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## Anatomy of a Real Medical Career

by Ysolt Usigan

As health care goes prime time in the form of fictional dramas and sitcoms, some viewers might think they, too, may have what it takes to save lives and help others. Whether it's *House*, *ER*, *Grey's Anatomy*, *Nip/Tuck*, or *Scrubs*, millions tune in to see good-looking physicians and nurses deal with complicated patients, not to mention personal turmoil within their own relationships. So what's the prognosis? How "real" are these on-screen depictions? Would a doctor really date a patient? Would a nurse flash a man in order to revive his heart? (Probably not, although these incidents did occur on *Scrubs*.)

If you can separate the fact from the fiction, however, there might just be something to learn about various careers in medicine. We turned to the experts--real doctors and medical students--for their TV career diagnoses.

**First consultation**

In a recent poll conducted by Epocrates, a leader in medical references and decision-support software for mobile devices on the Internet, 500,000 health-care professionals sounded off on which hospital shows were the most accurate. The winner: 47 percent of respondents, including more than one in four U.S. physicians and nearly one in two medical students, cited *ER* to be the most realistic of all TV medical shows. Trailing behind was *Grey's Anatomy* with 24 percent, *House* with 18 percent, and *Scrubs* in last with only 11 percent.

Along with courses in human anatomy, neurosurgery, and cardiology, med schools may want to consider teaching aspiring nurses, physicians, and other

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health-care professionals a class on detecting the unreal from their TV coursework. Until then, this will have to do.

#### Too much chaos on ER?



**Alexander Rivkin, M.D.**, disagrees with the survey majority. "All of the explosions and chaos on *ER* overdramatizes a [real] emergency room," says the facial plastic surgeon, who is the founder and owner of **Westside Medical Spa in Los Angeles, CA**.

While situations can be hectic in the emergency room at times, Rivkin, who worked in an actual ER as part of his rotation during his residency and was on-call for six years as a plastic surgery consultant in the ER, attests matters aren't as outrageous as what TV would have you believe.

"One episode of *ER* is like a week of what really happens," Rivkin explains. "There always seems to be uncontrolled chaos [on the show]. It's just not like that; a true ER has systems and order in place."

In fact, some medical schools, such as the University of North Texas College of Osteopathic Medicine in Fort Worth, offer nonmandatory courses in stress management to ensure that budding physicians know how to handle whatever chaos may ensue. These services are free and available to students, as well as their immediate family. And should there be a specific problem, a specialist from the school's Health Science Center can provide up to six counseling sessions to help troubled students clarify the nature of their problems to determine a proper solution.

As for which show Rivkin believes best portrays reality? *Scrubs*. "Most of the story lines center around the doctors and nurses and human-interest [issues] with emotion," he explains. "Hospitals are filled with human drama. Residents are young, and there's a lot going on in their minds. It's a light and refreshing take on what goes on in a hospital."

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Aside from what's going on in their minds, a physician's surroundings in the hospital can be chaotic. But when it comes to their personal lives, what's the norm?

Since doctors work very long hours, it's hard to imagine they even have time to get caught up in a love triangle like Meredith Grey in *Grey's Anatomy*. In fact, according to the Department of Labor's *Occupational Outlook Handbook*, more than one-third of full-time physicians worked 60-plus hours a week in 2004.

"Doctors work long hours, and while there is drama from time to time, these shows are extremely inaccurate in describing the social settings in a hospital," explains Dr. Steven D. Burdette, M.D., an assistant professor of medicine at Wright State University School of Medicine in Dayton, Ohio. "Most hospitals are run professionally without the rampant issues portrayed on TV."

Moreover, Burdette, also the medical director for infectious diseases at Greene Memorial Hospital in Xenia, Ohio, notes that because of all the personal story lines, most TV dramas don't have enough time within each episode to properly portray medical information. "I watched *ER* religiously when I was attending college, but once I got into medical school, I noticed that though the effort was there, the timing and therapy often mentioned [on the show] was inaccurate," he recalls. Because procedures must be adjusted to fit into TV time, the accuracy of the medical information presented suffers.

**Nurses are not sidekicks**

Medical terminology is not the only thing that gets butchered on the small screen. At times, it's the reputation of an integral part of today's medical community--nurses--that takes a back seat. In the first season of *Scrubs*, for instance, J.D. (intern/doctor) and Carla (nurse) got into a little spat. In true dramedy form, they argued about Carla's undermining of J.D.'s authority amidst sarcasm and chuckles. While their mini-fight was resolved within half an hour, in real life, nurses deal with this issue periodically, and sometimes without resolve.

