



SCRIPTDOCTOR: MEDICINE IN THE MEDIA

A Hollywood House Call

By Andrew Holtz, MPH

Here's where stories are born, in a delivery room with eight charcoal Herman Miller chairs around a worn table. The whiteboards that line two walls are filled with a medical history...of a sort. The notes outline key plot points in episodes of the TV show *ER*.

On this day, the *ER* writers, who spin entertaining medical fictions, have visitors from the real world of health and medicine, including a big gun from the Centers for Disease Control and Prevention. Mitchell L. Cohen, MD, Director of the CDC's Coordinating Center for Infectious Diseases, takes one of the chairs, across from two of his CDC colleagues. Also with them is Vicki Beck, MS, Director of the Hollywood, Health & Society (HH&S) program at USC Annenberg's Norman Lear Center.

Before the meeting begins, the quartet gobble quick bites from their sandwiches. There hasn't been time for



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 about a

particular show or topic to discuss to OT@lwwny.com

a proper lunch as they zip around Los Angeles from one studio to the next... briefing writers and producers on health topics that could be entertaining...and carry a message.

Writers enter stage left.

Joe Sachs and Karen Maser take chairs at one end of the table, followed by Virgil Williams, who sits at the opposite end, between the CDC visi-

tors. The *ER* writers are veterans of these briefings and have a long-standing relationship with the HH&S program. Not only that, but Joe Cohen is also a physician, one of two MDs on the *ER* writing staff.

Dr. Cohen starts with the big picture, really big: an overview of the last 100 years of battling infectious diseases, from the days when childhood deaths

in the US were common, through the post-WWII era when it appeared that antibiotics and other tools had won the war, to the re-emergence of old killers and the deadly bloom of new threats like HIV.

Also an Opportunity to Get Feedback from Specialists

Vicki Beck says that while these briefings offer TV writers a primer in key health topics, a physician-writer with Dr. Sachs' experience and expertise may use the meetings more as an opportunity to get feedback from specialists about ideas he's already mulling over.

"We don't really push as much as we inform and educate. And then we try to explore what other topics the writers are interested in. So we go in with a pretty broad mandate. We use the topic and the experts as our calling card," she says. "But then we open it up for a larger conversation."

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Litigious

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[other] doctor and patient," she said, adding that people will file lawsuits based on what one clinician said about another. When multiple clinicians are involved, clearly delineating their roles and conveying these roles to the patient will facilitate coordination of care.

When Patients Become Difficult

If despite all the physician's and office staff's efforts, the patient becomes difficult, the issue should be addressed immediately, Ms. Burke said. "Set firm limits with the patient and provide consistency with the rules and expectations. Clarify the patient's perception of the problem and his or her role in the treatment plan."

Foster the patient's sense of control by offering choices, she added.

Trying to take care of at least one of the patient's concerns can also be helpful. "Say, 'This is what I can help you with today,' and the patient may feel that some of the problem has been somewhat mediated."

If all else fails, dismissal of the difficult patient from the practice may be necessary as a last resort, Ms. Burke said. She suggests providing a written notice of care for another 30 days and a referral to another doctor.

When Legal Disputes Arise

Whether or not a patient is difficult, legal allegations can arise. Anecdotal evidence shows that if an institution takes responsibility for medical errors, offers an explanation as to what occurred, identifies what preventive efforts have been taken to minimize reoccurrence, offers compensation and apologizes, then litigation is often avoided, Ms. Carroll said.

The incentives and pressures for full disclosure and apology are growing, she added. For example, to combat reluctance by physicians to apologize to patients, many states now protect apologies, as well as statements of sympathy and condolence.

Thirty-two states currently have apology statutes that protect the medical provider, Ms. Carroll said. "If physicians apologize for an error, it's not allowed to be used in a court of law against them as an admission of wrongdoing or liability."

Another five states currently mandate the disclosure of adverse events to patients. The list of states with apology laws and those that require mandatory disclosure to patients is constantly being updated as more states embrace reporting and disclosure, she said.

Nonprofit organizations created to encourage health care quality are also advocating transparency and apology, she said. For example, the Leapfrog Group, which represents many corpo-

rations and public agencies that buy health benefits on behalf of their employees, dependants, and retirees, will give hospitals the opportunity to receive positive public recognition this year if they agree to apologize to the patient and/or family affected by a serious medical error—also termed a "never event," defined by the Centers for Medicare & Medicaid Services (CMS) as a serious and costly error in the provision of health care services that should never have happened.

Many patients who pursue litigation do so simply because they want an explanation for poor medical outcomes— "Sometimes patients feel the need to sue simply to get someone to talk to them."


A newly revised list of 28 never events was released at the end of last year by the National Quality Forum, a nonprofit membership organization created to develop and implement a national strategy for health care quality

measurement and reporting. Such events include surgery performed on the wrong body part or on the wrong patient and leaving a foreign object inside a patient after surgery.

The hospital must also report the event to at least one of the following agencies: the Joint Commission on Accreditation of Healthcare Organizations, a state reporting program for medical errors, or a patient safety organization.

The facility must agree to perform a root cause analysis, consistent with instructions from the chosen reporting agency and waive all costs directly related to a serious reportable adverse event. CMS aims to eliminate payments for never events, according to testimony last year before the Senate Committee on Finance by the agency's then Administrator, Mark McClellan, MD, PhD.

Finally, apologies and investigations of events aside, if compensation is in order, the hospital/provider needs to step up to the plate and offer it, Ms. Carroll said. Fair, equitable, and timely compensation offered to patients who have experienced an avoidable adverse event is an important part of an overall early intervention program to avoid litigation.

