



Medicine in Television Series

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Introduction

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Medicine and television series have been symbiotically conjoined for more than half a century. Of all dramatic genres in serialized fiction, the medical genre is the one most firmly rooted in the origins of televised fiction. It is one of the foundational genres of the series and, in contrast to the western (inherited from film), and the sitcom (hailing from radio), medical drama formed, alongside police series and legal drama, a type of fiction inherent in series, that came into existence with the medium. These are known as workplace programs (fictions set in the workplace), whose structure arose with the earliest television series. Their construction is closely linked to the creation of the narrative language of this new medium, which until recently was considered a lesser medium, albeit highly popular. Doctors, the police and lawyers were the main stars in this format of televised fiction, and doctors tend to be more frequently identified with the world of TV series.

Such an association is due to two reasons. Firstly, it is a question of clarity. Lawyers and police have often shared a screen in the same series, both genres frequently overlapping (a paradigmatic example is that of Perry Mason, who practices as both a lawyer and detective), while the medical drama has rarely mixed with other genres, remaining more sharply defined. The second reason can be found in the medical drama's preference for the serialized format. While police drama has had a prolific presence in film (even more so than on the small screen), medical practice has found its foremost means

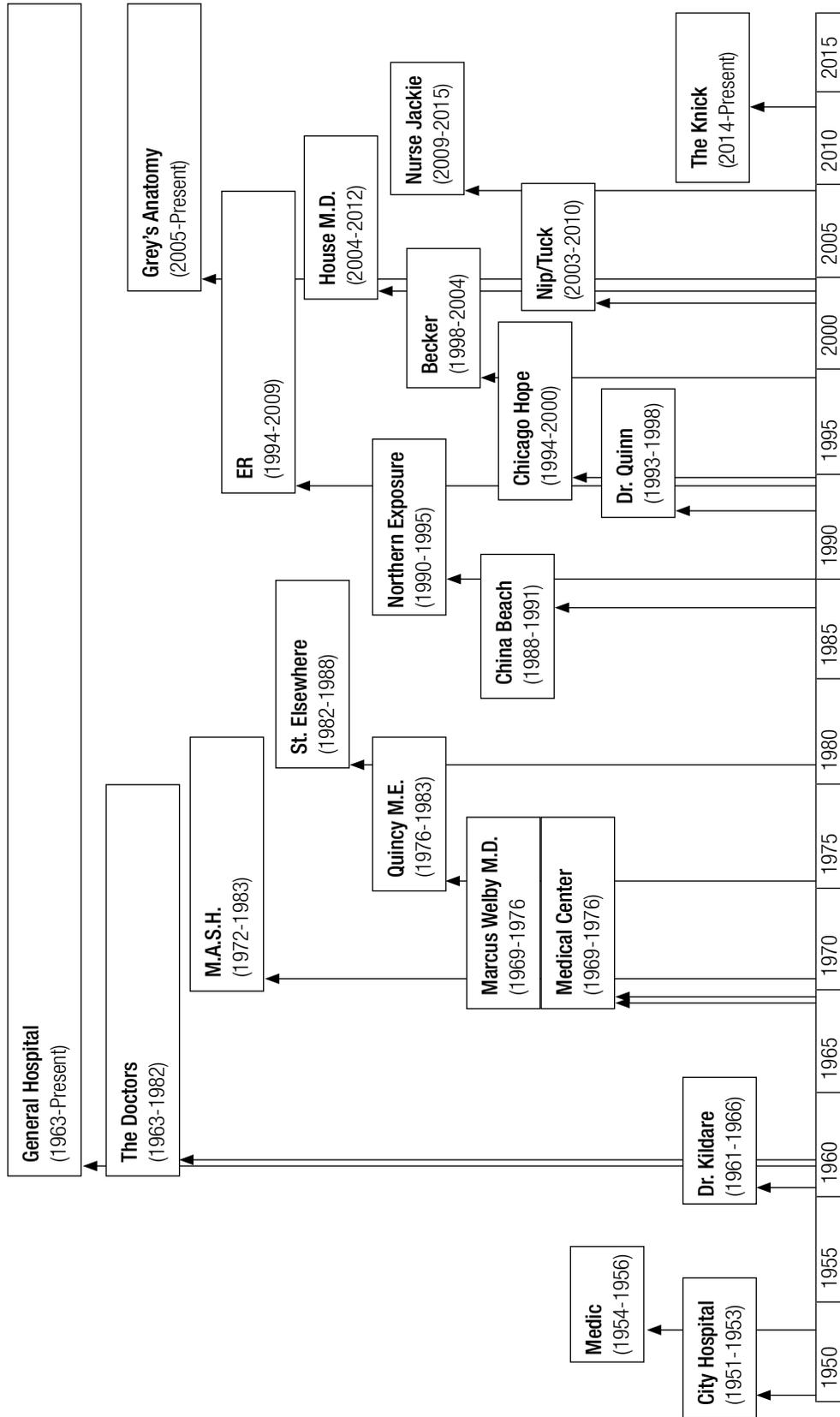
of representation on television, with the doctor's white-coated figure most commonly identified as the hero in TV series.

