

12. Covid, Post-Covid and Covid-free Fantasy Worlds in Medical Drama TV Series

Eszter Nádasi¹

◀ ABSTRACT

Five American medical television series (*Chicago Med*, *Grey's Anatomy*, *New Amsterdam*, *The Good Doctor*, and *The Resident*) integrated Covid-19 into their storylines. This qualitative analysis examines the content of the coronavirus-related episodes and the central medical cases beyond coronavirus in the 2020-2021 and 2021-2022 television seasons. The number of Covid-specific episodes varies per series. In the portrayal of the pandemic, three stages appear: (1) pre-crisis: first cases; (2) crises; (3) post-crisis aftermaths. Storylines admitted the limitations of sources and technology; common plot elements included patient overload, changing spatial structure within the hospital, and blurring hierarchical and specialty lines. Series stood up for the scientific approaches to coronavirus and safety protocols. After two special episodes, *The Good Doctor* and *The Resident* reallocated their story world to a Covid-free future – but they admitted that coronavirus still exists. It is a crucial step because, as former studies show, the audience tends to use this genre as an information source on medical issues. Cultivation theory is a well-established research framework of medical series. The second part of the analysis discusses the central medical storylines beyond Covid-19 to see what other directions the five productions focused on.

KEYWORDS

Television series; medical drama; medicine in popular culture; Covid-19 representation; edutainment.

¹ Eszter Nádasi (Budapest University of Technology and Economics, 1111 Budapest Műegyetem Rakpart 3).

Pandemics and Content Creation

In 2020, when Covid-19 hit the United States, American medical drama television series donated their props (including masks, gloves, and gowns) to hospitals that experienced shortages in medical supplies. Shootings have stopped or slowed down, just as in other genres of the television industry.

Medical series intended to act responsibly regarding their storylines too. Premiered on 17th March, the hospital superbug related *The Resident* (Fox, 2018-2023) episode entitled “*So Long, Dawn Long*” (03x18) began with a title card stating that the writing happened months before the pandemic and that any relationship to current events is coincidental. The cards also announced support for hospital staff and first responders who risk their lives daily. The same disclaimer appears in the next episode. On 14th April, the *New Amsterdam* (NBC, 2018-2023) episode “*A Matter of Seconds*” (02x18) started with an explanation from actors Ryan Eggold and Daniel Dae Kim: the originally scheduled episode “*Pandemic*” was canceled because coincidentally, its storyline was too like the actual pandemic. The explanation created a bridge between the last aired episode and the forthcoming one, introducing Kim’s character, trauma surgeon Cassian Shin. Show creators believed that the portrayal of a fictional pandemic would be emotionally overwhelming and potentially misleading for the audience because the treatment of the fictitious virus followed different protocols than those that were in force.

Next, show creators had to decide whether to include Covid-19 in the storylines. What is the right choice creatively, emotionally, and financially? The exclusion to provide an opportunity to escape from the pandemic-infected world or the inclusion to reflect on it? Is it morally right to use Covid-19 for entertainment? In 2001, creators of New York-based shows had a similar dilemma with 9/11. There were passive reflections, like removing the Twin Towers from the city views as it happened in the case of

Friends (NBC, 1994-2004), *Sex and the City* (HBO, 1998-2004), and *The Sopranos* (HBO, 1999-2007). A more active reflection was the inclusion of the attacks in the story world: one of the most prominent examples is *Third Watch* (NBC, 1999-2005) which follows the lives of police officers, first responders, and firefighters. On 15th October, the documentary episode “*In Their Own Words*” (03x01) premiered: the actors interviewed real agents of these professions. Following that, episodes that included the 9/11 attacks premiered, so the characters had their related storylines.

Nevertheless, why did *The Resident* and *New Amsterdam*'s creators feel responsible for their content? Because medical dramas were always more than entertainment: from the genre's birth in the 1950s, these productions had educational purposes.

Medical Series as Education

Hospitals are central locations of the medical series; the protagonists of these pre-scripted entertainment shows are healthcare professionals (mainly doctors and nurses); and the diagnosis and treatment of disease or injury are core plot elements (Lee and Taylor 2014, Nádasi 2021, Rocchi 2019). Since the beginning, realism and medical accuracy have been among the creators' goals (Turow 2010). These series aim to present state-of-the-art medicine, accurate display of medical conditions and their treatment, professional jargon, atmospheric hospital settings, and proper medical equipment. To gain these goals, from the appearance of the first productions of the genre, the medical content was reviewed by real-life experts who corrected the scientific content and influenced the personality of the fictitious doctors. This kind of control is not typical anymore, but healthcare professionals still participate in script creation and shootings. However, there are limits to authenticity; for instance, the procedures on-screen usually happen faster than in real hospitals.

