Room for a view

Behind the small screen

I'm as much of a TV snob as the next person. Ask me and I'll tell you I never watch it, though I might concede a bit of PBS. Okay, sure, snippets of *Hockey Night in Canada* during the playoffs. Or *ER* — out of professional curiosity, naturally.

But the fact is that I grew up in the television era. I was mesmerized by the small screen and powerless in its vicinity. I passed my childhood bathed in TV's flickering glow.

So the chance to serve as a technical advisor for one day on a TV series shooting at Eagle Ridge Hospital was enticing. The bonus opportunity of appearing on the show as an extra proved irresistible. I'd be able to watch television from the other side.

At 7 am on the appointed day, Hilary Tisseur, hospital liaison officer during the filming, introduces me to a former-nurse-turned-TV-technical-assistant. She shows me to the extras' holding area, and I check in with the manager.

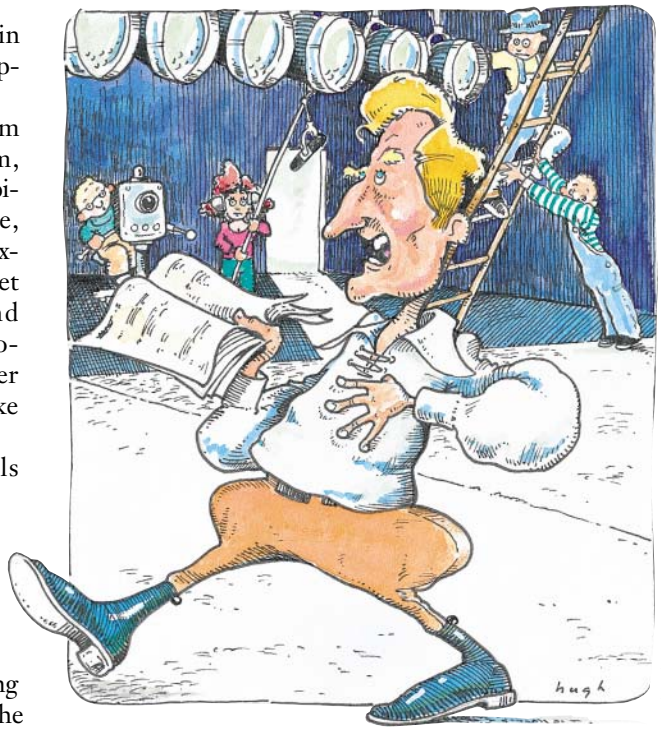
Three RNs and I are brought to the set, all of us to be used as extras. I grow restless waiting for the start of the shoot. A script is thrust into my hands, and I eagerly begin reading. I find my nose contorting, as if exposed to an unpleasant odour. This is not Shakespeare.

Distracted by the start of the action, I toss the script aside and peer over to the set. I had always imagined that a director stood over his actors like a lion tamer, cursing and cajoling. The reality is a bored baby boomer following the proceedings on a TV monitor and punctuating his ennui with "Cut" or "That's a print."

The scene involves an intern with the rugged looks of a California surfer and a nurse with long legs and a tight uniform. Affecting a French accent, he asks her out for dinner while a violinist stands behind them playing a serenade. This action, of course, takes place in the hospital. The interlude is interrupted when another nurse, equally thin and impractically attired, rushes in with dramatic developments.

"Trauma room STAT. One victim, multiple injuries, respiratory compromise, ETA two minutes." Except that she can't get her tongue around "respiratory compromise," stumbling over the same syllables take after take.

The director calls for a break, and I see him with the actress, whether cursing or cajoling I can't tell. I walk with the real nurses down the hall, following the cast and crew to the room with assorted refreshments and snacks. I help myself to some papaya-orange-guava juice, nibble on some dark chocolate and take a few strawberries and slices of fresh pineapple. Suddenly the extras manager bursts into the room.



Hugh Malcom

"You extras, get out!" This is for the cast and crew only. You should know that. OUT. NOW."

Hilary comes to our rescue. She schmoozes, pats bruised egos and bends the rules with a wink and a smile. I partake of papaya-orange-guava juice again. We hang out with the actors and eat a delicious catered lunch. This Hilary knows how to play Hollywood.

Eventually we move to the trauma scene. I help the actors playing paramedics prepare their patient with an IV line, hard collar, spine board and oxygen. I run through the basics of chest-tube insertion with an actress. She is a Vancouverite, warmer and less distant than the others who play the main characters. She tells me that she must empty her speech of any trace of Canadian inflection: *hostil* not *hostile*, *sahrry* not *sorry*.

The script calls for the trauma patient to be in respiratory failure secondary to a tension pneumothorax, but I find the action puzzling. I had been led to believe that a Los Angeles physician had edited the script for accuracy.

I try to get the director's attention. He regally ignores me. I find the former-nurse-turned-TV-technical-assistant to convey my concerns. She talks to the assistant director, who then slides over to talk to me.

