

2. “Television Can Damage your Health?”

Italian Doctors and Medical Drama: A Qualitative Approach¹

Daniela Cardini and Fabrizia Malgieri

◀ ABSTRACT

The relationship between medical dramas and medical professionals is an interesting and controversial topic to be investigated, both through the approach of production studies and of qualitative analysis of consumption. Professionals are involved in this serial genre in at least two ways: from a production point of view, through their contribution to the scripts as consultants for screenwriting, and from a reception point of view, through their qualified – but often very critical – opinion about medical dramas as spectators.

Both these sides of professionals’ involvement have been investigated through the years, especially as far as American serials are concerned, while less attention has been paid to this topic by Italian television studies. Our chapter will focus on Italian professionals’ opinions about the genre of medical drama and, namely, on a popular recent Italian tv series, *Doc – nelle tue mani* (Rai1, 2020-). Our hypothesis is that – especially in the professional viewers’ opinion – a persistent strong cultural prejudice towards television prevents them from appreciating national medical dramas and their capacity to depict the Italian medical system in a realistic way.

In our research we approach the relationship between medical dramas and medical professionals through qualitative interviews to physicians, in the theoretical framework provided by production studies.

KEYWORDS

Medical drama; tv series; production studies; qualitative interviews.

¹ The research has been conducted by both Authors. The contents of the present chapter have been shared and discussed by them both. In detail: Daniela Cardini wrote the first and the third paragraphs; Fabrizia Malgieri wrote the second paragraph.

Doctors and Medical Drama: A Controversial Relationship

Doctors are involved in medical dramas in three different roles: as an inspiration for the main characters in the series; as television viewers; as consultants for the screenwriting, playing a crucial role in the production routines. These three aspects of doctors' involvement in the medical drama have been investigated through the years, especially as far as American serials are concerned, while less attention has been paid to this topic by Italian television studies.

In the US studies, some scholars contend that these television shows can be useful in reinforcing the principles of medical ethics, professionalism (i.e., communications skills, patient confidentiality, and bedside manner, including sensitivity and empathy), history taking, and clinical examination especially for medical students and junior doctors and that they could even replace lecture-based modules (Lim and Seet 2008). Some even argue that the medical drama is a narrative genre that may foster better emotional engagement with a patient, and moral imagination resulting in a more ethically and sensitive attitude in medical students (Arawi 2010). Some authors think that they may have an impact on the public in that they might be disseminating fundamental principles of medicine in the context of entertainment (Elkamel 1995).

The aim of our work is to discuss the first results of ten semi-structured interviews to Italian doctors as TV viewers, who watched medical dramas on TV, and one in-depth interview to Dr. Raffaele Landolfi, the scientific consultant of the successful Italian series *DOC-Nelle tue mani* (Rai1, 2020-) who cooperates in the screenwriting and follows the production process.

This first exploratory phase of our research project has several purposes: first of all, to collect the doctors' opinions about the genre, in order to identify any prejudices towards television and, specifically, towards medical dramas.

Secondly, we want to identify the strengths and weaknesses of this specific genre in doctors’ opinion, mainly concerning such issues as the plausibility of the medical representation, the healthcare environment, the doctor-patient relationship, etc. Finally, we intend to investigate the role and functions of doctors as scientific consultants in medical dramas.

The methodology follows two main research directions: a qualitative approach, through in-depth interviews with professionals, and the theoretical approach of production studies, through the investigation and analysis of the productive routines of one of the most significant Italian medical dramas through the experience of its scientific consultant, with the aim to identify opportunities and risks in the representation of the medical profession in a TV series.

The qualitative interviews were conducted on ten Italian medical professionals in Milan and Rome. The interviewees are specialists in several fields, such as oncology, haematology, breast medicine, ultrasound diagnostics, occupational medicine, etc. who occupy important academic and medical positions. The semi-structured interviews (40-45 minutes each) were conducted online from April 10th to May 5th, 2023.

From the productive point of view, the contribution of Professor Raffaele Landolfi, the scientific consultant for the Italian medical drama *DOC – Nelle tue mani*, was crucial both for dealing with the relationship between reality and fiction in drafting a screenplay about a medical theme, and because it helped us to understand some fundamental steps in the production process, in particular the relationship between the scientific consultant and the artistic and technical cast, mainly with the actors and the screenwriters in the ‘making of’ process of each scene.