Research articles identify good practices and shortcomings in portraying certain diseases, injuries, procedures, or character types – even in prestigious medical journals. Arguments about the relevancy of such papers include the genre's popularity, the high viewership of certain shows, and the audience's tendency to use these series as health information sources (Murphy et al. 2008, Lee and Taylor 2014, Bodoh-Creed 2017). The entertaining, emotional storylines enhance the chance of knowledge transfer.

Medical series' entertainment-education (edutainment) potential is also a research topic. The Kaiser Family Foundation (KFF) collaborated with *ER* (NBC, 1994-2009) creators to test whether the viewers learned from the content; they evaluated storylines about emergency contraception and sexually transmittable diseases (Brodie et al. 2001). KFF also worked with the *Grey's Anatomy* (ABC, 2005-) staff and helped the development of a storyline that addressed that fetal HIV infection is preventable with medication (Rideout 2008). The Hollywood Health & Society (HH&S) group gave information to the *ER* writers on teenage obesity, high blood pressure, and heart disease (Valente et al. 2007). HH&S also encouraged television writers to display BRCA gene mutations in their storylines: creators of *ER* and *Grey's Anatomy* developed plots about these. The study concluded that presenting the same information in multiple series is highly effective because repetition strongly impacts viewers (Hether et al. 2008).

Cultivation theory is a well-established framework in medical series research, stating that TV has a long-term effect on viewers' reality perception. Products of the genre affect the knowledge, attitude, and behavior of the viewers; the content can both positively and negatively impact how people see medical conditions, treatments, hospitals, and healthcare workers (Pfau et al. 1995, Chory-Assad and Tamborini 2003, Quick 2009, Quick et al. 2013, Mickel, McGuire and Gross-Gray 2013, Pokhrel 2015, Hoffman et al. 2017, Kato et al. 2017). Genre-specific cultivation means that the perceived realism of the content depends on the genre, so the program's type influences the cultivation effect's strength (Grabe and Drew 2007, Morgan and Shanahan 2009). As mentioned, medical dramas make efforts towards realism; many of these are transparent in the media, which can also strengthen the potential of content cultivation.

Reflection = Responsibility?

As Cambra-Badii et al. (2022) prognosticated, coronavirus will impact art and popular culture for years. Because of their fast production, television can reflect on real-life events before movies and books. Accordingly, TV series in different genres depicted Covid-19, including *Superstore* (NBC, 2015-2021, situation comedy) and *The Morning Show* (Apple TV+, 2019-, drama). In both series, the professional life of the characters – whether they are shopkeepers or reporters – were influenced by the pandemics.

What are the arguments for including Covid-19 in the medical series? There are many. Their story worlds show the present time and metropolises like New York, Chicago, and Seattle. Their storylines regularly include real-life medical cases, and infectious diseases and pandemics are well-established elements in the genre. For instance, *ER* paid considerable attention to HIV/AIDS, while the pilot of *New Amsterdam* reflected on the Ebola cases that appeared in New York in 2014. From the creative side, adding real-life medical or social issues to the plotline is an opportunity to renew the shows.

Several medical drama creators started to speak up for representation, as they felt it was a duty and responsibility for this genre. One was Naser Alazari, senior surgical consultant of *Grey's Anatomy*, stating that the series was responsible for addressing coronavirus, as it is the “biggest medical story in recent history”. Alazari emphasized the audience’s intense emotional connection to the production. “I feel our show has such an incredible accessibility to people and relatability to people that we need to be there with them” (CNN Business 2021). David Schulner, writer of *New Amsterdam*, stated: “I would be so ashamed, if we didn’t address [coronavirus] fully, responsibly (...) we’re a hospital show set in NYC, and it was a moral imperative on our part to tell this story” (Deadline 2021). Finally, five American medical series included Covid-19; the number of Covid-centered episodes varied per series.

These productions contain the formulaic elements of the genre; some follow the milestones closely, while others try to include more unique elements. *Chicago Med* (NBC, 2015-) centers in an emergency room of a metropolis, like the genre classic, *ER*. The longest-running prime-time medical series is *Grey's Anatomy* (ABC, 2005-): beyond its well-known romantic storylines, it depicts research, innovation, and emerging technologies (Nádasi 2016, 2017, 2020). *New Amsterdam* (NBC, 2018-2023) highlights the systemic, structural, and social problems behind the illnesses and the challenges public hospitals face. *The Good Doctor* (ABC, 2017-) stars a surgeon with autism spectrum disorder and Savant syndrome. *The Resident* (Fox, 2018-2023) introduces the healthcare system’s dark side, including malpractice cover-ups and insurance fraud.

The categorization of these productions can happen in multiple ways. First, according to the medical specialization they focus on: each show presents multiple hospital departments, but *Grey's Anatomy* and *The Good Doctor* are surgery-centered. In contrast, *Chicago Med* focuses on emergency medicine. Another defining factor is the character structure: *Grey's Anatomy* and

The Good Doctor have a single protagonist; however, *Chicago Med* has more than one central character. Furthermore, the hybridization with other genres can also create subgenres: to differing extents, but melodrama is present in every series. However, *Chicago Med* uses considerable action, while *The Resident* includes crime elements (Dunai and Lengyel 2020, Nádasi 2021).

