

As Seen on TV: Health Policy Issues in TV's Medical Dramas

Executive Summary

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Introduction

**Patient's rights, managed care,
prescription drugs, the uninsured.**

**Many forces shape public opinion
about health policy issues, and
influence which topics rise to the
top of the public agenda: the
news media, think tanks, voters'
personal experiences, electoral
debates...and Hollywood?**

While the *news* media have long been seen as key players in raising public awareness about health policy issues, the proliferation of hospital-based TV shows – and the popularity of the recent Hollywood movie *John Q* – have raised the issue of the extent to which such *entertainment* media are engaging health policy issues as well.

After all, these tales of the medical world are viewed by millions – the NBC medical drama *ER* has typically had an audience of 20-30 million viewers each week. Beyond the size of the audience, some argue that entertainment TV can be even more powerful than news in subtly shaping the public's impressions of key societal institutions. The messages can be more engaging, often playing out in compelling human dramas involving characters the audience cares about. Fictional TV shows can make an otherwise dry or abstract discussion of a policy issue seem more “real” – and more powerful – to viewers. Instead of bill numbers and budget figures, policy issues can be portrayed through the lives of human beings, often in life or death situations.

As Americans worry about their physical well-being, the well-being of their aging parents, and their ability to navigate complex hospital realities, they inevitably encounter stories on television that speak to their concerns. This study helps us to understand what kinds of stories prime time hospital dramas tell Americans about the problems that confront the health care system and its consumers.



Methodology

There are many different types of fictional TV shows that may engage health policy issues at one time or another (*The West Wing* is a good example). However, the programs that are most likely to do so are those shows set in hospitals, and therefore this study focuses on those programs only. These fictional presentations open curtains on relationships between doctors and nurses, specialists and generalists, patients and providers. In ways that news reports cannot, they play out various assumptions about how health care ought to be delivered, about what conflicts arise that affect health care, and about how those conflicts should be resolved and why. Doing that, hospital dramas present an important part of viewers' curriculum on the problems and possibilities of health care in America.

The sample for the study consists of every episode of every hospital-based TV drama on the air during the 2000-2001 television season. The shows included are *ER* (NBC), *City of Angels* (CBS), *Gideon's Crossing* (ABC) and *Strong Medicine* (Lifetime). A total of 74 hour-long episodes were subjected to systematic content analysis and detailed coding by a team of trained undergraduate coders at the University of Pennsylvania's Annenberg School for Communication.

There are many types of depictions that might be relevant to a viewer's opinion of a public policy. A sympathetic portrait of a woman with breast cancer might affect viewers' support for legislators who want to increase funding for breast cancer research, and the same could be said about virtually every portrait of a patient in a hospital-based TV show. The *most* relevant depictions, however, are those in which there is an explicit reference to a policy issue – such as funding for breast cancer research – and where there is some *discussion about* the policy issues. For the purposes of this study, then, "health policy" is defined as government or institutional rules or regulations about non-clinical issues in health care; and "health policy issues" are defined as disagreements about or expressed dissatisfactions with health policy. Therefore this study coded every scene in which there was a discussion or debate about a health policy. These scenes are then broken down by whether they involved *hospital policy*, *malpractice*, or *public policy* issues; the public policy issues, which concern government rules and regulations, then receive more in-depth discussion in this summary.

The study was conducted for the Foundation by University of Pennsylvania Professor Joseph Turow and doctoral student Rachel Gans, in consultation with Foundation staff. A detailed discussion of the methodology can be found in the full report of this study (publication #3231).



Key Findings

- **Health policy issues do come up with regularity in TV's hospital dramas. On average, there were just under 2 scenes per hour (1.7) referencing such issues. About seven out of every ten episodes (68%) included at least one mention of a health policy issue.**
- **Most of the issues raised are not gone into in great depth. Of all the health policy topics raised, 66% were dispatched in just one scene, while one in five were carried out over three or more scenes.**
- **Most interactions concerned ethical issues rather than resource-related topics such as the cost of care or access to needed services. Of all health policy interactions, 78% concerned ethical issues, 13% concerned resource issues, and 9% concerned both.**

□ Many shows made reference to institutional players in health policy debates. The most frequently mentioned players were hospitals (37 policy-related mentions), lawyers (20), the federal government (8), state or local government (8), insurance companies (7), HMOs (6) and social service agencies (5).

□ Most of these institutional players were referenced in either a neutral or a “mixed” manner. The exceptions were insurance companies (4 negative references, no positive, the rest neutral), lawyers (6 negative, 2 positive, the rest mixed or neutral), and HMOs (all 6 references were negative).

□ Of all the health policy interactions, more than half (59%) concerned public policy issues on the docket of government bodies such as legislators or regulatory agencies; the remainder concerned malpractice cases (32%) or hospital or institutional policies (9%).

This means there was an average of one scene per episode that concerned public policy on health care.

The most common public policy topics raised in these shows were end of life issues (19% of all public policy interactions), patients’ rights (17%), social disparities in care (8%), HMOs (5%), biotech (5%), issues concerning social services (5%), and clinical trials (4%).

There were virtually no discussions of several notable health policy issues, including long-term care, the uninsured, prescription drug coverage, or non-HMO insurance issues.

The scenes on public policy issues rarely made an explicit link between the situation they were depicting and the broader policy debate: this connection was made only 8 out of 75 times (11%).

Overall, the shows did not tilt either for or against the status quo in their depictions of these public policy issues. About half (48%) of all the scenes presented both sides of the issue in an evenhanded manner. The rest were split between scenes that seemed, on balance, to come out against the status quo policy (26%) and those that appeared to favor current policy (26%).