This popular perception was also consolidated by the fact that the presence of the medical drama in serialized format has been a constant for decades. The genre had its premier in 1951 with *City Hospital*¹ on CBS, the first series in the genre. Since then, there has always been a medical series on air in the US, with the sole exception of a four-year period from 1956 to 1961 (from the last episode of NBC's *Medic* to the premier of *Dr. Kildare* on the same channel). From 1961 to the present, US viewers have always had reference to a fictitious hospital, making the medical professional a constant figure in the collective imagination created by television². The genre, far from becoming jaded, has managed to reinvent itself over time –as we will see in this book– and its popularity remains strong even in the new era of TV series, in which they have achieved unheard-of prestige. The arrival of new ideas and risky creative series have not shouldered medical dramas aside. In the midst of this creative revolution in TV series, as many as three medical series have been on air at one time. From 2005 to 2009, the veteran show *ER*, the recently launched *House* and *Grey's Anatomy*, still on air, were being broadcast on NBC, FOX and ABC respectively. All three attracted a large and loyal audience, good reviews in the press and the recognition of the television industry, the three shows collecting 32 Emmy Awards between them.

¹ Throughout this volume, italics will not be used for the names of series, since there are too many and this would interfere with comfortable reading of the book.

² On the next page, see the chronology of the main medical series broadcast in the US from 1953 up until the present.

CHRONOLOGY OF THE PRINCIPAL MEDICAL SERIES IN THE US





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Of all three fictions, ER tends to be considered the medical drama of reference, not simply for the number of awards it has reaped during its lifetime (of those 32 Emmys, it won 23) but because, furthermore, it is the fiction in its genre that has been longest on air in the US, with 15 seasons and 331 episodes. Its figures lag behind the British program *Casualty*, which is the longest-running medical drama: it was launched on the BBC in 1986 and is still on air. In its time, it was the English answer to the North-American *St. Elsewhere*³, a founding medical drama that standardized the forms of the genre in the eighties. Nevertheless, *Casualty* is less able to exert influence than North-American medical dramas, which are exported to numerous countries and end up playing a greater role in forming collective imagination concerning medicine worldwide than television generates. (In this respect, it is no different to other genres since the predominance of the North-American television industry is absolute in terms of fiction exports.)

Only *General Hospital* surpasses both ER and *Casualty* in duration, but they are not generally compared like to like given that *General Hospital* is a soap set in a hospital rather than a medical drama, a crucial difference for many reasons. (The technical expertise, acting quality and creativity in the soap opera genre are far below drama in terms of quality, and in fact, the manner of filming and broadcasting are completely different, as well as viewers' perception of them.) Nevertheless, that does not mean that this medical soap's resilience in US programming, where it launched on ABC in 1963 and still airs (over 13,000 episodes broadcast), is not a good example of the ongoing presence of hospital fiction on television, or of the unquenchable popularity that medical stories have among viewers⁴.

