

**DISSECTING THE MEDICAL DRAMA:
A Generic Analysis of *Grey's Anatomy* and *House, M.D.***

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TABLE OF CONTENTS

ABSTRACT	
CHAPTER ONE - Examining the Medical Drama: An Introduction	1
CHAPTER TWO - The Facts of the Case: A Review of Literature	5
<i>Setting the Stage for the Medical Drama</i>	5
<i>The Perceived Realism of Television and the Effect on its Viewers</i>	7
<i>Depictions of Medicine on Television</i>	8
CHAPTER THREE - Two Patient Histories: Reconstructing the Contexts of <i>Grey's Anatomy</i> and <i>House, M.D.</i>	12
<i>Grey's Anatomy: Filling the Prescription for the Medical Drama</i>	12
<i>House, M.D.: "To do no harm" Need Not Apply</i>	18
CHAPTER FOUR - A Successful Procedure: Kathleen Hall Jamieson and Karlyn Kohrs Campbell's Generic Criticism	22
CHAPTER FIVE - "Cut, Suture, Close": The <i>Grey's Anatomy</i> Approach to the Medical Drama	26
<i>Setting</i>	27
<i>Characters</i>	28
<i>Plotlines</i>	32
Romantic Relationships.....	33
Conflict Between Personal and Professional Life.....	36
Ethical Dilemmas.....	41
CHAPTER SIX - Differential Diagnosis: <i>House, M.D.</i> as Medical Drama Anti-Genre	49
<i>Setting</i>	50
<i>Characters</i>	50

<i>Plotlines</i>	53
The Villainous Hero.....	54
Romantic Relationship.....	58
Conflict Between Personal and Professional life.....	65
Ethical Dilemmas.....	72
CHAPTER SEVEN - Diagnosis and Treatment: The Effects, Implications, and Ethical Considerations of <i>Grey's Anatomy</i> and <i>House, M.D.</i>	84
WORKS CITED	91

ABSTRACT

This thesis examines the medical drama genre of television programming through a close analysis of the popular programs *Grey's Anatomy* and *House, M.D.*. As with any type of genre, the medical drama has developed a successful formula of setting, characters, and plotlines which can be observed in many incarnations of the genre. While it is not necessary for two generic representations to be identical to one another, they will often share a number of characteristics that make the genre successful. *Grey's Anatomy* serves as a representative example of the medical drama genre in its most contemporary form; it includes a particular setting, set of characters, and plotlines revolving around romantic relationships, conflict between personal and professional life, and ethical dilemmas faced by its characters.

House, M.D. breaks away from using the generic formula of the medical drama and creates a new anti-genre. Although some elements of *House, M.D.* are similar to those found in traditional medical dramas, these elements are drastically changed. In addition, *House, M.D.* introduces the innovative element of the villainous hero figure, recognizable in the character of Dr. House. Through a close analysis of selected episodes from both programs, this study will establish both the medical drama genre and the medical drama anti-genre. Further, the investigation will identify implications and effects of the medical drama genre and anti-genre on their audiences.

CHAPTER ONE
Examining the Medical Drama Genre:
An Introduction

Television fiction has the potential to amplify and refine the anxieties, hopes and despair of culture and society. We often discover through television dramas structures of feeling (and anxiety), ways of thinking and modes of behaviour that we recognise as congruent or adjacent with our own or with how we image other lives might be. At the same time television, like any art form, develops its own rules, conventions and ways of thinking in relation to its past. This is true for television fiction, particularly that set in the contemporary world, where the requirements of plausibility are often in tension with the necessity for dramatic invention, and the opportunities and constraints of genre and formula. (Jacobs 149)

In Body Trama TV: The New Hospital Dramas, Jason Jacobs' observations regarding the influence of television fiction on culture and society are neither novel nor surprising. Since its inception, television has undoubtedly changed the way contemporary society views itself as well as how it functions. Though most viewers would maintain that they can recognize television fiction as exactly that, they would be hard pressed to deny the fact that in many ways, dramatized portrayals reflect real life. It is a necessary result, therefore, that real life often reflects dramatized portrayals; the television audience cannot help but internalize what it observes flashing across the screen.

While the real world is often unpredictable and constantly transforming, however, the world of fictionalized television is necessarily guided by “rules, conventions, and ways of thinking” (Jacobs 149). Though there is indeed opportunity for creative license, it is the nature of fictionalized television to develop generic elements once a successful formula has been discovered. If a particular type of programming receives popular acclaim, the elements that constitute that type of programming establish a genre. Each drama is not necessarily unique, however; elements of one particular genre are more than likely recognizable in another genre. In addition, many genres are constituted by two or more individual genres.

The medical drama genre is one such type of fictionalized television programming that not only contains elements of other genres, but is the fusion of several genres. As was the case for many dramatic genres that came before, the medical drama genre has developed its own blueprint for success. The medical drama genre is worthy of investigation as its impact on contemporary society is undeniable. Although the medical drama can be entertaining and engaging, it is significant because of its potential to inform and persuade its viewers regarding controversial but important topics.

The purpose of this investigation is to establish the accepted formula for the medical drama genre and provide analysis of a successful contemporary medical drama, *Grey's Anatomy*. However, the author posits that though the genre and the representative program are persuasive, she believes that a new type of medical drama has emerged with equal success. In fact, rather than following the formula of the established medical drama genre, this new genre is actually an anti-genre; in other words, it not only establishes its own generic formula but in many ways defies the standards of the genre that is

established and accepted. The medical drama *House, M.D.* will serve as the artifact representative of the medical drama anti-genre.

The investigation concludes that the generic formula of the medical drama is characterized by a particular setting, cast of characters, and plotlines. Although different medical dramas might feature variations on this customary formula, there will always be perceivable elements of the genre. The medical drama anti-drama, however, is characterized by an entirely different setting, cast of characters, and plotlines. Although the elements are comparable to a certain extent, the medical drama-anti drama takes the elements of the traditional medical drama and completely transforms them.

This study examines three episodes from *Grey's Anatomy* and four episodes *House, M.D.* As both programs are in the process of concluding their third seasons, the episodes under analysis come from seasons one and two. The pilot episode of each program was examined to establish that the elements of the medical drama genre and the anti-genre were present from the very beginning of each program. The remaining episodes were chosen as representative examples of the generic and anti-generic formulas of the medical drama. This analysis reveals that because both *Grey's Anatomy* and *House, M.D.* each closely follow the specific formulas of the medical drama genre and the medical drama anti-genre respectively, virtually any combination of episodes could have been selected for analysis.

Chapter Two of this investigation offers a literature review of research already conducted on what constitutes professional television and how the medical drama is an example of it; the perceived reality of television and how it affects viewers; how physicians are portrayed on television and how that affects public perception; and how

medicine is depicted on television. Chapter Three reconstructs the context of the creation and development of *Grey's Anatomy* and *House, M.D.*, taking into consideration the creators, the actors, and the achievements of both programs. Chapter Four presents the methodology of generic criticism according to Kathleen Hall Jamieson and Karlyn Kohrs Campbell. Chapter Five applies the generic formula of the medical drama to *Grey's Anatomy* and examines three episodes in order to establish the characters, setting, and standard plotlines. Chapter Six establishes the innovation of anti-genre of medical drama as applied to *House, M.D.*. Chapter Seven discusses the effects and implications of both programs on the medical drama genre and on their viewers, as well as offers a conclusion of the investigation as a whole.

CHAPTER TWO

The Facts of the Case: A Review of Literature

Before embarking on an analytic investigation of *Grey's Anatomy* and *House, M.D.* as the representative standards of the medical drama genre and its anti-generic counterpart, it is necessary to first examine the research that has already been conducted on several significant topics: what constitutes professional television and how the medical drama is an example of it; the perceived reality of television and how it affects viewers; how physicians are portrayed on television and how that affects public perception; and how medicine is depicted on television.

Setting the Stage for the Medical Drama

Since its creation in the early 20th century, television has been a technology that never ceases to amaze and fascinate its users. With its widespread popularity, it would only follow suit that a variety of programming genres would be developed to interest television's variety of users. Today, the various types of television programming is astounding: serious news broadcasting, entertainment news, talk shows, situation comedies, soap operas, educational programs, game shows, and reality shows, just to name a few. With all of the potential genres of programming and the constant need to keep audiences interested, it was practically inevitable that television producers would eventually begin to combine and morph genres.

One particularly popular genre of television programming is the drama. Drama is meant to depict characters experiencing events and facing challenges that appear familiar

to the audience; the audience of a drama identifies with its characters and the situations in which they find themselves. However realistic they may seem, however, there is a certain element of detachment from the audience. Although the audience can potentially relate to what is occurring in the drama, because it is not actually happening to the audience members, the drama is almost an escapist fantasy. Dramas retain their appeal to audiences because of the combination of the inherent sense of reality and the imaginative fantasy present in them. Although a drama can be performed on a variety of stages for a variety of audiences, the undeniable reach and influence of television makes it the perfect medium through which to portray a variety of dramas.

It must be noted, however, that the drama can no longer be considered a pure form of either art or communication. With the development of various types of programming, there are very few uncorrupted genres still in existence. In recent years, one of the most popular forms of “mixed” television genres has been what has been termed the “professional drama”, discussed by Steve Bailey in his article “Professional Television: ‘Three (Super)Texts and a (Super)Genre.’” Though it may seem that the professional dramas have only been recently popular, they have in fact been around for years: *Ben Casey* of the 1960s; *M.A.S.H.* and *Marcus Welby, M.D.* of the 1970s; *L.A. Law*, *St. Elsewhere*, and *Doogie Howser, M.D.* of the 1980s; *E.R.* and *Chicago Hope* of the 1990s. Somewhere along the growth of the professional drama as a genre came the birth of the medical drama as a specific type of programming. Many of these medical dramas feature similar casts of stock characters, such as the “old doctor” who is the wise advisor of the rash and emotional “young doctor”; the “attractive nurse,” who serves little other purpose than eye candy; and the “hospital administrator,” always more concerned

with the image and success of the hospital rather than the well-being of individual patients (Bailey, 66). Although it varies between particular programs, the characters will usually follow a general outline: patient or patients experience some traumatizing illness, doctors search for the right cure in the meager amount of time allotted to them, all the while having to deal with their personal problems, which, more often than not, will involve various members of the hospital staff. In addition, the setting of these medical dramas is at least in recent times, a large, busy hospital; infrequently does the viewer find the characters in the confines of a doctor's office or at their homes. These factors are all important when considering the overall effect these programs have on their audiences.

The Perceived Realism of Television and Its Effect on Viewers

Although always relevant when discussing the effects of television on its viewers, it now becomes especially important to discuss the perceived realism of television. As mentioned, whether referring to drama, reality, news, or any other genre of programming, audiences will always have the impetus to identify with what they are watching and apply that to their own lives. In regards to the medical drama, much research has been conducted on the perception of physicians and health care as a result of medicine on television, analyzing depictions that appear on the news, in reality shows, or in the medical drama genre (Pfau and Mullen; Chory-Assad and Tamborini; Harter and Japp). It is sufficient to note that most of this research has concluded that when an audience observes physicians or anything related to medicine or health care, the viewer will inevitably apply these portrayals to their personal lives, and thus, their perceptions will be undeniably altered. Many researchers have acknowledged that although in the past,

physicians were always portrayed in the most favorable light, the recent trend has leaned toward a more negative, if not realistic, portrayal of physicians and their personal lives (Bailey; McAllister; Chory-Assad and Tamborini). By “negative,” it is insinuated that while doctors formerly were portrayed as all-knowing, ever-successful, infallible god-like figures, they are now being depicted as more human, capable of fault and mistakes, very much affected by what is going on in their personal lives.

Depictions of Medicine on Television

A review of contemporary television programs would suggest that there are an abundance of portrayals the medical world on television. From the daily news to soap operas to reality shows, it seems that every channel a viewer turns to, he or she can find a doctor saving the life of a patient, someone receiving unnecessary cosmetic surgery, or the problems of modern healthcare. Considering the widespread portrayal of the medical world in contemporary media, there has already been a great deal of research conducted the portrayals of medicine, doctors, illness, and healthcare on television. The amount and sheer variety of research is astounding; for example, research has examined how audiences interpret portrayals of illness on television, ranging from mental illness on soap operas (Fruth and Padderud), to multiple sclerosis on *The West Wing* (Zoller and Worrell), to prostate cancer on *NYPD BLUE* (Arrington and Goodier). Ethical questions have been raised concerning the product placement of medical products (Turner) and the portrayals of live surgery (Loughlin) on television.

There has been an unexpectedly extensive amount of research already conducted on topics that are relevant specifically to the medical drama. The more-encompassing

genre of television that the medical drama falls under is often referred to as “professional television,” often associated with the legal and medical professions. In “ ‘Professional television’: three (super) texts and a (super) genre,” Steve Bailey asserts that all professional television shows “share a common narrative focus on the vocational and personal lives of legal and medical professionals, with a particular emphasis on the complex, often ambiguous ethical terrain the central characters must navigate” (45). In referring to professional television as a “(super)genre,” he suggest that it “extends beyond the boundaries of the medium itself to a broader array of discourses...seemingly far-removed from the mere fictional content of dramatic programming” (46). Further, the implications of medically related television as a form of popular discourse have received much attention.

