The Left Atrium

Reality emergency

Situation critical

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Television has entertained, informed and shaped our culture for more than fifty years, its power far-reaching and immutable. Who among us can resist its influence? TV overflows the confines of its small screen and trickles into water-cooler conversations, radio shows and daily newspapers. Even people who have never seen *Trailer Park Boys*, for example, know who Bubbles is and have a vague idea that the show smugly ridicules a socioeconomic stereotype.

I think that this power and influence are important when we consider Discovery Health Channel's new reality show, *Situation Critical*. Shot at Sunnybrook and Women's College Health Sciences Centre and at St. Michael's Hospital in Toronto, each one-hour segment of this 11-part series follows trauma patients rushed to the emergency departments of these two hospitals.

Cameras begin recording as paramedics wheel victims into the ED. Case histories are rolled out much as they are in real life: the team attempts to diagnose and treat injured patients in an urgent fashion. In some cases, an attempt is made to dramatize the stories with grainy, slow-motion flashback sequences. In other cases, the camera cuts to a picture of a smiling, previously healthy patient. In every instance, the tension is pumped up with a pulsating score and an overdubbed narration that unflinchingly emphasizes the high drama of the life- or limb-threatening situa-

tion. This rapidly becomes tedious. We get it, already: it's another really, really serious case.

The scenes themselves are graphic. Bloodied patients in various stages of undress scream with pain. Although the film editors have electronically altered the images such that breasts and genitalia are not visible, this technique serves to emphasize the person's vulnerability. We, the viewers, are forcefully reminded that there is a nonmedical film crew present.

To be fair, we see that both hospitals have well-run trauma teams that deliver top-notch care. The physicians, nurses and paramedics come across as skilled, competent and technically proficient. And so here is one problem: we have grown up with TV, and a good television presence appears to be rather simple. It is not. Trauma management demands that the team divorce itself from the emotional overload of the moment. The doctors and nurses are not actors, nor are they acting; the TV screen is not their medium.

This is more than a quibble from the audience's point of view. We, as spectators, cannot watch this as a cold-hearted exercise; we demand to be moved, to feel that there is some point to this gruesome display beyond titillation.

A press release accompanying the two one-hour shows available for preview states, "What makes the series so engaging are the personal and emotional stories of the families and hospital staff dealing with these real-life traumas." I

would argue that the program fails to touch us in this way. The show piles one casualty on top of another while the narrative devices fall short of connecting us to the individual victims. Near the end of the first instalment a mother, father and sister speak about their loved one, whom the team was unable to save. But the body count is too high, and a sister's tears cannot alleviate our numbness. We squirm as an uncomfortable realization strikes: we are witnessing the exploitation of a despondent family.

The issue of consent was a nagging concern for me. Although some patients appear to have been capable of consent prior to filming, there are several examples where the patients were wholly incapable. After-the-fact consent is a serious breach of protocol. People need to know that their privacy and confidentiality rights will be respected in our public hospitals. St. Michael's Hospital dropped out of the series after the initial eleven shows were filmed, due at least in part to this issue.

I know I am fighting a losing battle here, that we have given cameras unlimited access to our lives. We no longer seem to question the appropriateness of front-page photos depicting grieving families in their most wrenching, life-changing moments.

But we can object to this kind of TV program. For here is an example of life imitating art and doing a rather bad job of it. Give me *ER* in its prime any day over this. Let the writers write and actors act; if this is done well, the audience will enter willingly into their world of make-believe.

Physicians and nurses on the other hand should treat patients, preferably with confidentiality. Trauma care is not a spectator sport.

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