General Hospital is also the most referenced medical series, to the point where it even appears in other hospital series such as *House M.D.* (Dr. House never misses a single episode of the ficti-

tious series *Prescription Passion*, which is a parody of *General Hospital*) and others which have nothing to do with the genre, such as *Friends*. (The character Joey, who is an actor, gets the part of a doctor called Drake Ramoray, who is simultaneously a parody of one of the doctors in *General Hospital*, Dr. Noah Drake, and a parody of another soap, *Days of Our Lives*, broadcast on NBC, the same channel as *Friends*.) When all is said and done, *General Hospital* is the series that most helped consolidate the hospital as a fictional setting, consequently shoring up the medical drama genre in the North-American television tradition.

The hospital as a dramatic setting

The medical drama has its basis in the very foundations of serial fiction, characterized by offering viewers an episodic narration that develops over time (a far longer period than in other media, and naturally much greater than in film) and follows the lives of specific characters in a stable universe. Its serial nature is defined to a certain extent by repetition: In each fictional episode, viewers encounter a number of repeated elements, starting with the same theme music (the repetition of which fulfils a ritual function), the same characters, the same place and often, moreover, the same manner of resolving plot conflicts. This repetition has soothing effects on viewers –who enjoy witnessing the development of what they already know, something which has elements they can more or less predict– and constitutes the key to the creation of a fictional universe that is stable in time.

The universes created in TV series have features that tend to seek viewers' well-being, being spaces in which viewers want to lose themselves. One of the fundamental rules of classic series is the use of resources that aim to encourage viewers to return each week to see the next episode. That means creating universes one wants to be a part of –at least for the duration

³ Broadcast in Spain under the name *Hospital* and in Catalonia with the title *A cor obert*. In Latin America it was called *Hospital San Eligio*.

⁴ This is in contrast to other founding genres in TV series, such as the western, which despite the huge popularity it enjoyed in the fifties, sixties and seventies, ended up being shunned within the medium. Nowadays westerns hold a residual position, the main contemporary examples of the genre being *Deadwood*, *Hell On Wheels* and *Justified*.

of the broadcast— and characters one wants to get to know. Naturally, I am referring, above all, to the series from the fifties and sixties, which was when the medical drama was created. In later series, the techniques for capturing the audience's attention were adapted to other ways of understanding serial fiction. So, the cliff-hanger or change of direction in the script are two of the most popular in contemporary series, where the repetition of elements and stable universes have given way to the fiction of innovation.

These stable universes have their origins in the television set's domestic nature, prompting the medium to create fictions that seek viewers' comfort. In such universes, audiences find a second home of which they form part every time they sit down to watch. The universes in traditional series are Arcadias boasting an established order that can definitively be altered only with difficulty. Viewers know that a conflict that endangers the nature of the universe in question is possible (for example, an argument between two characters), but they also know that in most cases the conflict will be resolved to ensure that the universe remains unaltered. In the classic serial structure, such universes have a huge capacity for resisting change (to the extent that time appears suspended, without characters progressing on in their lives as they would were they real), while the contemporary series take more risks and introduce changes over the seasons that alter the series' universe. Whenever an event of this nature occurs, such as the death of one of the protagonists, it is traumatic for viewers because the fiction in which they live through the television set changes for good.

The medical drama (and other variants of workplace programs) use a story type that in television script slang is known as episodic to introduce dramatic events that do not greatly affect the main characters and so do not alter the universe of the fiction. Normally, they tend to be related to non-habitual characters, used only in a specific episode, and arise from the characters'

professional work. In medical dramas, the central character in this plot type is a patient, whose story is presented, developed and resolved in an episode. Meanwhile the storylines of the hospital medical team evolve. They are the true main characters, but their plot lines often have more to do with their personal than their professional life. Sometimes, a patient's storyline may have a stronger influence on one of the stars, acting as the detonator to a conflict, serving as a parallel to something that is happening in the doctor's personal life, or showing a new facet of his or her personality, especially when dealing with medical cases with an ethical conflict. In specific cases, the episodic storyline can transform the protagonist, but that is not its main function.

