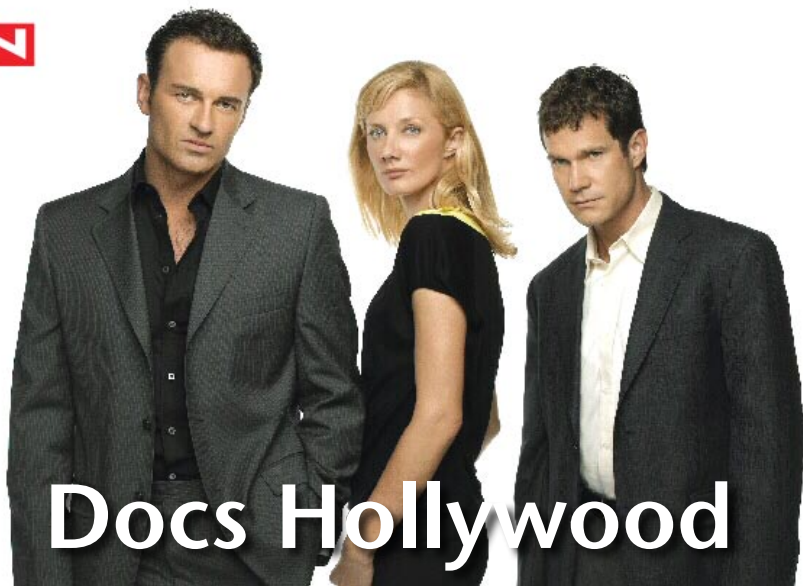


By Dr Oh Jen Jen, Editorial Board Member



Docs Hollywood

Nip/Tuck (Photo Courtesy of AXN).

What constitutes the recipe for a successful medical TV series? What differentiates the ratings champions from the wannabes, the multiple Emmy Award winners from one which got canned after just three episodes?

Take *3 Lbs*. This brand new drama just aired its pilot in the United States last November, but went on “indefinite hiatus” less than a month later due to poor viewership (if you consider eight million a week poor).

I knew this before tuning in, but found myself enjoying the antics of Dr Douglas Hanson (played by the ever-reliable Stanley Tucci), your typical brilliant but acerbic world-class neurosurgeon who “won’t hold your hand” because “he doesn’t know how”, yet demonstrates occasional moments of fuzzy-wuzzy kindness (but mostly when the patient is unconscious or plugged into an iPod).

Contrast this with his new colleague, fresh-faced and boyish Jonathan Seger (Mark Feuerstein), whose regular verbal tussles with

Hanson about proper bedside manners and “getting to know the souls of the people whose heads I’m cutting into” easily help occupy half of the show’s designated 40-minute running time.

Throw in a string of interesting cases – for example, a young violinist with an astrocytoma whose aphasia triggers dreams of words fluttering off a ceiling – some cool neurosurgical procedures (an awake craniotomy! fMRIs! brain mapping!) and lots of medical spiel about gliomas and astereognosis and Broca’s area, and one would expect a guaranteed hit, right? Perhaps not. My favourable opinion of the show plummeted during the follow-up episode, when the writers’ over-eagerness to develop the characters fell flat on its face. Hanson’s demeanour suddenly became almost pleasant, while self-proclaimed moral compass Seger opted for an ill-advised two-timing fling with a patient’s lawyer (a really ugly one too).

My sympathy lies solely with Tucci, a fine actor who deserves better.

Returning series *Nip/Tuck*, on the other hand, has learned the fine art of shocking audiences but also winning their empathy and support in the process. Quintessential bad boy plastic surgeon Christian Troy showed a soft, sensitive side in Season 2 by nurturing a baby who clearly was not his, and now takes it further in Season 3, with a planned marriage to an ex-girlfriend who once tried to kill him. Good guy Sean McNamara, however, battles entire armies of personal demons, enduring a bitter divorce and his son’s mental meltdown, before quitting his practice to work for the Federal Witness Protection Programme, later becoming involved with a



Dr Oh Jen Jen is a Registrar with the Singapore General Hospital’s A&E. A TV and film addict, she also vents through writing.