In their article “Technology as Representative Anecdote in Popular Discourses of Health Medicine, Lynn M. Harter and Phyllis M. Japp use a Burkean framework to examine “medical dramas as cultural texts to be read for dominant meaning of health and health care” (409). The authors present the dilemma inherent in portraying issues of health and health care within the medical drama; they conclude that audience’s “knowledge about health, illness, prevention, and treatment is constructed from...various, and often contradictory, bits and pieces of information amassed from” cultural artifacts such as television shows (410). The authors analyze the portrayal of western institutional medicine as portrayed in the medical dramas *Chicago Hope* and *ER*, and postulate that these programs perpetuate the cultural expectation of utilizing technological medical means over alternative forms of health care.

Research has been done specifically on the portrayal of physicians in cinema (Wider), and television, in both fictional and non-fictional programming (Chory-Assad and Tamborini, “Television Doctors: An Analysis of Physicians in Fictional and Non-Fictional Television Programs”); this research has concluded that although physicians were previously depicted in a very positive light (circa the 1930s-1970s), the more recent trend has been to acknowledge their negative characteristics. Further, research has extended to the effects of these portrayals on audience perception of physicians (Chory-Assad and Tamborini, “Television Exposure and the Public’s Perception of Physicians”; Pfau and Mullen, “The Influence of Television on Public Perceptions of Physicians”; Sancho-Aidridge and Gunter, “Effects of a Television Drama Series upon Public Perception about Psychiatrists”). In “Television Exposure and the Public’s Perceptions of Physicians,” Rebecca Chory-Assad and Ron Tamborini expand on their past research that analyzed the contemporary trend of television to portray doctors less positively than they had been portrayed in the past; their study concludes that “the changing patterns of contemporary medical programs, with their increasing emphasis on physicians’ personal behaviors and shortcoming, may negatively influence viewers’ perceptions of doctors” (209).

Michael Pfau and Lawrence J. Mullen present similar findings in “The Influence of Television Viewing on Public Perceptions of Physicians.” The authors assert that the “less flattering images [of physicians on television] may exert an influence on the public perceptions of physicians just as the nation begins to focus its attention on the adequacy of the health care system” (442). As Pfau and Mullen’s research was conducted over a decade ago, it is impossible to ignore the fact that audiences of these medical dramas

have at least in some way been influenced in terms of how they view doctors. Although a great deal of research has already been conducted on the subject of portrayals of doctors and medicine on television, there are infinitely more ways to examine the phenomena of the medical drama and its influence on its audience.

CHAPTER THREE
Two Patient Histories:
Reconstructing the Contexts of
Grey's Anatomy* and *House, M.D.

Grey's Anatomy: Filling the Prescription for the Medical Drama

The most recent incarnation of the medical drama is the critically acclaimed (and controversy driven) *Grey's Anatomy*. Premiering on March 25, 2005 on ABC, *Grey's Anatomy* has since catapulted to the heights of popularity among viewing audiences and the critical media alike. Creator and executive producer Shonda Rhimes has often commented on how overwhelmed she is by the unanticipated popularity of the program. Originally employed as a movie screenwriter, Rhimes never had an intention of making the move to television writing. However, in an interview with *Broadcasting and Cable* (5/30/05), Rhimes muses on the inevitability of creating *Grey's Anatomy*, commenting that growing up, “[she and her sisters] had always been addicted to surgeries...on Discovery Health” (18). In retrospect, Rhimes asserts that, to many people, “there’s something very sexy about surgery” (18). In regards to the success of *Grey's Anatomy*, Rhimes purports that “part of what works so well about Grey’s is the show’s sex appeal” (18). The sex appeal of the show is only enhanced by the sex appeal of the individual cast members, as well as the intense romantic relationships that develop between the characters.

However, it must be noted that even the biggest proponents of *Grey's Anatomy* would never argue that the show is in any way an innovation or divergence from the typical medical drama. In her interview with *Broadcasting and Cable* (5/30/05), even

Rhimes admits that “Grey’s doesn’t feel particularly special or fresh to [her],” but rather, “it feels like the world” (22). In other words, Rhimes considers the plotlines of *Grey’s Anatomy* to be realistic and relatable, though admittedly not novel. In a later interview with *Broadcasting and Cable* (2/27/06), Rhimes discusses why she believes *Grey’s* has been as successful if not more successfully than previous medical dramas. In the interview, conducted by *Broadcasting and Cable’s* Mark Robichaux, Robichaux points out that “unlike other medical shows, like ER, there isn’t a big focus on medicine” (5). In response to Robichaux’s inquiry as to why *Grey’s Anatomy* focuses very little on the actual medicine involved in running a presumably busy and well-respected hospital, Rhimes explains:

I like to think that the show is very much a show that’s about the relationships that the doctors are having. I always say that the show is not so much about the patients and the surgery as it is how our doctors feels about the patients and the surgeries.... What I love is that we reveal doctors as people, as opposed to heroes.... I think it makes them human and it makes us feel like we know them and can have a stake in what’s happening with them. (5)

Interviews such as these suggest that the creators of the *Grey’s Anatomy* message make no claims that the show is driven by the medical cases the characters face; more often than not, the patients have very little to do with the plot of the program, though later analysis will demonstrate that this is not always the case. Rhimes subtly suggests, however, that it is the very lack of focus on the medicine that makes the show a success. Previous research has proposed that the majority of television viewing audiences will be

more compelled by a medical drama if the drama focuses on the personal lives of the characters; *Grey's Anatomy* wisely has followed the successful formula of the medical dramas that came before. Further, Rhimes follows the more recent trend of depicting doctors as real “people, as opposed to heroes,” perhaps making the characters more compelling and realistic to the audience.

Despite the fact that *Grey's Anatomy* in many ways follows a pre-existing and highly successful formula, no matter how compelling a story it is, its success depends largely on having a receptive audience. With the sheer number and variety of television programs available, in order for a program to stand out as a success, it must be able to send the correct message to the correct audience at the correct time. The first episode of *Grey's Anatomy* premiered in the popular Sunday night primetime 10:00 p.m. (Eastern Standard Time) following the already widely viewed *Desperate Housewives*. At its inception, *Grey's Anatomy* exploited a readily available audience that would probably be receptive to the program's content and message. In fact, in its first season *Grey's Anatomy* broke records by coming in as the fifth top show of the 2005-2006 season, behind *American Idol*, *CSI*, and *Desperate Housewives*, three programs with practically cult-like followings. With nearly twenty million viewers in this first season, *Grey's Anatomy* was no doubt a success.

In the seasons to follow, *Grey's Anatomy* would only continue to garner a wider audience and to shatter previously set records. According to the media website *The Hollywood Reporter*, in 2006, *Grey's Anatomy* premiered in the number one spot with 25.4 million viewers, ahead of its previous competitors of *Desperate Housewives* and *CSI* (<http://www.hollywoodreporter.com/hr/search/article_display.jsp?vnu_content_id=1002

576393>). For the third season of *Grey's Anatomy*, the producers and ABC made a controversial move that would test the program's success and staying power. *Grey's Anatomy* moved to Thursday evenings at 9:00 p.m. (EST). In addition to Thursday's being a competitive evening for prime time television, *Grey's Anatomy* would now air immediately before fellow medical drama *ER*, which airs during the 10:00 p.m. slot on NBC, as well as CBS's *CSI: Crime Scene Investigation*. However, the change proved to be successful; according to Nielson ratings, the third season's premiere of *Grey's Anatomy* attracted 25.14 million viewers, surpassing *CSI: Crime Scene Investigation* with its 22.04 million viewers. In addition, *Grey's Anatomy* has been nominated for numerous awards, and has been recognized by such awards as the "Gold Globe Best Television Series – Drama" (2007), in addition to various Emmy Awards, SAG Awards, and People's Choice Awards.¹

Despite all of its critical acclaim and devoted audience, like any popular television program, *Grey's Anatomy* has endured its own share of criticism. A large amount of the condemnation against the program is from medical groups who claim that the diagnosis, progress, and treatment of illnesses is inaccurately portrayed. In addition,

¹ Awards received by *Grey's Anatomy's* include: the Producers Guild Award for Best Television Series – Drama (2007); the Golden Globe Award for Best Television Series – Drama (2007) and Best Supporting Actress in a Series, Mini-series, or Motion Picture Made for Television – Sandra Oh (2006); the Screen Actors Guild Award for an Outstanding Performance by a Female Actor in a Drama Series – Sandra Oh (2006), an Outstanding Performance by a Female Actor in a Drama Series – Chandra Wilson (2007), and an Outstanding Performance by an Ensemble Cast in a TV Series – Drama (2007); the TV Land Award for a Future Classic (2006); the NAACP Image Award for Outstanding Drama Series (2006) and Outstanding Actor in a Drama Series – Isaiah Washington (2006); Television Critics Award for Program of the Year (2006); the People's Choice Award for Favorite TV Drama (2007) and Favorite Male TV Star – Patrick Dempsey (2007); and the Entertainment Weekly award for Entertainers of the Year – Cast of *Grey's Anatomy* (2007). In addition, *Grey's Anatomy* and its cast members have collectively and individually received over fifty nominations for various other awards including Emmy Awards, Golden Globe Awards, Image Awards, Screen Actors Guild Awards, and a Grammy Award. (<<http://www.imdb.com/title/tt0413573/awards>>)

such critiques claim that the relationships between the doctors and medical professionals portrayed on the program are exaggerated.

Regardless of what some critics may say, *Grey's Anatomy* ultimately seems destined to thrive. The success of the show is summed up by a fan of the program on a weblog called *Grey's Anatomy Insider*: "Most of us will never be doctors, but we can all relate to the *Grey's Anatomy* characters in one way or another" (<http://www.greysanatomyonline.com/show.php>). As the weblog suggests, the success of *Grey's Anatomy* has very little to do with the medicine being portrayed, and everything to do with the intense relationships between the individual characters.

Grey's Anatomy follows the personal relationships that developed among a group of surgical interns as well as resident and attending physicians at the respected Seattle Grace Hospital. As the seasons progress the relationships among the characters will only become more and more complicated. In the initial development of *Grey's Anatomy*, the majority of the focus is on the budding relationship between surgical intern Dr. Meredith Grey (Ellen Pompeo) and the new attending physician, Dr. Derek Shepherd (Patrick Dempsey), dubbed "Dr. McDreamy" by Meredith and fellow intern and best friend, Dr. Christina Yang (Sandra Oh). Meredith's character is in many ways the focus of the show (and in part, from where the program derives its title). As the daughter of surgical great Ellis Grey (Kate Burton), Meredith has large shoes to fill. Compounding Meredith's complicated situation, viewers eventually find out that Meredith's mother is not only succumbing to the devastating effects of Alzheimer's disease, but that during the peak of her success, Ellis had a secret and intense affair with the current Chief of Surgery, Dr. Richard Webber (James Pickens, Jr.). Meredith's anxious and at times submissive

character is foiled nicely by Dr. Christina Yang's over-achievement and ruthlessness. The group of interns is completed by Dr. George O'Malley (T.R. Knight), goofy but loveable, inevitably falling for Meredith; Dr. Isobel "Izzie" Stevens (Katherine Heigl), a gorgeous and spunky young woman who often has to prove her capabilities as a surgeon in spite of her good looks; and Dr. Alex Karev (Justin Chambers), good-looking but chauvinistic and competitive, who often finds himself on the outs of the group.

As the interns vie to get to the head of the surgical program, they inevitably forge relationships with various surgeons. In addition to Dr. Sheppard, a neurosurgeon by speciality, there is Dr. Preston Burke (Isiah Washington), the equally successful and pompous thoracic surgeon and Dr. Miranda Bailey (Chandra Wilson), a resident surgeon who is put in charge of the team of interns. As the seasons progress, the cast will be joined by Dr. Addison Montgomery-Shepherd (Kate Walsh), an esteemed neonatal surgeon, and the estranged wife of Dr. Derek Sheppard. Dr. Callie Torres (Sara Ramirez) will join the cast as an orthopedic surgeon and later become the love interest of Dr. O'Malley. Dr. Mark Sloan (Eric Dane), the latest addition to *Grey's Anatomy*, is a notable plastic surgeon, as well as the former best friend of Dr. Shepherd and former love affair of Dr. Montgomery-Shepherd. Though the cast is often joined by various other characters, in the current stage of the program, the aforementioned characters each have significant and reoccurring roles.

As mentioned by *Grey's Anatomy* creator Shonda Rhimes, a large part of the program's success is its utilization of the familiar setting, characters, and plotlines that are so typical to medical dramas. While this might attest to the success of *Grey's Anatomy*, it offers no explanation for the achievements of *House, M.D.* Although *House*,

M.D. employs some features classically found in medical dramas, the program drastically changes these features to create an entirely new type of medical drama genre.

