



SCRIPTDOCTOR: MEDICINE IN THE MEDIA

How Real Is (Health) Reality TV?

By Andrew Holtz, MPH

How real is reality TV? "Not too real." That's the frank assessment of Oscar-winning documentary and reality TV producer Susan Hadary.

There's a reason for that, she explained. "Reality is not too exciting, you know. A medical procedure takes a long time. The patient may not be the most charismatic patient. We are searching for elements that are, I don't want to say sensational, but highly engaging to an audience. So we have to find cases that are extraordinary."

"Don't bother trying to merely reveal a new perspective on a common health challenge. Find something new. Something extreme."

In recent years, Hadary has produced several shows and series for Discovery, Discovery Health, and TLC. In 2000, she and her videographer, William Whiteford, won an Academy Award for their short subject documentary *King Gimp*. The project itself was anything but short. Hadary and Whiteford began following Dan Keplinger, who has cerebral palsy, when he was 12 years old. They stayed with him through his college graduation—13 years in all.

Astoundingly long-term and comprehensive profiles of people facing health challenges were their hallmark. I met Hadary and Whiteford in the early 1990s. We were both winners of an award for programs on Alzheimer's disease. Mine was a CNN special that took a couple of months to assemble. Their film, *Grace*, followed a woman with Alzheimer's through her seven-year journey from diagnosis to death.

But even as their filmmaking virtuosity was recognized by "Oscar," Hadary and Whiteford had to adapt to changes in the TV market. Public television projects and the occasional HBO deal gave way to series assignments from cable TV networks. The Discovery, Discovery Health, and TLC channels are all part of Discovery Communications, which bills itself as "the number-one nonfiction media company," with more than 100 net-

works in 170 countries.

When working with public TV, Hadary and Whiteford would come up with an idea for a program. Then they would make a deal with Maryland Public Television to offer the finished product to public TV stations across the countries. (Note: unlike the commercial networks, PBS is really a sort of co-op arrangement of independent public broadcasting operations, each deciding whether and when to air shows offered up by PBS and other sources.) In this acquisition model, the client generally just accepted or declined a program, without much, if any, input into the content or style.

How Things Have Changed!

Oh, how things have changed. Instead of programs springing from the minds of filmmakers, now they are more often crafted by network marketing departments. (A look at the filmography of Hadary and Whiteford illustrates how their work changed as the market changed—See box.)

"It used to be that you'd pitch an

Second of a three-part series

idea and they'd go, 'Awesome! We want it.' Now it's, 'These are our programming streams and this is where we need programming and your idea doesn't fit into what our focus groups are now telling us people want to watch,' Hadary says.

"They choose what they think their audiences would like to see. And right now the demographics are 18-to-40 year olds, and Discovery is heavy into the males, TLC is heavy into the females. So they are very specific in what they are looking for," she says. "You can produce anything you want, but right now no one's going to put it on the air."

What do they want to put on the air?

"If I had someone with a 2,000 pound tumor, I could sell it," she says.

The stranger, the better. Don't bother trying to merely reveal a new perspective on a common health challenge. Find something new. Something extreme.

"A procedure that's never, ever been done before and who's going to



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revolutionize medicine. A person who's only going to survive with an extraordinary procedure that only one doctor has ever done before. These are the things on the outer limits of medicine that also have an emotional component to them," Hadary says.

Hadary tries to find ways to match market demand with her interests as a filmmaker.

"My goal is to do educational programming...with a sufficient entertainment factor so that people will watch it. Because if they don't watch it, then you aren't teaching anybody."

While reality shows have to entertain viewers, just like dramas and comedies, they don't just make stuff up.

"We do show, if someone has a brain injury, we actually show if they are in a coma, how long they are in a coma for, the different things that are tried, what sort of interventions are possible, why brain injury is different than other kinds of injury. So you do get that watching our shows. You do get information."

"The reality is the reality. The person had this happen to them. But you select A over B.

What You Don't See

While each event seen on reality shows did happen and the medical facts are checked, the results are not merely a summary of everything the camera recorded. The selection process, which stories and elements to focus on and which to omit, is what separates reality TV from reality.

