctive in their foregrounding of body trauma as spectacle, the intensification of the genre’s melodramatic dimensions and the exploitation of the narrative adaptability of the long-running serialised-series form’. The programme was developed by the late Michael Crichton who worked on the original TV pilot and series with Steven Spielberg. Crichton had trained as a physician, although he did not practise medicine, and he had clear ideas about developing a medical show that conveyed the hectic pace and raw feel of his casualty training. The programme centres on an ethnically diverse group of doctors, nurses and medical students working in County General, a fictional public hospital in Chicago. This teaching environment allows for the discussion of diverse social problems and the show has often used the doctors themselves as representatives of social problems. Thus Dr Abby Lockhart is a recovering alcoholic, Dr John Carter becomes addicted to painkillers, and Dr Jeanie Boulet contracts HIV from her sexually promiscuous husband. The programme has been critically acclaimed on a number of counts (not least the innovative camera work that has become the norm in medical dramas) and is even said to play an important role in medical training:

Students update their medical vocabulary as they recognize the acronyms, drug names, and diagnoses being tossed around the fictional emergency room…. Interestingly, the total time that a student could spend watching weekly episodes of ER over 4 years rivals the duration of a typical emergency medicine rotation at most schools.
The show has been subjected to considerable scrutiny and despite its well-researched production base can for example use only generic drug names lest drug companies become associated with any negative side effects the drugs used in the programme appear to have. This highlights the tensions between creative staff, the network, and the sponsors, and raises potential problems involved in the blurring of ‘realistic’ content and commerce. In fact, although praised for its fast-moving plots and the emotional resonance of its personal story lines *ER*, like many earlier shows, has been criticised for presenting an idealised version of contemporary American health care. As Cohen and Shafer (2004) argue:

> This is the one hospital in America that hardly ever asks about insurance status. On *ER*, health care is as good and as accessible as it gets, reflecting a viewing audience’s dream perception, not reality.\(^{36}\)

The bioethicist George Annas has commented that the programme is successful because of a combination of sex, violence and youth. ‘The real star of this show is the fourth American standby, money; and it is money’s remarkable absence that makes it the star.’\(^{37}\)

An analysis of prime time US medical dramas found that the shows referenced hospital administrators, lawyers, government agencies, insurance companies and Health Maintenance Organisations (health insurance companies or HMOs). Although every reference to HMOs was found to be negative, the problem of the people with no insurance at all was absent from these programmes.\(^{38}\) Despite the institutional differences between the US and UK healthcare systems, it is interesting to note that the shows discussed earlier share common characteristics in terms of what is discussed and omitted. Thus blame and criticism is directed towards NHS bureaucrats and hospital managers (*Casualty, Cardiac Arrest, Holby City*) or alternatively towards the inadequacies of HMO (*Scrubs, ER*). Where reference is made to health care as limited it is personified in specific characters such as Dr Lisa Cuddy (Dean of Medicine and Hospital Administrator in *House MD*) or Dr Bob Kelso (Chief of Medicine in *Scrubs*), who are frequently pitted against the committed physician who is always willing to break rules to gain the best care for the patient (Dr Perry Cox in *Scrubs*) or to arrive at the perfect diagnosis (Dr Gregory House in *House MD*). Since in these programmes only ‘money grubbing hospital administrators (the fall-back “black hat” characters in medical drama) believed in fiscal restraint’,\(^{39}\) this suggests that these contemporary programmes have more in common with the early
TV MEDICAL DRAMAS

In fact, even more recent reworkings of the medical drama format are perhaps less critical than is often assumed. It is also worth noting that where Medical Story failed to attract audiences in the 1970s, the drama-comedy Scrubs (NBC, 2001–) has a committed following, not least among the medical profession who see it as an accurate depiction of their brutal training experiences. The programme makes frequent (albeit humorous) references to patients’ insurance status, legal disputes, the greed of powerful drug companies, the commodification of health care and also the ultimate futility of the practice of medicine. These issues are softened and packaged in a surreal, fantasy format as seen through the eyes of overworked junior medical staff, particularly Dr ‘JD’ Dorian. Studies suggest that (particularly younger) viewers are prepared to watch difficult material concerning socially sensitive topics if it is presented within a soap opera or drama rather than a documentary or news broadcast. Perhaps only a comedic and fantasy-led approach allows audiences to engage with the downsides of the healthcare system.

