

Grey Scrubs: Medical Dramas

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Introduction

As with every Chinese New Year, reunion dinners await and it always seems that relatives will corner you with the most inane questions, until they remember your profession that is, after which they launch into the same tired dogmatic line of questioning: “So how’s your doctor job? Save lives or not? How many lives you save today? Got do operation or not? Can get me Viagra, cheap or not? You know, I have this weird rash...”

It seems that to the layman, life as a doctor is a non-stop glamorous race to save a life-a-minute, very much like diffusing bombs while figuring out the villain’s dastardly plan. So how does the general public get such a skewed perception of the way our profession conducts itself? Many would lay some blame on the doorstep of the generic Hollywood movies that epitomise the courageous doctor with infallible skills and unflappable hair. I prefer to think that a more likely answer is closer to home, one that is in fact homogenous and in all our living rooms: television dramas.

Medical dramas have a large influence on the general impression that the public has on doctors. Being in the healthcare profession, we have become myopic to the point that we are unable to appreciate the huge impact television dramas have on the way the public relates to and communicates with us.

To prove my point I undertook a strenuous randomised controlled double blinded trial of the latest medical drama series and determined how it pertains to real life.

Methodology

I randomly picked 2 famous medical dramas from a collection of DVDs and CDs (at the time of writing the latest season of “House” was unavailable by unorthodox means and the orthodox method of obtaining it was too expensive). I did this blindfolded with both a handkerchief as well as a sleeping mask, thus rendering it double blinded. I then watched the first episodes with several pretty volunteers in the name of furthering medical science. We determined where our impressions of how the depicted scenarios differed from real life, then we debated and argued over it, after which I overruled them and called their opinions stupid, which prompted them to leave (in retrospect I was the stupid one as they were generally good looking...sigh, its true what they say: hindsight in medicine is 20/20).

Results

Note: BIMBO = Brief IMpressionistic Bipartisan Opinion

1. SCRUBS

(Scenario: Surgical and medical housemen on their first day at work and on night call)

Event	My impression	BIMBO’s impression
Wake up at 6am.	True, so painfully true.	Doctors go to work late, just go to any GP for MC, will need to wait till 9:45am when clinic opens at 9am.
Could not sleep the night before as excited about first day of work.	False: Unbelievably Nuts, it’s terrifying before the first day.	True.
Nurses overwhelming you with work on the first day.	True.	Probably true.
Realizing that in spite of all the training: you don’t know jack.	True.	Of course not, that would be scary ... imagine doctors being clueless.

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1. SCRUBS (contd)

(Scenario: Surgical and medical housemen on their first day at work and on night call)

Event	My impression	BIMBO's impression
75% of colleagues are attractive.	I wish.	Could be true.
Chief of department claiming that he has an open door policy when it's obviously false.	True.	False: Typical behaviour of a noble profession.
Pager controls your life from the moment you get it.	True.	False.
Registrars who look at you like you are pond scum.	True.	False.
Registrars with an overbearing personality and superiority complex.	True.	True for all doctors.
Hotshot surgeons who are jocks.	True.	False.
Deer caught in headlights effect when asked questions during rounds.	True.	True.
Housemen dating nurses.	True.	True.
General medicine registrar seeing paediatric patients.	False.	True: All doctors can operate on and see all types of patients.
Lady doctor in scrubs mistaken for a nurse.	False.	True: Then goes on feminist tirade for 10 minutes.
Houseman setting chest tubes.	False.	True.
Forgetting gel pads on first defib = burning flesh.	True.	False: Horrifying thought.
Saying prayers in the 5 minutes before your first night duty starts.	True.	False: Doctors are trained for years for this.
Pager goes off the first second the shift starts.	True.	True.
Not a second of sleep in the call room.	True.	False: How can a person work through the night without sleep?
Shock of seeing first dead person while on call.	True.	Probably true.
Getting a second wind in the morning.	True.	False: Must be dead tired.
Going post call.	Depends on posting.	True.
Number of perceived accuracies	16	12
Number of perceived falsehoods	7	11

Discussion

Looking at the number of discrepancies, it is obvious that public's view on what transpires in the sacred corridors of healthcare is highly distorted. They must be thinking, "Why is my attractive young doctor not pushing my gurney to the X-ray department for my chest X-ray?" or "I know I had a fit from a brain tumour; why doesn't the houseman just do his doctor thing and whip it out of me?" While there are indeed some doctors who do seem to be superhuman and are able to field questions from every niche aspect, most of us just act like we know and I have a grudging suspicion that the older you get the more adept you become

at hiding your deficiencies. [In deference to all my colleagues and superiors – you are in the first category (note to self: stop trying to sabotage traineeship chances!)]