"Say for example we had a young girl who was a ballet dancer who came into Shock Trauma [the trauma center at the University of Maryland Medical Center in Baltimore] and she was a beautiful young lady. Her parents were devastated and she was devastated. She

(continued on page 63)

Hadary-Whiteford Productions

HBO

- **Bong & Donnell**
Arthropoyosis
- **King Gimp**
Cerebral Palsy
- **Love Josh**
Overcoming loss and bereavement

Maryland Public TV

- **Grace**
Alzheimer's Disease
- **Dominick and Margaret**
Older people with disabilities living independently
- **The Wilson Crisis**
Stroke rehabilitation
- **Marge and Walter**
Caregivers
- **Miss Nora's Store**
Rural health care
- **Rachael being 5**
Cerebral Palsy
- **Shakisha and Friends**
Spina Bifida
- **Sara's Graduation**
Cerebral Palsy

Discovery Networks

- **Transplant**
- **Critical Incident**
The streets of Baltimore turn deadly, leaving the trauma staff to deal with gunshot wounds and stab-bings.
- **Med School**
Follow four young people, each in a different year of their medical studies, and see the emotional struggles and personal crises they go through as well as the sheer hard work and strength of personality required to enter this most demanding of professions.
- **The Critical Hour**
16-episode series for Discovery produced in 2004-2006, features care provided by the R Adams Cowley Shock Trauma Center.

continued from page 60

had been in a car crash and there was a possibility that she wouldn't dance again."

The scenario is one that Hadary witnessed while shooting a Discovery show. "As soon as you hear that story, you know you have viewers."

It's not really the medicine or even the injury that makes the show; it's the people and their stories. The young ballet dancer's story makes the cut. Other people, just as seriously hurt, are left out.

"Someone else could sustain the same injury, but we're creating, I don't want to say medical entertainment, but the medical realities that we pick for inclusion in our stories have to hold the audience."

And every patient, every scene that is selected for air, must fit within a focus-group-tested format.

"It depends on whether your client wants to look at one type of injury; sports injuries in one show, brain trauma in another show, or if they want to mix and match. And they give you those kinds of indications; say, only violence-related injuries, those kinds of guidelines."

Format Determines Content

Format determines content. When an article in the New England Journal of Medicine criticized the unrealistically high success rate of cardiopulmonary resuscitation on medical TV shows, ER producer and writer Neal Baer, MD, wrote that, of course, the shows, even those based on real cases, present a skewed view of health care reality. "Rescue 911... is not, after all, called Death 911," he wrote.

Rescue 911 is long gone from the airwaves, but the same remark could fit current reality shows: "How Surgery Saved My Life" isn't going to mention cases of patients dying in the OR. So even if camera crews are ready to roll on every case coming through the door outcomes matter when the video gets to the edit bay,

"Yes. You can't have everyone dying in the show."

That would be a downer, much too likely to activate the itchy remote control trigger fingers of viewers who have an unprecedented variety of entertainment options at hand.

Despite a track record of producing shows for Discovery, right now Hadary doesn't have an assignment with the network. Discovery Health has curtailed production of almost all its original medical programming for cable TV, while it beefs up its continuing medical education offerings.

After living through huge changes in the market for health and medical nonfiction television shows, Hadary admits she doesn't know where viewer tastes, as captured by market researchers, are leading the reality TV business.

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR PROCRIT™ IN THE TREATMENT OF ANEMIA IN CANCER PATIENTS ON CHEMOTHERAPY

PROCRIT™ (EPOETIN BETA) FOR INJECTION

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE APPROVED AND/OR OFFICE REFERENCE

INDICATIONS AND USAGE: PROCRIT is indicated for the treatment of anemia in patients with nonmyeloid malignancies who are unable to tolerate or who have failed to respond to oral iron therapy. PROCRIT is indicated for the treatment of anemia in patients with myeloid malignancies who are unable to tolerate or who have failed to respond to oral iron therapy. PROCRIT is indicated for the treatment of anemia in patients with nonmyeloid malignancies who are unable to tolerate or who have failed to respond to oral iron therapy. PROCRIT is indicated for the treatment of anemia in patients with myeloid malignancies who are unable to tolerate or who have failed to respond to oral iron therapy.

and all other deaths were associated with thrombotic events. PRO are not approved for the treatment of anemia in patients with myeloid malignancies. PROCRIT is indicated for the treatment of anemia in patients with nonmyeloid malignancies who are unable to tolerate or who have failed to respond to oral iron therapy.

The PROCRIT study was a randomized, controlled study of 251 patients with anemia who were unable to tolerate or who have failed to respond to oral iron therapy. The study was conducted in 222 patients with primary myeloid malignancies who were unable to tolerate or who have failed to respond to oral iron therapy.

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Patients who received PROCRIT had a higher rate of thrombotic events compared to patients who received placebo. The rate of thrombotic events was higher in patients who received PROCRIT than in patients who received placebo.

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