



## 'ER' exec producer answers critics

### Joe Sachs examines DNA of County General

By JOE SACHS

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In 1994, "ER" reinvented the medical drama. It was real, raw and so compelling that within a few months, a ridiculously large swath of American television viewers made an appointment to experience the chaos at County General every Thursday night.

According to our critics, though, there were elements that made the show difficult to follow. Here's my last chance to respond to those critiques:

#### "Way Too Much Blood"

In the past, medical programs framed above the patient, focusing on the physician. Our camera dipped down to reveal detailed wounds and surgical procedures performed by the actors.

#### "I Don't Understand What They're Saying"

Our characters spoke the complex, technical language of their profession. A doctor rips a syringe out of a colleague's hand: "Stop, he's hyperkalemic; succinylcholine'll put him into V-tach." It may be medical mumbo-jumbo, but the emotion and drama of the moment was crystal-clear.

#### "Those Camera Moves Make Me Dizzy"

Dancing Steadicam shots gave the program its hallmark look and pace. Unlike traditional television shows, the entire "ER" set had a low ceiling with built-in

theatrical lighting. Because of that, the Steadicam kept going and going down hallways and through multiple exam rooms, giving the show a gritty documentary feel without seeing "off the set."

### "I Can't Follow the Stories"

While television dramas evolved into having an "A," a "B" and possibly a "C" story, you could meet 30 patients in an hour of "ER." Some flew by in a heartbeat, others stayed with you for a multi-episode arc.

All the medical bells and whistles made "ER" exciting and sexy. But when the honeymoon was over, the staying power of the show came from connecting with an ensemble of exquisitely talented actors bringing fresh, gripping stories to life.

How did we create those stories? We started the process by focusing on the dramatic needs of the characters. Conflicts with superiors. Feelings of self-doubt. The struggle to balance relationships, family, personal illness and addiction with the challenges of work in an urban trauma center.

Once the drama was defined, we'd "go to the well" to find a medical case that deepened the emotional journey of the character. The "well" was an enormous database of medical cases from two physician-writers, two physician-consultants, medical journals and transcripts from expert briefings and focus groups with emergency professionals.

**Comment:** From 2002 to 2008, the Hollywood, Health & Society (HH&S) program at the USC Annenberg School's Norman Lear Center arranged 21 expert briefings with "ER"

Here's an example from 2005. Dr. Greg Pratt (Mekhi Phifer) grew up poor in the inner city of Chicago. After medical school and residency, he still felt a connection to his roots. But what if his community rejected him?

To dramatize this conflict, we created the case of a woman who falls while mopping the floor at work. X-rays revealed metastatic cancer in the bones. Pratt discovered a breast mass that she'd ignored for two years and, despite his best efforts, Pratt couldn't convince her to undergo treatment. Success came only when Pratt enlisted the aid of a "patient navigator" -- a female cancer survivor from the neighborhood who was willing to guide Pratt's patient through the system.

**Comment:** This storyline grew out of an HH&S briefing for "ER" about cancer and patient navigators, plus a number of consultations with subject matter experts that HH&S helped set up.

It was a great story, but it led to something bigger. The episode was screened for Congress and helped pass the \$25 million Patient Navigator Act, establishing programs in low-income and rural communities nationwide.

Looking back, we were always committed to accuracy, even before a 2001 study revealed that half of our viewers learned about health issues from the show and one-third received information that helped them make personal health-care decisions. It was a big responsibility with unexpected results.

**Comment:** This finding comes from an analysis of the 2001 Porter Novelli HealthStyles database conducted by the Centers for Disease Control and Prevention and HH&S.

In 2002, we dramatized the recurrence of the brain tumor suffered by Dr. Mark Greene (Anthony Edwards). While talking, Dr. Greene bit his tongue. Sticking it out to inspect the damage, his tongue deviated to one side -- an ominous clue that his tumor was back.

The following morning, a 28-year-old mother of two in Texas marched into her local ER and demanded an evaluation based on that episode. Her headaches had been attributed to stress, but she noticed her tongue was deviating, and a CAT scan showed a malignant tumor in the passage behind the nose, close to her spinal cord. Without detection, she'd have been dead in two weeks. Instead, she had successful surgery and therapy and is alive and well seven years later. She writes, "I miss Dr. Greene, but because of his death, I'm still here."

At the heart of the show were compelling stories about flawed, heroic characters who balanced their personal lives with the extraordinary demands of their profession. As an unexpected side effect, by staying current and accurate, our viewers learned a few things. And we learned that it's possible to save a life by writing for television.

*Joe Sachs is an emergency medicine specialist and "ER" exec producer.*