

## Life and Death and Doctor Shows

*Cynthia Blomquist Gustavson*

I tried to write a television screenplay once. They told me my characters were too one sided. That meant that the good guys were too good and the bad guys too bad. It's fun to watch tv movies now and guess how the good guys will screw up and the bad guys will pour out their heart. It has to happen, otherwise it won't sell. That's how it is in real life they say. But is it?

Let's compare some television doctors. Remember Marcus Welby? And then there was Doug, the pediatrician on E.R. And you know the modern day television doctors who know more about the different positions of sexual activity than the correct positions of vertebrae. My husband is a doctor. I'm one of those rare wives who lived through medical school, internship, residency and drafted military service without ending in divorce, only because my husband, a pediatrician (like Dr. Doug,) was more like Dr. Welby. Still, on those few occasions when we found ourselves watching E.R., my husband often was heard shouting, "That's it! Hold your line, Dougy! Don't let those surgeons tell you what to do."

Life and death situations abound on all medical shows. That used to be the only drama involved, but now producers have learned that the real drama is in relationships (and of course, sex.) When a surgeon, who will not compromise, but then is forced by his or her humanness to seek relationship, the sparks start flying. It's apparent that viewers have demanded our heroes and heroines become human. At the same time, television has discovered that to be human means that we have very red blood flowing just beneath our

thin wrapper of skin. Every five minutes E.R. and the other medical shows (as well as police and crime scene programs) show evidence of that vulnerability, a metaphor for the fragile relationships formed and broken weekly on each episode.

Chicago Hope, another old medical drama, had more human drama, and less blood and action. Each of these dramas carries a message to viewers. Marcus Welby, M.D. gave viewers the feeling of well-being (there's a lot in a name.) Chicago Hope gave the viewer a feeling of lost or last hope, E.R. a feeling of life as an emergency, as panic.

Why do we watch panic and desperation week after week, caring about the lives of those who are purely fictitious? Are we looking for answers from people who face the same, but even more complicated lives than we do? Do we expect the doctors, nurses and patients on television to give meaning to the panic and desperation?

For me, a medical social worker, and for my husband, pediatrician, it is a chance to cheer for the small victories that remain silent within the workday: The victory of a pediatrician being right about an abuse case, and rescuing that child, even though the small baby can't say anything, the parents are hostile, and other doctors refuse to believe it; The victory of the social worker who must tell the dying patient the bad news with sensitivity and respect, and does it because often the doctor is too arrogant to deal with emotions. In real life, that weight is never relieved. There is no close up of faces, no immediate understanding or acceptance.

Marcus Welby, M.D. told us a lot about different diseases, and even more about trust and friendship. Dr.Doug on E.R. told us about the schizoid life of being treated like God one moment, and being the vulnerable lamb the next. For whatever reasons the audience tunes in to share the lives of these characters, we, the real living public, have an hour's time to forget our own day, jump into the skins of these powerful people, and then at a moment's bliss we have the ultimate power to click it off. Wellness springs eternal, even in the midst of a culture of panic.