Snapshot: From the *City of Angels* episode “Smoochas Gracias”

A young African girl brings her 12 year old sister to the hospital claiming that the girl fell off her bicycle. It quickly becomes apparent to the doctors that the girl has been circumcised. Although they all agree that female circumcision represents mutilation and is abhorrent, they argue about the proper way to handle the case. Doctors Palmer and Sifax insist that what they see is clearly child abuse and that by law they must inform social services. Dr. Stewart, who has spent many years in Africa, contends that calling social services will lead to the dire consequence of breaking up an otherwise strong family. He explains to his colleagues that in Somalia female circumcision is a sign of purity and that the parents who performed this operation on their daughter might be very caring and fit. In the end Dr. Palmer and Dr. Sifax win the argument, and officers from social services take both daughters from their parents, knocking the father to the ground in the hospital hallway and handcuffing and arresting him in front of his sobbing children.

Snapshot: From the *ER* Episode “Rampage”

An HIV-positive patient arrives at the hospital with a gun-shot wound to the stomach. He refuses treatment, declining to sign the consent form for surgery, explaining that he is ready to die. His viral load is rising and he believes he will most likely die within the year anyway; he has lost the people most important to him and has not spoken to his family in years. Dr. Finch agrees to let the patient die but Dr. Benton feels that by not performing the surgery they are helping Mr. Jeffries commit suicide. As a doctor, he feels uncomfortable allowing that to happen. Dr. Finch suggests that Dr. Benton get a court order if that is the way he feels, but otherwise they must respect the patient’s desire. When the patient loses consciousness, Dr. Benton gets another doctor to cosign the consent form for surgery, thereby bypassing both Dr. Finch and the patient’s wishes.



Snapshot: From the *Gideon's Crossing* episode "A Routine Case"

Maria Montoya, an Hispanic cleaning woman and the wife of one of Dr. Gideon's former patients, arrives at the hospital suffering from advanced leukemia. Her HMO physician had mistaken it for a routine case of asthma. Angered that the HMO physicians had never performed a blood test or a chest x-ray, Dr. Gideon gets even more annoyed when he can't reach Maria's doctor, Dr. Mathews, by phone. When he finally talks to Dr. Mathews in person, he responds that there are ten Maria Montoyas in his waiting room every day, and adds that the HMO will not reimburse Dr. Gideon for any future treatment of Maria because he is not one of their providers. When Dr. Gideon tries to convince his hospital administrator to care for Maria for free, he is told that the hospital cannot afford it. His administrator adds that in some ways a hospital like theirs can exist only because of HMOs that see ten patients an hour and take the burden off hospitals. Maria's condition worsens and it becomes clear that she will die. She sues the HMO for malpractice; at the deposition Dr. Gideon encounters Dr. Mathews who says defensively, "I am sorry your patient is going to die. It happens."

Snapshot: From the *Strong Medicine* episode "Drugstore Cowgirl"

Dr. Delgado asks Dee-Dee, an African-American ex-con who has sickle cell anemia, why she hasn't taken the medicine Dr. Delgado prescribed. The patient replies that her pharmacy doesn't carry the drug. Dr. Delgado visits the neighborhood pharmacy where she is told that Demerol and other drugs are simply too expensive for the mostly uninsured customers in the area. The pharmacist also suggests that local addicts may rob him if he carries such medications. Convinced by Dr. Delgado's promise that her hospital clinic will reimburse him for the drugs he carries, the pharmacist relents and agrees to carry the drugs. Dr. Delgado posts a sign at the clinic that his pharmacy now carries the drugs. As a result, the pharmacy is held up and the pharmacist is killed. The story ends even more unhappily—with the police suspecting Dee-Dee for the murder, and with the last pharmacy in the poor neighborhood closing down.



Conclusion

The findings demonstrate that television hospital shows do, in fact, regularly address health policy issues, although these issues are generally touched on briefly rather than probed in depth. The findings also suggest that these shows often go out of their way to emphasize the complexity of the issues they do focus on, avoiding easy answers. About half of all depictions offer a balanced presentation of both the “pro” and “con” sides of the policy debate, and the other half are evenly split between those that seem to come down in favor of the status quo and those that appear to come down against it.

Another feature of the shows' rather complex approach to issues is the typically "mixed" – not just positive or negative – mention of institutional players related to health care policy arguments. The exceptions are lawyers, insurance companies and HMOs – at least in the season of programming studied here, references to these players were more negative than positive.

Story lines that centered on health care policy arguments often underscored the ethical, legal and even organizational dilemmas involved. Physicians struggled with one another, and themselves, to find the best course of action. Answers were not obvious, and the plots seemed to purposefully want to challenge, even jar, viewers about such issues as needle exchange, patient confidentiality, malpractice, or the right of a desperately ill child to choose death instead of treatment. One likely take-home message for viewers is that health care policy arguments often do not lend themselves to easy solutions.

While these features of the program may have stimulated discussion among viewers, other aspects of the health care policy scenes may have worked against public knowledge and action. For example, the lower visibility of resource considerations compared to ethical dilemmas may underplay these issues in viewers' minds. In addition, characters hardly ever pointed out that their arguments were speaking to issues that resonate beyond their hospital to the larger, "real world." This factor could limit the influence of these shows on viewers' attitudes toward public policy issues.

At the same time, many of the biggest issues on the nation's health policy agenda were largely absent from TV's prime time hospital dramas: prescription drug coverage for the elderly, health care for the uninsured, or long term care.

Clearly, the primary mission of prime time hospital series, like virtually all of network TV, is commercial entertainment. Nevertheless, this study found that the programs' creators often draw on public policy debates for their stories and that characters in them become involved in intense health care policy arguments. For people concerned about health policy issues and the way U.S. mass media contribute to public thinking about them, this study is a clear signal that prime time hospital tales should be a topic of continuing discussion and analysis.



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