This division between professional and private life has been a feature of medical dramas since their beginnings: Part of the interest generated from exploring the daily goings on in a workplace is in getting to know the workers intimately (not just their occupational side). Nevertheless, the use of spaces has varied over time. In series in the fifties and sixties, the universe of the medical drama was divided in two: One part of the story evolved in the hospital and another part at the medical professional's home, a legacy of the family series, which was very popular in its day. This was the structure followed by one of Spain's most successful medical dramas: *Médico de Familia*. Its storylines in Doctor Nacho Martín's hospital were blended with the character's daily life at home as a father and head of the family. The hospital as a space for fiction gained in prominence in medical dramas from the eighties onwards, with the North-American series *St. Elsewhere*. Here, the building became a place with its own life, another character in the series through which hundreds of people's lives circulated. So it enjoyed a life independent of its protagonists. This new structure, more focused on the setting where the medical profession was practiced, is what the series *Hospital Central* adapted to Spain. This is the latest successful medical drama in Spain⁵.

⁵Note that the trends governing TV series tend to reach Spanish television late, since *Médico de Familia* was launched in 1995 and *Hospital Central* in 2000, both much later than the international series that inspired them.



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The growing importance of the hospital space in medical dramas is reflected in the treatment it receives in fiction. It goes from being a neutral space that could be any hospital (from standardization) to a place with its own personality (personification). It is easy to mention the names of some of these fictitious institutions and for viewers to know perfectly well which series we are speaking of. Names such as St. Eligius, County General Hospital, Princeton-Plainsboro Teaching Hospital and Seattle Grace have become associated with medical dramas that used the hospital as the epicenter of its fictional universe. The North-American series *St. Elsewhere* was the first medical drama to foreground the hospital institution, in a change that formed part of a trend in televised fiction that had begun a year earlier with *Hill Street Blues* –both series were by the same producer, MTM Enterprises. The focus on the hospital enabled the medical drama to sink its roots into a particular neighborhood with a specific socio-economic situation, broadening the type of comment that could be made as a genre. This point will be developed below.

Within series set in workplaces, there is no doubt that a hospital is a unique venue to create scenarios that hold narrative possibilities. This is not just because it is a space through which an infinite number of anonymous individuals may pass (meaning an infinite number of possible storylines), but because, furthermore, the stories unfolding in such a setting tend to have great dramatic potential. It is also a setting that appeals to viewers of all kinds because conflicts linked to health connect to a broad audience. Health is a common concern among audiences that are *a priori* highly diverse. The doctors and medical team are at the drama's epicenter and are the heroes and heroines ensuring that these anonymous stories cheat their final destiny, delivering a happy ending that causes an emotional catharsis in the TV audience.

The figure of the doctor in series

From the very beginnings of serialized fiction, the figure of the medical professional has been placed in the same category as the sheriff in

westerns or the detective in police series. This says a lot about the way the television medium has traditionally represented doctors: as heroes who save lives, but who, instead of using a revolver or showing a sheriff's badge, wield a scalpel and white coat as symbols of authority. Doctors perfectly fit the definition of the classical television hero in the sense that their cause is noble and their nature altruistic. They tend to value others above themselves, sacrificing themselves to long working days and always doing everything possible to save their patients. The archetype of the healer notably underscores the portrait of the television doctor, whose capacity to heal those who need it makes them a figure to admire and in whom viewers can blindly lay their faith. The sheriff protects us from the Indians, the police inspector from criminals and the doctor from diseases. At heart, they all look out for our safety. This is an idea that connects with comfort fiction, which we mentioned above, converting the medical professional into a character with a friendly and understanding disposition.

The protagonists of the early medical dramas, such as Dr. James Kildare (from *Dr. Kildare*), were the prototype of a doctor for whom a reassuring smile and a slap on a patient's back were enough to gain their trust. "It'll all be fine" was what the character played by a young Richard Chamberlain conveyed. His faculties surpassed those of a medical professional. Despite his mentor, Dr. Leonard Gillespie, warning him that he should limit himself to the sphere of medicine, the protagonist in this classic medical drama often took his medical practice further and became his patients' advisor, such was the sense of security he transmitted. So we are dealing with an authority figure to whom are attributed knowledge and wisdom in the sphere of life in general that exceed the competencies of a medical qualification, who generates respect around him yet at the same time is intimate enough for the sick to come to him with problems outside the health sphere.

