

History, Analysis and Anthropology of Medical Dramas: A Literature Review

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Abstract

The article is dedicated to American TV series that belong to the medical drama genre. The first part of the work is aimed at providing a brief summary of the evolution of the main features of the genre with respect to settings, protagonists and their representation in fictional products. We therefore want to trace the main transformations of the longest-running products among contemporary fictional shows, from the first medical series to the ones still running today. Through literature review, we will then highlight the undisputed interest that popular cultural products, such as medical dramas, have stimulated in researchers working in different fields. In particular, we want to note the attention researchers in the field of medical anthropology have devoted, and are still devoting to this day, *media studies*.

Keywords: Television series; Medical drama; Television genre; Medical anthropology; Medicine and health in fiction.

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1 Introduction

The drama genre is normally associated with fictional serial products that present dramatic themes and plots, characterized by strong emotional intensity. The category of the drama contains various sub-genres attributable to professional dramas (detective drama, crime drama, medical drama), which are very popular. Already in the Nineties, researchers reflected on the fact that

there has never been a time, until the last fifty years, when a majority of any population had regular and constant access to drama, and used this access. [...] it seems probable that in societies like Britain and the United States more drama is watched in a week or weekend, by the majority of viewers, than would have been watched in a year or in some cases a lifetime in any previous historical period (Williams 1992: 52).

What was predicted in the Nineties as far as the growth in popularity of dramas is concerned has developed into binge watching, that is the intensive consumption of serial products by the viewer, who has the possibility to watch many episodes or an entire series over a short period of time (Matrix 2014, Jenner 2017).

As part of the drama genre, American medical drama has gained strong value as one of the most followed and loved products by the audience. *E.R.* (NBC, 1994–2009), at the peak of its success (1998) attracted more than 47 million viewers per week (Carter 2009). Seventeen years later, in autumn 2015, the series premiere of *Code Black* (CBS, 2015–2018) was ranked first based on viewers and audience from 25 to 54 years of age (Dixon 2015), demonstrating the enormous success of the genre. One more proof of the continuous interest for this product is *Grey's Anatomy* (ABC, 2005–), which has now been confirmed for its sixteenth and seventeenth seasons, thus becoming the longest-running ABC prime time TV series, surpassing *The Adventures of Ozzie and Harriett* (ABC, 1952–1966). Considering its fourteenth season, *Grey's Anatomy* has become the first most watched ABC drama series among an audience aged from 18 to 49, it falls within the first five if we consider broadcast TV, and it holds the second place as far as the total audience is concerned, behind another medical drama, *The Good Doctor* (ABC, 2017–).¹ The audiences have a fundamental role in determining the success or the decline of the various genres that are exposed to fluctuations in their preferences (Penati 2017: 84), hence it is evident that medical drama has confirmed its success in the contemporary *mediascape* and has strengthened its role among TV series. Even though a number of medical series are not airing anymore, the accessibility via services like Netflix, which has recently reached 125 million subscribers (Fiegerman 2018), allows these products to still be available for a large audience. The undeniable success of the medical genre is solely attributable to television (Grignaffini 2004: 74), as neither radio, cinema nor literature have managed to effectively represent it, most probably because the specificity of the genre requires a visual experience where the use of technical medical terms are associated to the monstrative value. As a matter of fact, despite the existence of novels set in hospitals, they have never become material for a series (except the six books² that launched the character of Dr. Kildare in the Thirties).

To the television success of the medical genre and the curiosity of the many researchers, who have investigated and are still investigating this product, corresponds great interest by the suppliers of medical equipment who, through TV series, manage to promote their products and hence demonstrate the efficiency of product placement in fictional shows (Courbet 1999).

Given the central role of American medical drama this review is aimed at providing: i) historical background of audiovisual fictional products set in hospitals (medical dramas) in order to contextualize them and highlight their main developments, and ii) an overview on the numerous studies that have analysed said products, each with its own objectives and through different approaches, both on a national and international level and either from the point of view of the production or that of the audience. This review hence takes into consideration the current developments of research related to fictional medical dramas showing the rich scenario of topics and approaches: studies on genre and textuality (considering them both as a linguistic product and as part of the field of *media studies*), studies on melodramatic connotation, detailed analyses on moral, religious and racial

1. ABC 2017–18 Season Ratings, retrieved on June 2018 from <https://tvseriesfinale.com/tv-show/abc-2017-18-season-ratings/>.