"Sorry, but I'm a bit confused about the script," I say.

"Really?"

"The patient has a tension pneumo and is gasping for breath; he's on his way out, correct?"

"Right, that's it. We wanted some heart-thumping drama."

"Fair enough. But did you really want the trauma team to finish him off?"

"What? That's not the idea at all."

"Oh, sorry. It's just that I thought you had a medical editor … anyway, the point is that if you intubate the patient

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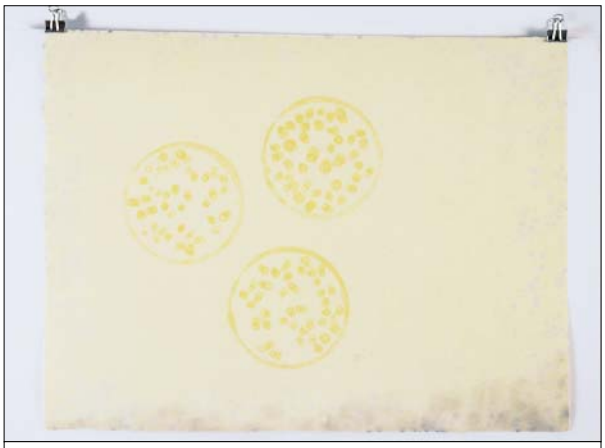
Lifeworks

Lacrimae

The series of lithographs entitled *Watermarks: a comparative study of artificial tears* (1998) by Barbara McGill Balfour makes reference to the conventions of a scientific trial by examining and comparing the action of three brands of artificial tears when they come in contact not with skin, but with stone. The process of lithography depends on the antipathy of oil and water, and on the receptivity of stone to both. As Balfour writes, "Artificial tears, like the natural tear film they replace, are composed of both oil and water, and thereby leave discernible traces on lithographic stone, capable of reproduction. In addition to relieving the discomfort of 'dry eye syndrome,' the synthetic tears occupy an ambiguous position. What is their relationship to 'natural tears,' those transitory traces taken to be proof of genuine emotion?"

mn Hutch Hutchinson

Barbara McGill Balfour, *Watermarks*, 1998, print installation.



Paul Litherland

Barbara McGill Balfour, *Watermarks*, 1998 (detail). Lithograph on handmade paper, 16″ × 21″.

The difficulty of reproducing Balfour's almost invisible subject on the printed page testifies to the paradoxical power of tears: despite their transparency they are extremely *noticeable*. We give enormous significance to tears, believing that they represent a kind of leakage of the true self. Our possession of qualities such as weakness or stoicism, vulnerability or maturity, coldness or empathy may be judged by others on the evidence of how readily, and on what occasions, tears spring to the eye. Thus a photograph of the premier of Alberta in tears at the funeral of a teenager killed in a shooting was recently front-page material. We value tears, but not to excess. Chronic tearfulness is taken as a sign of psychological imbalance (aside from crocodile tears syndrome, lacrimation stimulated by eating, a sequela of facial palsy). And dry eye syndrome is treated because of its physical, not psychosocial, effects.

Watermarks was first shown as part of Balfour's exhibition *SoftSpots* at the Southern Alberta Art Gallery in Lethbridge in October 1988. *SoftSpots*, which included the works *m melancholia & melanomata*, highlighted in the last issue,[1] and *Taches de rousseur* (freckles), uses a range of printmaking techniques to explore clinical and emotional "readings" of marks on the surface of the body. Balfour currently teaches in the Department of Studio Arts at Concordia University in Montreal.

Anne Marie Todkill
Editor, The Left Atrium

Reference

1. Todkill AM. M-words. *CMAJ* 1999;160(10): 1484-5.

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before you decompress his chest he might very well die. And it would be the physician's fault, see? Chest drainage first, okay?"

We rehearse the act. The plot turns on one of the nurse characters finding the trauma victim to be her husband. Horrified, she backs away from the scene. My eyes roll involuntarily, as if struck by billiard balls.

The resuscitation scene proceeds. I decide that I should be the one to intubate the patient. Why not? I do the real thing all the time. I give the assembled actors a few instructions on how to carry out their respective tasks. I begin to feel that this is a mock trauma code and that I'm the team leader. I get entirely carried away by the moment.

"Okay, break," the director barks. "Everybody back in five."

"I need to speak to you for a minute," says the assistant director. "Say, thanks for all the technical advice. Looks like we're not going to need you for this scene, though. But hey, you can do a walk-by later, huh?"

The next act involves a patient with a toilet stuck on his foot. The flickering glow has faded; I decide to bring my feet back down to earth. I've had enough TV for one day.

Out in the parking lot one of the crew is moving equipment. "Hey Doc, forget about this TV stuff. It's not for you, I can tell. Go back to medicine, that's what you do."

Brian Deady, MD
Emergency Department
Royal Columbian Hospital
New Westminster, BC