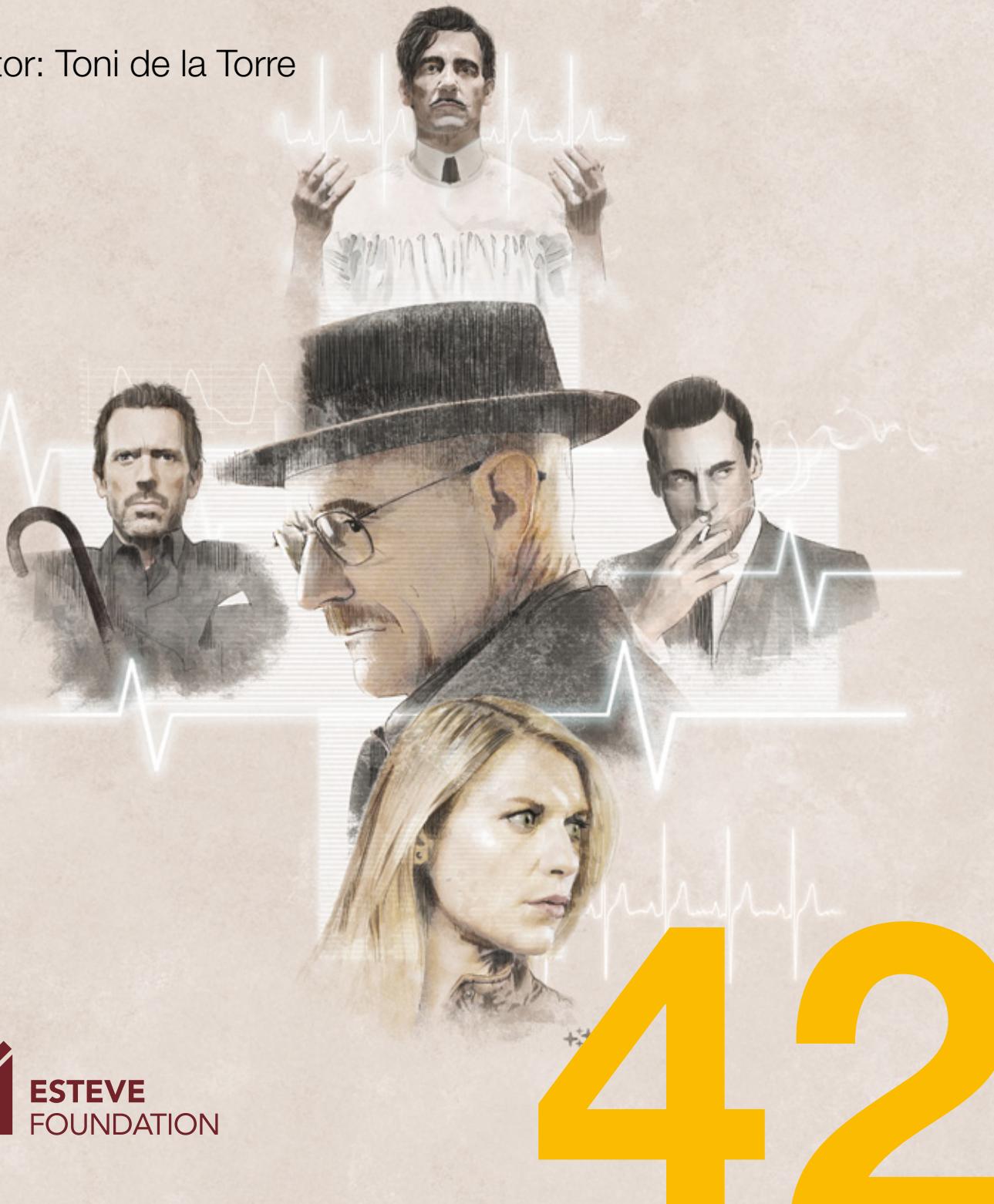




Medicine in Television Series

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Polseres vermelles and Cancer

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This Catalan production, created in 2011 by Albert Espinosa and directed by Pau Freixas for TV3, is one of the few that has successfully made the leap, first to Spanish national TV (a dubbed version aired on Antena 3), and later, thanks to Steven Spielberg, onto the complex international circuit. He decided to adapt it for the US market, but with scant success: Red Band Society foundered in its first season from poor audiences. Nevertheless, this series about a teenage gang formed in a hospital's corridors is an undoubted success; it became a true phenomenon, reaching beyond the limits of the small screen.