The qualitative content analysis of the five medical series covers the 2020-2021 and 2021-2022 television seasons. The first part of the analysis focuses on Covid-19 representation; the second examines the series' medically relevant, central storylines other than coronavirus. The aim is the identification of themes and representation patterns common in most of the series. The research covered the following seasons of the shows:

	2020-2021 TV SEASON	2021-2022 TV SEASON
The Good Doctor	S4 (20 episodes)	S5 (18 episodes)
The Resident	S4 (14 episodes)	S5 (23 episodes)
Chicago Med	S6 (22 episodes)	S7 (22 episodes)
Grey's Anatomy	S17 (17 episodes)	S18 (20 episodes)
New Amsterdam	S3 (14 episodes)	S4 (22 episodes)

Covid-19 in Medical Series

The quantitative analysis by Cambra-Badii et al. (2022) covered six months from November 2020 to May 2021. The seven most frequently occurring story elements they identified are hospital protocols for managing the disease; psychological effects on healthcare workers; infection of healthcare workers; shortages of hospital resources; deaths of patients; dying patients' goodbye video calls; patient survivorship, and discharge. Each of these story elements appears in the qualitative research, in some cases, under other categories. Generally, in the pandemic portrayal, three time periods appear to various extents (Nádasi 2022):

1. pre-crisis: first cases
2. crisis in the hospital
3. post-crisis, the aftermath.

Pre-Crisis: First Cases

The analyzed series start with the Covid episodes in the 2020-2021 television season. The fourth season of *The Good Doctor* opens on 26th February 2020, one week before California declares a state of emergency. Covid-19 is more like a distant disease spreading in Asia. The infection suspicion arises if someone recently traveled to China or contacted someone who was there. Doctors reassure worried patients. The geographical distance gives a sense of security: there are health workers who seem skeptical² about whether the virus can reach the US. A patient gets a false influenza diagnosis, so she has no proper treatment, and she spreads the virus freely. These scenes give an ominous sense of calm. The creators of this show follow linear storytelling, while *The Resident* uses flashbacks in telling their Covid story; this is how the audience gets to see the first case of the Chastain Park Memorial. At the beginning of *New Amsterdam*, a few minute-long music video sets the tone for the Covid storylines. In *Grey's Anatomy*, recovered from his surgery, Richard Webber (James Pickens Jr.) returns to work and gets an explanation of things that have changed in the hospital since Covid-19 patients appeared. Flashbacks are also applied to bridge the time gap between the sudden end of Season 16. *Chicago Med's* time jump from Season 5 to Season 6 is even more straightforward since Covid-19 already heavily influences Gaffney in the first episode. In summary, no medical series has an episode that focuses solely on the pre-crisis stage; the portrayal of the period is brief.

Crisis in the Hospital

The number of crisis-centered episodes varied between two-seventeen; however, several story elements appeared consistently across the five series. The term crisis suggests a sudden, critical, acute event with an exact ending. Despite this, the crisis is more like a permanent state in these episodes; the hospitals are like war zones where a fight occurs against an invisible enemy.

² They are not coronavirus deniers. Later, medical series show some patient characters who think that Covid-19 is a scam, for instance, *Grey's Anatomy* and *New Amsterdam* feature virus deniers. The hospital staff intends to dispel their beliefs. However, portraying misconceptions is risky, as the mere representation of a misbelief can increase its range visibility. The explicit denial of a misconception is not convincing to all viewers; some might resonate with what the deniers state.

Hospitals: safe spaces or danger zones? The crises-centered episodes show the overloaded hospitals – but what are these institutions, safe spaces, or danger zones? As Michel Foucault explains in *The Birth of the Clinic: An Archeology of Medical Perception* (1963), since the late 18th century, hospitals have been intended to be spaces of control, institutionalized places of treatment, where the strict space structure helps to distribute specialized care and avoid infection. Before it, these places were spaces of danger, centers of infection: disease and poverty mixed here, and in most cases, no adequate medical care was provided.

In the Covid-19 crisis episodes, hospitals are both safe and dangerous. They offer treatment, but some people, including doctors and nurses, get infected here and die. Meredith Grey (Ellen Pompeo), the protagonist of *Grey's Anatomy*, gets Covid (17x03) and develops a critical condition during the crisis. Others had to deal with their losses while treating patients. In *Grey's Anatomy*, Miranda Bailey (Chanda Wilson) took care of a patient in the same ward where her mother died a few days ago (17x06). One of *The Resident's* protagonists, Devon Pravesh (Manish Dayal), lost his father as he died in an overburdened public hospital (04x01).