House, M.D.: "To do no harm" Need Not Apply

In the development of *House, M.D.*, creator and executive producer David Shore was inspired by "The Diagnosis Column" in the *New York Times Magazine*, which spotlights unusual medical cases. According to his biography on film and television website *The International Movie Database* (<www.imdb.com>), Shore also has admitted that House's character is based on the fictional detective Sherlock Holmes, "particularly with regard to drug use and his desire (and capacity) to solve the insolvable." Prior to developing *House, M.D.*, Shore had extensive experience working on other professional dramas, such as *The Practice*, *Law and Order*, and *Family Law*.

Although there are numerous examples of medical dramas and "doctor shows" recently and currently on television, *House, M.D.*, now in its third season on the *Fox* network, is especially interesting case study of the medical drama. It is impossible to doubt the show's immense popularity: often the top if not one of the top shows in the always important 18-49 year old viewing demographic, recent ratings suggest averages of 14 million viewers (Mahan, "Ratings: *House* doles out ratings candy"). Though the show has been nominated for thirty awards and won another fifteen², with two Golden Globe Awards for Best Performance by an Actor in a Television Series for both 2006 and 2007,

² *House, M.D.* has been nominated for the following prestigious awards, among many others: the Emmy Award for Outstanding Drama Series (2006) and Outstanding Lead Actor in a Drama Series – Hugh Laurie (2005); the People's Choice Award for Favorite TV Drama (2007); and the Screen Actors Guild Award for Outstanding Performance by a Male Actor in a Drama Series – Hugh Laurie (2006; won for 2007). (<<http://www.imdb.com/title/tt0412142/awards>>)

Hugh Laurie has stepped forward not only as the program's evil protagonist, but its most popular character. In addition, its widespread popularity has already warranted its syndication on cable provider *USA*.

In "Recombinant Television Genres and *Doogie Howser, M.D.*", Matthew McAllister discusses the development of what he refers to as "recombinant" television programming. McAllister asserts that due to the unique nature of television programming, and therefore "TV shows are often 'recombinants,' or splices of two or more previously existing, and successful types" (62). In the case of *House, M.D.*, McAllister would assert that the program encapsulates the genres of drama and comedy, or "dramedy" (62). To make the program even more specialized, it could potentially be coined a "medical dramedy." With the distinct combination of medicine, drama, and comedy, *House, M.D.* appeals to a variety of audiences, across various age, ethnic, and professional groups. Although the degree of humor as well as fast-paced and involved plotlines might require a certain level of educational experience, most of the far-fetched medical problems they encounter are too elaborate for even a doctor to understand. But because the actual medicine being discussed is so detailed and confusing, either the characters offer explanations to the audience in order to clarify any confusion, or the medical issue itself becomes negligible and the interactions between the characters become more important.

The basic pretense of *House, M.D.* is that Dr. Gregory House (Hugh Laurie) is a brilliant infectious disease specialist and diagnostician who will always cure his patient's illness. Essential to the plot, however, is the fact that although House possesses astounding intellect and the ability to always solve the case, he barely if at all comes into

contact with his patients. In addition, House utilizes controversial methods of diagnosis and treatment, and will often choose to risk a patient's life in order to save it. As if not complicated enough, House struggles with a prescription drug dependency. Antisocial, caustic, and perhaps a bit lacking in morals, House serves as the complete antithesis of any notion of the wise, kind doctor figure.

House's successful diagnoses are fueled by the help of his bright young team of doctors, neurologist Dr. Eric Foreman (Omar Epps), immunologist Dr. Allison Cameron (Jennifer Morrison), and intensive care specialist Dr. Robert Chase (Jesse Spencer). House's closest (and perhaps only) friend is oncology specialist Dr. James Wilson (Robert Sean Leonard), with whom he often consults regarding patients, as well as personal issues. Dr Lisa Cuddy (Lisa Edelstein), the Dean of Medicine and hospital administrator, is a tough boss who constantly disagrees with House over his duties in the hospital, his often unusual and risky actions, and his personal addiction. Despite Cuddy's frustration with House's antics, she respects his abilities and admires his brilliance. While House is practically always shown in the confines of the hospital, and although he makes every attempt to keep his personal life private, as the show has developed, it has become impossible for him to keep his life a secret, both from the supporting characters on the show, as well as the viewers watching.

Although the average viewer might consider *Grey's Anatomy* and *House, M.D.* to both fall under the contexts of the medical drama genre, it is crucial to recognize the differences between the programs. A superficial observation of the programs might provide the conclusion that both shows feature doctors working in hospitals where they not only take care of patients but engage in relationships with one another. Though that

may be accurate to an extent, this investigation will demonstrate that *House, M.D.* is so atypical of the medical drama genre that it has created its own anti-medical drama genre. Before analyzing the artifacts, however, it is critical to have an understanding of how a genre is formed and the theoretical framework that supports generic criticism.

CHAPTER FOUR
A Successful Procedure:
Kathleen Hall Jamieson and Karlyn Kohrs Campbell's Generic Criticism

In "Generic Constraints and the Rhetorical Situation," Kathleen M. Hall Jamieson declares that "the human need for a frame of reference lures the mind to generic classification" (167). Although practically anything that can be classified according to certain traits or qualities can be considered a genre, it is intriguing to consider the development of genres from the perspective of rhetorical criticism. Generic criticism as a rhetorical methodology is often applied to a variety of rhetorical artifacts, ranging from speeches to published documents to film and television productions. In their introduction to the *Southern Speech Communication Journal* from the Summer of 1986, Jamieson and Karlyn Kohrs Campbell assert that no matter what type of artifact is under consideration, when analyzing from the generic perspective, "the rhetorical critic chooses a perspective that will discover and describe one or more patterns that inhere in symbolic actions or one or more sets of rules that human beings in a culture or subculture have created to make symbolic transactions intelligible and meaningful to each other" (294). In other words, when conducting generic criticism, critics search for certain traits that are inherent across a group of artifacts. From those traits, critics can establish a generic formula to judge artifacts.

However, it is certainly possible for a particular genre and its attributed traits to change over time. As Jamieson points out, "isolation of genres implies that significantly similar characteristics inhere in works of the same type regardless of author and period of production" ("Generic Constraints" 162). Therefore, an artifact can be considered part of

a particular genre regardless of who created the artifact or when it was created. Jamieson proceeds to explain how genres are formed when she posits that “genres are shaped in response to a rhetor’s perception of the expectations of the audience and the demands of the situation” (163). Therefore, it is not the creator of the artifact or when it was created that is of concern, but whether or not the artifact meets “the expectations of the audience and the demands of the situation.”

In their Introduction, Jamieson and Campbell explain the purpose of generic criticism and the requisite interaction between rhetor and audience:

Generic rhetorical criticism aims at understanding rhetorical practice over time by discerning recurrent patterns that reflect the rules the practitioners follow. Such rules reflect culturally recognized motives, they define rhetorical situations, and they mark audience expectations. In other words, genres are jointly constructed by rhetors and audiences out of shared cultural knowledge. (295)

Generic criticism is unique from many other types of criticism in large part due to the “shared cultural knowledge” to which Jamieson and Campbell refer. The success of generic criticism depends largely on the establishment of this shared knowledge between rhetor and audience. If an artifact appears to be part of a certain genre, and instead it deviates from the expected traits of the genre, the rhetor runs the risk of frustrating the audience.

Although generic criticism is often thought to be strictly formulaic, this is not always the case. Jamieson and Campbell assert that “a genre is not formulaic, there is always another way to perform a symbolic action, another strategy that can be used,” but rather its purpose is to “[establish] a paradigmatic structure that is a unified system”

(Introduction 296). Jamieson and Campbell explicate further: “In other words, the ‘rules’ discovered through generic analysis are not rigid prescriptions but parameters within which effective symbolic action occurs” (Introduction 296).

Jamieson and Campbell’s article “Rhetorical Hybrids: Fusion of Generic Element” puts forth the concept of the “rhetorical hybrid.” In their article, Jamieson and Campbell suggest that many rhetorical critics and historians echo “Aristotle’s understanding that elements of one genre may appear in another” (147). In other words, the lines of demarcation between various genres are not so clear. Often, the lines are blurred when various genres blend together. Jamieson and Campbell claim that to refer to the combination of genres as generic blends or rhetorical hybrids is “a metaphor intended to emphasize the productive but transitory character of [the generic] combinations” (147). As has been suggested, this only supports the argument that although a particular genre may have certain traits associated with it, not only is it possible for that genre to evolve, but it is more than likely.

However, this does not suggest that the fusion of genres is a completely random process. In fact, Jamieson and Campbell “contend that 1) such fusion is rule governed; and 2) identification of different generic elements and occasionally of whole genres within such acts allows the critic to understand how such acts work, and to predict their appearance” (“Rhetorical Hybrids” 147).

This is not to say that identifying a genre as a hybrid is the answer to any rhetorical dilemma. In fact, in “Rhetorical Hybrids: Fusion of Generic Element,” Jamieson and Campbell identify several difficulties that often plague rhetorical critics:

The generic critic is constantly battling the inclination to minimize the idiosyncrasies and magnify the commonalities. The notion of the hybrid enjoins the critic to focus on both the recurrent and the variable, the commonalities and the idiosyncrasies, and to understand the extent to which they are compatible or incompatible (156).

When conducting generic criticism, therefore, it is imperative that the critic considers both the traits typically inherent to the genre, as well as any potential deviations from the genre, and how these dichotomous facts function.

CHAPTER FIVE
“Cut, suture, and close”:
The *Grey’s Anatomy* Approach to the Medical Drama

Through its development, the medical drama has created a genre which has proven to be successful. This generic formula includes a particular type of setting, cast of characters, and plotline. For example, the majority of incarnations of the medical drama genre have taken place in the hospital setting, usually in the Emergency Room or some equally fast-paced and dynamic area. In addition, certain characters are almost always included in the medical drama. The older doctor, usually a Chief or some other authority figure, often is the mentor of a young, inexperienced doctor. There is usually the business oriented hospital administrator, who is usually more concerned with protocol and finances than with patients.

What is perhaps most intriguing about the medical drama genre is it utilizes a short list of standard plotlines. Someone unfamiliar with the medical drama genre might assume the plotlines would revolve around patients, illnesses, and unexpected medical dilemmas. On the contrary, the medical drama genre has consistently leaned toward depicting plots that happen to occur within the confines of a hospital, but focus on the doctors’ private lives. Although the medical drama genre would not function without the inclusion of patients and intriguing illnesses, these factors often constitute mere background action. Rather, the medical drama genre often revolves around a handful of possible plotlines: doctors becoming romantically involved with other doctors, nurses, or in rare cases, patients; the difficulty of separating personal problems from work problems; and doctors facing ethical or moral dilemmas, both professional and personal.

Although there are undoubtedly many more recurring traits, qualities, or formulaic parts that can be observed in the genre, the setting, characters, and plotlines are the most relevant to consider in terms of the medical drama genre. *Grey's Anatomy*, one of the most recent incarnations of the medical drama genre, has experienced such great success due in part to adhering to the successful formula of the genre. Because the format of *Grey's Anatomy* can be considered a continuous narrative, one could argue that no one episode has a definitive conclusion. In other words, although a certain issue or problem might be resolved during a single episode, there is another dilemma that is just starting to unfold. Because *Grey's Anatomy* so closely follows the formula of the medical drama, any episode could be used as a relevant artifact for analysis. Due to the confines of this investigation, four episodes have been chosen which adequately demonstrate the program's status as a genre. This investigation will analyze the pilot episode (*A Hard Day's Night*) and episode six (*If Tomorrow Never Comes*) from season one, and episode twenty (*Band-aid Covers the Bullet Hole*) from season two.

Setting

Upon conducting a retrospective analysis, it can be argued that *Grey's Anatomy* followed the formula for the medical drama genre from the very first episode. After rushing to get ready for work, Meredith meets fellow interns in the awe-inspiring Surgical Wing of Seattle Grace Hospital. In the first few minutes of the pilot episode, the audience is introduced to the setting of *Grey's Anatomy*: a busy and well-known surgery wing of an equally busy and well-known hospital, Seattle Grace. The majority of the program will take place within the confines of the hospital, especially the Surgical Wing,

though the audience will also become familiar with the homes of several of the major characters, as well as the bar across the street from the hospital. However, as the main setting for *Grey's Anatomy* is Seattle Grace Hospital, the setting of the fictitious hospital clearly falls within the generic realm of the medical drama genre.

Characters

In the pilot, the audience is introduced in the first few minutes to two characters they will come know as Dr. Meredith Grey and Dr. Derek Sheppard. Meredith is an attractive young woman who finds herself in bed with a dashing handsome, slightly older man, Dr. Derek Sheppard. Though the audience does not know it at the time, the tumultuous relationship between this man and woman will become the crux of the entire program.

The episode begins with Dr. Meredith Grey giving a voiceover, which she will continue to give at the beginning and conclusion of every episode. These voice-overs serve as a lesson to be learned by the audience, or a theme that will run throughout the episode. The pilot begins:

Meredith voiceover: The game. They say either a person has what it takes to play, or they don't. My mother was one of the greats. Me, on the other hand...I'm kinda screwed. (*A Hard Day's Night*)

The opening scene finds the couples sleeping after a presumably late night of drunken activities. Though the confused state of the actors certainly extends to the audience, it is rather apparent that this is not the end of the couple. Their awkward conversation ends with Meredith pleading that Derek leave, as she is late for her first day of work:

Derek: This...is...?