2. The character of Dr. Kildare was the protagonist of the following books: *The Secret of Dr. Kildare*, *Calling Dr. Kildare*, *Young Dr. Kildare*, *Dr. Kildare Takes Charge*, *Dr. Kildare's Secret Romance*, *Dr. Kildare's Finest Hour*.

issues, gender studies, anthropological studies and other innovative research involving the use of qualitative models, social network analysis and artificial intelligence.

2 The evolution of medical dramas

The name *medical drama* derives from its formal and content characteristics: the first refer to the context the events are integrated in, that is the environment of the hospital, hence to the characterization of the protagonists and the characters (doctors, doctors in training, nurses, patients); the latter are related to the narrative register, that is — in this case — the narrative linked to the genre that refers to medical cases, professional relationships, and sentimental storylines involving the protagonists.

Medical dramas debuted on television in the Fifties, and among the earliest fictional shows launching this genre we find *City Hospital* (CBS, 1951–1953), *Medic* (NBC, 1954–1956) and *Dr. Kildare* (NBC, 1961–1966). Since the very beginning, medical dramas have relied on the realism used to depict the suffering patients, the staff and the environment of the hospital to attract the attention of the audience (Jacobs 2001: 24) “with the goal of sustaining mass market consumption of television programming” (Serrone et al. 2018: 2). *Medic* revolutionised the way medicine was conceived and described, as many episodes were filmed in actual hospitals and clinics, with real doctors and nurses starring as actors.³ The influence of medical TV series has been recognized since the very beginning, and in 1955 the American Medical Association (AMA) created a committee, the *Physicians’ Advisory Committee for Radio, Television and Motion Pictures*, with the aim of imposing control on the medical issues tackled by series (Turow 1996: 1241). Brembilla (2018: 36), by considering American television and going through the various genres appeared on TV during the television eras as theorized by Lotz (2014), highlights the fact that prime time network era (1950–1980 ca.) saw medical drama as one of its most prominent trends. The first serial products were characterized by fixed protagonists and standalone episodes with a structure that replicated classic cinema, where the main focus is on the protagonist-hero (e.g. *Dr. Kildare* or *Marcus Welby - Marcus Welby*, ABC: 1969–1976), able to act without failing and fixing the environment around them (Turow 2010). Hence, the first TV series — but also more recent products like *House M.D.* (Straumand and Goodier 2010, provide a thorough analysis of the main character) — presented an individual protagonism where the character becomes the key of the narrative/guide (De Berti 1984).

From the Eighties on, with *Hill Street Blues* (NBC, 1981–1987), television enters the Second Golden Age (Thompson 2006), that is a wave of innovation concerning TV series, both from the point of view of the narrative and the structure of the image (Innocenti and Pescatore 2008: 33), which also affects the medical genre. Besides the characterizing elements of this genre, medical products (and other products too) present peculiarities that trace an evolution of their narrative structure. With the Second Golden Age comes more narrative material (multistrand, Innocenti and Pescatore 2008: 33–4) and the introduction of storylines that find a conclusion within one episode, and others that expand on a longer period of time (on more episodes or the entire season or series). Turow (2010: 339) underlines how with the 1994 premieres of *E.R.* and *Chicago Hope* (CBS, 1994–2000) we entered a new era as far as medical dramas are concerned, where the focus of the narrative is on the life of doctors and nurses, portrayed as human beings and, as such, presenting positive and negative characteristics (a little preview of the trend tending towards a more collective narrative was the 1983 series *Trauma Center*, ABC, spin-off of *The Fall Guy*, ABC: 1981–1986). *E.R.* is the classical example of the so-called multistrand narrative structure (Innocenti and Pescatore 2008: 33–4): as for many other shows that came after it, the series tells the story of a group of nurses and doctors (ensemble cast) working in a university hospital where private and professional storylines involving medical staff and patients intertwine, allowing the series to tackle current issues and themes (abortion, euthanasia, cancer, etc.). This format allows the viewer to analyse the narrative from multiple points of view: on the one hand, it gives the opportunity to detach from the characters and, on the other, it allows the viewer to come into close contact with their existential dilemmas.⁴ Also *Grey’s Anatomy* presents ensemble cast, but here we find “at least one character impersonating the underlying

3. <https://web.archive.org/web/20090209172457/http://www.museum.tv/archives/etv/M/htmlM/medic/medic.htm>.