Changing space structure. The world outside the hospital is under quarantine. However, hospitals are also closed worlds; within the walls, the spatial arrangement has been reshaped to manage the pandemic. While treatment goals previously determined the space structure, the priority became infection control. Care is provided in intensive care units (ICU) and ad hoc wards, which are necessary because of the high number of patients. In *Grey's Anatomy*, the hospital canteen becomes a ward (17x06). Within these zones, hospital staff wore high-tech protective clothing that gave a science-fiction atmosphere. There is an entering zone between the hospital and the outside world: the temporary tents for testing. Only those patients can cross the safety life whose Covid status requires hospitalization or have other life-threatening³ conditions.

Shifting responsibilities. Elective procedures and preventive medicine were canceled and postponed dedicating space and human resources to coronavirus patients; doctors and nurses from different departments collaborated

³ In some cases, even in the crisis centered episodes, other diseases and injuries appeared: *Chicago Med* mixed the cases for instance.

in the Covid wards. Some could not work due to age limits or underlying medical conditions, while others were periodically off work because of coronavirus infection. Residents got more freedom and responsibility in decision-making and implementation of procedures without supervision.

Changing protocols. Healthcare workers had to adapt to new safety, diagnostic, and treatment protocols that could change within hours. The development of new testing methods and experimental drugs changes the regulations, just as the emerging number of infected people and missing supplies. Procedures that increased the risk of the medical staff's infection (e.g., chest compression of coronavirus patients) became prohibited. The new rules enhanced medical, management, and moral challenges. The psychological pressure was enormous: medical professionals made decisions for the benefit of the population inside and outside of the hospital, and in some cases, this came with individual sacrifices.

Limited sources. Medical dramas tend to be criticized for depicting inexhaustible hospital sources. Many series controverted this representation pattern before, but the coronavirus episodes addressed the shortages openly. There are no endless sources regarding knowledge, money, and equipment. How to fight an infectious disease without hygiene equipment – like masks and rubber gloves? Their production and distribution stalled: scenes depicted disinfected single-use masks hanging up in changing rooms. The test shortage makes diagnostics a time-consuming process. More patients need 0/24 ventilators to survive than hospitals have, so an ethical challenge arises: doctors must decide how to allocate these. On what basis can they choose between patients? Decisive factors include the progression of the disease, the expected survival rate, and the patient's overall health condition. As a medical drama that often introduces innovations, *Grey's Anatomy* presents how doctors try to use one ventilator to treat two (17x10).

The effectiveness of technology is limited. Another criticism of medical series is that they exaggerate the effectiveness of medical procedures and technologies – patients often make a rapid and complete recovery. However, in Covid-episodes, their limits are admitted: high-tech life-saving devices cannot save everybody, their impact on the critically ill is limited, even if healthcare workers fight heroic battles equipped with them. These episodes are less-techno optimistic. The Covid-19 narrative acknowledged both hu-

man and technological limitations. That is why the discharge of Covid-19 patients recovering from the critical state is so celebratory through the hospital corridors while cheerful music is played. These moments give hope to other patients and the physically and mentally exhausted hospital staff.

Online communication. Hospital meetings have moved to the online space, with conference calls between staff inside and outside the hospital. Healthcare professionals communicate with their patients via video calls; hospitalized patients keep contact with their relatives through this because of visiting restrictions that apply to the dying patients' families as well: they even say goodbye like this. In *The Good Doctor*, a patient's wife witnesses the sudden deterioration of her husband's condition (4x01-02). Many doctors and nurses physically isolated themselves from their loved ones to protect them from potential infection from their workplace.

Post-Crisis: The Aftermaths

Medical dramas depict one pandemic wave and provide a complex answer to what can stop the pandemic. First, science: doctors and nurses are optimistic about vaccine development, and their hopes are verified; with the advent of vaccination, case numbers drop, and they can return from Covid wards to their original jobs. Second, the expertise and heroism of healthcare workers. Finally, laypeople who trust science, get vaccinated, and follow the safety protocols.

After their Covid-19 episodes, two series declared their relocation to an imaginary Covid-free world where coronavirus belongs to the past. *The Good Doctor* episodes (4x01-02, "Frontline") are framed with title cards stating that the events are fictional stories of a real battle still being fought. The cards also invite the audience to honor the "frontline heroes" of the fight, many of whom have given their lives. The final message is, "Do your part. Wear a mask." The third episode of the season "Newbies" begins with a message from Freddie Highmore – dressed as the protagonist, Dr. Shaun Murphy – stating that the episode portrays hope for the future where no one will have to wear masks or take other steps to stay safe. Highmore ends the message by encouraging viewers to protect themselves and others until that happens.

