



SCRIPT DOCTOR: MEDICINE IN THE MEDIA

It's Only Television

By Andrew Holtz, MPH

Why should we care how medicine is depicted on TV? Aside from personal pique at the video caricatures of your profession, isn't it all a bit like obsessing over whether Star Trek warp drive is really possible?

Not if the actors who play doctors on TV affect what real viewers believe—and do—about their own health and medical decisions; and indeed, it appears that the membrane separating reality from fiction in the minds of TV viewers is leaky.

In my last column (2/25/07 issue), I wrote about an episode of *ER* that played a role in the successful lobbying effort to boost federal funding of



Andrew Holtz, MPH, is a former CNN Medical Correspondent and the author of "The Medical Science of House, M.D." This column examines mass media programs, particularly entertainment TV, for insight into popular perceptions, so that rather than merely wincing at distortions or oversimplifications in the portrayals of medicine on these shows, health care professionals can learn something from media professionals about the way that medical and health topics are presented. Send questions to him about how the media treat medical topics or suggestions for future columns to OT@lwjny.com

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patient navigator programs. Harold Freeman, MD, who pioneered patient navigators at Harlem Hospital, brought the concept to the attention of *ER* writers. He told them that patient navigators were effective at working with some cancer patients who didn't relate well to health care professionals. As an example, he told the writers about patients who had resisted the treatment advice of oncologists because they believed that cancer surgery actually causes cancer to spread.

Dr. Freeman, President and Medical Director of the Ralph Lauren Center for Cancer Care and Prevention and Senior Advisor to the NCI Director, and a member of *OT's* Editorial Board, applauded the *ER* storyline that incorporated both the challenge of cancer myths and the solution of patient navigators.

"I think they made the point very clearly that there are people who delay essential treatment because of mytho-

logical beliefs, and that was a very educational episode," he said. "I think they have a powerful tool."

Michael Miller, an NCI press officer, regularly works with TV writers and producers. He sees special value in dramatic portrayals of health and medical concepts, such as the *ER* storyline on patient navigators.

"You see it dramatized. You see this woman coming into the *ER* and then how they find a patient navigator to work with her, after failing with some other methods that are fairly typical in a hospital. I think the folks involved with the program got a better understanding of ways in which to try to communicate what their program is about to the public," Miller says.

Vicky Rideout, at the Kaiser Family Foundation, echoes these endorsements of the influence of entertainment television.

"Television consumes so much of people's time, and so many of the

shows are either directly on health or reality shows on health or are modeling behaviors that impact health, that it is a hugely important medium," Rideout says.

She isn't expressing just her beliefs or personal observations. She's got data, including national surveys of 3,500 regular viewers of *ER* that were done before and after shows that contained specific medical information. One show included a brief subplot about a woman seeking emergency contraception and the other briefly mentioned that a patient's cervical cancer might be linked to sexual transmission of human papillomavirus (HPV).

In both surveys, awareness jumped a week after the episodes aired, although it subsided over time.

As far as the overall influence of the show, the researchers reported that about a third of viewers said that they had gotten information from the series that helped them make choices about health care; and about one in seven contacted a health care professional because of something that was on *ER*.

"Both the emergency contraception and HPV storylines got very similar results. I would love to do it with another show and get further reinforcement, but it just increases my confidence in the findings that it happens with two different storylines," Rideout says. She says the effect of a one-minute discussion of the link between HPV and cancer was remarkable:

"That's a pretty powerful one. It's more than people just telling you in general that they learned something. They actually can tell you what HPV is, when they couldn't the week before."

Amenorrhea

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hormone receptor-positive patients can reduce risk of recurrence."

Endocrine therapy is not used in lieu of chemotherapy in the United States, as it may be in other parts of the world, Dr. Gradishar noted. Also, CMF is not typically used to treat breast cancer in the United States; more commonly, anthracycline-cyclophosphamide (AC) with or without a taxane is used.

"It is a stretch to extrapolate the data on CMF to regimens we use. We don't know if results would be the same with AC or a taxane."

It is also not clear whether very low-risk patients with hormone receptor-positive breast cancer need chemotherapy in addition to anti-hormonal therapy. "In a young patient with hormone receptor-positive breast cancer

who refuses chemotherapy and whose overriding concern is fertility, we would recommend anti-hormonal therapy for five years. It is open to debate whether to add an aromatase inhibitor after that," he said.

"We may be better able to select patients now [for chemotherapy and anti-hormonal therapy] using gene profiles or the *Oncotype DX* test." If a woman has a low risk of recurrence at 10 years, as reflected by clinical features or *Oncotype DX*, she could receive anti-hormonal therapy alone.

Additional Ovarian Suppression

Ongoing trials looking at other drugs should provide additional data on ovarian suppression in patients with breast cancer. Additional ovarian suppression might be advisable for premenopausal women who continue to

menstruate during chemotherapy, Dr. Gnant suggested during the question-and-answer session following his presentation.

Study results do not necessarily support this strategy, though, and it may not be acceptable to younger women who may want to become pregnant later, he added.

Studies of ovarian suppression have been attempted in the United States but failed to accrue a sufficient number of patients, Dr. Gradishar said.

"The discussion about additional ovarian suppression beyond tamoxifen is complicated because of the number of pluses and minuses. The question of whether additional ovarian suppression is needed in a woman who menstruates during chemotherapy or in a high-risk patient with hormone-responsive tumors treated with chemotherapy is being studied in ongoing clinical trials." 

Hollywood, Health & Society Program at USC Monitors Effects of TV

The effects of entertainment television are monitored also by the Hollywood, Health & Society (HH&S) program at USC Annenberg's Norman Lear Center in Los Angeles, in part to justify the funding the program gets from the NCI, CDC, the Agency for Healthcare Research & Quality, and other agencies.

"What would be the value of that television program if you bought it yourself, or if you tried to purchase a PSA [public service ad] or an ad?" is one question that the NCI's Michael Miller asks when he evaluates their Hollywood outreach efforts. "For the \$350,000 [NCI] investment, the return is in the tens of millions of dollars," he said. "You can look at the Nielsen [rat-

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