4. As for other entertainment products, medical dramas fictional shows are a “source of personal identification and value for consumers” (Hennig-Thurau and Houston 2019: 44).

thematic issue and its link to the topic of the series⁵ (Lusuardi 2010: 26–8). The mix between professional and sentimental storylines gives birth to multistrand narrative, where the audience becomes emotionally involved.

Medical dramas use new linguistic forms that determine a new narrative morphology, and continue with the trend introduced by *Medic*, which is the idea of showing what's real, in a period in history that sees the establishment of reality TV (Thompson 1996). As it happened for *E.R.*, realism goes with the experimentation of new stylistic techniques such as the *steadycam* (Innocenti and Pescatore 2008: 33–34), that allows a full immersion into the narrative, the use of medical jargon and the presence of actual doctors in the screenwriting teams, in order to make the narrative as accurate as possible but without giving up on entertainment (Baer 1996). *E.R.* “seems to be drawing interest from the audience in terms of realism” (Innocenti and Pescatore 2008: 33–4) and in terms of medical and professional details and knowledge.

Another element to be taken into consideration is how *E.R.* and the following medical dramas — such as *House M.D.* (Fox, 2004–2012), *Grey's Anatomy*, *Saving Hope* (CTV, 2012–2017), *Code Black* and *The Good Doctor* — are able to show new aspects of the medical profession by introducing a new figure of the doctor, which is the result of an evolution happened during the last sixty years regarding the representation both of the doctor on TV (Chory-Assad and Tamborini 2001, Quick 2009, Strauman and Goodier 2008, 2010) and of the relationship between patient and doctor. In more recent products we see a reduction in the representation of all-powerful doctors, as it happened instead for the first medical series: “[they] were often mean, unethical, incompetent, insubordinate, and sometimes even criminal” (Chory-Assad and Tamborini 2001: 514). When their infallibility aura is taken away, doctors become more human (just think of the autistic doctor in *The Good Doctor*) and are often criticized and torn between debatable moral and ethical choices. Heroism steps down, there is now more space for everyday fragilities, characters are shaped by their experiences and are no longer heroes gifted with predetermined virtues (Jullier and Laborde 2012). Medical dramas contributed to “humanize” professionals by presenting positive but also negative characteristics, by reducing the distance with the viewers, who are now able to “familiarize with a universe that up to now was foreign to them” (Cappi 2015: 128).

3 Medical drama under investigation

Research on American medical dramas has been carried out both on a national and international level: from studies regarding TV genres on, researchers focused on the different aspects that have sparked interest on these products. Starting from issues related to TV genre, necessary to contextualize the medical drama products, then the review focuses on a vast landscape of specific and different topics and approaches that have as protagonist medical drama TV series.

“Genre is the product of a negotiation involving producers, texts and audiences” (Innocenti 2013: 20). Altman (2004), when referring to the movie industry, elaborates an idea of genre that rather than being static, presents various characteristics that can be adjusted by the viewers. As for TV, genre systematization (Creeber 2001, Buonanno 2002, Grignaffini 2004, Penati 2017) is linked to the need to guide the audience through the universe of all the available products. In the movie industry, the idea of genre presents specific characteristics and nuances according to the users (audience, researchers or TV producers) and it is subject to hybridism (Newcomb 1984, Grignaffini 2016). According to Mittell (2001, 2004, 2017), genres “emerge [...] from the intertextual relations between multiple texts, resulting in a common category” (Mittell 2001: 6), hence why he considers genres as the result of cultural traditions where a strict definition for genre is not effective. While Jacobs (2003) studied the medical genre and its products from an esthetic point of view,⁶ Mittell underlines how these products “are positioned as more socially valued and intrinsically ‘better’ than soap operas by nearly anyone expressing an opinion” (Mittell 2004: 15). Much analysis has been conducted regarding the idea of quality TV, creativity and spreading of transmedia universes (McCabe/Akass 2007, Abbott 2010, Jenkins 2006): an example is the study by Hillary Robson who, in Abbott's book (2010) sees in medical drama *Grey's Anatomy*