Health and illness in television soap opera

Medical dramas share many characteristics with the television soap opera, and health and illness storylines also feature regularly in more traditional soap opera formats. Sometimes these deal with common illnesses such as cancer (once rarely mentioned but now dealt with by many programmes), or conversely, extremely rare illnesses, unknown to audiences and medical practitioners alike. As with medical drama these soap story lines are constantly policed for accuracy. Thus daytime US soaps have been criticised for presenting an overly optimistic portrayal of coma, and in the UK a Coronation Street story, which featured the plight of an older character, Alma Halliwell, who missed two cervical smear tests and was then diagnosed with inoperable cervical cancer, was criticised heavily by public health researchers for the panic it induced. During the transmission of the story there were 300 extra calls a week to the cancer charity, CancerBACUP, and the peaks in the calls matched directly the twists in the story line. As a direct result of the story an additional 14000 smear tests were performed in the North West of England alone (just 2000 of these were for women whose test was overdue or who had had no previous smear test). The panic resulted in local laboratories being overwhelmed, costs to the NHS were significant, and in the view of public health researchers, scarce health care resources were overburdened.

Despite or even because of such controversies, stories of illness and disease
are popular with drama production teams. These strong story lines propel the narrative forward and have a ‘far reaching cultural consequence extending far beyond the biological fact of illness itself’. Health story lines are important within the soap genre because they attract large and loyal audiences and generate ‘gossip’ and extended discussions on other media formats. As a member of the *EastEnders* production team explains:

A lot of illnesses do, it sounds awful, but do translate quite readily into quite strong dramatic material and everybody in the audience will have or know someone who has had that experience of going to the doctor, waiting for the results and dealing with being in hospital. It is an incredibly difficult situation (but) the whole experience whether you’ve been through it or not, everyone can identify with.

The process of selecting an illness for soap is influenced by a production team’s perceptions of their audiences. For example, the choice of breast cancer reflected the same team’s concern that the disease the story focused on should be easily and swiftly understood by viewers, and have a resonance with audiences:

If you say MS, motor neurone disease or ME – what does that mean? We would need to set up explaining a whole host of things about the disease process for people to understand. (But) you say ‘cancer’ and the viewers say ‘Yes I know what you’re talking about’. Cancer is in the language.

It is worth examining the origins and development of the *EastEnders* breast cancer story (scenes first appeared in 1996). Although it was devised at the suggestion of a script-writer in a regular Story Conference session, the programme took expert advice on storyline visuals from a variety of sources and anticipated few problems. The production team believed that Peggy Mitchell should take on the breast cancer story for several reasons. She had the ‘right mentality’ for this particular story theme which was about ‘a woman who discovers a lump and then refuses to accept there’s anything wrong’. An added factor was that in choosing ‘Peggy’ the programme could avoid appearing too ‘issue driven’ and a strong breast cancer story line could be used as a device to expand and develop her characterisation. Many soap opera viewers are used to anticipating ‘issue’ story lines from clues in the characters’ behaviour, but the causes of breast cancer are not easily
attributable to particular risky behaviour which made it unpredictable that Peggy would get it. As an *EastEnders* production team member explained:

If you take a character who smokes and they get lung cancer that would seem too issue driven. The great thing about a character like Peggy is [her breast cancer was] quite unexpected. At the time there were lots of other issues in her life. She was a character who [audiences] had only really seen pulling pints behind the bar. Suddenly she was in a new environment in a hospital and had a huge medical crisis to go through so that allowed the character to grow and expand in many ways.\(^{50}\)

The repetitive nature of soap, with its core of established characters, may allow a level of identification and empathy that is not possible to engender in other formats. The structure of the television serial facilitates ‘coming to terms’ with an issue over time and can include important emotional dimensions such as ambivalence, confusion, anger and denial. Health stories can be revisited at a later date (as Peggy’s cancer can and does return) and the soap opera can feature those who are often marginalised from wider media accounts (this powerful matriarch character provided a useful counterpoint to the images of the young female cancer survivors which dominated media reporting of the topic).

**CONCLUDING REMARKS: LEARNING FROM TELEVISION?**

As James Curran rightly points out, media entertainment facilitates public engagement at an ‘intuitive and expressive level in a public dialogue about the direction of society’ and is in this respect an integral part of media’s ‘informational’ role.\(^{51}\) Yet this does not mean that such programmes can or should be judged on their ‘accuracy’ or ‘truth’ — although inevitably, as we have seen, it is precisely this that generates conflicts and arguments between programme makers and those who lobby the producers of such formats. Ultimately, of course, the demands of entertainment and drama are prioritised over more accurate but less visually exciting elements, and in some circumstances this has important consequences.\(^{52}\) In comparison to other lobbying organisations or social institutions, the medical profession has significant power over representation and even the more radical portrayals do not attack the underlying causes of illness, such as social origins or structural health inequities. The medical profession has a visibility and presence in television entertainment that many other professions are unable to match.\(^{53}\)