The first two episodes of *The Resident's* fourth season also apply card disclaimers declaring that some parts of the storylines are sometime in the future when the Covid-19 pandemic is history; and dedication to the health-

care professionals who risk their lives daily. Executive producer Peter Elloff stated that show creators felt that their audience was exhausted by the pressures of the real pandemic, so they created a “post-vaccine” world for them (CNN Business). In season 5, there is a time jump between episodes 5 and 6.

Declarations are forms of responsibility-taking for the audience: show creators differentiate their content from the real world. It was always their choice to decide what disease to cover and to what extent; the medical conditions represented in these series never overlapped with real-life statistics (Hetsroni 2009). Nevertheless, in this case, they explained the absence of a specific disease. Furthermore, the creators encourage the audience to take responsibility: viewers are explicitly asked to follow regulations.

Despite these declarations, the two series are not entirely Covid-free. In *The Good Doctor*, a post-Covid patient (06x18) appears, and Doctor Lim (Christina Chang) develops PTSD from treating coronavirus patients. There is a sick person in *The Resident* who has missed appointments since the outbreak of the pandemic (04x12), an intubated Covid patient experiencing trachea complications (05x03), and someone cannot receive a transplant due to his vaccination status (05x21). However, the pandemic no longer drives storylines.

The other three medical series reflect more on the let-up and aftermaths of the crisis, together with the long-term health, economic, and emotional effects – but regarding screentime, not equally. In *Chicago Med*, after three Covid-focused episodes, there are some reflections on Covid-ward of the Gaffney Medical Center; for nurse April Sexton (Yaya DaCacosta), it was hard to finish working there, but the head of the emergency department ordered her to (06x03). However, later she works there temporarily (06x11). Drs. Hammer and Halstead deal with a pregnant patient needing an emergency C-section who only wants a blood transfusion with Covid-19 vaccine-free blood (07x12). Later, a patient with a long-hauler coronavirus condition appears (07x14)

New Amsterdam portrays poor people as vulnerable targets for scams because they lack access to authentic information (03x09). The staff struggles to distribute the remaining vaccines close to their expiration date (03x13).

Grey’s Anatomy dedicated⁴ its Season 17 to Covid-19, while Season 18 was like a chronicle the post-Covid world: many storylines address the

⁴ In this crisis-centered pandemic portrayal, most medical cases were Covid-related. Other notable storylines included, for instance, the specialization change of surgical resi-

medical and social problems that the pandemic involved. However, as announced at the beginning of the season, they moved the story to a fictional post-Covid world after the former season's deep involvement with reality. They stopped following the portrayal of the acute virus. Through the season, creators ensure that the audience is reminded of the differences between reality and fiction; for instance, at the end of the episodes, they reinforce the importance of following protocols. Moreover, they guided viewers to websites that display authentic information about the state of the pandemic. The non-medical consequences of Covid-19 became medical when an Asian hate crime victim is admitted to the emergency room: the abusers of the older woman blame Asian people for the outbreak (18x18). The series highlights potential future health crises, the shortage of doctors, especially surgeons. Many doctors quit or retired after the crisis, changed specialties, some experience burnout, and residents fell behind with their training because they worked in Covid wards for months while surgeries were canceled.

Like *The Good Doctor*, these shows also problematize that many avoid hospitals since the coronavirus outbreak because of the fear of infection. However, this is dangerous; some patients are diagnosed with advanced malignant disease too late. Creators take a new form of responsibility by encouraging people to return to the hospitals for check-ups and elective procedures – these are important to avoid a potential future healthcare crisis because of untreated cases.

On a paratextual level, *Grey's Anatomy* stands for the scientific coronavirus approaches. Official visual materials of the show accompanied its characters with messages in line with the communication of scientific and governmental institutions to increase confidence in medicine and healthcare. Thus, the series followed the genre's tradition to educate and instruct the viewers.

dent Jo Wilson (Camilla Luddington) to OB/GYN, the fight of Andrew Deluca (Giacomo Giannotti) for human trafficking victims and his violent death.

Core non-Covid-19 Cases

After examining the pandemic narratives, the qualitative analysis focuses on central healthcare-related storylines beyond Covid-19. The identification of centrality followed the narrative complexity theory of Jason Mittel (2015). Episodic and serial storylines were divided; the research sample consisted of the latter and contained themes that lasted more than one episode or appeared repeatedly. The aim was to identify the focal topics. Are these different in the two series that reallocated their story worlds directly after the crisis episodes than in the other three productions? What directions did medical series take after they came to a common platform by including Covid-19?

The Good Doctor and The Resident

Common storylines included:

- hospital ownership, financial, and management difficulties of the institutions,
- cyber-attacks against the hospital,
- cancer treatment,
- experimental procedures, and cutting-edge technologies.

The latter category covered CRISPR and T-cell treatment in *The Good Doctor*, while *The Resident* included gene therapy for sickle cell anemia.

