

Drama of medical dramas

We have read with great interest the paper by Colwill *et al*¹ about cardiopulmonary resuscitation (CPR) on television. In their study, they meant to identify how well popular medical dramas depicted CPR. They have shown that the portrayal of CPR in television dramas is inadequate and does not comply with published guidelines. The authors conclude that people are increasingly misled about CPR technique the more they tune into these popular programmes and that medical dramas currently represent a wasted opportunity to indirectly educate the public on CPR. We fully agree with the authors, and we share the view that this poor representation is actually misinforming lay viewers.

We also believe, however, that an even more dangerous potential implication should be emphasised, namely the risk of projecting a largely unrealistic image of medicine.

First, medical dramas give the audience a reverted epidemiology of diseases, placing much emphasis on acute patients when, on the contrary, it is chronic patients that require most of our resources and efforts. In medical dramas, chronically ill patients hardly exist, while either trauma or intoxication is the leading cause for both hospital access and admission. Hospitalised patients either get home (usually) or die (rarely), and long-term care facilities do not seem to play any role in screenwriter's imagination. Similarly, medical dramas favour rare and outrageous clinical conditions rather than common and ordinary ones. For example, porphyria (to name but one) and some other 'weird stuff' appear to be more frequent than common diseases such as chronic obstructive pulmonary disease.

Second, medical dramas oversimplify an extremely complex and multifaceted

world as the one of medicine. They thus convey recurrent stereotypes such as that any doctor is capable of anything, and the individual is more important than the team—essentially, the opposite of real-life medicine.

Third, and most importantly, the picture painted by medical dramas directly leads to overestimation of benefits and potentials and to underestimation of limits and harms of modern medicine.

In a well-known study, Diem *et al*² showed that survival rates after cardiac arrest in three television dramas were significantly higher than the most optimistic survival rates in the medical literature. Medical dramas—Diem *et al* pointed out—teach that a lot of patients need defibrillator pads and that three quarters of cardiac arrest patients survive. Lapostolle *et al*³ further noted that the discrepancies between real medicine and its optimistic portrayal might negatively impact on patients' expectations. Accordingly, one of the most recurrent and dangerously wrong lessons is that there is a cure for any diagnosis, and similarly, there is a diagnosis for any health problem.

Even more impressive, perhaps, are similar findings among some health-care professionals. In their prospective survey, Haboubi *et al*⁴ found that 65% of interviewed clinicians admitted watching medical dramas on more than one occasion, while junior doctors did it regularly. Although most of them did so for entertainment purposes and felt that these dramas were unrepresentative of daily practice, an astonishing 8% watched them for educational purposes, and 10% considered these shows accurate.

Importantly, the psychological availability of salient examples (or lack thereof) has been known for decades to affect the perception of the chances of uncertain events in both laypeople and experts.⁵

In this respect, medical dramas might be fostering a remarkably biased picture of modern medicine.

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