5. All translate quotes from other languages are mine.

6. In his study concerning medical dramas, Jacobs (2003) identifies three development stages in the history of said genre, and defines them as “paternal,” “conflict” and “apocalyptic.” He then proceeds to analyse the differences in focus and in narrative structure, applied to both the narrative and the characters.

the representation of the “new cult audience: consumptive to its core, fans of the series are devout” (Robson 2010: 74).⁷

Grignaffini and Pozzato (2007) underline how semiotics should focus more on drama TV products, as they could be interesting for various reasons: their strong international character, the complexity of the formats and the social impact. Grasso (2007), by giving an overview on the history of American TV series, also deals with medical drama and believes the main focus not to be in the treatment process where the patient passively receives medical assistance, but instead in a related self-treatment. Considering specific studies on medical series, Glaviano (2008) focuses on *Grey's Anatomy* (e.g. genre, structure, theme and narrative techniques) in order to fix some basic parameters that have determined the success of the series (e.g. focusing on a specific portion of audience, secrets⁸ and dramatic irony of the viewer⁹). Braga (2008) analyses *E.R.* in terms of narrative structure, content, feelings and values. Taking into account analytical studies carried out on media products, many analysts (Dusi 2007, Freccero 2007, Bernardelli 2007) concentrated on *House M.D.* and reflected on the main character, on the logic behind the narrative (semiotic approach), and on the characteristics distinguishing it from other medical dramas, thus determining the reasons behind its success. Blitris (2007: 7) puts the series *House M.D.* to the philosophical test, believing that “philosophy shouldn't give up on anything, not even on TV.” Specifically, besides the epistemological and logical analysis on knowledge and on the mental processes linked to House, Blitris also questions the exceptionality of the “aesthetic figure” by identifying its factors, its ethical profile and by defining an hyper-ethical sense of duty which could be summarized with the idea of “saving the patients at all costs, even if it comes to killing them” (Blitris 2007: 38). Jacoby (2009) takes into consideration the emerging ethical issues by focusing on the characters and themes in *House M.D.* (for psychological and behavioural studies on the main character see Cascio and Martin 2011 and Pompilus 2011). Besides ethics, Jullier and Laborde (2012) analyse different processes (music, visuals, screenplay) that determined the success of *Grey's Anatomy*. Considering Italy, Palmieri (2015) analysed *The Knick* (Cinemax, 2014–2015), which he considers an “auteur” product. Hamad (2016) analyses the link between medical drama TV and the current crisis on the UK National Health Service. The heterogeneity of the mentioned analytical studies shows how medical TV series could raise interest from different points of view.

Lusuardi (2010) defines the specificities of the factors that make up the hospital narrative and tackles the fight against evil through experiences regarding death. It is clear that death is one of the main narrative devices (Eugeni 2015: 39) used by medical dramas to stage love and family issues. Nonetheless, Gibson (2007: 423) stresses how “the increasing production of death-related stories and images, and the concomitant widening of technological access and consumption, does not necessarily translate into a familiar acceptance or acknowledgement of mortality.” Melodramatic narrative (Brooks 1995, Dall'Asta 2009), which characterizes a lot of medical dramas (Jacobs 2003: 30), is defined as “an undisputed love story where someone dies. It doesn't matter who dies, it could be the good or the bad character: in melodrama what is essential is death, or a death threat” (Pezzotta 1992: 12). Melodrama creates a close link between *Eros* and *Thanatos*, where “the shadow of death” seems to stand for “radical and absolute separation, which appears to be innate in the nature of love” (Cardone 2012: 12). Nonetheless, unlike in the horror genre, death in medical dramas is not displayed through repugnant images (for general body portrayal on TV see Jacobs 2003, while for a specific study in medical dramas see Swanepoel 2012), rather death in melodrama is analysed through the effects (e.g. desperation, relief) on those who stay (Cardone 2012). Jullier and Laborde (2012: 17), when analyzing *Grey's Anatomy*, noted that to introduce the determination to take care of other people (and of oneself) among the priorities, Grey's firstly resorts to the main aim of melodrama, that is teaching the audience to fall. In this genre the worst is always yet to come, not to scare or depress us, but to convince us to give more importance to happy moments.