Above these, *The Good Doctor* centralized autism, blood shortage, death caused by expired medicine, dementia, miscarriage, restorative surgery, and resident education. *The Resident* portrayed Alzheimer's, brain injury and brain death, Huntington, multiple sclerosis, palliative care, physiotherapy, and rehabilitation.

Chicago Med, Grey's Anatomy, and New Amsterdam

Common storylines included:

- hospital ownership, financial, and management difficulties of the institutions,
- cancer treatment,
- transplantation,
- experimental procedures; cutting-edge technologies.

Grey's Anatomy and *New Amsterdam*:

- blood shortage,
- heat, and broken air-conditioning make it difficult to work in the hospital.

The ever-changing patients with various diseases and injuries belong to the nature of a metropolitan emergency department, as *Chicago Med* displayed it. However, the show had noteworthy serial storylines about a heart medicine's clinical trial and unethical use of a central venous catheter ("Vas-COM"). The series introduced a healthcare profession as Nurse Sexton became a nurse practitioner. Resident Taylor (Ashja Cooper) commits Adderall fraud to keep up with the burdens of residency.

In Season 18, the storylines of *Grey's Anatomy* are heavily driven by Parkinson's research. Other significant topics are the long-term effects of burn pits and physician-assisted suicide. The medical cases are diverse, just as the specialization palette (cardiothoracic surgery, neurosurgery, OB/GYN, orthopedic surgery, and pediatrics).

New Amsterdam displays diabetes, eating disorders, holistic medicine, and psychiatric cases since, similarly to *Chicago Med*, it has a psychiatrist among the main characters. In this series, the hospital is like a patient: the building is dangerously old, and a collapse causes chemical infection. There is a cyber-attack against its computer system, and a hurricane hits New York.

Discussions

Productions of the genre represent similar illnesses and treatments from time to time: accidents, cancer, cardiovascular diseases, and transplantation are regular story elements. Even rare cases like cobalt poisoning and domino transplantation surgery are interpreted by different series. Despite these, it was unique that five medical dramas reflected on coronavirus simultaneously. Storyline similarities appear in the 2020-2021 and 2021-2022 television seasons beyond Covid-19, within and between the two sample categories. The non-episodic storylines are regularly connected to the main characters: for instance, the patient's treatment is a professionally and emotionally challenging career step; the patient is a relative of someone from the hospital staff, or they are the patients themselves.

The return of techno-optimism, research and innovation storylines is spectacular. However, series are less optimistic toward hospitals' computer

systems, which are fragile and easy to manipulate from inside and outside. In *The Good Doctor*, IT specialist Lea Dilallo (Paige Spara) saves the system from hackers (04x10); but later she upgrades the patient's evaluation of Dr. Murphy (05x05). While there are high-tech sources, hospitals are in danger of financial breakdown: Chastain Park Memorial Hospital becomes a public hospital from a private institution in *The Resident*. Differences in medical cases are more likely to come from the original profile of the series, like their specialty focus.

Summary

The five analyzed series run on three broadcast channels. The two NBC productions tended to mix Covid and non-Covid cases in their pandemic representation. Interestingly, ABC has a limited and an extended coverage as well: *The Good Doctor* condensed its reflection into two episodes, while *Grey's Anatomy* had a whole Covid season. Fox production *The Resident* dropped the virus narrative after two episodes.

The hardship of keeping control is a central element of the coronavirus representations. Mortality rates are high because of the strengths of the virus. From the first medical series, heroic healthcare workers are core characters of the genre; later series started to portray them as vulnerable beings in their professional and private lives. Following this line, in the Covid-19 episodes, they were heroic but vulnerable: they experienced the virus through their bodies, work, and personal lives.

Previous research on medical series proved the educational effect of the genre: the creators tried to exploit this by providing information on Covid-19 in emotionally engaging scenes. They gave an insight into Covid-treatment. There was no basis for comparison for many viewers since real hospitals had entry restrictions; furthermore, in many countries, the media had limited access to reporting. However, the series integrated elements that viewers were familiar with from the news, such as shortages, overcrowding, and the creation of ad hoc departments. Less personal experience may increase the chances of viewers crediting the representation. The cultivation effect can be increased by sustained, extended, and repeated portrayal. The characters and sets were already familiar to the viewers. They could compare the "normal" and Covid-19 periods, just as the former pandemic representations with the coronavirus storylines – even if the narrative emphasizes the

situation's uniqueness. This establishment and continuity can potentially extend the effect of the specific episodes. Genre-specific cultivation can be increased because these series are known to have medical consultants to keep authenticity.

The return of Covid-19 episodes is currently unlikely, as the second part of the qualitative analysis showed that medical storylines took new directions. The analysis of the 2022-2023 television season was not a part of the analysis, however, a preliminary review on the newest episodes affirms this statement. Furthermore, two analyzed series (*New Amsterdam* and *The Resident*) were canceled in 2023.