Meredith: (*grabbing her bra, smiling*) Humiliating on so many levels. You have to go.

Derek: (*sitting up*) Why don't you just come back down here and we'll pick up where we left off?

Meredith: No, seriously. You have to go, I'm late. Which isn't what you want to be on your first day of work, so -

Derek: So, ah, you actually live here.

Meredith: No.

Derek: Oh.

Meredith: Yes. Kind of.

Derek: (*dressing*) Oh. It's nice. Little dusty. Odd. But it's nice. So how do you kind of live here?

Meredith: I moved two weeks ago from Boston, it was my mother's house, I'm selling it.

Derek: Oh, I'm sorry.

Meredith: For what?

Derek: You said was.

Meredith: Oh! My mother's not dead, she's - you know what, we don't have to do the thing.

Derek: Oh. We can do anything you want.

Meredith: No, the thing, exchange the details, pretend we care...look, I'm gonna go upstairs and take a shower, okay, and when I get back down here, you won't be here, so, um, goodbye...um...

Derek: Derek.

Meredith: (*they shake hands*) Derek. Right. Meredith.

Derek: Meredith

Meredith: Yeah. (*he comes closer, she backs away*) Mm-hmm.

Derek: Nice meeting you.

Meredith: Bye, Derek (*smiling and fleeing for the stairs*). (*A Hard Day's Night*)

In this short exchange, a perceptive audience could already ascertain numerous character traits about the two characters. Meredith is awkward and nervous, while Derek is quite good looking and, despite waking up in a strange woman's house, is charming and collected. [It must here be noted that eventually, Meredith and her fellow female interns will dub Derek "Dr. McDreamy" as a result of these qualities and many irresistible others.] Though any person would probably act awkwardly after a one-night stand, many of the personality traits that Meredith possesses in this first scene will remain with her throughout the program. Likewise, Dr. Sheppard will remain just as irresistible and charming as he appears in this first scene.

Upon Meredith's arrival at Seattle Grace Hospital, the audience is introduced to many of the other main characters of *Grey's Anatomy*, all of which fulfill various characters roles standard to the medical drama genre. Meredith and her fellow interns receive an introductory talk by Chief of Surgery, Dr. Richard Webber. Often referred to as "The Chief," Dr. Webber alludes to Meredith's previous internal dialogue making reference to "the game":

Webber: Each of you comes here hopeful. Wanting in on the game. A month ago you were in med school being taught by doctors. Today, you are the doctors. The seven years you spend here as a surgical resident will be the best and worst of your life. You will be pushed to the breaking point. Look around you. Say hello to your competition. Eight of you will switch to an easier specialty. Five of you will crack under the pressure. Two of you will be asked to leave. This is your starting line. This is your arena. How well you play? That's up to you. (*A Hard Day's Night*)

Although this is certainly a competition between the various surgical interns, friendships

blossom immediately as the interns are assigned to their respective residents:

Cristina Yang: Which resident you assigned to? I got Bailey.

Meredith Grey: The Nazi? Yeah, me too.

George O'Malley: You got the Nazi? So did I. At least we'll be tortured together, right? I'm George O'Malley, uh, we met at the mixer, you had a black dress with a slit up the side, strappy sandals...(*Cristina and Meredith exchange looks*) Now you think I'm gay.

Cristina: (*walking away*) Uh-huh.

George: No, I'm not gay, it's, ah, it's just that, you know, you were, I mean, you were very, unforgettable. (*muttering*) And I'm totally forgettable. (*A Hard Day's Night*)

In this short exchange, the audience can observe the beginnings of the friendship of Christina Yang and Meredith Grey. In addition, George O'Malley's hopeless affection for Meredith is established in the first episode, which will prove to be an ongoing struggle for the dorky but loveable George. We are also introduced to two other interns, the beautiful Dr. Isobel "Izzie" Stevens, a former model, and the attractive but apparently arrogant Dr. Alex Karev.

At this point the viewer has been introduced to several of the characters typical to the medical drama genre. The Chief fills the role of hospital administrator; his primary concern is the well-being of the hospital. Each intern fills the role of young and naïve doctor, though there are five rather than just one. Further, each individual intern acts in a certain stereotypical role: Meredith is insecure, slightly neurotic, and still somehow attractive and mysterious; Christine is the extremely driven, extremely intelligent Asian physician who will stop at nothing to get to ahead; Izzie is both kind and beautiful, and although many doubt her ability, she will certainly prove her worth as a physician;

George is adorably awkward, and you cannot help but feel sympathy for how pathetic he sometimes is; finally, Alex is sexy but unbearably arrogant, although with time he will show a softer side. Some of these stereotypes have been used in the medical drama genre before; some are just well-known stereotypes that extend out of the confines of the medical drama genre. Regardless, these are familiar stereotypes with which audience members can identify. Each character is unique and very specific; the audience will come to recognize the characters and hold certain expectations of them. If the characters diverge from their expected traits, the audience can have one of two reactions. For example, when Alex diverges from his typical characters and becomes kinder and more romantic, the audience would probably appreciate this change because it is a positive one and makes Alex more likeable. However, for example, if George were to become more assertive or perhaps a bit pompous, the audience probably would react badly to this because viewers identify with George in a certain way and would not appreciate this change in character.

Plotlines

Although the setting and characters of *Grey's Anatomy* are essential components of the medical drama genre, the various plotlines of *Grey's Anatomy* are arguably the most integral to the program's success. The following analysis will therefore focus solely on the development of standard plotlines, using specific scenes and dialogue to illustrate how *Grey's Anatomy* adheres to the formula of the medical drama genre. While there are numerous plotlines that are often present in the medical drama genre, this analysis examines the standard plotlines of romantic relationships between major characters, the conflict between personal and professional life, and ethical dilemmas

Romantic Relationships

The interns' first day on the job proves to be an exciting one as in the first few minutes of the episode, a young girl, Katie Bryce, arrives by helicopter to Seattle Grace Hospital, because she is having inexplicable seizures. Meredith is assigned to the case, and is unsure of how to handle the parents' questions:

Meredith: Katie's parents have questions. Do you talk to them, or do I ask Burke?

Bailey: No, Burke's off the case, Katie belongs to the new attending now, Dr. Sheppard - he's over there. (*A Hard Day's Night*)

As Meredith sets off to find Dr. Sheppard, she stops dead in her tracks as she sees the doctor and realizes that he is the irresistible Derek from the night before and the awkward encounter that morning. As Dr. Sheppard looks up, he sees Meredith and does a double take. Meredith's eyes widen in alarm and she turns quickly to go, Derek still staring after her.

The scene sets up what will be an engaging relationship struggle between the new intern and the new attending physician. Although a potential audience might be unfamiliar with the daily happenings of a busy hospital, this particular situation is arguably unlikely. One could purport that many happy couples meet in the workplace, but the extent to which the daily lives of these physicians revolve around their personal relationships is troublesome. One could begin to doubt the level of professionalism of these physicians due to the extent that their personal problems take over their lives. However, the average viewer would probably not begin to question the moral, ethical, or professional ramifications of an attending physician and an intern sleeping together. The

fantasy of seeing a beautiful woman and a handsome man falling passionately in love with one another is a far more compelling story than the typical lives of surgeons.

The scene continues as Meredith rushes down the hall, Derek chases after her and grabs her arm:

Meredith: Hey - *(he pulls her into a stairwell, no one's around.)* Dr. Sheppard, -

Derek: Dr. Sheppard? This morning it was Derek. Now it's Dr. Shepherd.

Meredith: Dr. Sheppard, we should pretend it never happened.

Derek: What never happened, you sleeping with me last night? Or you throwing me out this morning? Because both are fond memories I'd like to hold onto.

Meredith: No. There will be no memories. I'm not the girl in the bar anymore, and you're not the guy. This can't exist. You get that, right?

Derek: You took advantage of me and now you want to forget about it.

Meredith: I did not take -

Derek: I was drunk, vulnerable and good-looking and you took advantage.

Meredith: *(smiling)* Okay, I was the one who was drunk, and you are not that good-looking.

Derek: Well, maybe not today. Last night, last night I was very good-looking. I had my red shirt on, my good-looking shirt, you took advantage.

Meredith: I did not take -

Derek: You want to take advantage again? Say Friday night?

Meredith: No. You're an attending. And I'm your intern. Stop looking at me like that.

Derek: Like what?

Meredith: Like you've seen me naked. *(Derek smirks)* Dr. Sheppard. This is inappropriate. Has that ever occurred to you? *(Meredith leaves, Derek sighs.) (A Hard Day's Night)*

As an audience member viewing this scene, it is almost impossible not to relate to the situation. Any audience member who might recall the first encounters of a potential relationship could sympathize with the feelings of confusion, the surges of attraction, and the flirtatious banter clearly portrayed in this scene. Although the particular situation might be somewhat unique [that is, a pair of doctors engaging in a one night stand and then finding out they are working at the same hospital], a viewer could either relate to the situation due to its inherent familiarity. The pilot episode concludes hopefully with Meredith's closing voiceover:

Meredith voiceover: I can't think of any one reason why I want to be a surgeon. But I can think of a thousand reasons why I should quit. They make it hard on purpose. There are lives in our hands. There comes a moment when it's more than just a game. And you either take that step forward, or turn around and walk away. I could quit. But here's the thing: I love the playing field. (*A Hard Day's Night*)

As the camera cuts to a view of outside the hospital, the audience can see Izzie, George, Christina, and Meredith walking to the parking lot:

Meredith voiceover: So. I made it through my first shift. We all did. The other interns are all good people, you'd like them. I think. I don't know. (*fade to Meredith running up stairs in the rain, under an umbrella*) Maybe. I like them. Oh, and I changed my mind. I'm not going to sell the house. I'm going to keep it. I'll have to get a couple of roommates, but it's home, you know? (*A Hard Day's Night*)

Though Meredith is exhausted after her first forty-eight hour long shift, her tone is hopeful. It is rather obvious that the group of interns that has been introduced will form some sorts of relationships with one another, whether they be friendly or romantic. Perhaps Meredith's comment that she'll "have to get a couple of roommates" is alluding to the fact that later in the season, Izzy and George will move in [which only complicates his feelings for her and their relationship]. And although the audience has not yet been

introduced to all of characters, and although the romantic relationships between the various characters have barely even been established [or in some cases, not established at all], the pilot episode demonstrates the tendency of the medical drama genre to revolve around romantic relationships between characters.

The romantic relationships between Meredith and Derek and Christina and Burke are only two examples of several others on the program. In fact, *Grey's Anatomy* revolves around the romantic relationships of its characters possibly more so than any other plotline typical to the medical drama genre. The focus on romantic relationships allows the medical drama genre to be accessible to a wider audience as many viewers can either connect with that type of plotline from their own experience or from their desire to have a romantic experience. Relative to the focus on romantic relationships is the conflict between personal and professional life.

Conflict Between Personal and Professional Life

The context of *Grey's Anatomy* facilitates the development of conflict between the personal lives and professional lives of the characters. As the physicians of *Grey's Anatomy* not only work together, but interact with one another outside the confines of the hospital, it is inevitable that their personal lives and professional lives will overlap. In episode twenty from season two, *Band-aid Covers the Bullet Hole*, the viewer can observe how the characters experience clashes between their professional obligations and their personal interests.

Dr. Izzie Stevens and Dr. Alex Karev have started seeing one another romantically, though Izzie seems unsure about her feelings for him. To complicate the matter further, Izzie appears to be getting attached to male patient Denny Duquette.

Alex: You never called me back last night. You avoiding me?

Izzie: Why would I be avoiding you? *(Cut to Denny's patient room. Izzie, George, Meredith, Cristina, Alex and Burke are in there.)* Denny Duquette. Aged thirty-six.

Denny: Thirty-seven in three weeks.

Izzie: *(smiling)* Thirty-seven in three weeks. He's having difficulty breathing and chest pains.

Burke: Breast sounds?

Izzie: Still a little junky. He has a build up fluid in his system.

Denny: Hey did you just call me a junkie? *(Izzie tries not to smile shaking her head)* That's not very nice.

Burke: Denny, you're congestive heart failure is getting worse despite the meds. *(Denny nods)*

Denny: Alright so how do we proceed?

Burke: Doctors how do we proceed?

Alex: *(Izzie moves to answer but Alex beats her to it)* Titrate up his nitrate drip and continue with diuretics plus -

Izzie: *(interrupting)* ACE-inhibitors, Beta-blockers and streptobutamine.

Burke: I also want his ins and outs recorded and one of you monitoring him at all times.

Izzie: *(immediately putting up her hand)* I'll stay.

Alex: Me too. *(He pushes past the others to stand next to Izzie. Izzie and Denny look a little off-put.)* *(Band-aid Covers the Bullet Hole)*

Izzie's special interest in Denny's case makes Alex jealous. The flirtation between Izzie and Denny is obvious; Alex reacts competitively and ensures that he will be assigned to Denny's case as well. Later in the episode, Alex takes it upon himself to discourse Denny being interested in Izzie:

(Cut to Denny's room where Denny is lying in bed and Alex is checking his monitors and writing in his chart)

Denny: You're not Izzie.