Polseres vermelles (Red Wristbands) is a TV3 series created and written by Albert Espinosa, and directed by Pau Freixas. It first went to air in 2011. The original script is based on the novel *El mundo amarillo* (The Yellow World), of which Albert Espinosa is likewise the author. The series, which falls within the medical drama genre, lasted two seasons with a total of 28 episodes, 13 in the first season and 15 in the second. It tells the story of six adolescents between ten and 17, who are all staying in the pediatrics ward of a hospital where they have been admitted for different illnesses: two have cancer in their leg bone, a type of cancer requiring amputation as part of the treatment; another is in coma; a fourth has a heart problem; a fifth has Asperger's syndrome, and the sixth is a girl who suffers from anorexia nervosa. These are the main characters. Other young patients, suffering from various illnesses, make appearances throughout the series. They include one with leukemia and a girl with breast cancer, but the latter two do not belong to the Red Band Society. One of this series' quirks is that children or adolescents dominate the entire action. Doctors appear when necessary, but do not take the initiative and, to a certain extent, always trail behind the young peoples' activities. The term "red band" comes from the red wristbands that are attached to patients' wrists when they enter the operating theater or are given blood transfusions.

Despite the fact this is a drama and describes the day-to-day life of these young hospital in-patients in detail, the series is infused with humor and constitutes a true homage to the values of friendship, companionship, life and the desire to live it –to get cured so as to enjoy it. All these ingredients are treated with great sensitivity and an exceptional degree of tenderness that means that practically all the episodes contain scenes, situations and actions that ensnare viewers in such a way they manage to cause an emotional impact.

So what is an oncologist's impression of the series after having watched all 28 episodes? Perhaps the simplest way of approaching the subject I have been assigned is to identify the series' different medical aspects and analyze them one by one, from the perspective of cancer. So I will analyze the setting where the action takes place, the hospital, and its health personnel: doctors, nurses and orderlies. How do they relate to the patients? What is their attitude to cancer, especially when faced with a patient, in this case an adolescent with the disease? What support do they offer the patient to continue his or her daily life while undergoing treatment? Do staff indulge in dramatics, or present the reality, however tough, and help patients to manage it? Since it is a fiction, parallel storylines obviously appear that are not necessarily concerned with cancer.

Let us start with the hospital. At first, it seems like a children's hospital, but immediately adult patients appear who speak to the children and adolescents in the pediatrics wards. To thoroughly confuse viewers, at one point in the series, a family member of one of the adolescents is admitted to ER for birth pains and gives birth in the same hospital. Nowadays this type of hospital no longer exists, at any rate not in Spain. Since child and adolescent pathology is so different from adult pathology, and even cancer types do not match adult types, children's hospitals have been created. Another aspect of the series that does not follow hospital regulations is mixing patients of different sexes in the same room. In the series, this occurs twice. A teenage boy with bone cancer and a young girl with breast cancer are put in the same room.

As was mentioned in the introduction, only four of the characters appearing in the series have cancer: Lleó and Jordi, cancer of the tibia; Rym, breast cancer; and a young boy with Down syndrome who has leukemia. Only two belong to the Red Band Society, Lleó and Jordi, who require amputation of the leg. The treatment, from the medical viewpoint, is quite correct. Luckily, nowadays, most adolescents can avoid amputation of the leg through a combined treatment of chemotherapy, radiotherapy and surgery.

It should be noted that one goes into hospital in a mental state that is highly conditioned by one's illness. You are living in a strange setting, with a huge emotional impact, and your emotional state undergoes many fluctuations depending on the results of tests and treatments. A patient affected with cancer realizes, perhaps for the first time in their life, that they are vulnerable. It is a state they have entered in a matter of a few days or even hours, and because of this they begin to realize they might die. Even so, in the series little is said, or said openly, on the subject. This could be because it is an adolescent community that has difficulty comprehending the true meaning of that irreversible loss called death. This aspect is exemplified in the words of Lleó's sister, when she comments that she always thinks and is afraid of the fact she might lose her brother. She declares

that although her brother never talks about this subject it would be good, sometimes, for someone to stop being so politically correct and to talk about death, to discuss it openly.

Fortunately, nowadays many people win the battle against cancer and can often discuss it normally. This was unthinkable just three decades ago. There are also patients who want their condition to be explained clearly. This is Lleó's case. He gets irritated because he thinks that life has not treated him too well and confronts the doctor when the latter tells him that his disease has returned again upon finding a spot on his lung:

- "A spot on the lung? You mean it's a tumor, right?"
- "Yes, of course."
- "Well, fuck, call it a tumor! I'm sick of doctors befuddling me. I don't want to receive any more treatment. Twenty-three cycles are enough. That much chemo is going to leave me sterile."

This is the attitude of an adolescent who is battling between life and death, and has lost a leg. Now it appears the tumor has become resistant to chemotherapy. Nevertheless, he is worried about becoming sterile, not about death. He refuses to think he might die, but obviously thinks about it constantly. One scene in the series also exemplifies the stigma that having cancer represents for many patients, and for adolescents in particular. Lleó says to Jordi: "We have to be brave when we leave the hospital and not be worried they might see us as legless". This "shame" of how they might be seen occurs more frequently than we might imagine. It should not be like that, since the disease is not the patient's fault. It is partially the sign, the manifestation that "I have or have had cancer": the amputation of a leg, the amputation of a breast. But it is also a problem of image and self-esteem. If this is tough for an adult, imagine what it must be like for an adolescent.