The figure of the friendly doctor was perpetuated and was the prevailing view until the end of the seventies. Dr. Marcus Welby, the star of *Marcus Welby M.D.*, better personifies than anyone that doctor who does his utmost for his patients,

and who we often see holding vigil at his patients' bedside. One of the central pillars of this series was the conflict between the protagonist and Dr. Steven Kiley, since they often disagreed on what methods to use. This friction would become a habitual type of conflict in medical dramas, but in this case, despite one tending to adhere to the letter of the medical books and the other following less orthodox paths, they both have the patient's well-being as their central concern. They are simply heroes with different approaches with regard to medical practice.

The figure of the doctor began to mutate in *St. Elsewhere*, a series cut in a far more realistic mode, where we find Dr. Mark Craig, a character who puts his own interests above medicine. He abandons *St. Eligius* for a better-paid job and only returns to the center when he is promised a pay rise and better equipment. He is portrayed as a medical star, an easily irritated, irascible genius, who has the habit of ridiculing his colleagues with ironic comments. His risky operations, such as a heart transplant, make him a significant asset to the hospital, demonstrating to viewers that enduring his personality is a fair exchange for his skill as a doctor. The profile is similar to Dr. Gregory House, expert diagnostician in the series *House M.D.* The difference between them is that Mark Craig is just one character in a fictional chorus of other doctors who personify the view of the kind-hearted doctor of earlier decades, while Gregory House is the protagonist in his series and the absolute star of the show, personifying a new type of doctor corresponding to the anti-hero archetype.

The emergence and popularity of the anti-hero is not exclusive to the medical drama. *House's* success should be read within the context of the transformation experienced by TV series due to the ground-breaking US cable channel phenomenon, which introduced fictions that, among many other aspects, featured morally complex characters. Tony Soprano, in *The Sopranos*, is the archetypal modern television anti-hero, a subversion of the classical hero's values yet one who manages to connect with viewers through his anxieties and weaknesses, and a basic influence in modern anti-heroes we

find in series such as *Breaking Bad* or *Dexter*. In the medical drama, the adoption of this model of protagonist has led to the emergence and popularization of a model of doctor characterized by a disagreeable nature and a dehumanized approach to medicine.

If traditional fictitious doctors were essentially noble and altruistic, always at the service of their patients, whose well-being they considered a priority (reassuring manner included), the new doctors in fiction would be egotists who would not take their patients into account. They would consider patients an obstacle in their profession and treat them unpleasantly. Lack of orthodoxy would be another key element. Anti-heroes in the medical drama would be reticent to follow the hospital rules, would make decisions that risked the lives of others, including patients, and generally scorn any other opinion. Their priorities would have more to do with the personal satisfaction of being able to solve a puzzle (the patient) than with curing a person who needed their help. Leading this trend of the medical anti-hero is the aforementioned Dr. House, who was and remains the most popular of this new type of medical professional, though the character, who premiered on North-American television in 2004, has several precedents. It is worth mentioning Doctor John Becker, from the series *Becker*, played by Ted Danson, who in 1998 was already a bad-tempered politically incorrect doctor, or Doctor Vilches, from the Spanish series *Hospital Central*, which the actor Jordi Rebellón began to play in 2000 (though in this case in a supporting role, like Dr. Mark Craig). The incursions of the North-American cable channels into medical drama have bequeathed other hospital anti-heroes, such as the pair of surgeons in *Nip/Tuck* (2003), Nurse Jackie Peyton, in *Nurse Jackie* (2009), or Doctor John W. Thackeray, in the historical medical drama *The Knick* (premiering in 2014).

Whether heroes or anti-heroes, all the doctors in medical dramas are characterized by their huge talent and skill. They are all extraordinarily well-prepared and capable of resolving high-risk situations and extremely complex operations. To find inefficient or irresponsible doctors, one has to abandon medical drama territory and go to



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comedy, where series such as *Scrubs*, *Green Wing* or *Children's Hospital* use precisely the responsible, idealized image that doctors tend to have onscreen in order to subvert it humorously. These comedies signal a break with an excess of seriousness and drama in medical series, and as such constitute a healthy exercise of demystifying the figure of the doctor.