Alex: Sorry to disappoint you.

Denny: Not disappointed, just saying where is she?

Alex: Well she's busy with other patients. *(He smirks at Denny)* I'm afraid you'll have to make do with me.

Denny: Look man I'm sure you're - I'm sure you're a fine doctor just, just not as much my type. No offense.

Alex: Yeah well I'll just have to settle on being Izzie's type.

Denny: So you ... you two ...

Alex: Yeah. Yeah. *(He nods while looking pleased with himself)* Pretty much, you know.

Denny: Congratulations. *(Band-aid Covers the Bullet Hole)*

Despite the fact that Izzie and Alex have had no formal conversation about the status of their relationship, Alex takes the opportunity to convince Denny that they are involved with one another. Although Alex assumes that his conversation with Denny will be the end of the matter, he has not anticipated that Denny might talk to Izzie about it.

(Cut to Denny's CICU room where Denny is sitting up in his bed and Izzie is sitting on the edge of it. They are playing a game of scrabble on his bed tray.)

Denny: I'm not just another pretty face you know. *(Tapping his head)* I've got it going on up here as well.

Izzie: So you keep telling me.

Denny: Yep. I probably know hundreds of words.

Izzie: Really? Hundreds. Wow, you're a real brain trust.

Denny: Ouch.

Izzie: Oh I'm highly competitive. *(She moves her scrabble pieces onto the board)*
Screw. S-C-R-E-W. That's 25 points thank you very much.

Denny: Wait a second, now you didn't tell me we were playing naughty word scrabble.

Izzie: *(Laughing)* We're not playing naughty word scrabble, you just have a dirty mind.

Denny: Oh, it's filthy but you're the one that put down screw.

Izzie: I was referring to hardware, not sex. *(She picks up some more pieces)*

Denny: Oh. I guess maybe sometimes it's, uh... it's hard to tell where - where you're coming from.

Izzie: *(Looking confused)* What do you mean?

Denny: Alex, uh ... he may have said something about you guys, um - being together.

Izzie: *(avoiding eye-contact)* Uh, well ... he had no business telling you that and besides it's not even true so ...

Denny: So you're not together?

Izzie: No. I mean yeah a little but not really so ... no.

Denny: *(nodding, sarcastic)* Okay ...well sweet. Thanks, *(chuckling)* thanks for clearing that up. *(Band-aid Covers the Bullet Hole)*

The fact that Izzie is taking time from her busy schedule as a surgical intern to play scrabble with a patient suggests that he is indeed special to her. She is surprised when Denny reveals that he knows about her relationship with Alex, and becomes angry that Alex has divulged such private information. Although her relationship with Denny has

not yet become romantic, her feelings for him are apparent, and she angrily informs Alex that he had no right to get involved.

(Cut to the on-call room where Izzie is pacing. Alex walks in and whistles closing the door behind him.)

Alex: (thinking that Izzie paged him to sleep with him, he removes his shirt)
Always happy to get this page.

Izzie: Stop. That's not why I paged you.

Alex: What, you paged me to the on-call room to talk?

Izzie: No I paged you to the on-call room to yell. Why the hell did you talk to Denny about us? You had no right!

Alex: Oh right, because you never talk to Denny about personal-

Izzie: (interrupts angrily) I don't talk to him about our sex life Alex! That is between us!

Alex: Oh, got it! So none of your friends know that we're sleeping together?

Izzie: I'm sorry, are you saying you and Denny are friends now?

Alex: No, I don't become friends with my patients Iz!

Izzie: (yelling) You're an ass! You feel threatened by him. That is why you did that. There is no other reason!

Alex: You're his doctor Izzie! And he's your half-dead, possibly soon to be all-dead patient! How can I possibly be threatened by that guy?

Izzie: I can't believe you just said that. *(She moves to walk past him but he puts his arm up to stop her.)*

Alex: Someone's got too. *(He removes his arm and Izzie walks to the door, opens it, slams it closed behind her) (Band-aid Covers the Bullet Hole)*

Although Alex has ulterior motives for being interested in Izzie and Denny's relationship, he is rightfully concerned for her. It would be considered inappropriate for a physician to get romantically involved with a patient; there is the concern that the physician will not

act rationally when dealing with the patient's illness. Despite this, Izzie remains interested in Denny's case and takes it upon herself to care for him. She insists that he gets the surgery for his heart, after which she is waiting at his bedside.

(Cut to Denny's room after the surgery. Izzie is sitting at his bedside again looking upset and worried. She takes his hand in hers and strokes it comfortingly.)

Denny: Hey. (Izzie looks up startled that he's awake and sighs.) Don't you have somewhere to be?

Izzie: Yeah. (nodding) Yeah, I'm there. (Band-aid Covers the Bullet Hole)

As suggested by Izzie's brief conversation with Denny, Izzie chooses to spend extra time caring for Denny while she should be attending to other patients. This issue will continue to develop in future episodes, to the point where Izzie becomes completely obsessed with Denny's case. Izzie and Alex's relationship will end, and she and Denny will fall in love. Izzie's feelings for Denny cause her to be irrational however, and she acts unwisely as he illness progresses. Sadly, Denny will eventually pass away in Seattle Grace Hospital, and Izzie will not get the chance to spend the rest of her life with him as they had planned. Izzie learns the hard way the dangers of becoming involved with patients, though Denny's death is an unusual example of this faux pas. However, the conflicting relationships between Alex and Izzie and Izzie and Denny serve as an excellent example of how personal and private life conflicts in the medical drama genre.

Ethical Dilemmas

As the season progresses, more relationships form between the characters. By episode six, *If Tomorrow Never Comes*, the relationship between Meredith and Derek has

not only become more intimate, but more complicated. Meredith is confused by her intense feelings for Derek, and concerned over the welfare of her job. To complicate matters, Dr. Miranda Bailey, Meredith's resident physician, caught the couple having sex in a car. In addition, Christina and Dr. Preston Burke, the head cardio-thoracic surgeon, have also embarked on a secret affair. While Christina knows about Meredith's situation, Christina has not told anyone about her own. The relationship between Christina and Burke is especially interesting to consider in contrast to Meredith and Derek because while Meredith is somewhat needy and obsessive, Christina doesn't seem to care much about Burke, though she respects him as a successful surgeon. The two couples act as foils for one another, presenting two examples of romantic relationships that might occur in reality. The differences in the relationships keep the plotline fresh rather than overdone or tired. On the other hand, it seems that Burke is the one who is more concerned with where the relationship is headed. In this episode, the problems of the two couples foil one another nicely.

As Meredith is concerned with what Dr. Bailey thinks of her, she has decided she will try to evade Derek so as not to appear unprofessional. She is late for work and tries to avoid Derek as he pursues her:

(Derek arrives and parks next to Meredith)

Meredith: Crap.

Derek: Crap?

Meredith: Hi. I'm late.

Derek: You're avoiding me.

Meredith: Yes, but also late.

Derek: Ok, are we going to talk about this?

Meredith: No.

Derek: About us and Bailey and what she saw?

Meredith: I don't need to talk about it. I experienced it, naked.

Derek: This is getting complicated.

Meredith: Complicated for me. I'm the intern sleeping with the attending. Bailey isn't speaking to me anymore.

Derek: Not that that's a bad thing. If I was a better guy, I'd walk away.

Meredith: Yes, you would.

Derek: Do you want me to be a better guy?

Meredith: Yes. *(They enter hospital. He pushes elevator button.)*

Meredith: No. Crap. I'm late. *(Meredith walks away.)*

Derek: Take your time. Think about it. *(If Tomorrow Never Comes)*

Meredith is distraught over her situation that is anything but ideal. While she has strong feelings for Derek, she is rightfully concerned about the stress her relationship is putting on her job. This exchange is followed by a scene of Christina and Burke in a lab room, where they quite obviously have just slept together.

Cristina: That was definitely worth being late.

Burke: *(Sighs)* Thanks. Is this a...? Should we talk about this?

Cristina: *(nonchalantly)* Yeah, definitely. *(Cristina leaves the lab room, then enters the locker rooms. Meredith is inside.)*

Meredith: You're late.

Cristina: So are you.

Meredith: I know, and I can't afford to piss off Bailey any more. Do you think she told anyone?

Cristina: About you and McDreamy?

Meredith: Yeah.

Cristina: No, he's her boss too.

Meredith: If they find out, what can they...? Can they kick me out, or...?

Cristina: No... Not officially. You'll just get edged out, blacklisted, banned from his surgeries, passed over for chief resident. (*Sighs*) It'll be humiliating, but you'll live.

Meredith: I have to end it. I definitely have to end it. I have to end it, right?

Cristina: Meredith, shut up.

Meredith: What? (*Meredith and Cristina are rushing upstairs and through hallway.*)

Meredith: Did you seriously just tell me to shut up?

Cristina: Oh, please. You got a hot doctor who you like to make you open up, and say "ahh." It's the American dream, stop whining about it.

Meredith: No. No good can come from sleeping with your boss.
(*If Tomorrow Never Comes*)

This exchange between the two friends is especially interesting for the viewer. An audience member might feel privileged to be knowledgeable about a situation which the other characters do not know. Further, although to Meredith, it may seem that Christina is simply sympathizing with her difficult situation, the audience member realizes that Christina is agonizing over her own situation. Both characters are experiencing serious moral dilemmas over their secret relationships. Further, while Meredith has already gotten "in over her head," Christina could potentially avoid getting attached to Burke. Perhaps her nonchalant exterior is in fact not real, and rather is just a defense mechanism.

Either way, an audience member could certainly relate to one or both of the characters' situations and reactions. By being able to identify with the characters, the audience is compelled to recognize the patterns of the medical drama genre.

Meredith and Christina are not the only characters affected by the secret relationships. The fact that Dr. Bailey knows about Meredith and Derek complicates the situation even further. In addition, although Derek is technically Dr. Bailey's superior, the outspoken resident is easily manipulated. Since discovering Derek and Meredith's relationship, Dr. Bailey seems to think that Derek is favoring Meredith in the workplace. If Derek does in fact favor Meredith at work, this creates an even more complex ethical situation; Derek's potential favoritism could give Meredith an unfair advantage over other interns who are just as capable as Meredith. While this would indeed be a legitimate problem, the viewer gets the feeling that although Derek does care for Meredith, he would not be foolish enough to favor her over other interns. Instead, her abilities are always the reason she is chosen to scrub in for surgery; there is never an occasion where Derek blatantly favors her without any just cause. Therefore, the audience can continue to support the relationship between Derek and Meredith. However, Dr. Bailey does not feel the same way:

Bailey: You think you're charming in that talented, neurotic, overly-moussed hair sort of way, good for you. But if you think I'm going to stand back and watch while you favor her...

Derek: I don't favor her. She's good.

Bailey: I'm sure she is.

Derek: You know, can I point out that, technically, I'm your boss?

Bailey: You don't scare me. Look, I'm not going to advertise your extracurricular activities with my intern. However, the next time I see you favoring Meredith Grey in any way, I'll make sure she doesn't see the inside of an OR for a month. Just for the sake of balance. (*If Tomorrow Never Comes*)

Although Derek might not have been concerned about the possible ramifications of his relationship with Meredith, it appears that he now realizes there is more at stake than he previously acknowledged. While his job might not be threatened, he certainly does not want Meredith to suffer. Therefore he makes an ill-fated attempt to show Bailey he does not favor Meredith:

Derek: We're talking about a brain surgery that is performed while the patient is wide awake, a risk of paralysis, a risk of death. And, the patient doesn't want it. It is not my job to push him into anything and it's definitely not yours.

Meredith: Ok.

Derek: Since you clearly uncomfortable with my decision in this case, it's probably best you don't scrub in.

Meredith: But...

Derek: It's a minor procedure. You won't be missed. (*If Tomorrow Never Comes*)

Meredith is understandably confused by Derek at this point. She was trying to make a concerted effort as a physician to save the life of a man with Parkinson's disease. The patient was refusing a surgery that would drastically improve his quality of life. As the patient's assigned doctor, Meredith was doing what she thought was right for the patient. Therefore, Derek's harsh reaction to her suggestion that they try to convince the patient to have surgery was not what Meredith was anticipating. Eventually, when Meredith confronts Derek about his behavior, he tries to explain himself:

Derek: Bailey was on the warpath. I was trying to protect you.

Meredith: You trying to protect me is why she's on the warpath. You can't do me favors. You can't ask me to scrub in when I haven't earned it.

Derek: Ok, ok.

Meredith: And you can't treat me like crap when I haven't earned that either.

Derek: Ok.

Meredith: I can take care of myself. I got myself into this mess, and I...

Derek: And you'll get yourself out?

Meredith: I don't... know that yet. (*If Tomorrow Never Comes*)

Although Meredith and Derek's relationship has encountered a few obstacles, they are clearly not ready to give up. Meredith is still unsure what to do, however she clearly does not want to end the relationship. Yet again, the characters are involved in situations that are very relatable to the audience. Although probably very few audience members are doctors involved in intimate relationship with their superiors at their hospital, almost anyone can relate to getting involved in a relationship that is problematic.