The Qualitative Interviews: Structure and Main Topics

In this explorative phase, our intention was to bring out as spontaneously as possible any experience, memory or opinion linked to medical drama as a television genre. As a consequence, no medical TV dramas were deliberately suggested by the researchers, in order not to affect respondents’ memories, perceptions and opinions.

Many interesting topics emerged spontaneously during the interviews; the most relevant can be listed as follows:

- the interviewees' television experience: spontaneous memories and opinions about the medical drama genre;
- how much doctors' fictional representation can be considered as serious and authentic in TV medical dramas;
- how much medical settings (hospitals, clinics, wards, operating theatres, patient rooms, common areas, etc.) are credible and realistic in TV dramas;
- how much (and if) the timings related to diagnoses and treatments on patients are reliable;
- how (and if) the aspects of the doctor-patient relationship are represented in the best-known medical dramas.

In particular, respondents spontaneously expressed different opinions about US medical dramas and Italian ones. It is quite an interesting attitude, which describes the obvious need to be more attentive and critical towards a recognizable setting and attitudes, but at the same time it can show an unexpected appreciation towards the emotional side of medical characters and situations, their weaknesses and difficulties in dealing with problematic and emotionally demanding situations.

Spontaneous Memories of the Medical Drama, Experiences, and Opinions

All respondents were overall interested in watching television and they spontaneously cited several medical dramas aired on Italian TV and platforms, such as *Grey's Anatomy* (ABC, 2015-), *House, M.D.* (Fox, 2004-2012), *The Good Doctor* (ABC, 2017-), *ER* (NBC, 1994-2009), and some Italian productions, such as *Braccialetti Rossi* (Rai1, 2014-2016), *Cuori* (Rai1, 2021-), *La linea verticale* (RaiPlay, Rai3, 2018) and the already mentioned *Doc – Nelle tue mani*.

The good thing in Grey's Anatomy was that it really shows you the problems in the emergency room of a city where the traumas that arrived in that hospital were almost all 'social' traumas, such as stabbings, shootings, accident, etc. (Int. 3).

For example, what I really liked in ER it's the fact that, fortunately or not, many things don't go well. Many people died, and that's something that does not exist in many television productions. In TV everything is perfect, you never die. (Int. 1).

A few years ago, there was that TV series, named ER, which I liked because it seemed to me it had good pace; and, of course, Grey's Anatomy too, even though it

maybe has a slower rhythm and a little more sentimental plot. Ah, and of course, I liked DOC – Nelle tue mani very much, you know, that TV series which was aired on Rai 1, I liked it very much (Int. 4)

House, M.D., La Linea Verticale and The Good Doctor were cited by all respondents but seemed to be less appreciated in comparison with the previously cited medical dramas:

I didn't like La Linea Verticale at all. It doesn't fit with the empathic doctor-patient relationship as I mean it; there were situations that I totally understand, of course, which involve the personal story of the main character – and director of the show – who then died of a cancer. But the story and the tone of voice are not my cup of tea (Int. 7)

The example of *Braccialetti Rossi* was cited by only one respondent, an oncologist. She admitted she does not like medical dramas that deal with children's illness, as it happens in that particular show – an adaptation of the Spanish tv series *Polseres Vermelles* (TV3, 2011-2013) focused on the harsh and dramatic stories of a group of teenagers recovered in an Italian hospital:

I have never been able to watch Braccialetti Rossi, because I have always had a difficult relationship with children's illness. I know that TV series had a huge success, but I really find it hard to understand how people can be fascinated by a subject like this (Int. 9).

The Doctors' Representation in Medical Dramas

According to our respondents, in general the medical drama genre offers an unrealistic representation of doctors' professional life, which is quite different from the real routines in Italian hospitals.

There is an interesting difference in the opinions about American and Italian medical dramas. In the first case, opinions are more critical: for instance, some respondents notice how often fictional doctors are described in US TV series as deeply human, empathetic and almost heroic; in the respondents' opinion, there is a serious risk of overpromising which can affect real patients' (viewers') expectations.

In this show [Grey's Anatomy] TV doctors are depicted as extremely human, both as persons and as practitioners, always helpful and caring about patients' requests and needs, which unfortunately is not common in real life, in daily routines in hospitals, at least in Italy (Int. 5).

