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First, Do No Harm

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ABSTRACT

In a television news documentary series such as *Boston Med,* doctors' duty to their patients may be at odds with the duty of TV journalists to their audience. If this happens, who should win out? The patients. If there is any possibility that harm is being done to patients, we must put them first, and turn off the cameras.

ABC News's *Boston Med* raises fundamental questions about the ethics of peeking into the private relationship between patients and their healthcare providers. Can a camera crew, spending months following attendings, residents, and nurses, truly not affect patient care? Are the filmmakers merely "flies on the wall" objectively recording the moving and sometimes harrowing moments that comprise a typical day in the emergency room (ER)? Or can their very presence put patients' care at risk, especially since their mission is to tell a good story?

The producer of *Boston Med* claims that his motive for making the series is to inform the public about what really goes on behind the scenes in the American healthcare industry.[1] No doubt this is true, and the public would benefit by having a more comprehensive understanding of the complexities of delivering good care to those who have the means to pay for it (and those who do not). But does a camera crew also imperil care by its very nature of breaking into the patient-doctor relationship, and can reality medical television ever guarantee, no matter how noble its objectives, that it will do no harm to the patient?

REALITY TELEVISION VERSUS DRAMATIC TELEVISION

I was writer and executive producer of the television series *ER*, *Law & Order: Special Victims Unit*, and *A Gifted Man*, and medical dramas have given me the opportunity to portray many trenchant issues of our times: abortion, end-of-life decisions, the vaccination of children, testing for HIV, the consequences of drug and alcohol abuse, and access to good healthcare—to name only a few. By accurately portraying these issues, we can illuminate topics that were once taboo, bringing them out into the open for the public to discuss and debate, and destigmatizing those who may be suffering in silence. TV dramas are a way to confront the often messy elements of our lives, and these stories can inspire us to think more deeply and perhaps more openly about issues that often divide us.

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Reality television can also stimulate discussion about important health issues by opening the door to real situations confronted by real people, not actors. But can it possibly be true, as the producer of *Boston Med* insists, that "in no way will care be affected one way or another"[2] by a team of filmmakers shooting private conversations between patients and doctors, as well as the patients' medical procedures?

As filmmakers, we need and relish those moments that engage viewers, pull them into the story, and make them identify with our characters. Dramas by their very nature are confected—actors *portray* characters; bits of film are shot from a variety of perspectives and then edited together to make a compelling scene; music is added to heighten the emotion or to make moments resonate. Reality television too is confected, often from hundreds of hours of footage. Moments are selected for their emotional resonance, time is compressed, and much footage is discarded. There is no objectivity in that selection; the filmmaker is making choices to move in for a close-up, focus on a participant's eyes or hands, or to turn the camera off when nothing "interesting" is going on.

Recently, while making a documentary, I longed for the moments when something highly emotional or unexpected happens. That's why so much footage is never used in documentaries or on reality shows: it's boring. If reality television were truly real, cameras would have to be mounted to shoot endless rolls of footage, which would be unedited and projected on multiple screens. And that would bore us to tears and still not be objective, since someone had to decide where to place those cameras. So reality medical shows like *Boston Med* are highly crafted, and they seek the unexpected, the twist or turn, the emotional, in order to make a show that will appeal to an audience. And in seeking the emotional, these programs are looking to exploit some of the toughest moments of people's lives, where they or loved ones often hang on the precipice of death. A savvy doctor who participated in the filming noted, the "series seemed to be up to something with a preset agenda, looking to stir up drama and theatric events."[3] One can't fault *Boston Med* for wanting "drama and theatrics" to make a compelling show, but the participants in these shows must be aware, before they consent to being filmed, that brief moments of emotion—both tragic and elated—will end up on screen, and that the producers not only welcome these moments, but need them.

But does the fact that reality shows aren't really reality, but are a compilation of selected moments, affect the patient-doctor relationship, potentially disrupting or even imperiling the guiding principle of doing no harm? How can it not? The camera crew enters into what is typically a confidential, trusting relationship between the patient and doctor. How are we to know whether or not patients withhold information because they are on camera, even if they have previously signed a release? And how do we know that the knowledge of being on camera does not affect a physician or nurse performing a procedure? Since we can't possibly assess the effect that being filmed has on patients and doctors, it seems wise and prudent for patients, healthcare providers, and hospitals to think hard about the repercussions of allowing camera crews into the clinic, ward, or ER.

We should also give careful consideration to why some patients consent to being filmed and why others do not. Most transplant patients consented to being filmed, and Krakower and colleagues[4] speculate it was because the patients were in desperate clinical situations, in contrast to plastic surgery patients, who consented to being filmed only 50 percent of the time.[5] Another likely explanation is that transplant patients, often having gone through the ordeal of waiting on a transplant list for an organ, want the general public to become more aware of their plight, and to be willing to donate their organs, whereas plastic surgery patients are less interested in the general public being a party to their cosmetic procedures. No doubt some patients and doctors also consent to being filmed because they like the attention their stories will bring to their illnesses or to themselves. Presenting people's true-life stories on television can empower individuals, making them feel that "they matter." But the need for attention should

never overshadow the primary reason the patient enters the hospital: to get well.

The questions that must be asked are: What public good comes out of reality medical television? Does that public good trump the possibility that the presence of a camera crew will impede the delivery of services? Even when patients, doctors, and nurses give consent, they can't later withdraw consent or see how their lives will be edited for a mass audience. Understandably, television journalists must uphold their ethical standards and "maintain the integrity of an observational documentary and protect it from censorship."[6] Nevertheless, doctors must accede to patients' wishes at every step of treatment, agreeing to withdraw care whenever patients make that decision. Thus, doctors' duty to their patients is at odds with the duty of TV journalists to their audience. Who should win out? Patients, who often cannot know the outcome of their treatment, must win out. Even if patients have consented to being filmed, they should have the right to withdraw their consent if they feel filming is impeding their care, if it is making them uncomfortable, or if they have changed their mind after learning more about the course of their illness; otherwise harm is being done to them. And if there is *any* possibility of that occurring, we must put the patients first, and turn off the cameras.

NOTES

1. T. Wrong and E. Baumgart, "Not a 'Reality' Show," in this issue of *JCE*.
2. Ibid.
3. T.M. Krakower, M. Montello, C. Mitchell, and R.D. Truog, "The Ethics of Reality Medical Television," in this issue of *JCE*.
4. Ibid.
5. Ibid.
6. Terence Wrong, quoted in Krakower, Montello, Mitchell, and Truog, see note 3 above.