



Beyond Medical Dramas: Learning from Cinematic Portrayals of Doctors

Review by Jason Pan

Recently, I observed that nearly everyone in medical school has a favourite medical drama. From *Grey's Anatomy* to *House MD* (which is my personal favourite), we often unabashedly look to them not just for entertainment, but also for an ephemeral (albeit highly dramatised) glimpse of the work that lies ahead. One can make a case, however, that the portrayal of doctors outside of medical dramas, particularly in cinema, could be more enlightening. Without the beeping monitors and high octane resuscitations to sustain audiences' interest, what is the added value in featuring doctors outside of traditional medical narratives?

Mainstream media often reflects the prevailing public mentality. Unlike medical dramas, these stories are exempt from technical consultation from doctors, and thus the ideas they explore offer an unadulterated reflection of how the medical profession is viewed in the collective consciousness. As an avid filmgoer, I particularly enjoy non-medical stories that prominently feature doctors, as not only do their obligations dictate their choices, but their portrayals give insight into what laypeople expect their doctors to be like. I should clarify that this piece is by no means film criticism. The following are not inherently medical stories, nor do they heavily feature clinical decisions, but I shall

attempt to put their portrayals of doctors into perspective for us medical students.

Faith and science: Father Damien Karras in *The Exorcist* (1973)

After a bombardment of neurological tests and psychiatric evaluations, young Regan's frightening and aggressive behaviour remains unexplained. Afraid she has been afflicted by something sinister and at her wits end, her mother approaches Father Karras (played by Jason Miller) for an exorcism. Being both a Jesuit priest and a psychiatrist, Karras rationalises that exorcisms haven't happened "since we learned about mental illness, paranoia, schizophrenia..." The film initially presents religion and medicine as being fundamentally at odds, with diagnostic tests offering no answers for what is perceived to be a spiritual ailment. However, when Karras reluctantly agrees to perform the exorcism, he does so as a man of faith with medical training. When praying over Regan, he takes time to auscultate her as well, neither denying her spiritual disturbances nor neglecting her medical needs. This begs the question, why make the priest a doctor?

Supernatural elements aside, the film accurately depicts spirituality and religion as intricate subjects for most people,

especially when they are at their most vulnerable. We are frequently taught that beyond signs and symptoms, holistic medicine should ideally encompass psychosocial and spiritual aspects of care.¹ Once Karras accepts the spiritual elements of the case, he becomes a hypothetical – yet unmistakably sought-after – reconciliation of faith and science, in the hopes that this will offer closure. While initially oscillating between an obligation to offer spiritual guidance and a desire to clinically rationalise Regan's preternatural behaviour, he ultimately proves that **medical and spiritual care are not mutually exclusive**, as both offer reassurance and comfort in equal measure. He reminds us that regardless of the beliefs of the patients we will encounter, medicine and religion are unified in their common desire to alleviate suffering.

Beyond puzzles and cases: Sir Frederick Treves in *The Elephant Man* (1980)

Based on the real-life Victorian-era surgeon and anatomist Sir Frederick Treves, who was credited with saving King Edward VII's life,² the film stars Anthony Hopkins as Treves in a dramatised account of his friendship with the titular Joseph Merrick, a man abused and

exhibited in a freak show for his hideous deformities (now postulated to be due to Proteus syndrome).³ Appalled by the mistreatment, he rescues Merrick and accepts him as a companion. While his colleagues remain enthralled by the pathology afflicting Merrick, Treves forms an intimate friendship with him, learning that he is in fact very gentle, intelligent and kind-hearted. At one point, Merrick poignantly declares he is “not an animal” but “a human being”.

As medical students trained in a didactic teaching environment, we oftentimes forget that behind every case is a person with a story. A clinical sign or abnormal scan never fails to allure us even if its significance completely escapes us, especially in the pre-clinical years when anything that appears slightly off is ludicrously earth-shaking. But do we always consider how the patient would feel seeing that chest X-ray or receiving those results? The film hyperbolically depicts doctors’ morbid fascination with the uncanny as being diametrically opposed to and incompatible with Treves’ compassion. While in actuality, a desire to learn is indeed crucial in medical education, the film’s depiction of Treves as a good friend and kind man as opposed to a brilliant doctor (which he was) does tell us more about what general audiences construe as good doctoring. Notwithstanding the diagnostic challenge, Treves remains deeply empathetic and compassionate towards an outcast. The cinematic depiction of this friendship is underscored by a **subliminal desire for doctors to see patients for who they are** instead of just what they present with.

Making sacrifices: Dr Richard Kimble in *The Fugitive* (1993)

Perhaps more familiar to the younger readership as Han Solo, Harrison Ford plays a vascular surgeon who is falsely accused of murdering his wife and sentenced to death. He escapes and attempts to find the true murderer, with US Marshals hot on his trail. The head start he acquires is quickly negated, because constantly attending

to casualties and saving the lives of the victims of collateral damage allows law enforcement to catch up with him. I would recommend this movie for fans of action, as it is refreshing to see a fight scene ending with a doctor taking vital signs. Kimble goes so far as to save the life of a trauma victim misdiagnosed as having a fractured sternum despite him having nothing to do with it, effectively risking his own life.

Having the main character bound by his moral obligation to sustain life lends the film moments of tension, as the hero narrowly escapes capture repeatedly. For us, however, it also sheds light on the public’s conception of the doctor that puts his/her patients before everything, including his/her own life. Kimble represents what some patients have come to perceive as an unspoken rule – a doctor should drop everything for patient care, and their professional obligation supersedes all, including their own welfare. Though undoubtedly an unreasonable expectation to meet in some contexts, dedication to patient care can and does involve real sacrifices from the care providers. One need not look further than the healthcare workers around the world dealing with the COVID-19 pandemic for an example of risking one’s life daily to prolong that of patients. Kimble’s character accentuates **the altruistic spirit the mainstream media and public expect** from doctors. It is a daunting prospect, but one that we must eventually come to terms with.

Concluding remarks

Ultimately, works of fiction serve to entertain. However, they invariably capture common beliefs and perceptions in order to resonate with larger audiences. In the case of doctors in popular films, they are often portrayed in a positive light, offering closure to all regardless of beliefs, showing compassion and exuding altruism. This is likely due in no small part to the audience’s expectations. These stories arguably explore more complex ideas that medical dramas cannot, by virtue of their settings. With medical humanities gaining traction in

recent years, I believe that examining works of fiction by laymen featuring doctors can offer us valuable insight into what the public sees in medical professionals, which can play a role in how we handle these expectations later in life. ♦

References

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Jason is a Phase II medical student from the NUS Yong Loo Lin School of Medicine. He likes nature walks, Mayday, playing guitar and watching old films.