BIBLIOGRAPHY

- Bodoh-Creed, Jessica (2017). "The ER Effect: How Medical Television Creates Knowledge for American Audiences." In *Teaching Medicine and Mmedical Ethics Using Popular Culture*, edited by Evie Kendal and Basia Diug, 37-54. London: Palgrave Macmillan.
- Brodie, Mollyann, Ursula Foehr, Vicky Rideout, Neal Baer, Carolyn Miller, Rebecca Flournoy and Drew Altman (2001). "Communicating Health Information through the Entertainment Media." *Health Affairs* 20(1): 192-199. <https://doi.org/10.1377/hlthaff.20.1.192>.
- Cambra-Badii, Irene, Elena Guardiola and Josep-E. Baños (2022). "The Covid-19 Pandemic in Serial Medical Dramas." *JAMA* 327(1): 20-22. <https://doi.org/10.1001/jama.2021.19779>.
- Chory-Assad, Rebecca M. and Ron Tamborini (2003). "Television Exposure and the Public's Perception of Physicians." *Journal of Broadcasting & Electronic Media* 47(2): 197-215. https://doi.org/10.1207/s15506878jobem4702_3.
- Del Rosario, Alexandra (2021). "A Primetime Pandemic: Medical Drama Showrunners Reflect on "Moral Imperative" to Address Covid-19 On-Screen." *Deadline*. <https://deadline.com/2021/03/tv-medical-dramas-coronavirus-on-screen-showrunners-reflect-on-moral-imperative-1234717285/> (last accessed: 11-07-23).
- Dunai, Tamás and Nikolett Lilla Lengyel (2020). "A kórházszorozatok evolúciója." *ME.DOK: MÉDIA-TÖRTÉNET-KOMMUNIKÁCIÓ* 15(3): 33-47.
- Foucault, Michel (1963). *The Birth of the Clinic: An Archaeology of Medical Perception*. Paris: Presses universitaires de France.
- Grabe, Maria Elizabeth and Dan G. Drew (2007). "Crime Cultivation: Comparisons Across Media Genres and Channels." *Journal of Broadcasting & Electronic Media* 51(1): 147-171. <https://doi.org/10.1080/08838150701308143>.
- Grass, Anne F., Thomas W. Stern, Benjamin C. Silverman and Theodore A. Stern (2012). "Portrayals of Professionalism by the Media: Trends in Etiquette and Bedside Manners as Seen on Television." *Psychosomatics* 53: 452-455. <https://doi.org/10.1016/j.psym.2012.03.010>.
- Hether, Heather J., Grace C. Huang, Vicki Beck, Sheila T. Murphy and Thomas W. Valente (2008). "Entertainment Education in a Media-Saturated Environment: Examining the Impact of Single and Multiple Exposures to Breast Cancer Storylines on Two Popular Medical Dramas." *Journal of Health Communication* 13(8): 808-823. <https://doi.org/10.1080/10810730802487471>.