Meanwhile, Burke and Christina's relationship seems to be headed to a crossroad. Although Derek might not have been giving Meredith an unfair advantage, Burke certainly has given Christina one. Burke allowed Christina to scrub in on an amazing surgery where they tried to remove a large tumor from a woman's belly, though unsuccessfully. While Christina was excited by the surgery, she does not seem to show much gratitude toward Burke for his favor.

Burke: I'm not doing you any more favors. This was it.

Cristina: (*Scoffing*) I've been holding up fifty pounds of tumor for the past twelve hours. My back's going to need traction, and the patient died anyways. And you think you did me a favor?

Burke: Look, I'm just...What is this...that we're doing here? What is it?

Cristina: You need a definition? You really want to be that guy? (*If Tomorrow Never Comes*)

In this scene, although Burke attempts to initiate a conversation with Christina about the direction of their relationship, Christina vehemently avoids it. Though Burke might perceive Christina as uncaring, the audience should realize that the situation is complicated. Their relationship is not over, however, and will only become more complicated and more compelling to the *Grey's Anatomy* audience.

It is interesting to note that although *Grey's Anatomy* includes the various elements of the medical drama genre, a number of the plotlines are related to the romantic relationships between the characters. While the characters might experience conflict between personal and professional life or ethical dilemmas, those issues are generated by the romantic relationships between the characters.

CHAPTER SIX
Differential Diagnosis:
***House, M.D.* as the Medical Drama Anti-Genre**

Since its inception as a television genre, the medical drama has developed a successful formula which includes a particular type of setting, cast of characters, and plotline. While *House, M.D.* adheres, in part, to this formula, its deviations from the typical format are what make it truly persuasive to its audience. In many respects, *House, M.D.* follows the basic structure of the medical drama genre, including such aspects as setting (hospital), characters (old doctor mentoring young doctor or doctors and the business-orientated hospital administrator), and the types of interactions that occur between the characters (becoming romantically involved, facing ethical dilemmas, placing personal issues behind work issues). However, in most instances, *House, M.D.* digresses from the normal formula of the medical drama genre by either mutating certain characteristics or altering them completely. *House, M.D.* so often drastically diverts from the typical formula followed in the medical drama genre that this study asserts the program constitutes its own medical drama anti-genre.

In order to determine in what ways *House, M.D.* deviates from the medical drama genre, this investigation closely analyzed four episodes selected from seasons one and two of *House, M.D.*: the pilot episode (season 1), *Love Hurts* (season 1, episode 20), *Daddy's Boy* (season 2, episode 5), and *Detox* (season 1, episode 11). These episodes are representative because although they portray the setting, characters, and plotlines typical to the medical genre drama, they sufficiently demonstrate that ways in which *House, M.D.* diverges from the norms of the genre to become the anti-genre

Setting

The setting, or scene, where the action takes place is consistent with the medical drama genre in that it is set in a busy hospital. However, many previous examples of medical dramas take place primarily in the dynamic setting of the emergency room, while the majority of *House, M.D.* takes place in the Diagnostic Department's office, individual patient rooms, procedure rooms, and occasionally, Dr. Cuddy and Dr. Wilson's office. Although the generally fast-paced emergency room is all but eliminated from the show, the constant flow of initially inexplicable patient complications that act as a substitute for the inherently frenetic pace of the emergency room. Thus, realistically the setting of *House, M.D.* is consistent with that of other medical dramas, although slightly altered.

Characters

House, M.D. also retains the generic actors, or characters, that are often present in the medical drama genre, with indeed a few variations. First and most obviously, there is Dr. Gregory House. As has been in the trend in past incarnations of the medical drama, House is a brilliant physician who never ceases to find the answers to the pressing medical cases he is assigned. In addition, as is the case with some past and most contemporary manifestations of the medical drama, House deals with personal issues that often come into conflict with his professional and ethical obligations. This is consistent with the recent trend of portrayals of physicians as more negative than in the past (see Chory-Assad and Tamborini; Pfau and McMullen). For the purpose of this analysis, it is assumed that the reason for this trend is an intentional move by the creators of these

messages to make physicians appear to be more “human” and less like all-knowing, all-powering “god” figures, though this is beyond the scope of this investigation.

Other characters in *House, M.D.* fulfill generic roles of the medical drama. The older and more experienced House serves as a mentor to the younger doctors who comprise his team: Dr. Cameron, Dr. Chase, and Dr. Foreman. These three doctors also fill generic roles that are often discernible in the medical drama. Dr. Alison Cameron plays the attractive and emotional female physician who often gets too attached to her patients, as well as romantically attached to House; she considers herself a woman of morals and often finds discrepancies with House’s actions, even more so than the other characters.

Dr. Robert Chase is the devastatingly handsome Australian-born doctor with the irresistible accent and equally irresistible smile. Although very intelligent, he is also arrogant to the point of being obstinate, and is hesitant to concede to his colleagues. Dr. Eric Foreman is the African American doctor who has risen above the life of crime and poverty that was handed to him at birth. Although formerly on the aforementioned path, he overcame adversity and rose to the challenge, putting himself through medical school and shunning the life he left behind. In conjunction, these three “junior” doctors encapsulate most of the combinations of character traits that are typically evident in the generic role they fill.

Dr. Lisa Cuddy acts as the archetypal hospital administrator whose primary concerns are to keep the hospital functioning, the patients alive, and the money flowing. Cuddy must often pacify the complaints of House’s adversaries as well as her personal concerns with his actions, while simultaneously considering what is best for the hospital

and its patients in the long run. Dr. James Wilson is House's best friend and confidant, though it sometimes appears not by choice. The two doctors often consult on the never-ending medical mysteries that find their way into the hospital, and Wilson acts as a sounding board to House's theorizing. Wilson is portrayed as the compassionate physician who truly wishes to make his patients as comfortable and content as possible; he often has to clean up after the messes House leaves in his wake. He too takes much issue with House's bedside manner, unconventional medical decision-making, and apparent drug abuse. The relationship between House and Wilson is typical in that they share a common passion for medicine and efficiency at their jobs, but even as House's best friend, Wilson gets no special treatment or consideration.

The discussion of the characters and their relationships within the medical drama is important for several reasons. First, the fulfillment of the typical stock characters of the medical drama genre is relevant to the success of the show in they have in the past been proven successful, that the audience has become familiar with these characters, and that the audience expects them to be there. If any of these characters or character traits were absent, it is likely that the show would not be nearly as popular. On the other hand, the fact that each of the character types have been slightly altered or expanded upon also speaks to the success of the show. These morphed characters make the show more interesting and engaging; their characteristics inevitably contribute to the engaging dilemmas that they constantly face. Thus, the show instantly becomes more intriguing due to these distinctions, testifying to the success of *House, M.D.* despite its deviations from the medical drama genre.

Plotlines

While certain plotlines traditional to the medical drama genre are included in *House, M.D.*, they are generally morphed or in some cases, repudiated. The medical mysteries that House and his team face each show are not only obscure, some medical experts might argue they are impossible. The sheer outlandishness of the illnesses depicted on the show contributes to the audience's fascination. However, in order for the audience to stay engrossed, the situations of the patients must be in some way identifiable to viewers. The creators of the message therefore must integrate more recognizable scenarios into the plot. Thus, although each patient suffers from extremely peculiar illnesses, their characters are in some way sympathetic to the audience. For example: the young mother who suffers from post-partum depression, an innocent child exhibiting signs of cancer, the elderly woman who just wants her ailing husband to die in peace. Although the medical problems are far more complicated and extraordinary than with which the audience may be familiar, the underlying "humanness" of these patients inevitably influences to the audience to identify with the plotlines of the anti-genre.

It is a dramatic digression from the medical drama genre, however, that the patients and their obscure illnesses are such a focal point of the plotlines of *House, M.D.* Other medical drama programs, such as *Grey's Anatomy*, tend to focus on the lives of the main characters and only superficially discuss patients and their illnesses, except in cases where patients might be connected with the main characters. *House, M.D.*, on the other hand, focuses primarily on the task of solving medical mysteries and only superficially touches upon the relationships of the characters. In addition, when *House, M.D.* does in fact focus on plotlines common to the medical drama genre, it often confounds the norms

associated with the genre. Further, what distinguishes *House, M.D.* from the medical drama genre is the concept of the villainous hero. While manifestations of the medical drama genre revolve around the figure of the heroic physician, *House, M.D.* is driven by a character who is an excellent physician and yet a morally corrupt, insensitive person.

The Villainous Hero

Indeed, the concept of the heroic doctor finding the cure for the evil disease is a commonly held belief; this is perhaps for no other reason than the fact that it is human nature to fear the unknown or uncertain [in this case, an illness], and it is often easier to cope with the unknown or uncertain when there is a heroic figure to count on. This phenomenon is certainly discernable in the past of the medical drama genre, as this investigation has asserted the previously successfully formula utilized in the production of the medical drama.

In the analysis of *House, M.D.*, however, it would be hard to ignore that this previously accepted ideal of the heroic doctor is being not only challenged, but completely modified in the creation of House as the villainous hero. House's negative traits are numerous and intricately related. First and most visually obvious is his physical handicap: House walks with the help of a cane, the reason for which is at first slightly mysterious. As a result, he deals with an excruciating amount of pain on a daily basis; in order to deal with the pain and function to optimally serve his patients, he relies on pain medication to manage his problem. Unfortunately, this has turned into a full blown addiction, something that is addressed in every episode as he is portrayed constantly taking the pain medication Vicodin. Indeed, a good deal of the comedic relief of House

focuses on this addiction; he often sardonically responds to any well-intentioned criticism or concern from his colleagues. In addition, House's bedside manner with patients is not just flawed, it is all but nonexistent. Although it is insinuated that House's handicap and constant pain might contribute to his non-conventional treatment of his patients and their ailments, as well as his constantly sardonic demeanor. Those who work with House often reiterate that they only deal with his egotistical, arrogant, and derisive personality because of his amazing skills as a diagnostician.

Upon analysis of the selected sample of episodes, it is obvious every episode of *House, M.D.* follows a very specific sequence of timed events. The formulaic sequence of *House, M.D.* is more or less the following: introduction of the soon-to-be patient, engaging in normal activity; victim suddenly and inexplicably falls ill, often to the point of his or her life being threatened; after House and his team are introduced to the baffling illness, they will begin making differential diagnoses, running tests, and administering medication. At several intervals, just when it seems that House has cracked the case and the patient will survive, the patient's status will begin to deteriorate rapidly, forcing House and his team to reevaluate their diagnosis. Throughout the episode, House will remain distanced from his patients, have conflicts with his team of doctors, his best friend Dr. Wilson, and hospital administrator Dr. Cuddy. In addition, his dependency on the pain medication Vicodin will be highlighted. At the conclusion of the episode, by some stroke of genius, House will have solved the case and the patient will be on the road to recovery.

The plotline of *House, M.D.* adheres to the commonly accepted belief of physician as hero in the sense that House will almost positively solve the case. Other than

that, *House, M.D.* violates every other precept of the “Heroic Doctor”. In fact, while House is the “hero” in that he will save the life of his patient, he is in many more ways a villainous figure. First, his cutting sense of humor, lack of bedside etiquette and complete irreverence for authority frames House as someone who does not abide by generally accepted rules of conduct. In the very first scene that we meet House in the pilot episode, he has the following conversation with Dr. Wilson:

House: See that? They all assume that I’m a patient because of this cane.

Wilson: So put on a white coat like the rest of us.

House: (*with disgust*) I don’t want them to think I’m a *doctor*.

Wilson: You see why the administration might have a problem with that attitude.

House: People don’t want a sick doctor. (*Pilot*)

In this short conversation, the viewer already knows that House breaks rules [as he refuses to wear a lab coat], is looked down upon by the administration, and doesn’t want people to identify him as a doctor, thus avoiding them as much as possible.

Wilson briefs House on the status of a patient he claims as his cousin, Rebecca Adler. House prematurely writes the patient off as having a brain tumor and Wilson resents his haste. House displays his complete lack of sympathy:

House: Your cousin doesn’t like the diagnosis? I wouldn’t either. Brain tumor – she’s gonna die...*boring*. (*Pilot*)

This type of comment is typical for House; if a particular case does not in some way interest or challenge his intellect, it is not worthy of his time. Wilson goes to check on the patient Rebecca Adler.

Rebecca: Am I ever going to meet Dr. House?

Wilson: Well, you might run into him at the movies, or on the bus.

Rebecca: Is he a good man?

Wilson: He's a good (*pause*)... doctor.

Rebecca: Can you be one without the other? Don't you have to care about people?

Wilson: Caring is a good motivator... he's found something else. (*Pilot*)

In this scene, it is explicitly stated by Wilson that although House is not a good man, he is a good doctor. Toward the end of the episode, House has solved the case and decided that Adler has a tapeworm in her brain; by that time, however, Adler is refusing treatment because the previous diagnoses were incorrect. House is satisfied with his diagnosis and does not make an attempt to convince the patient of his certainty.