Adding up to the already mentioned authors who analysed, from multiple points of view, the ethical questions (Blitris 2007, Jacoby 2009, Jullier and Laborde 2012), Burkhead and Robson (2008) go deeper as for moral religious and racial issues in *Grey's Anatomy*. With regard to the racial matter, works by Washington (2012)

7. For a detailed focus on fans and fandoms see Burkhead and Robson (2008).

8. “*Grey's Anatomy* owes its success to Shonda Rhimes, its creator, and just like her, ABC had a specific target in mind: single women” (Glaviano 2008: 40–42).

9. “Dramatic irony is a powerful narrative instrument consisting in giving the audience a piece of information that is ignored by at least one of the characters of the story” (Glaviano 2008: 43–44).

and Jain and Slater (2013) examine the representation of interracial relationships between black and Asiatic characters in *E.R.* and *Grey's Anatomy*, and the portrayal of “graduates in Asiatic and international medicine.” Researches by Warner (2015) and Long (2011) study blindcasting — a technique adopted by Shonda Rhimes which consists in not writing the race of the characters on the script, considered to be an important step forward towards equality among actors — by also analyzing the previous cases in the history of the medical genre. Moreover, we can also add a work by Cramer (2016) which defines as postracial the rhetoric presented in *Grey's Anatomy* (Ono 2011).

In gender studies,¹⁰ Philips (2000: 50) has underlined the evolution in portraying doctors who, in the first medical dramas, were always men (“early television hospital dramas established the doctor as a male hero and ideal citizen, and relegated women to the roles of the supportive nurse or grateful patient”), while in more recent products like *Grey's Anatomy*, both men and women are depicted as heroes and heroines (Burkhead and Robson 2008, Long 2011). However, Jain and Slater (2013) note that the presence of women is inferior to that of men if we consider interaction with patients. Roshetko (2016) analysed how feminism influenced Shonda Rhimes and the incidence of feminist concepts in her products. Kuorikoski (2010) underlines the importance of the introduction of a lesbian relationship in the storyline of *Grey's Anatomy* in an LGBTQ perspective (practically ignored by the media up the Nineties). Levine (2013: 146) highlights, however, that *Grey's Anatomy* doesn't “present a perfect feminist picture, but it does provide a fantasy of a world truly changed by feminism - a welcome relief in a reality that too often fails to live up to such promise.” Whybrew (2015) studied the problem of medicalization of intersexual characters and their representation in north American medical dramas, particularly in *Saving Hope* (season 2, ep. 9 “*Vamonos*”). The analysis shows that even if this product, unlike the previous ones, does not present discriminatory terms and does not establish a clear relationship between intersexuality and illness, is to be considered “an example of high het entertainment” as “*Vamonos*” “perpetuates gender binarism and the belief that sex determines gender, and additionally misrepresents the history of the medical treatment of intersex children” (Whybrew 2015: 5).

The analysis of the content and the interdisciplinary approach of cultural studies are the methodologic basis for the work of Rossmann (2003), who compares German, British and American medical dramas with the aim of showing the social implications and the ideology behind the series.

Another study approach is media anthropology, born in 1986 after a discussion that saw mass media and TV series studies as a taboo (Cappi 2015: 38–41). Thanks to the popularity of medical dramas, questions started rising “regarding the relationship between these programmes and their social impact, or better, regarding their fruition by professionals and amateurs of the medical field” (Cappi 2015: 57). This genre owes its success both to the subject (Turow 1989, Ostherr 2013), to the influence on the education of professionals and students (Lait 1987, O'Connor 1998, Mikulencak 1995, Czarny et al. 2008, Williams et al. 2015, Hoffman et al. 2017a), and to the debate it creates regarding ethical issues (Beca and Salas 2004, Wicclair 2008, Williams et al. 2015). Many researchers (Arkin 1990, Giddens 1991, Meyrowitz 1993, Pfau et al. 1995, Comelles and Brigidi 2014) highlight how entertainment products are very effective in giving people an idea on the functioning of certain institutions. Brown and Walsh-Childers (2002) underline how entertainment narratives are perceived with less suspicion in comparison with other more persuasive means of communication thanks to the engagement with characters and storylines (Gauthier 1999, Murphy et al. 2011). However, TV producers, doctors and health experts confirm that despite the fictional nature of medical dramas, they have an actual impact on the perception of medical assistance both from the point of view of the general public (Pfau et al. 1995, Truthaboutnursing 2007, Primack et al. 2012, Muusses et al. 2012, Chung 2014, Hoffman et al. 2017b, Witzel et al. 2018) and that of health professional students (Baer 1996, Weaver et al. 2014, Hoffman et al. 2017a). Taking into account the perception of the narrative, Meyrowitz (1993) reports that *Dr. Kildare* (and not the actor interpreting him) received letters from people asking him for medical advice. Fanchi and Perego (1995: 147) note that “the level of engagement whilst watching the show determines a continuity between TV and one's own life.” Considering the perception of illness, researchers highlighted how medical dramas create erroneous expectations for patients with cardiac conditions (and their families) (Primack et al. 2012) waiting for surgery (Witzel 2018).