Medical characters in American TV dramas are unrealistic; it seems that they are only interested in solving their own personal problems, they are only involved in their own lives (Int. 1)

In my opinion, that stuff [House, M.D.] is boring in the long run, if you insist too much on that thing, in terms of credibility, huh? The main character's emotions are always the core of the story, but that's not real life in hospitals (Int. 4).

When it comes to Italian medical dramas, on the contrary, the respondents' attitude seems to be more nuanced and polarized: on the one hand, the lack of realism is even more criticized than in relation to US series; on the other hand, the emotional side of medical practitioners is appreciated, together with the stories that show their empathy and sensitivity towards patients and caregivers.

In Italian medical dramas some characters are portrayed as heroes and full of emotions and sentimental issues, they have no doubts... it can be unrealistic, of course, especially if the characters are also incredibly handsome... but in some cases it is not bad to show that even doctors have emotions and cope with ethical issues and things like that, we are not robots... (Int. 4)

The Credibility of the Medical Settings

According to our respondents, locations are a peculiar aspect in medical dramas that can show unreal features, especially in US series, where the hospital facilities are too perfect:

There are these beautiful hospitals where everything works perfectly, where you ask for a CT scan and they do it in real time and you see it on your computer in real time, you ask for a blood test and you don't even have time to ask for the report that it already arrives on your desk. But above all the settings are unreal: they have all those incredibly beautiful and clean and glossy hospitals which I have seen in a very few occasions in the real world. From an architectural point of view, above all, I have to say that over the years in Italy we've improved that too, but still all that technology and all that architectural beauty I don't think it's common, and it's the most important criticism I usually move towards US medical dramas (Int. 6)

In some cases, our respondents are less critical about US locations and settings probably because they are perceived as a sort of exotic background which cannot be compared with the Italian real situation, especially in

Southern regions. In fact, when it comes to those Italian medical dramas whose settings are too perfect and modern, the criticism is particularly harsh because they are considered totally unreal.

But come on, when and where you can happen to see such a clean, perfect, glamorous hospital as the one in DOC-Nelle tue mani? Come on, it's unrealistic! (Int. 3)

Diagnoses and Interventions on Patients

According to our respondents, the scheduling of medical tests and surgeries and the always quick and accurate diagnoses are perhaps the less credible aspects in medical dramas, that depict a rather unreal relationship with patients and with medical infrastructures. In particular, the professionals criticize the fact that such aspirational situations raise excessive expectations towards real daily medical routines not only by patients, but most of all by caregivers, which become more demanding and more critical towards the real health system:

Such perfect fictional situations result in creating false expectations not only among patients, but above all among caregivers. In my daily experience with oncology patients, the relationship can be quite satisfactory if you have even a little empathy: they listen to your explanations, you listen to their needs and you can take them by your side quite easily. The very problem is represented by the caregivers, who either because of ignorance or of excessive knowledge or of excessive studies on Google or on television series, well, they expect immediate results from you. (Int. 1)

I wish I could have real-time test results with a radiologist or pathologist at my disposal every time I need... But I must say that I am often forced to ask for personal favours in order to get quicker answers [...] It's definitely quite different from the movies. I understand all the scheduling and scenic needs, but in real life I'm sorry but no, it's not that simple (Int. 5)

These fictional and handsome doctors can make very complicated diagnoses in just one episode. And there I'm not criticizing the actors who just play a part, but can the best doctor in the world make such a complex diagnosis in so little time? We do multidisciplinary meetings every day, and every single day I have complex cases to cope with, because oncology has now become a very complex field (Int. 6).

So, in DOC, for example, but also in House, M,D., complex diagnoses are made in 10 minutes... Well, that's a serious issue in that series and in medical dramas in general, as it seems that every complication turns out to be very simple in the end.

So what happens? It happens that patients arrive with incoherent files, but they expect you, in a 20-minute visit, to give them the answer they want, but when you tell them: "Look, we need to do some other tests. I need them to better understand your situation", their answer is: "How comes that you don't give me my therapy today?" (Int. 7).

So, I'm seriously worried about this sort of transfer. I also notice it in patients who, when talking about medical topics, since they watch medical dramas, they think they have the right to give medical opinions. This is an excess of information... Anyway, I don't think it is only up to medical dramas, because we know that there are hundreds of daily medical programs on radio and television; in the media by now, unfortunately in medical information, there are too many opinion makers (Int. 8).