If the doctor did not perform within the standards of care and this resulted in a poor outcome or harm to the patient, Dr. Liu said, the doctor "needs to get out the checkbook." 

AACR Frontiers in Cancer Prevention Research Conference

Pancreatic Cancer: New Antibody Assay Under Development for Early Detection

By Rabiya S. Tuma, PhD

BOSTON—A new assay under development detected pancreatic cancer with 87% sensitivity and 98% specificity, according to research presented here at the American Association for Cancer Research's Fifth Annual International Conference on Frontiers in Cancer Prevention Research.

The blinded, independent validation test of the assay was conducted in 114 patients and 100 controls, said Anna Lokshin, PhD, Associate Professor of Medicine and Pathology at the

"Pancreatic cancer is particularly challenging. There are no high-risk factors that allocate risk to a subset of people that would make screening more efficient." Diagnostic tests that are currently available are invasive and lead to pancreatitis in a significant fraction of patients, making them inappropriate for screening.

University of Pittsburgh School of Medicine, during the presentation.

Dr. Lokshin and colleagues are

using a new antibody-based detection system to develop a panel of serum biomarkers that can detect prostate cancer

early. The current assay uses 10 biomarkers.

"Pancreatic cancer is particularly challenging," said Gary Kelloff, MD, Special Advisor to the National Cancer Institute's Cancer Imaging Program, who chaired a press conference on the research.

"There are no high-risk factors that allocate risk to a subset of people that would make screening more efficient." Diagnostic tests that are currently available are invasive and lead to pancreatitis in a significant fraction of patients, making them inappropriate for screening. *(continued on page 45)*

ScriptDoctor

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Being a doctor, Joe Sachs gets into details quickly. "Is MRSA [methicillin-resistant *Staphylococcus aureus*] evolving in terms of mortality?" he asks. Being a writer, he goes right for the emotional core of Dr. Cohen's concerns. "What do you lose sleep over?"

Dr. Cohen replies that he is fearful of the threat of intentional outbreaks using natural pathogens or genetically modified products of bioweapons programs. Dire scenarios, indeed; and Dr. Cohen consulted with writers for the TV show *24* to shape just this sort of story last year.

Although there was plenty of fiction in the episodes, Dr. Cohen says the shows displayed some of the steps that public health authorities might actually take when confronted by a suspected biological terror attack.

HPV Vaccine

But there is also a "good news" story that catches Dr. Sachs' attention: the human papillomavirus vaccine and its potential to curb cervical cancer. Of course, there wouldn't be much drama in a story that just recounted the potential benefits of HPV vaccination. In talking about the meeting later, Dr. Sachs recalls what attracted him to the topic: "The controversy over the HPV vaccine; whether it encourages girls to be sexually active or not, because that is an argument that some people have against it," he says.

Therein he sees the beginnings of an *ER* storyline. "Whether it is a doctor or a family member who believes that and doesn't want the shot, and on the other side there is a doctor who thinks it is really important because adolescent and college-age women are going

to be sexually active no matter what you do and this is a way to really protect them against cervical cancer," he says. "So I think that's a juicy morsel that, probably within the next year, will find its way into a story."

Dr. Sachs notes that an *ER* episode involving HPV vaccination would raise awareness and prompt some viewers to ask their doctors about getting the shot for themselves or their children. That sort of increase in awareness and spur to action is exactly what the visiting health experts hope will come from their Hollywood briefings and other support they offer to TV writers.

The payoff from briefings like this may be slow in coming, but ideas tossed out on tables in writers' rooms do find their way into stories that reach millions of TV viewers. For example, genetic testing for breast cancer risk and prophylactic surgery were among the topics that NCI colleagues brought to a round of Hollywood briefings in February 2005. That fall, both "Grey's Anatomy" and "ER" had stories about the difficult choices BRCA testing presents. And one year later, expert judges honored both shows with Sentinel for Health Awards.

"This is a vaccine that is recommended for adolescents. That's a population that often doesn't get to the physician," Dr. Cohen points out. "So having a storyline that talks about that kind of vaccine can be very valuable from a public health perspective."

But *ER* and other shows are not public health media campaigns, and their scripts are finalized in studio offices, not at the CDC or NIH. In this case, could a fictional debate over whether vaccination encourages sexual activity stir up new opposition?

Dr. Cohen says that so far it seems

that most people are focusing on the cancer-prevention potential of HPV vaccination. And in any case, the lack of control over TV shows is something Dr. Cohen says he just had to get used to.

"Yes, I think that's something that's very difficult for many scientists, because they want to make sure that the information is perfect, totally accurate," he says. He emphasizes the tremendous value of getting important health messages into entertainment programming; pointing out that if health experts don't engage with Hollywood, they'll be left to react to the


kinds of things they are not interested in. A lot of times public health people will want to talk about a campaign and how it was developed. Well, writers don't care about that."

Human Stories that Underlie Important Health Issues

Beck says they look for the human stories that underlie important health issues. For instance, rather than talking about the importance of health literacy, she would tell writers about a mother of a child with an earache who put liquid antibiotic into the child's ear, because she didn't understand that the medicine was meant to be swallowed. Or a patient who was given a prescription to take a pill three times a day, but instead risked an overdose or treatment failure by downing three pills once a day.

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In October and November of that year, viewers of both *Grey's Anatomy* and *ER* were introduced to women, their spouses and other family members, and friends who all struggled with the difficult choices BRCA testing presents.

In the fall of 2006, expert judges honored both shows with Sentinel for Health Awards. 

Next time: The Hollywood Feedback Loop: Topics brought by health experts to Hollywood echo back to policymakers.