Relationship with the medical community

One of the attractions of fictions set in workplaces is their ability to operate as a testament to the reality of professions that viewers find attractive, but of whose secrets they know few. Professions such as police officer or doctor are a mystery to viewers, who are curious to see the reality of daily life for these professionals and how their work dynamics operate. This factor is also key in other series that do not delve into traditional television professions, such as the west wing of the *White House*, enabling viewers to see how a fictitious version of a US presidential cabinet functions; or *Mad Men*, which shows the creative work behind advertising spots and slogans, taking us from the initial meetings with the client to the final version of the advert to be approved. In all these fictions, viewers assume that what they are watching is faithful and based on reality. So, they construe through these series an image of the reality of such professions.

The medical drama is no exception to this rule and wields inevitable influence in creating the collective imagination about the medical community and day-to-day hospital life. Even if such series make a realistic approximation of the profession, the mechanisms of fiction make certain license inevitable. Such license leads to one of the traditional criticisms made of these series by the medical community: they can create unrealistic expectations in viewers insofar as the medical instruments they are liable to find in hospital are concerned. The same goes for the death rate in specific situations, which tends to be higher in

reality than in fiction⁶. Both features are resources of the medical drama for imbuing greater heroism on the protagonists. No one wants to see doctors in fiction whose patients are not cured, or who die on the operating table too often. Though these situations occur in medical dramas, they are not particularly abundant because at heart they are fictions that convey, as we said above, feelings of comfort and security that are agreeable to viewers. The same occurs with medical instruments, which are more spectacular in these series, running the risk of recreating ultra-technological hospitals that do not reflect patient reality. Nevertheless, it is also true that medical dramas exist that have made the realistic recreation of medical equipment one of their features. So, series such as *ER* or *House M.D.* portray hospitals with the latest technology, whereas *St. Elsewhere* or *Nurse Jackie* show the reality of a lack of resources and waiting lists, taking the medical drama into the terrain of social drama. In this sense, criticism by the medical community that medical drama creates false expectations in viewers is valid, but only partially, since it cannot be applied to all series.

For medical dramas to be as realistic as possible, studies often employ medical professionals as consultants who work in close collaboration with the scriptwriters. The first chapter of this Notebook you are reading is written by Dr. Lisa Sanders, who was consultant on the series *House M.D.* However, as she herself says, there is an agreement between reality and fiction: Professional consultation, which is the medical community's channel of influence on the fictions representing it, is strictly adhered to only until it clashes with the cause of fiction. In such cases, a decision by the scriptwriter of the episode or the series showrunner will choose between the realistic option and the one that works dramatically. Since the medical drama is no documentary, no such strict standards of realism can be enforced, so it is logical that what works best in the script carries more weight than what is more realistic.

⁶ A 2008 report of the Organización Médica Colegial (Spanish Medical Association Organization) gave the example of cardiopulmonary resuscitation, whose results in fiction tend to be positive to a much greater degree than in real life.

The connection between medical dramas and the medical community has existed since the genre's origins. The series *Medic*, launched in 1954, was the first to pay special attention to medical procedures. Since then, scriptwriters have worried about showing the work of medical professionals with detail and exactitude, often relying on consultation with doctors to ensure they are correctly representing reality. Initially, the scripts were sent to medical institutions to be reviewed. So, *Dr. Kildare*, the most popular medical series of the sixties in the US, welcomed the advice of the American Medical Association, which was credited at the end of each episode. And in the seventies, the series *Marcus Welby M.D.* had members of the American Academy of Family Physicians correcting errors in the scripts. Recently, independent consultants have been popular, employed by the studio or production house. They work continuously with the scriptwriters, offering constant feedback and even suggesting ideas for new storylines. As well as *Dr. Lisa Sanders* on *House M.D.*, others in this category include *Dr. Karen Lisa Pike* and *Nurse Linda Klein*, who works for the series *Grey's Anatomy*. A third possibility is that the scriptwriters are knowledgeable about medicine. This is notable in *ER*, which Michael Crichton wrote based on his own experience as a resident doctor at Boston City Hospital, and which used scriptwriters with experience in the profession, such as *Joe Sachs*, a general practitioner, and *Neal Baer*, a pediatrician.