Foreman: So you're going to let her die?

House: I solved the case...my work is done. (*Pilot*)

By denying the requirement of being caring in order to be a good doctor, perhaps the creators of the message are taking a step in destroying the previously held fantasy of doctor as hero. It is not the life of the patients, but his ability to solve the mysterious cases, which drives House.

Indeed, if House's borderline sociopathic tendencies do not frame him as a villainous figure, certainly his inner demons frame him in that way. After getting into an argument with Dr. Cuddy concerning his obligations to the hospital, House becomes irritated. Ten minutes into this first episode, the viewer will observe House take out a bottle of prescription pills from his pocket and casually toss them down his throat. At thirteen minutes, House takes more medication. At fourteen minutes, when House obliges Cuddy and goes into the hospital's clinic to see walk-in patients, he sits down with a

distressed looking man. House seems completely uninterested in the man's complaints, and nonchalantly takes more pills.

Clinic patient (complaining of back pain): What's that? What are you doing?

House: Painkillers.

Clinic Patient: Oh, for you...for your leg?

House: No, because they're yummy. Want one? They'll make your back feel better. (*Pilot*)

These scenes as many as countless others reiterate for the audience that House certainly has an issue with pain medication. House's problem will eventually become one of the key elements the show's plot. In the interest of this investigation, by placing House's drug problem in the forefront of the action, the creators of the message dispel the myth of physician as hero. Although he will always solve the case and save the life of a patient, House certainly is in many ways a more villainous figure than a heroic one.

Romantic Relationships

As has been established, the medical drama genre is often characterized by the inclusion of romantic plotlines featuring main characters. These relationships are usually between fellow doctors or nurses (though patients are sometimes involved), and often place a strain on work relations. Though the relationships might be viewed as successful, they often complicate other plotlines of the medical drama. *House, M.D.*, however, very rarely focuses on romantic relationships; when they are depicted, they are portrayed as failures.

The episode titled *Love Hurts* (season 1, episode 20) is a prime example of how romantic relationships on *House, M.D.* are often short-lived and unsuccessful. In this particular episode, Dr. Allison Cameron has agreed to come to the team after taking a leave, under the condition that House will go on a date with her. [It must be noted that in many episodes of *House, M.D.*, House and Cameron are often depicted flirting; however, as Cameron is one of only two female characters on the show, it is not surprising that she might at some point be the object of House's attention.] From the very beginning of the episode, House seems very reluctant to go on the date.

Wilson: So she's really coming back?

Clinic patient: Who's coming back?

House (to patient): You don't know her.

Wilson: You give her a raise? Increase her benefits?

House: Don't have TiVo on this thing - can't rewind. Shut up.

Clinic patient: You lower
her hours?

House: You don't even know her.

Wilson: (*shaking his head*) It's got to be something. I mean, she didn't come back because she likes you. (*pregnant pause*) Wait a minute! She did come back because she likes you!

Clinic patient: Heh heh! You dog! You slept with her!

House: Keep talking. I'll finish your exam with a prostate check. (*to Wilson*) I've agreed to take her on one date.

Wilson: What?!

Clinic patient: So, you in to this girl?

Wilson: Yes –

House: No! She's not giving me any choice. (*Wilson now looks a bit puzzled.*)

Clinic patient: Wait... she's making you do her?

House: Date her.

Wilson: Young ingénue doctor falling in love with gruff, older mentor; her sweet gentle nature bringing him to a closer, fuller understanding of his wounded heart. (*Love Hurts*)

Ironically, Wilson's final line in the previous excerpt could be a summation of the typical romantic relationship exemplified in the medical drama genre; here it seems to serve as an intentional critique by the creators of *House, M.D.* of what they might consider to be an overused formula.

Regardless of the intentions, this scene portrays House acting emphatically disinterested in Cameron, despite what his real feelings may be. Although Wilson is undoubtedly one of his closest – if not only – friends, if he does in fact have romantic feelings for Cameron, he refuses to divulge them.

When Cameron admits to her coworkers Drs. Chase and Foreman that she intends on dating House, their reaction is far from supportive:

Cameron: He agreed to go on a date with me.

Foreman (looking at Chase incredulously): A date? Date, dinner and a movie, naked and sweaty date?

Cameron: He only committed to the first two.

Chase: He's so - he's so old!

Cameron: And you're so young.

Foreman: It's a big mistake.

Cameron: It's my boss. I'm allowed to sexually harass my boss...

Foreman: Like watching an accident about to happen. (*Love Hurts*)

Although the three young doctors can be considered friends, the shock and perhaps disgust of Foreman and Chase in regards to House and Cameron's date is undeniable. Whereas in other medical dramas, the characters of Chase and Foreman would probably be interested in the potential dates [more likely if they were female characters], in the context of *House, M.D.*, they can only disapprove of the pair. In fact, in a later conversation, when they are discussing Chase's choice of dating a sadist in his past, Foreman makes a comment obviously directed toward Cameron:

Foreman: Yeah, why would you want to be in a relationship with someone that's so obviously only going to lead to pain? (*Love Hurts*)

Although one could argue that Foreman and Chase do not want to see the vulnerable Cameron get hurt by the insensitive House, their methods of delivering their concern are not particularly kind.

Although Cameron is depicted as the naïve character in the pair, the viewer will learn that House has been romantically hurt in the past, perhaps in part explaining his attitude toward romantic relationships.

Cuddy: I heard about Dr. Cameron's conditions for coming back to work.

House: It's purely business. I'll make sure you get the receipt.

Cuddy: Well, I think it's a good thing. What happened in your last relationship, it's no reason to wall yourself from people forever. Five years of self-pity is probably enough.

House: Wow. Well, you've certainly given me a lot to think about. If only I was as open as you.

Cuddy: Well –

House: Actually, it was your blouse I was talking about. (*Cuddy smiles*)

Cuddy: Bear in mind Cameron's probably the only female that can tolerate you. Wear the sky-blue shirt. It almost makes you look nice. (*Love Hurts*)

Although the audience might not know to which relationship Dr. Cuddy is referring, it is made apparent that House must have been involved in a relationship five years prior, one from which he apparently has not recovered. A conversation House has with Foreman only further solidifies the outcome of the date:

Foreman: Look, Cameron's a friend. This whole dating thing –

House (turning up volume on television): Time's up. Thanks for playing.

Foreman: Hey, I've been on the scene more than you recently.

House: Way ahead of you. I've got a case of malt liquor stashed in the trunk, Mr. Marvin Gaye on the CD, we are gonna get all the way down. Now move.

Foreman: Come on, you're not into her. Most guys who aren't interested in a woman try to sugarcoat it, be nice.

House: Oh, you know me too well.

Foreman: That's what I'm saying. I think you should go with your instincts here. Be a jerk.

House: I'm missing my soap for this?

Foreman: Women love to be right. You've got to leave them feeling superior. Like they've dodged a bullet. If you're nice, she'll blame herself –

House: And fall for me even more. The Love Doctor has made an art of breaking up with women. 'Cause you're convinced that the loss of you would be too devastating for any woman to handle.

Foreman: (laughing) Yeah, I'm the one with the serious ego problem here. I'm just saying - some relationships aren't meant to happen. (*Love Hurts*)

Despite Foreman's seemingly rude comments about Cameron, in this scene, he appears to be trying to prevent what he sees as an inevitably bad outcome. Although House tries to avoid having an awkward conversation by making jokes and, Foreman's persistence has had an effect on House. House's conversations with Cuddy and Foreman, in collaboration

with his dismissive and even hostile attitude toward romantic relationships, sufficiently foreshadows the failure of House and Cameron's relationship.

Although House may act outwardly disinterested in Cameron, as he prepares for his date, House appears nervous as he discusses his anxiety with Wilson.

House: This is a mistake. I don't know how to have casual conversation. You think you're talking about one thing, and either you are and it's incredibly boring, or you're not because it's subtext and you need a decoder ring.

Wilson: Open doors for her, help her with her chair –

House: I have been on a date.

Wilson: Uh, not since disco died. Comment on her shoes, her earrings, and then move on to D.H.A. Her dreams, hopes and aspirations. Trust me. Panty-peeler. Oh, and if you need condoms, I've got some.

House: Did your wife give them to you?

Wilson: Drug rep. They've got antibiotics built in, somehow.

House: I should cancel. I've got a patient in surgery tomorrow. (*House moves to the kitchen.*)

Wilson: And if you were a surgeon, that would actually matter. That's a good idea, settle your nerves. Get me a beer, too.

House (looking in the fridge): No beer.

Wilson: You're gonna eat before dinner? (*House reaches into the fridge and takes out a corsage. Wilson gets up to investigate.*)

House: This is pretty lame, right? (*Wilson smiles.*)

Wilson: I think she likes lame. (*Love Hurts*)

Although House is at least verbally trying to get out of his date, his actions seem to suggest that he is more anxious than disinterested. The fact that he purchases a corsage for Cameron demonstrates that he has some modicum of interest in her, and at the very least

wants to do something nice. The audience is able to see a softer side of House, albeit it only lasts as long as his conversation with Wilson.

Although House tries to be respectful and kind on the date, it is clear he is uncomfortable out his normal mode of interaction.

Cameron: (putting on the corsage) It's beautiful. And you look very handsome.

House: Thank you.

Cameron: I've always loved this restaurant.

House: Yeah. It's changed a lot since the last time I was here. It used to be a strip joint. *(Cameron laughs.)* Nice earrings.

Cameron: My mom's. Thank you.

House: Nice shoes. Comfortable?

Cameron: I'm not expecting you to be someone you're not.

House: We're in a restaurant, we're dressed up, we're eating. If not small talk, what is there? *(pregnant pause)*

Cameron: According to Freud, and I'm paraphrasing, instinct of love toward an object demands a mastery to obtain it, and if a person feels they can't control the object or feel threatened by it, they act negatively toward it. Like an eighth-grade boy punching a girl.

House: I treat you like garbage, so I must really like you. Given your Freudian theory, what does it mean if I start being nice to you?

Cameron (smiling): That you're getting in touch with your feelings.

House: Hmm. So there's absolutely nothing I can do to make you think that I don't like you.

Cameron: Sorry, no. I have one evening with you, one chance, and I don't want to waste it talking about what wines you like or what movies you hate. I want to know how you feel about me.

House: You live under the delusion that you can fix everything that isn't perfect. That's why you married a man who was dying of cancer. You don't love, you need. And now that your husband is dead, you're looking for your

new charity case. That's why you're going out with me. I'm twice your age, I'm not great looking, I'm not charming, I'm not even nice. What I am is what you need. I'm damaged. (*Love Hurts*)

Although the only sees this small portion of the date, one could probably assume the remainder of it was awkward, at best. At this point, House has for once expressed his real feelings, though they are painful and unwavering. It appears that despite the fact that he might really care for Cameron, House's inability to let go of his past and truly love another person has incapacitated him from moving on.

In comparison to other examples of the medical drama, such as *Grey's Anatomy*, *House, M.D.* very rarely portrays romantic relationships between characters. When potential romantic relationships are depicted, they are shown as being failures. There is perhaps the suggestion that the characters are so dedicated to their work they do not allow themselves to put their personal lives first, but nonetheless, the aspect of romantic relationships typical to the medical drama genre is absent.

Conflict Between Personal and Professional Life

The medical drama genre not only focuses on the romantic lives of its characters, but on many other aspects of their personal lives. In addition, a primary concentration of the medical drama genre is how the personal lives of the characters are inextricably linked with their professional lives. Whether it be family, friends, or relationship problems, the medical drama genre does not make the distinction between the characters lives and their lives at work.

House, M.D. conflates this norm by excluding most of the intimate details of its characters' personal lives. House in particular makes every effort to keep work separate

from personal, even from his confidant Wilson. The audience knows very little about House's personal life and past history; family or friends outside the hospital are hardly ever mentioned. In the one episode that seems to revolve around House's family, House attempts to avoid having dinner with his parents, though they are only in town for one evening. In the episode *Daddy's Boy*, it becomes apparent that House is not close with his family, especially not with his father. Although he seems to love and respect his mother, some unknown issue from his past causes him to go to extreme measures to prevent the dinner from occurring. However, it should be noted that House's extreme dedication to solving his medical cases borders on obsession; in *Daddy's Boy* House is puzzled by a particularly difficult case, for that matter, one that does not end well. Although this might in some way justify House's lack of familial dedication, he might just be exploiting it as an excuse to avoid dealing with his family.

As House and the team attempt to diagnose the patient's mysterious illness, House receives a phone call which causes him to appear uncomfortable.

House: Hi mom! Look, err, I have a business dinner on Thursday night - I can't get out of it. I know, I really I wanted to see you too. Uhh, actually, can I call you back? I'm in a meeting right now. Okay, thanks.

Cameron: Who was that?

House: Angelina Jolie. I call her mom. Who thinks that's sexy? (*turns back to the whiteboard, trying to bring subject back to patient*) So, explosive or gushing? (*referring to patient's diarrhea*)

Cameron: She never calls you. Is everything okay?

House: Great, yeah. My dad's taking her to Europe, they got a nine-hour layover in Newark on Thursday. If it's gastrointestinal...