Discussing about educational aspects, in the field of studies related to information available to the public regard-

10. For gender studies see Pravadelli (2006).

ing health, Bucchi (2001)¹¹ pinpoints an additional category to the existing ones (health and medical education and reporting), that is fiction (and all the products where medical settings and information are used in a narrative context). As an indirect means of information, it should not have educational purposes but contribute to “shape conceptions, representations and stereotypes through which public debate on health-related themes is later sparked” (Bucchi 2001: 89). Davin (2003: 674), through a comparison between American dramas and documentaries hypothesizes that the first could be more efficient from an educational point of view, “because they reach massive audiences, they are ‘easy to take’ and they allow identification and repetition which enhance learning.” Hirt et al. (2013), by analyzing 177 episodes of eight different medical dramas, pinpointed differences between series like *E.R.* and *Scrubs* (NBC, 2001–2008, ABC, 2009–2010), which are more likely to teach something about the medical profession,¹² and *House M.D.* and *Grey’s Anatomy*, considered more useful in terms of team work and ethics. From an educational point of view, medical dramas, both in a leisure and in a professional perspective, can have positive and negative aspects (Gauthier 1999, Brindley and Needham 2009, Dahms et al. 2014, Williams et al. 2015). Among the positive aspects (in terms of knowledge, perception and/or behaviour), Hoffman et al. (2017: 215) underline how “fictional medical television programs may represent an untapped resource that can serve as teaching tools for students and medical professionals.” When reflecting on the potential development of unrealistic expectations regarding the role and the responsibilities of the doctor, Hoffman et al. (2017: 14)¹³ suggest that “it may be valuable for medical and public health professionals to work with fictional medical television writers, producers and directors to ensure that programs are as accurate as possible while maintaining their entertainment value.” Research related to media reception and to the perception of the relationship with healthcare and illness (see above) has highlighted how medical series — by influencing education, expectations and evaluations of the patients — have caused effects on the relationship between doctor and patient (Street 2003, Quick 2009, Cho et al. 2011, Stinson and Heischmidt 2012, Branea and Guguianu 2013, Cappi 2015). Said relationship is influenced by multiple factors and contexts (media, organization, culture and politics),¹⁴ and literature has examined TV representation of doctors and its consequent impact on the patient (Volgy and Schwarz 1980, Turow and Coe 1985, Turow 1989, 1996, Pfau et al. 1995, Chory-Assad and Tamborini 2001). Quick (2009), for example, by applying the cultivation theory,¹⁵ has demonstrated how the “heavy viewers” of *Grey’s Anatomy* perceive the show as reliable and their impression is that doctors in real life are as courageous as those depicted in the series. Fadenbrecht (2015) highlights that the more parasocial interaction (Horton and Wohl 1956) there is with TV characters, the higher the level of expectations in terms of empathy of the doctor. Studies noted that on the one hand, patients-audience benefited from these audiovisual products (Goldman 2015) because they helped raise awareness on the subject, inform on specific terminology and develop a critical approach towards the medical practice, but there are also some risks (Belle-Fortune 2005, Kennedy and Wilson-Genderson 2011). There is in fact a gap between what happens in real life and fiction created by medical dramas (Gauthier 1999, Diem et al. 1996, Ye and Ward 2010, Moeller et al. 2011, Primack et al. 2012, Jain and Slater 2013, Williams et al. 2015). Considering, for example, actual statistics, patients described in TV series are younger and are more likely to be subjects of injuries rather than chronic diseases (Ye and Ward 2010, Primack et al. 2012). Narrative regarding modern medicine is therefore often considered too distant from reality and too optimistic (Diem et al. 1996, Karp 2014, Portanova et al. 2015). Among the various issues we also find those raised by Branes and Guguianu (2013: 51) related to the high number of romantic and sexual relationships portrayed in medical dramas: “this may cause at one point an increase in the disbelief related to the doctors capacity to prioritize medical act in disadvantage of love and friendship relationships in the working environment — the hospital.”