Consultation with the medical community was crucial in introducing diseases unknown in fiction, which is one of the most interesting characteristics of medical drama as a genre. Throughout history, scriptwriters in many of these series have sought to introduce medical conditions with little or no previous screen time into their storylines, thereby helping to raise awareness of them. *Dr. Kildare*, a classic series, was the first to introduce epilepsy and the problems deriving from drug addiction. It would have been the first to treat other matters, such as sexually transmitted infections or the contraceptive pill, had the NBC Board of Directors not decided to reject the scripts of these episodes written by *Jack Neuman*, despite the fact he was supported by the then-president of the TV

channel. Medical dramas are often crossed with controversial moral dilemmas that enjoy diverse acceptance according to society at the time, but the pressure of advertisers often acts in a censoring role. Despite this, throughout medical drama's history, scriptwriters have managed to tackle difficult-to-swallow medical questions, thereby becoming (thanks to their large audiences and the public's involvement in the fiction) a more effective vehicle for influencing public opinion than documentary programs.

The arrival of the seventies saw a sea change in this sense, with social realism opening a breach in the traditional series genres. In the medical drama, this gust of fresh air translated into fiction such as *M.A.S.H.*, whose political comment on the Vietnam War, then in progress (though the series was set in the Korean War to camouflage its intentions), offered a previously unconsidered reading of the genre. The series, created by *Larry Gelbart* from the novel and film that preceded it, broadcast from 1972 to 1983, and was succeeded by *China Beach*, which premiered in 1988 and this time was set in an evacuation hospital in the city of *Da Nang* during the Vietnam War. In the eighties, the medical drama of reference was *St. Elsewhere*, which was striking for its realist approach and humble socio-economic context: *St. Eligius* was the hospital where patients turned up who had been rejected by other hospitals of greater prestige with better equipment. The series, created by the duo of *Joshua Brand* and *John Falsey* (who years later created another iconic medical series, *Northern Exposure*), dealt with previously taboo themes such as breast cancer. *St. Elsewhere* was the first series to tackle AIDS, in a 1983 episode entitled "*AIDS & Comfort*". In it, the father of a family is diagnosed HIV-positive, which causes a certain nervousness in the hospital. He is led to reveal to his family the secret homosexual relationship he has with another man. *St. Elsewhere's* example was followed in 1987 by the English series *Intimate Contact*, which was the first series whose theme revolved exclusively around this syndrome, having a protagonist who contracts the AIDS virus during a business trip when he has relations with a prostitute.



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The first doctor to practice euthanasia in a fictional series was Dr. Roxanne Turner, also from *St. Elsewhere*, though she did not do so in the original series but in *Homicide: Life on the Street*. Actress Alfre Woodard recovered the character, who had abandoned *St. Elsewhere* in its fifth season, who we re-encounter working in a Baltimore hospice. In the episode, entitled “Mercy”, from 1998, she is accused of having practiced euthanasia on several terminal patients. Notwithstanding that *ER* was also a courageous series in this regard, it took far longer before it tackled the question of assisted suicide. It was not until a 2004 episode, entitled “’Twas the Night”, in which Dr. Jing-Mei Chen practiced euthanasia on her own father, as he had requested in one of his few lucid moments. Dr. Pratt covers for her. She performs the act successfully and afterwards disappears, returning to China to bury her dead father and leaving her job at the County General Hospital for good. In the nineties, *ER* also covered topics such as organ transplant or barely recognized mental illnesses, while it also dealt with themes of a social nature like people trafficking or the rights of the gay community.

Lastly, it is worth highlighting the value of medical dramas as educational tools. Despite the fact that they often adapt reality to the conventions of fiction, the depiction of the work done in a hospital is accurate enough to be used in an illustrative manner by medical students. Joe Sachs, the scriptwriter and producer of *ER*, explains it in this way: “A medication that would take ten minutes to work [in real life] might take 30 seconds instead. We compressed time. [...] But we learned that being accurate was important for more reasons than just making real and responsible drama”. To viewers, medical dramas can also be a source of useful knowledge. In 2011, a woman suffered an asthma attack that left her unconscious and her ten-year-old daughter practiced cardiopulmonary resuscitation as she had seen on *Grey’s Anatomy*, a series she used to watch every week with her mother. This anecdote cannot be generalized nor should one deduce from it that a course in first aid may be substituted for a television series, but it does tell us that watching a medical drama gives viewers

more tools than those that the show itself aims to, since series do not set out to educate viewers but to entertain them.

