

Dear all, Here are a few words and answers to our questions from our guest facilitator, Dr. Joe Sachs who is a writer and co-executive producer of "ER." Many thanks, Joe, for your invaluable insider's perspective!

Srdjan

Thank you all for including me in your online discussion. I hope my comments will be helpful.

Let me begin by telling you how we create stories for ER. WE NEVER START WITH THE MEDICINE!

Our show is a serialized drama about people in a stressful environment who manage the demands of work, family and personal life. The dramatic needs of any story require a personal story not a medical story.

So we never take a disease or a condition or a public health issue and say "let's do a story about _____." Rather, we figure out a character's story needs and then find the medicine that fits.

Let me give you some examples of dramatic needs of a character:

1. It's a doctor's first day back after maternity leave. She is nervous about coming back, but has a brilliant day in the ER.
2. A character has conflict with their department head and decides to blow the whistle on a wrong-doing.
3. A character will be leaving the show and needs to die over a year.
4. A doctor who grew up poor in the inner city, can't relate to people he grew up with and has to decide if he will move on or give back to the community.

Once we know the personal needs of a character, we create medical stories to fit them.

The source of our medical stories are:

1. Real-world experience of 2 physicians on the writing staff and their reading of the medical literature
2. Focus groups/panels - we bring in real doctors and nurses to share their experiences
3. Our researcher - who reads popular publications for potential stories and gives a weekly summary
4. Briefings from experts - such as those provided by Hollywood, Health and Society

Above all, we are committed to being current, accurate, and topical in our selection of medical stories. By doing that, people learn, as a side effect of our dramatic story-telling.

Let me give you a specific example from an upcoming episode ("Family Business" - US airdate 4/19/07).

Dr. Gates (played by John Stamos) has ongoing conflict with Sarah, his 12-year-old "de facto" step daughter. But he is not her guardian and her mother died last year. The grandparents live out of town. In this episode, Sarah comes to see him in the ER because she wants to get the HPV vaccine.

As they argue, bits and pieces of accurate health information are distilled - about HPV and cervical cancer, teen sexuality, proper age to begin the vaccine. The scenes are filled with conflict and drama, but there is useful medical information in there as well.

To summarize - our job as television writers is to create great stories, compelling dramas. If the stories are good, viewers will tune in, we'll get good ratings and we'll stay on the air. That is our job - first and foremost. By being current and accurate with the medicine, we are also able to include health messages along with our story-telling.

YOUR QUESTIONS

1) You have incorporated some international health-related issues in your show (a Croatian doctor, a physician volunteering in Africa). How has the US audience accepted these international storylines, and do you think that you will be continuing with some non-US storylines?

As we enter our 14th season, we search high and low for fresh takes on medical stories. Opening up the show to the world of international health brings a vitality to the show. In keeping with my remarks above - all of the international health stories were "character driven." Dr. Carer (Noah Wyle) went to Congo and confronted the realities of third-world medicine and the AIDS crisis there. But it was also part of his exit arc - he met and fell in love with a health worker and decided to give up his comfortable life in the US to be with her in Africa and to dedicate his life to humanitarian aid. Dr. Kovac (Goran Visjnic) also joined him there. If we had said to NBC (our network) - "we are going to do 3 episodes about the AIDS crisis in Africa," they would have rejected it in a heartbeat. But our pitch was - Dr. Carter will fall in love, Dr. Kovac will be captured by the Mai Mai rebels who hold a gun to his head, ready to kill him.

An upcoming story will find Dr. Kovac traveling to Croatia to help care for his dying father. Kovac and Dr. Abby Lockhart (Maura Tierney) are recently married with a one-year-old son and Kovac's absence will stress the relationship. We're always happy to do international story lines, if they serve a dramatic purpose.

2) Do you think that having facilitated discussions after viewing your shows in the US and especially beyond would be a beneficial addition to retention of knowledge and

change in attitudes and behaviour? If so, would you be willing to partner with international agencies during production so that facilitators' guides are ready when shows are aired?

There are several possible settings for facilitated discussions. On the air? (I doubt the network would go for that - again, they care about entertainment and ratings). On line? That could work - at the end of a show, viewers could be directed to a website for a live chat with an expert. "If you'd like to learn more about Prostate Cancer ..."
We already give HHS advance notice about topics of interest. Each week, on the NBC website, there are links to educational URLs relating to show topics. Also in the early years of the show, Johns Hopkins Public Health produced 4 minute video packages on show topic that were made available to all NBC affiliates for their local news program following ER. In terms of an international partnership, I believe there is a 6 month delay between the US airing of "ER" and airings in international markets. So topic identification would be quite easy.

3) How do you think that medical and public health schools should offer joint degrees with production or writing programs in order to integrate better the two fields?

I'm a believer in the division of labor. For entertainment programming, the creative types have a full-time job focusing on being creating, while research and evaluation are best performed by those with expertise in the field. For instance, Sesame Street is a brilliant example of educational programming. But I'm sure that Jim Henson and colleagues focused on creating memorable characters, songs, and sketches with input from the Children's Television Workshop who took care of the research. Having said that, I think it's extremely useful for public health personnel to have an understanding of writing/production, so I'm all for interdisciplinary studies. Likewise, writers and producers benefit from understanding the work of their Public Health counterparts. But I think it's too much (and sometimes a conflict of interest) for writers/producers to do their own research on their programs.