The Doctor-Patient Relationship

In general, the opinion about the relationship between doctors and patients in medical dramas (both in US series and in Italian ones) is positive: it is often described as an empathetic one and it helps in reaching a more human and sensitive representation of the medical professionals, making them more reliable and closer to common people:

Medical dramas help inform the patient and make the patient feel that there might be some humanity in the medical field (Int. 2).

If we try to tell a little something, well, about reality, about the problematic nature of reality, certainly, maintaining a narrative with an interest for the audience, in my opinion medical dramas can be useful in that sense (Int. 5).

If fictional physicians are represented as fragile and emotional, it can help in creating empathy in the audience, respondents say. Fragility is also appreciated when it helps to create empathy in the audience. The gaps in the communication training of real doctors, that are highlighted by practically all the respondents, could even be filled or to some extent replaced by medical dramas; on the contrary, the lack of accuracy in all the scientific aspects (illnesses, symptoms, therapies, etc.) cannot be forgiven in any way.

It is interesting to notice that none of the respondents is amazed or disturbed by the doctors' personal or sentimental stories, that are often crucial in medical dramas, but they are by far more reactive towards any inaccuracies on the professional side.

Love stories can be accepted, no problem, they can happen also to doctors... but mistakes in diagnoses or bad description of symptoms and diseases can be dangerous to our professional reputation (Int. 8).

The Insight: DOC – Nelle tue mani

The case of *DOC – Nelle tue mani* is particularly relevant while analyzing the relevance of the medical drama in the perception of Italian doctors, on both on the reception side and on the participation in the production routines.

The first season of *Doc – Nelle tue mani* (*Doc – In your hands*) was aired on Rai 1 since February 2020. It is written by Francesco Arlanch and Viola Rispoli and produced by Rai Fiction and Lux Vide. The second season was aired in 2022; each season is composed by 16 episodes of 50-60 minutes each. The third season will be aired in 2024.

The series has already been distributed and broadcast in Spain, Portugal, France, Canada, Latin America, Slovenia and UK. Since April 2022, it is available in Germany and Austria on the streaming platforms Sony Channel and Canal Plus. In October 2022 it was broadcast on the Japanese public television network NHK General.

The story of *Doc – Nelle tue mani* is inspired by the true experience of Dr. Pierdante Piccioni, former head of the Emergency Department in a hospital in Lombardy, who, as a consequence of a road accident, forgot the last twelve years of his life. The fiction is set in the fictitious Policlinico Ambrosiano hospital in Milan, and is focused on the events which involve the health personnel working in the internal medicine department.

The main character, Andrea Fanti, has a complex personal story, marked by a dramatic turning point: the father of a young patient shot him in the head, holding him responsible for his son's death, and put him in a coma, causing him to lose his memories of the previous ten years. After his recovery, Fanti is no longer the cold and distant doctor he was before the accident; he has become more empathetic and fragile, more attentive to his patients' emotions, more willing to listen to them, and extremely acute and quick in diagnosing. The relationship with his colleagues has also changed after his accident: his empathy is not always appreciated by the hospital managers, but on the contrary his new personal qualities and attitudes turn him into a role model for young trainees.

The series has achieved a huge success in Italy. All the features that represent the core of medical drama as a genre are explored and dealt with: for

instance, all the emotional nuances and complexity of the character of a doctor are represented, as well as the empathy and warmth of the doctor-patient relationship, and, above all, great attention is paid by the storylines to the emotional consequences of medical mistakes in diagnoses and treatments. The second season was set and shot during the Covid-19 pandemic: all the terrible aspects of that dramatic moment were told from a medical perspective, the storylines paid a lot of attention on depicting the real effects of the virus in patients' and physicians' daily life (and death). The TV series' choice to underline the reality and the dramatic and violent characteristics of the pandemic was greatly appreciated by the television audience.

Due to the importance of this series in the Italian television and in the story of the Italian medical drama, our research focused on the answers of our interviewees on *Doc-Nelle tue mani*, and we also interviewed the supervisor and medical consultant who is responsible for the scientific accuracy of the scripts.

The Qualitative Interviews

The issues that spontaneously emerged in our interviews in relation to *Doc-Nelle tue mani* are very similar to the answers relating to medical drama in general, both for Italian and US production; they mainly relate to credibility in the representation of doctors and locations, in the timing of therapies and of diagnoses and in the description of doctor-patient relationships.