It is not surprising that many complaints and lawsuits are put down to "poor communication" between the healthcare provider and the patient. I mean, if the patient expects you to cradle him after the loss of his loved ones like Dr Mcdreamy does and then after you are done crying, wipe your tears and ask if you want to share a cup of coffee with him, offering the whimsical possibility of friendship and maybe romance? Really. How can we compare? Especially

2. GREY'S ANATOMY

(Scenario: Surgical housemen on their first day of work and night duty)

Event	My impression	BIMBO's impression
Has a one night stand the night before work.	I wish.	True.
Late for first day of work but not taken to task for it.	False.	True: Doctors have a mutual respect that transcends such petty issues.
Out of a batch of 20, only 6 are women.	Not true anymore.	True: Goes on feminist tirade for 10 minutes.
Assigned "Nazi" Medical Officer who intimidates the housemen.	True.	False.
First patient: 14-year-old female with fits.	False: Should be in paediatric care.	True: All doctors can operate on and see all types of patients.
Interns unable to properly attach ECG leads on first day.	True.	False: Monkeys can do this with training.
Rectal exams.	True.	Disgustingly true.
Overambitious housemen colleagues.	True.	True.
Doctors pushing trolley patients to the wards.	False.	True.
Getting lost in the hospital.	True.	True.
Multiple venepuncture attempts.	True.	False.
Understanding registrar picks underperforming houseman for high honour to boost his morale.	False: Perpetuates the myth of the fictional creature known as an understanding registrar.	True: Typical behaviour in a noble profession.
Feeling overwhelmed when talking to anxious relatives.	True.	False.
All the housemen are free enough to gather around and watch an operation by a houseman.	False.	True.
4 housemen can get together and relax while on night duty.	False.	True.
Quote: "Surgery is hot... Geriatrics is for freaks who live with their mothers and never have sex."	False.	Partly true.
Houseman expected to insert a central line.	False.	True.
Female doctor in scrubs mistaken for a nurse.	False.	True: Then goes on feminist tirade for 10 minutes.
Overwhelmed by resuscitation situation.	True.	True.
Throws up after first successful resuscitation.	True.	True.
Registrar asks houseman for help in difficult diagnosis.	False.	True.
Housemen are still keen to scrub-in and assist with surgery even after 24 hours on call.	False.	True.
Houseman is post-call but sitting in the library working out a diagnostic problem.	Houseman in library: False. Post call: Definitely false.	True.
Houseman is so concerned for a patient that he waits outside the operating theatre during the operation.	False unless its your own mother.	True.
Registrar is shaving the head of a patient to prepare for an operation.	False.	True.
At the end of the call: wondering if you can survive a career in medicine.	True.	True.
Looking good post-call.	False.	False.
Number of perceived accuracies	10	21
Number of perceived falsehoods	16	5

when you are on call and juggling several emergencies at the same time. The Social Development Unit (SDU) may want to take note, though, that this may be a recommended way to pick up doctors.

In defense of the television shows, though, they are all an engaging watch and do project the medical profession in a good light. Some of the more robustly researched ones such as “ER” even have a fan base that comments on how accurate the shows are. Though for the ones that rely on good-looking leads, it does become irksome when these hotshots keep defibrillating a flat line (asystole).

One point that has to be brought up is that there seems to be a gross misconception perpetuated by television that surgeons are “hotter” than physicians, with paediatricians

topping the list. Even when they are the main characters of the show, physicians are typecast as quirky at best if not absolutely nerdy. Take for example the leads from “House” and “Scrubs”.

If you think that this is just a dateless outcast soap-boxing his views, I challenge you to ask any member of the public this question: “Which specialty has the most attractive personnel?” Apart from the few perverts who immediately think of nurses, most will name surgeons and paediatricians. Short of publishing the names of notable “hot” physicians in the medical pool, there seems little that one can do to debunk this myth. Then again, maybe a calendar deal is in the stars with the profits going to a wide-screen television for the call room.