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Doris Young, Ph.D., a registered nurse and author of *Save the First Dance for You: The Complete Nurse's Guide to Serving Your Profession, Your Patients, and Yourself*, adds, "Physicians sometimes don't know or acknowledge what nurses do. Some of them think nurses just carry out their orders." In reality, she says, nurses are very much a part of the healing process. Not only do they direct and implement patient care, they assist physicians during examinations and other important procedures. Moreover, they prepare equipment, apply and change dressings, and monitor patients constantly.

Young believes the stereotype of nurses as sidekicks is amplified on most of the prime-time medical shows. "Shows like *Grey's Anatomy* and *ER* present physicians as providing all essential activities in a hospital, which is not at all representative of what really happens," asserts the founder of Doris Young Associates, an organization that offers nurse retention programs to boost nurse performance, productivity, health, and well-being. "They show physicians providing key care while nurses appear as insignificant handmaidens."

#### ***Nip/Tuck*, untucked**

With the plastic surgery obsession upon us--from young girls getting rhinoplasty to celebrities boasting about liposuction--it's no wonder someone created a drama about the lucrative lives of plastic surgeons. "In *Nip/Tuck*, the doctors date their patients. I would never do that--it's unethical," attests Rivkin.

A typical day for Rivkin consists of seeing patients, answering e-mail questions from his Web site, and returning patient and business phone calls, all interspersed with the day-to-day duties and responsibilities of running a business. There is no time to get caught up in the lives of patients. And even if there was, Rivkin follows the Hippocratic oath traditionally taken by most doctors concerning the ethical practice of medicine.

In fact, something not portrayed enough on TV medical dramas is the stressing of ethics at medical school. Students at the University of North Texas College of Osteopathic Medicine, for instance, take year-long ethics classes during their first and second years.

"We [were required] to prepare responses to several ethical cases," explains Robert Bollinger, a fourth-year medical student at the school. "We would spend two hours [in class] dissecting a particular case, then we'd meet in groups and discuss how we'd handle each."

During the course, Bollinger and his fellow classmates



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were also required to observe an actual hospital ethics - committee meeting.

While ethical differences remain between TV and real-life physicians, Rivkin and the fictional Dr. Sean McNamara and Dr. Christian Troy on *Nip/Tuck* have one practice in common: how they conduct their consultations. "When I see a patient, I let them tell me what their expectations are, and what they don't like about their face," he says. "I leave the question open-ended--much like Dr. Troy and Dr. McNamara do on the show --and ask 'What bothers you?'"

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#### An imperfect *House*

While Bollinger enjoys *House*, he finds both truth and fault in it. "It's an excellent show with some really fun diagnoses. The way they go about determining the final diagnosis, in theory, is the way we are taught in school," explains the 26-year-old. "We are supposed to make a list of all the things possible, and--starting with the most common --rule each one out."

Although somewhat unnerving, the doctors on the show accurately portray the notion that they are sometimes unsure or even stumped by a case, says Bollinger. "Physicians don't always know immediately what is wrong with a patient," he admits. "Sometimes it takes a lot of investigation, and occasionally for the disease to worsen before a doctor would know what is really going on."

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What Bollinger finds to be most inaccurate on television are the lab practices. "The doctors on most of these shows run to the lab and perform all their own experiments. They go to the CT scanner and run it themselves; anything that happens to these patients, they take care of themselves. This does not happen," Bollinger attests. "Phlebotomists or nurses collect blood samples and send it to the lab. The lab gets the

results out as fast as they can. Then the doctor is notified of the results. If something is really important, the doctor may walk it to the lab themselves and wait, but the people in the lab do the work, unlike what you've seen in *House*."

In addition to their social dilemmas, medical and professional ethics broken, and off-the-wall medical decisions, these prime-time hospital shows also seem to transcend time and discount other people in a team. Interns seem to fly through their residencies, and you only see a handful of hospital employees. "On *Grey's Anatomy*, I see the interns, the chief resident, and an attending physician or two--where are the rest of the residents?" Bollinger asks.

While these shows are certainly entertaining to watch--and may even give you a rough idea of what you may experience in the ER, OR, or on rounds--real-life doctors are in agreement. Watch with caution, and definitely get a second opinion.

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