Another aspect the series deals with is denial, represented by Jordi. A lump appeared in his armpit a year ago. He does not tell his mother or



visit the doctors in hospital, though they told him that at the slightest sign he should go and see them. He thinks or wants to believe that it is nothing. This is a very common attitude, denying the symptoms, the signs our body gives us, which we often try to justify with many absurd excuses. Denial is a very typical reaction in people who suspect deep inside that those anomalies could be the appearance of cancer.

One aspect that in my view is not dealt with carefully and lapses into stereotypes, is the vomiting and nausea induced by chemotherapy. Even if this was true over 20 years ago, we can now say that medication exists that has practically eliminated these secondary effects which gave chemotherapy such a bad press. While it is possible for someone to vomit during the first cycle of chemotherapy, if there is good doctor/patient communication, the treatment pattern can be modified to avoid vomiting and nausea in later cycles. We must overcome this stigma about the treatment because it does not help patients. Chemotherapy has other adverse effects, but nowadays vomiting is very well controlled. I would like to stress this because this association of chemotherapy and vomiting means many patients begin to vomit the moment they see liquid going into their veins, believing it is chemotherapy when in fact it is only the initial saline solution, or anti-vomiting medication.

An important theme in the series concerning cancer is that of respecting the patient's decision. This is exemplified in the episode where the doctors tell Lleó that his illness has spread to several parts of the body and he only has a 3% chance of living. He decides to throw in the towel, to go off chemo and leave hospital to live the time remaining him freely. The doctors tell him:

- "You know that if you go off it, you will definitely die?"
- "Yes, I know, but I don't want to die in captivity. I want to be free as I am, but free."

The two doctors who have told him about the relapse and the seriousness of the situation act correctly and humanely, avoiding a situation of dysphasia (artificial extension of life). They look

at each other and one tells the other, "you never have a solution for everything", after hearing Lleó's answer that he wants to reject any other treatment. This is an aspect to bear in mind in oncological treatments. We all want the patient to keep accepting treatment, but sometimes the doctor must perform an act of humility and accept that they can no longer help the patient actively. So perhaps they must accept that the time remaining to the patient is spent with the optimum quality of life they can provide. In this sense, Lleó is brave and decides he wants to be free, even if only for a short time. He is absolutely entitled to think and act in this way, and the doctors accept that decision.

The case of Rym, suffering from breast cancer, is very well dealt with from the oncological viewpoint. She looks in the mirror before going into surgery and, in homage, carefully examines the breast she will never see again. The doctors tell her what the operation will be like and what will happen afterward. She is a strong girl and accepts this stoically. Doctor/patient information and communication is fluid, normal, and the aspects of the cancer are touched upon with the seriousness the situation demands, but without dramatizing at all.

The doctors' explanatory dialogs with the adolescents' parents and with the patients themselves are also very well scripted. There is time for explanation and comment in a relaxed atmosphere.

Conclusions

In conclusion, this series has been produced with exquisite sensitivity, using talented adolescent actors. The subject of cancer is dealt with naturally, without sacrificing the disease's seriousness at any time. Throughout its 28 episodes, it covers the aspects of the patient/doctor relationship and how the news is given to the patient and his or her family environment. All this is dealt with very correctly in medical terms. Cases of denial of symptoms or diagnosis are shown, while the patient's desires are accepted, and dysphasia is avoided. The term "cancer" and its contents

are de-stigmatized. The series does fall into the stereotype of associating chemotherapy and vomiting, a situation that is less common all the time, dramatization of which does nothing to help future patients who must undergo anti-cancer treatments based on chemotherapy. The series is set in a hospital atmosphere where life or death situations occur in each episode. Therefore, how characters and dialog are dealt with is significant, in a setting where, though superficially it appears that everybody is happy, in truth there is a controlled degree of continual tension, which peaks at a certain point in the series.

The series is an ode to the humanity we all carry inside, to friendship, companionship and the treasure of being alive. It constantly moves in this biological and mysterious balance between life and death that can sometimes be cruel because it functions like Russian roulette –a game of chance one has not entered, but in which one

nonetheless draws the short straw. They may have drawn illness or health, enjoyment or suffering. The series has an extraordinary educational component in terms of instilling values in children and adolescents. I stress this because, unfortunately, this effect is being lost and becoming diluted in the great mediocrity of many of the programs that the communications media offer us. “Don’t be an egoist. Life is not just yours but belongs to everyone who loves you as well”, says one patient to another. The line reminds us how far we are from such simple yet undeniably powerful values. The series offers a little of everything, despite being a drama in the fullest sense. It emanates both tenderness and harshness, joy and suffering, in a similar way to the daily patterns of our lives. It is little wonder that the series has attracted such a powerful following among young people, but we know it has also managed to move older people deeply as well.