So, let's say that he [the main character, played by Italian actor Luca Argentero] is the doctor that everyone would like to have at home. But since people no longer have a doctor who goes home, because let's face it, this is also a fact, in the sense that people and we can talk as much as we want about digitisation, teleconsultation, meeting the doctor every day. It's not true, it's not like that, because the patient today finds it more and more difficult to meet the doctor in person and also regarding the family doctor. [...] In short, that's the doctor that everyone would like, that's the doctor who, so to speak, gets emotional, that's the doctor you want because, having been hit, he too felt on himself the fact of being patient. This, I think, is what people liked, that he is vulnerable, he is fragile. I believe this is the case and therefore they are reflected in the fragility of this person who made him more human and closer to people. (int. 9)

However, a new issue emerged in relation to *Doc-Nelle tue mani*, namely the representation and narrativization of medical mistakes. It is a very serious topic which affected all our respondents, in relation to the need of coping

with the narrativization of the harsh and recent experience of the pandemic. All respondents were very sensitive about this issue:

It's all, let's say, 'too told' in comparison with what happens in real life. In reality, there is a mechanism of individual awareness that is more internal than the mistake itself, that is less shared. In the real world, all the medical actions are more obvious and certain steps in detecting and admitting mistakes are evidently deeply affected by bureaucracy. But, of course, spectacularization has its rules, otherwise TV viewers would get bored. (int. 5)

The Production Phase

Due to its success and its meaning in the Italian medical drama genre, our research considered the production side as well, through an in-depth interview with Professor Raffaele Landolfi, the scientific consultant of the series. Prof. Landolfi is internal medicine specialist at the Gemelli hospital in Rome and full professor of internal medicine at the University of the Sacred Heart. His contribution to the writing phase of the series is particularly relevant. In the first steps of the scripts, the scientific consultant tells real case histories to the screenwriters, who write a first draft of the clinical cases in each episode; then the scripts undergo two subsequent reviews by the scientific consultant and the screenwriters; the last step is the scientific check after watching the filmed episode.

The medical department where Professor Landolfi works was chosen by the production after an accurate study of the structure of Gemelli Hospital, that highlighted the relevance of the internal medicine department as the most interesting one, because of the continuous need to listen carefully to patients in order to understand their symptoms, stories and experiences.

Professor Landolfi said:

I told him [the director] how internal medicine works. And that is probably the hospital department where there is the greatest variety of pathologies, where there is a certain number of patients who do not have a diagnosis. We have to listen carefully to them in order to understand what their pathologies can be. At that point the director rose abruptly from the chair and told me 'Yes, this is what I need!' (...). He asked me: 'Can you introduce us to some of your collaborators who could help us in writing scripts?'. And I said, ok, I would like to be the one to collaborate with you because I am passionate about this topic, I used to teach it in internal medicine graduate school. So, in the end they had a message to give, and I had one message to tell, and we hit it off.

The collaboration with the screenwriters is marked by a continuous compromise, Prof. Landolfi says, because the production needs (timing, speed, entertainment) must coexist with the consultant's need for scientific precision:

Well, it's true that screenwriters have needs for timing, speed and entertainment, but I have needs for adherence to reality.

For example, the balance between television needs and scientific truth is clearly shown by how the conversations between doctors and patients take place in reality and how they are described in medical dramas: *"It's very good to have a friendly attitude toward your patients, but in a real hospital you never, never sit on a patient's bed"*, he said.

Dialogues are a key issue in the work of a scientific consultant: Professor Landolfi explains both to the actors and to the screenwriters how the tone and the wordings of the conversations between doctor and patient must be in order to get the most from a patient's experience. For example, a good doctor must always ask open-ended questions:

A few days ago, I had a chat with three new residents – I mean, three new actors who are currently training at the Gemelli Hospital, they are gaining their experience in the daily routines of the hospital ward. I tried to tell them how they have to talk to the patients, and above all how is the best and more effective way to ask questions: what are the best ways to ask questions, you must always ask open-ended questions in order not to influence your patient's answer, they must be free to answer what they feel like about their symptoms. A doctor must be careful to listen, to interpret his/her patients' symptoms, it is important to be always able to interpret their suggestions, even the least signal.