3 Lbs (Photo Courtesy of Hallmark Channel).

Mafia informant who is not what she seems.

If this does not make your head spin, I do not know what will. Amazingly, however, the depressing melodrama works, thanks to an excellent writing team (creator Ryan Murphy also directs the equally dark indie film *Running with Scissors*). But the secret to the show's success may be something as simple as patience. Season 1 took its time developing each character, with few surprises to confuse viewers. Once they got us invested, the emotional acrobatics began. But by then we were hooked, and they knew it.

Now we come to the cr me de la cr me of the medical TV series crop. *ER* took the world by storm when it hit the small screen more than a decade ago (back when I was still an idealistic M1), monopolising the top spot on the ratings chart for an eternity before being bested by *CSI* only a few years ago. And it is easy to see why.

Reruns from Season 1 started on local cable 1 January this year, and the experience has been nothing short of exhilarating. I remember very little of the plots, but the characters are legendary – stoic chief resident Mark Green, ladies' man paediatrician Doug Ross, husky-voiced Susan Lewis, hot-headed surgeon Peter Benton, baby-faced M3 John Carter, to name a few.

40 episodes (that is, two complete seasons) have aired these past couple of months, with a mind-boggling array of cases, fascinating personalities, cool procedures, unadulterated heroism, administrative / medico-legal nightmares, and one episode with such perfect comic timing I laughed till my sides hurt.

From a recent installment highlighting the many wackos who show up at the ER during the full moon, to the harrowing death of a young mother secondary to eclampsia and placental abruption, to the difficulties faced by Lewis when a bullying cardiologist fingers her after a patient she consulted him about dies (after *he* approved the discharge), the adrenaline rush never ends.

I have often been asked whether this series inspired me to choose emergency medicine as a career. Sorry to disappoint, but the answer is no. I credit great tutors and a life-changing rotation with helping me make this important decision, though I have faced the occasional moment of uncertainty, since life in the ER is brutally tough, not to mention thankless.

While most medical dramas devote entire episodes to patient-doctor relationships to drum up the tissue paper count, *ER* succeeds within mere minutes. It stays true to the frenetic pace of the emergency room, rolling in casualties like a manufacturing plant, zooming back and forth



Scenes from *ER* (Photos courtesy of Hallmark Channel).

between multiple resuscitations, hardly stopping for a breath before the next case comes crashing through the well-worn doors.

Hence my amazement at the deft juggling act, as moments of full-throttle tense action alternate smoothly with quiet scenes – dying patients saying their last farewells, a grieving husband clutching his newborn son as the doctor informs him of his wife's death, and team members offering words of support when one of their own faces severe difficulty.

As a medical student, I latched onto the complex jargon with immense glee. 10 years later, I find myself riveted by the emotional and administrative elements. A psychiatrist on the show states he finds himself "searching for reasons not to hate my patients", prompting memories of every single drunk / addict / FON patient or relative I have had to endure. Mark Green's advice to Susan Lewis about not "backing down" and being a "strong patient advocate" when handling a nasty cardiologist helps me

feel better as I recall the occasions when I too had to override another specialist's decision in the interest of patient safety. And the incident involving the eclamptic young woman is a worthy case study for everyone (not just ER physicians), being the perfect example of how good intentions can go horribly awry, no matter how experienced or self-confident the attending doctor may be.

I personally feel *ER* teaches lessons much more valuable than what our medical school education can ever hope to convey. Perhaps the academia can consider regular screenings as part

of the ongoing curriculum, to illustrate pertinent teaching points and prepare our young students for the many challenges that lie ahead.

ER airs daily on weekdays, 8pm, Hallmark Channel 17.

Nip/Tuck Season 3 airs every Monday night, 10:30pm on Mediacorp Channel 5. Season 2 reruns are available on cable's AXN Channel 19, Mondays at 11pm.

3 Lbs aired on the Hallmark Channel in February, but episodes can be downloaded from the internet. ■