- Hetsroni, Amir (2009). "If You Must Be Hospitalized, Television Is Not the Place: Diagnoses, Survival Rates and Demographic Characteristics of Patients in TV Hospital Dramas." *Communication Research Reports* 26(4): 311-322. <https://doi.org/10.1080/08824090903293585>.
- Hoffman, Beth L., Ariel Shensa, Charles Wessel, Robert Hoffman and Brian A. Primack (2017). "Exposure to Fictional Medical Television and Health: A Systematic Review." *Health Education Research* 32(2): 107-123. <https://doi.org/10.1093/her/cyx034>.
- Karimi, Faith (2021). "Some TV Shows Are Telling Stories About the Pandemic. Some Viewers Wish They Wouldn't." *CNN Business*. <https://edition.cnn.com/2021/02/23/media/television-shows-coronavirus-trnd/index.html> (last accessed: 11-07-23).
- Kato, Mio, Hirono Ishikawa, Tsuyoshi Okuhara, Masafumi Okada and Takahiro Kiuchi (2017). "Mapping Research on Health Topics Presented in Prime-Time TV Dramas in "Developed" Countries: A Literature Review." *Cogent Social Sciences* 3(1): 1-16. <https://doi.org/10.1080/23311886.2017.1318477>.
- Lee, Tae Kyoung and Laramie D. Taylor (2014). "The Motives For and Consequences Of Viewing Television Medical Dramas." *Health Communication* 29: 13-22. <https://doi.org/10.1080/10410236.2012.714346>.
- Mickel, Jason T, Shian-Li McGuire and Shelley Gross-Gray. "Grey's Anatomy and Communication Accommodation: Exploring Aspects of Nonverbal Interactions Portrayed in Media." *Interpersona* 7(1): 138-149.
- Mittel, Jason (2015). *Complex TV: The Poetics of Contemporary Television Storytelling*. New York: New York University Press.
- Morgan, Michael and James Shanahan (2010). "The State of Cultivation." *Journal of Broadcasting & Electronic Media* 54(2): 337-355. <https://doi.org/10.1080/08838151003735018>.
- Murphy, Sheila T., Heather J Hether and Vicki Rideout (2008). "How Healthy is Prime Time? An Analysis of Health Content in Popular Prime Time Television Programs." *A Report by the Kaiser Family Foundation and The USC Annenberg Norman Lear Center's Hollywood, Health & Society*. <https://hollywoodhealthandsociety.org/sites/default/files/attachments/page/primetime.pdf> (last accessed: 11-07-23).
- Nádasi, Eszter (2021). "Az orvosi hatalom reprezentációja az amerikai kórházszorozatokban: A sebészeti innovációk ábrázolásának elemzése." Ph.D. Dissertation. <https://doi.org/10.15476/ELTE.2021.068>.
- Nádasi, Eszter (2022). "A koronavírus-járvány ábrázolása az amerikai kórházszorozatokban." *Információs társadalom: Társadalomtudományi Folyóirat* 22(3): 1-16.
- Nádasi, Eszter (2016). "Changing the Face of Medicine, Alternating the Meaning of Human: Medical Innovations in *Grey's Anatomy*." *Critical Studies in Television* 11(2): 230-243. <https://doi.org/10.1177/174960201664600>.
- Nádasi, Eszter (2017). "Orvos-beteg viszonyrendszerek az amerikai kórházszorozatokban." *Replika – Társadalomtudományi Folyóirat* 105(5): 69-82.
- Nádasi, Eszter (2020). "Surgeons, Surgeries, and Operating Rooms in Television Medical Series." *Információs Társadalom: Társadalomtudományi Folyóirat* 20(2): 33-54.
- Pfau, Michael, Lawrence J. Mullen and Kirsten Garrow (1995). "The Influence of Television Viewing on Public Perceptions of Physicians." *Journal of Broadcasting & Electronic Media* 39(4): 441-458. <https://doi.org/10.1080/08838159509364318>.

- Pokhrel, Lok (2015). "How Does Doctor-Patient Communication Differ Based on the Gender of Doctor and the Gender of Patient? An Analysis of Entertainment-Education Based Network Medical Drama *Grey's Anatomy*." *Journalism & Mass Communication Quarterly* 5(2): 7. <https://doi.org/10.4172/2165-7912.1000240>.
- Rideout, Vickie (2008). "Television as a Health Educator: A Case study of *Grey's Anatomy*." *A Kaiser Family Foundation Report*. <https://www.kff.org/wp-content/uploads/2013/01/7803.pdf> (last accessed: 11-07-23).
- Riga, Jessica (2021). "How Covid Infiltrated Your Favourite TV Shows (and Why Some Are Snubbing It Entirely)." *ABC News*. <https://www.abc.net.au/news/2021-09-15/how-tv-shows-are-tackling-the-covid-pandemic/100453994> (last accessed: 11-07-23).
- Rocchi, Marta (2019). "History, Analysis and Anthropology of Medical Dramas: A Literature Review." *Cinergie – Il Cinema e le altre Arti* 15: 69-84. <https://doi.org/10.6092/issn.2280-9481/8982>.
- Quick, Brian L. (2009). "The Effects of Viewing *Grey's Anatomy* on Perceptions Of Doctors and Patient Satisfaction." *Journal of Broadcasting & Electronic Media* 53(1): 38-55. <https://doi.org/10.1080/08838150802643563>.
- Quick, Brian L., Susan E. Morgan, Nicole R. LaVoie and Dave Bosch (2014). "*Grey's Anatomy* Viewing and Organ Donation Attitude Formation: Examining Mediators Bridging This Relationship Among African Americans, Caucasians, and Latinos." *Communication Research* 41: 690-716. <https://doi.org/10.1177/0093650213475476>.
- Turow, Joseph (2010). *Playing Doctor: Television, Storytelling, and Medical Power*. Ann Arbor: The University of Michigan Press.
- Valente, Thomas W., Sheila Murphy, Grace Huang, Jodi Gusek, Jennie Greene and Vicki Beck (2007). "Evaluating a Minor Storyline on ER about Teen Obesity, Hypertension, and 5 a Day." *Journal of Health Communication* 12(6): 551-66. <https://doi.org/10.1080/10810730701508385>.

COVID, POST-COVID AND COVID-FREE FANTASY WORLDS IN MEDICAL DRAMA TV SERIES



© The Author(s) 2023 <https://doi.org/10.21428/93b7ef64.f43f2fd7>.

In Stefania Antonioni and Marta Rocchi (eds). *Investigating Medical Drama TV Series: Approaches and Perspectives. 14th Media Mutations International Conference*. Bologna: Media Mutations Publishing. <https://doi.org/10.21428/93b7ef64.8ac7a6ca>.