The contribution of the scientific consultant continues during the post-production phase, for example by paying a great attention to the accuracy in the visual representation of medical technologies. Professor Landolfi said:

In the first season this aspect was not so relevant for the screenwriters, but now (the third season) greater attention is paid to being as accurate as possible in the representation of all technical appliances. For instance, it does not happen anymore that the pressure gauge and the electrocardiogram tracing are not correctly aligned, as it happened in some occasions in the first episodes.

Besides collaborating with the screenwriters, the scientific consultant works closely with the actors, who undergo a real training in the operating rooms of the Gemelli Hospital. They are asked to observe and sometimes support

real doctors during some surgical operations – obviously very simple ones, such as the surgeries which can be conducted under local anesthesia. In those occasions, actors can learn, for example, how to handle a scalpel, how to dress correctly in an operating room, how to sterilize surgical instruments, and so on. In other words, the actors are accurately trained in order to be aware of what can and cannot be done in an operating room, so that the surgery scenes can be as reliable as possible.

The need to stick to real medical and surgical routines is a key point of *Doc-Nelle tue mani* since the series' very beginning. As a consequence, there have been no controversies so far, either from medical institutions or from patient associations.

In Professor Landolfi's opinion, the most difficult aspect in his experience as a scientific consultant for a medical drama is the dramatization of medical mistakes. It is quite a delicate topic to deal with in medical dramas, because it can involve risks for the reputation of the medical profession. For this reason, Professor Landolfi worked extensively side by side with the screenwriters, trying to cope with such a complex issue and always keeping in mind the needs of televisual narration. In this direction, Professor Landolfi underlines the relevance of introducing the practice of simulation, not only in television but also (and maybe above all) in real hospitals:

This year they followed me in my suggestion to pass the message that simulation is an excellent way to do medical training and medical education, because simulation in a real hospital allows medical mistakes to be prevented and fixed. Common mistakes, even serious mistakes are an everyday story, unfortunately. Basically, according to many statistics, medical mistakes are roughly the fourth or fifth cause of death in the world; nonetheless, we prefer not to talk about it, there is a tendency not to underline medical mistakes; but this attitude prevents doctors from learning. I have been the director of the simulation center at Gemelli Hospital, I really care about this issue; that is, I wish all hospitals could have a simulation center, because it is in the simulation center that one really can learn how to cope with medical mistakes. And I asked for this topic to be described and discussed in the TV series I collaborate with, and the screenwriters accepted it.

The need to create a simulation center in every hospital is a concrete objective that the scientific consultant would like to achieve through the huge visibility of the series. In this case, the informative and educational value of medical drama as a TV genre is quite clear, not only because of its effects on the television audience, but also as a real possibility to improve the medical profession itself.

BIBLIOGRAPHY

- Arawi, Thalia (2010). "Using Medical Drama to Teach Biomedical Ethics to Medical Students." *Medical Teacher* 32(5): 205-10. <https://doi.org/10.3109/01421591003697457>.
- Cambra-Badii, Irene, Elisaber Moyano, Irene Ortega, Josep-E Baños and Mariano Sentì (2021). "TV Medical Dramas: Health Sciences Students' Viewing Habits and Potential for Teaching Issues Related to Bioethics and Professionalism." *BMC Medical Education* 21: 509-12. Published online 2021, Sept. 26. <https://doi.org/10.1186/s12909-021-02947-7>.
- Elkamel, Farag (1995). "The Use of Television Series in Health Education." *Health Education Research* 10(2): 225-32. <https://doi.org/10.1093/her/10.2.225>.
- Lim, Erle C.H. and Raymond C. Seet (2008). "In-House Medical Education: Redefining Tele-education." *Teaching and Learning in Medicine* 20(2): 193-5. <https://doi.org/10.1080/10401330801991931>.
- Wicclair, Mark R. (2008). "The Pedagogical Value of *House, MD* – Can a Fictional Unethical Physician be Used to Teach Ethics?." *American Journal of Bioethics* 8(12): 16-7. <https://doi.org/10.1080/15265160802478503>.

"TELEVISION CAN DAMAGE YOUR HEALTH?"
ITALIAN DOCTORS AND MEDICAL DRAMA:
A QUALITATIVE APPROACH



© The Author(s) 2023 <https://doi.org/10.21428/93b7ef64.22ca802e>.

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>.