The impact of health stories in television soap opera and medical
drama is assumed to be significant but has been relatively understudied. Indeed in comparison with the numerous analyses of the content of such programmes there has been remarkably little research that seeks to examine how audiences respond to and make sense of messages. In the mid-1990s I was involved in a study designed to explore the role of medical drama in encouraging ‘inappropriate attendance’ at the Accident and Emergency departments of UK hospitals. It was striking that far from perceiving ‘A and E’ as a glamorous and exciting place, populated with attractive medical staff, the vast majority of participants saw it rather as dirty, chaotic and frightening. Reasons for increased attendance did not in their view involve any expectation that people would encounter the sort of excitement seen on their television screens, but ranged from the limited opening hours of their General Practitioner clinic to more general health fears fuelled by media and public health advertising. Yet some fans also said that these programmes can give an accurate representation of the pressures and strains experienced in their local hospitals. As one participant explained:

What do you call [the character in Casualty] with the white hair? You see him having arguments with the guy who’s running the [hospital] that they need more funds but they’ll not give them the funds for the beds. That gives you a bit of insight into what’s going on in [my local hospital] Stobhill or down in the Victoria [hospital], of why they’ve not got beds and why they’ve not got more nurses.

The participants in this study clearly had no difficulty in distinguishing between television fiction and the material world, yet this does not mean that such programmes cannot and do not influence public understandings concerning health and illness. Media images and messages conveyed in television drama can help shape audiences’ ideas about, for example, the epidemiology of certain diseases, and as noted earlier the format of television drama may pose real moral ambiguities and ethical dilemmas quite appropriately. TV drama can engage audiences emotionally and the issues can be effectively personalised, ‘Instead of bill numbers and budget figures, health policy issues are portrayed through the lives of characters the viewer cares about’.

The intensification of competition for audiences is likely only to increase and medical soaps provide relatively cheap ways of ensuring the survival of any channel. As new twists on the medical soap are sought we are likely to witness novel hybrid programmes that include a health dimension (such as
the popular forensic science police/medical mix). This makes it all the more unfortunate that the medical drama has failed to take on more complex and possibly less audience-pleasing elements of the realities of health care. Health policy experts/analysts tend not to be involved in the TV drama production process. This is in marked contrast to the valued role played by physicians, who check scripts and advise the team on technical accuracies and whose input is considered vital in conferring credibility on a medical drama or soap. On the whole, therefore, contemporary audiences are neither educated about their healthcare system nor invited to become engaged in health policy debates. Yet the privatisation drive of the past two decades or more is now reaching deep into clinical work and the consequences of this could well provide script writers with fresh ingredients for dramatic and gripping storytelling. The creative challenge remains, more than ever at a time of health care marketisation and economic crisis, ‘to find compelling ways to invite viewers behind the scenes of the corporate and governmental politics that shape all healthcare workers’ approaches to life and death in a range of settings. There is drama in much of that, and comedy, too. There may well even be high ratings’.

NOTES

In May 2008 I was involved in my own medical emergency and I would like to take this opportunity to thank my colleagues and friends in Social Sciences, Brunel University and at the London School of Hygiene and Tropical Medicine for their support. I am particularly grateful to Simon Carter, Gill Green, Charlie Davison, Lorna Henderson, Klara Ekevall, Greg Philo, James Curran, Julian Petley, Bob Franklin, Chris Rojek, Sanjay Sharma, Monica Degen, John Tulloch, Emma Miller, Mike Michael, Judy Green, Nicki Thorogood, Simon Lewin, Jo Green, Holly Powell Kennedy and Nick Wooding.


2 The programme producers invested considerable resources in these scenes reportedly costing around $7 million. Very little attention had been paid to the same issue in television news with just 10 minutes coverage from the 3 main US evening news bulletins in the previous five months. This discussion is extended in Chapter 1 of Lesley Henderson, Social Issues in Television Fiction, Manchester: Edinburgh University Press, 2007.

3 Distinct elements of each episode are rated separately – the medical mystery; final diagnosis; the medicine and the soap opera each receive respective scores: http://www.politedissent.com/archives/2077.
4 See Living Television coverage of the final weeks of Big Brother contestant Jade Goody who received her cervical cancer diagnosis during filming and was filmed through radiotherapy treatment until shortly before she died at the age of 27 in March 2009.


