

The oblique view



We continue our series where Consultant Interventionist Dr Michael Norell takes a sideways look at life in the cath lab and beyond. In this column, he looks at the unreal and riveting world of TV medicine.

That's entertainment!

Unusually, I found myself watching an episode of 'Casualty' last week. Or perhaps it was 'Holby City', or maybe 'The Golden Hour'. Anyway, there were certainly some pretty ill people as well as a plethora of medical staff, nurses, porters, social workers, trolleys and perhaps a helicopter.

The pace was frenetic. It was seemingly impossible to keep up with just who was having the subarachnoid haemorrhage, which of the elderly patients was hypothermic, and where that drug addict was who had secretly entered the hospital for a purpose other than visiting his sick granny. And then there was that ghastly looking young chap in the cubicle with the perfect marriage, young family and promising career, who apparently had been as fit as a flea until yesterday. Who was going to tell him the cause of his acute abdominal pain was a high grade, disseminated cancer with a prognosis that was likely to coincide with the closing credits?

Supermodel superdoc

It is a long time since I was exposed to the 'frontline' of

the A & E department, so perhaps those experiences are a little hazy. But I cannot recall many patients coming into the resuscitation room and being greeted by someone who had clearly just stepped from the front pages of *Vogue* magazine. In less than five seconds, she has inspected, palpated, percussed and auscultated all known bodily systems. With one succinct question, "Is that painful?" (answer: a grunt), she goes into action immediately with a practiced air of calm authority.

"I want an ECG, FBC, ESR, profile and sugar. Let's tube and bag him, give me three large bore IVs and an 'A' line. Cross match for 10 units of 'O-Nag' and organise X-rays of his pelvis, spine, skull and right ankle. Hold three theatres, get me the vascular, neuro and gynae registrars, and get a CAT scan of his abdo and thorax". She adds "Stat!" as an afterthought just in case the urgency of the moment had been lost on the assembled staff.

Speed, of course, is of the essence as the whole case has to be diagnosed, treated and either discharged home or undergo

autopsy (with a result), within the next 40 minutes. As much as I too would have loved to treat frequent infarct-related ventricular premature beats by yelling, "OK, people! Gimme me 500 of Ido in half a bag of D-5-dubya", I never really got the chance, and, anyway, no one would have understood what I was talking about.

Do we watch medical dramas and think to ourselves: "Hold on a minute! It just never happens like that?". Somewhere along the line, reality has given way to entertainment, rather than education.

Beats education

Instead of the standard texts, I must confess that most of my knowledge of pathology was derived from numerous episodes of 'Quincy, M.E.' Indeed this energetic coroner spread himself across so many other specialities – psychiatry, obstetrics, social work – I think I could have solely confined myself to afternoon TV rather than attend medical school at all. I was particularly taken with the sense of urgency with which he exhorted his oriental assistant to, "Rush this

through the lab, Sam". To run around pleading for immediate access to various life-saving procedures when a desperate patient is on the brink of expiring is one thing, but when the victim is already showing evidence of *rigor mortis*, this does seem a tad unnecessary. But, heck! It was riveting stuff!

The factual accuracy portrayed in these series is impressive; no one should doubt the quality of the medical advice behind each episode. But it is the way in which every possible life event is compressed into such a limited time frame that leaves one aghast. Thirty-five years ago, my father (a GP) helped with a BBC drama series set in a North London surgery. Called, imaginatively 'The Doctors', I guess it was a contemporary version of 'Dr. Findlay's Casebook' (I fear I may be losing more junior readers at this point). He was forever despairing that the script writers/director would want to manufacture much more absorbing and attractive TV material than could possibly be contained in day to day, mundane family medicine. What those like us with medical knowledge find interest-

ing, or even fascinating, falls far short from that required to whet the appetite of the watching, lay public.

As a result, a routine – or even busy – A & E shift has to be “sexed up” to give it the required general appeal; relationships between the characters become not so much complicated as downright incestuous. So the young lady admitted with the threatened miscarriage turns out to be the partner of the hospital anaesthetist as well as the daughter of the ‘Casualty’ consultant, who is the ex-husband of the department manager, who is now married to the chief executive (are you still following this?), who is having an affair with the senior

sister who is pregnant but unsure of the father, who is actually a junior doctor who was originally going out with the girl who came in at the beginning of this paragraph.

That's life?

Surely, this exaggeration of life cannot just be confined to healthcare-related programmes. I assume that the same yawning gap between reality and TV/film applies similarly to past episodes of ‘Dixon of Dock Green’ as it does to the more recent ‘Judge John Deed’. I can imagine an off-duty Detective Inspector being equally bemused as he watches the totality of police life unfolding into a succinct, hour-long ‘The Bill’ Christmas special.

So if you thought you might at least get an idea of other professions by watching their representative TV series, I would not be optimistic. Forensic medicine may not be quite as lively as portrayed in ‘Waking the Dead’ or ‘CSI Miami’. And if you fancied yourself as an undercover operative indulging in the odd “black op” or a touch of espionage, I would not look to ‘Spooks’ to give you the necessary background either. Truth may be stranger than fiction but, sadly, it is just not as entertaining; reality does not come along in neatly packaged sound/vision bites to fit our ever decreasing attention spans.

Right! Where's the TV?

I've got to get back to ‘Casualty’. Apparently a guy has just gone into his local hospital with a virus that, if released, could destroy all life as we know it on this planet – and they've only got 20 minutes to sort him out. “I want an MSU for M, C & S, sputum and swabs of all orifices. Give me some Strep-sils and get micro on the blower . . . NOW!”

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