Medical dramas can also be analysed from the point of view of TV textuality seen as a linguistic product,

11. Bucchi refers to the specification proposed by Peters (1994).

12. On the educational issue see also Beca and Salas 2004, Wicclair 2008, Arawi 2010, Williams et al. 2015.

13. In their study, Hoffman et al. 2017b show how the most commonly considered shows for this kind of studies are *E.R.* (73%), *Grey’s Anatomy* (58%) and *House M.D.* (37%).

14. Street (2003) proposes an ecological model as a framework to determine the influence and the role of various factors acting in medical communication.

15. Cultivation theory suggests that being exposed to media, and in particular to television, influences the viewers’ perception of reality (Gerbner et al. 2002). According to said theory, heavy television viewers, in time, mistake social reality with TV reality: these effects may be more widespread within the medical domain, having the viewers a poorer knowledge of the subject.

considering — for example — the analysis carried out on the Italian language in the dubbing of *E.R.* (Alfieri et al. 2003), the use of a subcode and scientific terminology related to medicine in *House M.D.* (Aprile and De Fazio 2010) and the text analysis on *Grey's Anatomy* by Burkhead and Robson (2008). *Grey's Anatomy* was described by Ghobain (2016: 3) as “an authentic source of medical English and English for medical purposes (EMP),” who suggests using it as study material for medicine students.

Medical TV series are currently investigated through the paradigm of narrative ecosystems (Innocenti and Pescatore 2012, 2018, Pescatore et al. 2014, Pescatore 2018) in order to reconstruct their evolution through the use of dynamic modelling (with a qualitative tool derives from ecology) which connects narrative-textual, production and consumption dynamics (Pescatore and Rocchi 2018). Among other recent and innovative studies regarding medical dramas we find the work of Hoffman et al. (2018), who recognizes the pivotal role of Twitter as far as TV is concerned (Casey 2016), particularly when it comes to television dramas (Nielson 2015). They have collected and analysed tweets regarding *Code Black* and suggested the use of Twitter as a potential means of expanding the impact of the show and guiding it towards discussions regarding real life. Among the most curious studies, we find investigations that use transformations of social relationships in medical dramas to create stories through artificial intelligence (Porteous et al. 2013, 2015).

4 Conclusions

In going through the story of medical dramas we have outlined the main historical developments happened within the genre in terms of: (i) transition from individual protagonism to ensemble cast, hence to a multistrand narration; (ii) mitigation of the character of the doctor-hero; (iii) exponentially growing interest in realism of shows set in hospitals. We have also seen thanks to the literature review how American medical dramas have been investigated through several perspectives and approaches and have drawn the interest of researchers belonging to different fields. There is a prominent abundance of works that are external to media studies, as most of the bibliography on the subject can be found in the field of media anthropology. It emerges also a lack of analytical studies on fictional medical dramas that can be due to the overlapping of most recent series (from *E.R.* on) with quality television, which has polarized the attention of researchers on media studies. We nonetheless believe that it is necessary to shed light on medical dramas, as they are a very interesting topic of research under multiple aspects.

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Television Serials

E.R. (NBC, 1994–2009)

Code Black (CBS, 2015–2018)

Grey's Anatomy (ABC, 2005–)

The Adventures of Ozzie and Harriett (ABC, 1952–1966)

The Good Doctor (ABC, 2017–)

City Hospital (CBS, 1951–1953)

Medic (NBC, 1954–1956)

Dr. Kildare (NBC, 1961–1966)

Hill Street Blues (NBC, 1981–1987)

Marcus Welby (ABC, 1969–1976)

Chicago Hope (CBS, 1994–2000)

Trauma Center (ABC, 1983)

The fall Guy (ABC, 1981–1986)

House M.D. (Fox, 2004–2012)

Saving Hope (CTV, 2012–2017)

The Knick (Cinemax, 2014–2015)

Scrubs (NBC, 2001–2008; ABC, 2009–2010)