Transformations of the medical drama

Television series are currently experiencing one of the most interesting creative periods in their history. The medium has managed to achieve prestige that was unimaginable years ago. It is the result of changes in the television industry that have led to the recognition of scriptwriters as authors and the creation of series with artistic ambitions that go beyond what was formerly considered mere entertainment. This transformation has also made itself felt in the structure of the medical drama, which in the last decade has combined the realization of a traditional formula of workplace programs with the exploration of new ideas that aim to innovate the genre. Among the most relevant changes are an interest in barely explored disciplines in the medium, such as plastic surgery (the *Nip/Tuck* series, 2003), gynecology (the English fiction *Bodies*, 2004) and sexology (in the series *Masters of Sex*, 2013), which broaden the viewpoint of the traditional medical drama, often centered on general medicine.

Fusions with other genres have also occurred, with mixed results. Making the doctor an action hero by imposing a fast pace on the medical drama is something that has been tried several times with rather unpromising results. This is the case of the 2009 North-American series *Trauma*, focused on a group of paramedics, and of the 2015 British series *Critical*, which promised operations in real time. Neither of these were well-received, either by the critics or by viewers. In contrast, the merging of medical drama and historical drama in *The Knick*, the Steven Soderbergh series that premiered in 2014, stood out as one of the best televised fictions in that year. Set in an early-twentieth-century hospital, the series revisits some of the genre’s key features, such as the figure of the anti-hero, rivalry between doctors, ethical conflicts and episodic cases, before a background that enables the creation of a historical portrait depicting social conflicts like racism and class differences, practices such as

the sale of corpses, or surgical techniques that to modern-day viewers are extremely rudimentary. All this with a suitable taste for blood and arresting images that governs much of current TV fiction.

However, the most interesting element in the current transformation of the medical drama is that its themes are appearing in series that are not framed within the archetype of the genre. Medical questions, for years contained within hospital series, are now appearing in series of all kinds. This volume contains essays on traditional medical series such as those we have discussed in this introduction, but also on series that *a priori* do not qualify as medical yet still contain enough elements from the genre to be analyzed here. The expansion of this content outside of the limits of hospital fiction in the last instance benefits medicine. And medicine's presence in the collective imagination shaped by TV series is increasingly stronger. In any case, we believe that a detailed analysis of certain key cases is overdue. This analysis we leave in the hands of the true medical professionals: the experts in each of the medical disciplines who have participated in this book with their reflections concerning how the series reflect their profession.

The first chapter contains an analysis of the series *House* and its view of medical diagnosis. The second postulates whether *The Knick* is as rigorous as it seems with a passionate journey through the history of surgery. The third chapter analyzes how a series as prestigious as *The Sopranos* has made psychoanalysis the key to the creation of its

protagonist. The fourth chapter asks in what way the TV series *The Big Bang Theory* has helped to raise awareness and popularize Asperger's syndrome, virtually unknown to the wider public until recently. Chapter five is an essay on drug addiction as shown in the series *Breaking Bad* while the sixth chapter looks at how tobacco addiction is treated in a period series like *Mad Men*. Chapter seven covers *The Walking Dead* as if it were a medical series, treating the problem of zombies as a traditional epidemic. The eighth chapter looks at how the social problem of AIDS has been dealt with in three very different fictions. The ninth and tenth chapters are devoted to the two medical disciplines most recently depicted on TV: firstly, an analysis of plastic surgery in *Nip/Tuck* and *Grey's Anatomy*; then we focus on sexology and the stars of *Masters of Sex*. Chapter eleven deals with forensic medicine, one of the most frequently recurring specializations on television, analyzing *CSI*, the series which popularized it. In the following three chapters, we explore the emotions of three characters: Carrie's bipolar disorder in *Homeland*, Olive's depression in the mini-series *Olive Kitteridge*, and Rust's path towards evil in *True Detective*. The final chapter is concerned with cancer as shown in the series *Polseres vermelles* (*Red Band Society*), closing this Notebook of the Esteve Foundation. Our aim is to give medical professionals a panoramic view of how their profession is reflected in TV series, and to give fans of the series a fresh viewpoint, one that is unexpected, interesting and enriches their favorite fictions.