9 See Henderson, Social Issues in Television Fiction, Chapter 3 ‘family secrets’.


14 The educational soap opera is not discussed here but it is used to carry health promotion messages in developing countries and with hard-to-reach communities. Many of these message-led storylines are linked directly to government public health campaigns and typically cover topics such as family planning, AIDS prevention and TB. These projects are not always successful with more ‘television savvy’ audiences who react badly to didactic messages, nor are they popular with TV professionals who see their role in a more creative light. For discussion see Henderson, Social Issues in Television Fiction, pp. 18–21.


16 Ibid., p. 218.


18 Ibid., p. 188.


20 Karpf, Doctoring the Media, p. 191.

21 Ibid., p. 183.
TV MEDICAL DRAMAS


27 Ibid., p. 8.

28 Ibid., p.10.

29 Karpf, *Doctoring the Media*, p. 192.

30 Within the medical profession *Cardiac Arrest* (1994-6) is considered to be a far more accurate portrayal of hospital life. This bleak account of working in the NHS focuses mainly on a small group of young doctors who are left to fend for themselves as their older more cynical superiors prioritise their own private health care practices. Tony Garnett advertised in the *BMJ* for an interested medic to work on a sitcom, and senior house officer Ged Mercurio responded and wrote the programme (under the ironic alias John MacUre) while working 56 hour shifts. In episode one ‘Welcome to the House of Pain’ we see the new houseman discussed disparagingly: ‘His first day and he thinks he’s sodding Dr Kildare!’. The wards are termed ‘the alamo’ and the consultants ruthlessly bully and exploit those below. Mr Simon Betancourt sneers: ‘Junior doctors are like cattle. House them in crumbling flats, pay them a pittance and they daren’t bite the hand that writes their references’ (Series 1, Episode 5, ‘Turning out the Light’).


32 Quotations are from interviews with Lesley Henderson and discussed in *Social Issues in Television Fiction*.


34 Heterosexual risk was similarly highlighted in the soap operas *The Young and the Restless*, *All my children* and *Another World* all of which featured women with HIV/AIDS. In *EastEnders* (BBC1) Mark Fowler was forced to confront his own prejudice against gay people and intravenous drug users when he contracted HIV heterosexually. These stories represent an important commitment to social realism and were developed to counter public misconceptions of the disease as a ‘gay plague’.


The programme’s humour is typically dark and focused mainly on sex and death. Dr Perry Cox is a key figure in the show and acts as reluctant mentor to ‘JD’ and other junior doctors. Cox is committed to patient care and is also deeply cynical of those who seek to profit from those in poor health. For example he launches an attack on Julie, the seductive pharmaceutical sales rep, thus, ‘Would you like to know the real dirty, dirty little secret? It’s that your drug is so damn good that you guys went ahead and put about a 600% mark up on it. But hey the only ones that get hurt are the sick people right? And since your company damn sure doesn’t care about them, and you’re part of the system well that means you don’t care either and that’s pretty much what’s making me sick, that’s all’ (‘My First Step’, Season 2). Dr Cox also exemplifies the frequently bleak outlook of the show in the following exchange with surgeon ‘Dr Christopher Turk’, ‘Life is pointless Gandhi and I’m gonna let you into a little secret. The only thing more pointless than life itself is being a doctor. I mean bottom line you spend 8 years and 200Gs trying to get through med school and what do you have to show for it? A diploma on your wall and a bullseye on your back’, (‘My Female Trouble’, Season 4).

Chief of Medicine Bob Kelso is more complex than he first appears. Although seen amongst the hospital staff to make harsh and unpopular decisions we viewers witness him in moments of private regret and see more compassionate elements to his choices. Thus for example in ‘My Jiggly Ball’, Season 5, 2006, he chooses to treat a rich man rather than a poor one with the same condition. The rich man’s donation allows Kelso to reopen a prenatal health facility for low income women which was closed due to budget constraints.

Soap stories are often a hook for press coverage and her swift screen death triggered a front page story in The Sun newspaper, J. Kay and H. Bonner, ‘Alma: I’m so Angry with Corrie’, 18 June 2001, in which the actor accused the production team of cynically ‘cashing in on cancer’.

This and subsequent quotations from script writers are taken from a series of interviews with TV production personnel conducted by Lesley Henderson. This story is discussed in Social Issues in Television Fiction, p. 80.
49 Ibid, p. 78.
50 Ibid, p. 82.
52 See Henderson, Social Issues in Television Fiction, Chapter 5 ‘Casting the Outsiders: Mental Distress’ for a discussion of how production priorities of pace and drama may work against balanced accounts of mental illness.
53 The social work profession has serious problems with its public image and is either ignored in TV drama or presented as populated by faceless bureaucrats. See Lesley Henderson and Bob Franklin, ‘Sad not bad: images of social care professionals in popular British TV drama’, Journal of Social Work, 7(2), 2007, 133-153.