Cameron: You lied to avoid seeing your own mom.

House: Are you kidding? I can't lie to my mom. (*Cameron's look at House with*

disbelief) Seriously, I can't! Wilson's invited me to dinner. It'd be rude to stand up a guy who just loaned me five grand. (*Daddy's Boy*)

In anticipation of his parents' arrival, House had convinced Wilson to go out to dinner with him. Though he does not technically lie to his mother about his plans, they could easily be changed. Further, he appears awkward on the phone with her and attempts to end the conversation quickly, as his team is observing him. When Cameron questions House's behavior, he abruptly turns back to the patient. Though the health of the patient is certainly of importance to House and his team, he appears to be using the case as an excuse to avoiding seeing his parents.

Cameron informs Wilson of House's parents' wishes to see him and Wilson takes the initiative to invite them to dinner. When House's mother calls to tell him of their plans to join him at dinner, he is outraged, though he initially does not know which one of his colleagues invited them:

House: You bastard! You invited my parents to dinner.

Wilson: Geez, Cameron's got a big mouth!

House: Hah! Not as big as yours!

Wilson: Hey! You used me to avoid seeing your parents.

House: Well what do you care?

Wilson: I don't, I just thought it might be interesting to find out why.

House: You could have just asked.

Wilson: You would have lied!

House: And you would have believed me! Which would have kept us both happy.
(*Daddy's Boy*)

Wilson draws attention to House's vehement refusal to meet with his parents by confronting House about using him as an excuse to avoid dinner. The fact that Wilson is curious about the reason why House does not want to spend time with his parents suggests that even Wilson, who is arguably House's closest friend, is not aware of any relevant family history. Further, House's evasiveness and admission that he would lie about it makes the entire scenario even more intriguing.

House is so distraught over the thought of having to go to dinner with his parents that he even offers his services at the hospital's free clinic to Dr. Cuddy.

Cuddy: No one's making you do this, House. Just do what everybody else does – lie to them.

House: You lie to your mother?

Cuddy: Only since I was twelve!

House: My mom's a human polygraph. My dad's taking her to Vegas, not the Louvre.

Cuddy: Trust me, your mom would much rather think you have a business meeting than you hate her.

House: I don't hate her. I hate him. (*Daddy's Boy*)

In his conversation with Cuddy, for the first time House reveals that his main problem is with his father, although the audience does not yet know why. The fact that House is truly appalled by the thought of lying to his mother suggests that he does in fact care for her deeply, though his actions might have previously suggested otherwise. This small admission by House was acquired through a great deal of prodding by his colleagues, though it realistically reveals very little about his personal life, except that he has something against his father. This reinforces House's unwillingness to let his personal and professional lives mingle.

As House sits in his office thinking about his medical case, the door opens and House's parents enter to his surprise.

House: Mom!

Mom: We're early.

House: (*gets up and hugs her*) It's great to see you.

Mom: (*teasing him:* Oh Greg, don't lie. (*House looks at his father uncomfortably but does not say hello or move to hug him.*) We came at a bad time, didn't we?

House: Actually, yeah. I uh... I have to take a rain check.

Dad: Aww, plans have been made. Wilson made 'em.

House: I asked him to cancel. I'm dealing with kind of a complicated case right now, so...

Dad: Well, we'll just come back when things aren't so out of control.

House: My team is busy.

Mom: You don't want to see us?

House: Mom, don't make me feel guilty.

Mom: No, no, of course not! Sorry.

House: I've got a patient who's probably going to die of radiation poisoning.

Dad: So that means you can't eat? Come on, let's grab a bite in the cafeteria.

Mom: I'll buy you a Ruben.

House: Well I guess I've got time for a sandwich.

Mom: (*smiling:* Good! (*Daddy's Boy*))

Even when faced by his parents' presence, House still avoids trying to spend time with them. Though he is kind to his mother, he practically ignores his father until spoken to.

Only when he has no other choice does he agree to have a quick meal in the hospital's cafeteria.

Once in the cafeteria, the conversation only becomes more awkward:

Dad: So, besides work, what you been up to?

House: Not much.

Dad: You always say that. Not much.

House: It's always the answer.

Dad: Any new babes you might want to tell me about?

Mom: Leave him alone, John.

House: Got a new motorcycle. Might have seen it out front - it's orange with a gigantic scrape.

Dad: Is it the one in the handicap parking?

House: Yeah. Looks like crap, but it drives great.

Mom: You'll be careful, right? (*House nods.*)

Dad: Last I checked, you still have two legs.

House (holding up his cane): Actually, three.

Dad (visibly not amused): You know what your problem is, Greg?

House: Shifting gears?

Dad: You just don't know how lucky you are.
(*Father and son stare at each other.*) (*Daddy's Boy*)

After House's father excuses himself to use the restroom, House gets a bit of alone time with his mother.

House: Well, good thing we got that cleared up.

Mom: Oh, he was just trying to help.

House: I don't need help.

Mom: I know. You're absolutely perfect just the way you are.
(*House and Mom share a smile.*) (*Daddy's Boy*)

While the love that House and his Mother share becomes very apparent through their conversation, it is not entirely clear why House and his father do not get along. Though his father does indeed seem a bit insensitive, he is not exactly verbally abusive. One could argue that House is much more callous than his father seems to be. And yet, the audience is given little information to explain their tense relationship.

Although Cameron was initially concerned as to why House did not want to see his parents, she could tell it was a sensitive subject for him and stayed away when his parents arrive. House offers the following minimal explanation for his behavior:

House: They seem perfectly pleasant don't they? They are. He was a marine pilot. She was a housewife. Married forty-seven years. They had one child. Mom was just like everyone else - nice enough, great sense of humor, hates confrontation. My dad's just like you. Not the caring 'til your eyes pop out part, just the insane moral compass that won't let you lie to anybody about anything. It's a great quality for boy scouts and police witnesses. Crappy quality for a dad. (*Daddy's Boy*)

Cameron does not believe this explanation is sufficient, however, as the viewer probably would not either. Cameron approaches Wilson on the subject:

Cameron: Why does he hate seeing his parents? So his dad tells the truth - he can't handle that?

Wilson: He hates being a disappointment.

Cameron: He's a doctor - world famous! How disappointed can they be?

Wilson: You know what I figure is worse than watching your son become crippled? Watching him be miserable. (*Daddy's Boy*)

In the final lines of the episode, Wilson finally reveals House's reason for resenting his father. However, no more discussion is given to the subject except for Wilson's

comment. The subject is not broached again, and there is no conclusion or reconciliation between House and his father. For these reasons in addition to the fact that his parents only occupy a few short minutes of the episode all serve to confirm that unlike other manifestations of the medical drama genre, *House, M.D.* – and specifically the character of House – avoid allowing personal issues to coexist with professional life.

In a traditional medical drama, however, the characters would make every effort to resolve the issue. It would not necessarily be settled without difficulty; in fact, the characters would most likely experience more strain on their already tenuous relationship. In the end, however, the formula of the medical drama genre would dictate that the characters would have to have a resolution to their disagreements. Though this does not imitate what might occur in real life, the medical drama genre requires that the argument be resolved in such a way that both parties be satisfied. In *House, M.D.*, however, the parties will never be satisfied.

Ethical Dilemmas

As is arguably the case with most physicians in the real world, the medical drama genre often portrays its characters facing serious ethical dilemmas. Issues of ethics can either be solely work related or somehow be connected to the characters personal lives. Although the characters are depicted as struggling with this moral dilemma, more often than not, if the character is to be perceived as a good person and a good doctor, he or she will make the “right” choice.

Dr. House’s lack of ethical standards is perhaps the most obvious example of how *House, M.D.* deviates from the protocol of the medical drama genre. House often resorts

to unsound medical procedures or treatments as he tries to cure his patients, usually without any definite evidence of the patient's illness. In his interactions with colleagues and patients alike, House takes no issue with lying in order to get the results that he desires. Although these actions are generally for the good of the patient, they are no doubt ethically questionable.

However, the epitome of House's questionable ethics is his addiction to pain killers. This issue is discussed in every episode, starting with the pilot. As the show progresses, the audience slowly learns more about House's injury, how it was sustained, and his relationship with his pain medication. As the result of a large blood clot in his leg, often referred to as an infarction, House experienced muscle death in his leg and must walk with the aid of a cane. Although some audience members might have sympathy for House's plight, it is no doubt ethically questionable that a physician constantly practices under the influence of narcotics. House often claims that he is not addicted to his pain medication; rather, he claims they are a method of pain management that allows him to continue to save patients' lives. This creates the dilemma of which is more important: saving the lives of patients or stopping the pain in House's leg.

In the episode called *Detox*, the question of whether or not House is an addict is brought to the forefront. The episode begins with House waiting impatiently at the hospital pharmacy counter, presumably expecting his pain medication as he glares at the pharmacist speaking on the telephone.

House: What lie are they telling you? (*Pharmacist gestures for him to wait.*)

Pharmacist: (*on phone*) Okay, yes. (*We see that the pharmacy shelves are missing some drugs.*)

House: Come on!

Pharmacist: (still on phone) All right, thank you. *(He hangs up.)* Okay, pharmaceuticals were delivered this morning, but shipping accidentally sent the box with Vicodin to research.

House: Hmmm. That's a tough one. If only we had some way to communicate with another part of the building. *(He picks up the phone for the pharmacist, Cameron walks up.)*

House's annoyance is obvious; in instances such as this, the audience must wonder whether or not House is simply his irritable, caustic self, or if he is desperate for his pain medication and taking it out on those around him.

Cameron approaches House with information about a new patient, which House basically dismisses as inconsequential.

Cameron: 16-year-old MVA victim. He's been in and out of the hospital for three weeks with internal bleeding, no one can find the cause.

House: Internal bleeding after a car accident - wow, that's shocking! *(to pharmacist)* Let me talk to shipping, I speak their language.

Cameron: It's been three weeks –

House: *(to Cuddy, who is at the clinic desk)* Your hospital doesn't have my pain medication.

Pharmacist: Shipping says it's going to be an hour. *(Cuddy comes to the phone.)*

Cuddy: This is Dr. Cuddy, what's going on?

Cameron: The crash didn't cause the bleed.

House: Right, the bleed caused the crash. Blood got on the road, it got all slippery. *(To the waiting room full of patients)* Anyone here got drugs? *(Everyone looks at him; one clinic patient raises his hand tentatively.)*

Cameron: She saw his blood, she got distracted, and she crashed his dad's Porsche.

House: Dad loved that.

Cameron: He was –

House: Don't talk.

Cuddy: (hanging up the phone) It's gonna be an hour.

House: Well, thank God you took control.

Cuddy: If you can't wait one hour to get your—

Cameron: Kid's got hemolytic anemia. *(House and Cuddy turn to look at her.)*

Cuddy: Kid? How old? *(takes chart)*

House (disinterested): He must have inherited it. He's gonna die. My condolences.

Cameron: It wasn't inherited. The problem's outside the red blood cells.

Cuddy: This is impossible. A 16-year-old doesn't get hemolytic anemia —

House: Give her back the file; you have bigger problems to tend to, like my meds.

Cuddy: Elevated indirect bilirubin, low-serum haptoglobin...

House: He's got meningitis.

Cuddy: (studying chart) Uh... no.

House: Artificial heart valve.

Cameron: No. *(House looks at the chart himself.)*

House: Get everyone in my office.

House's impatience is more than obvious in this scene; he is so anxious for his pain medication that he immediately dismisses Cameron's patient. If this type of behavior is recurring, it could jeopardize the lives of patients. However, House's passion for solving medical mysteries surpasses his desire for drugs and he calls his team together for a meeting.

Despite House's interest in the case, he still appears on edge as he delegates tasks to his team:

House: My leg gave us 'till 11:15. I'll talk to Wilson about lymphoma, (to Cameron) ANA for lupus, (to Chase) radioimmunoassay for drugs, (to Foreman) and you... you test for whatever you thought it was. (Leaving the room) I've got a date with a pharmacist.

As House goes to the pharmacy to pick up his medication, Dr. Cuddy watches from her office. She notices his impatience and catches up to him as he leaves the clinic.

House: Come on, come on, come on, come on... (As soon as House gets the bottle, he immediately takes a few pills. Cuddy catches up to him on his way out the clinic doors.)

Cuddy: You know, there are other ways to manage pain.

House: Like what, laughter? Meditation? Got a guy who can fix my third chakra?

Cuddy: You're addicted.

House: If the pills ran my life I'd agree with you, but it's my leg busy calendaring what I can't do.

Cuddy: You're in denial.

House: Right, I never had an infarction in my leg, no dead muscle, no nerve damage. Doesn't even hurt. (House presses the button for the elevator.) Actually, it kind of tickles. The chicks dig this. (raises cane) Better than a puppy.

Cuddy: It's not just your leg. You wanna get high! You're doing what, 80 milligrams a day?

House: Oh, that's way too much! Moderation is the key. Unless there's pain.

Cuddy: It's double what you were taking when I hired you.

House: 'Cause you're twice as annoying.

As Cuddy confronts House about what she perceives to be a serious problem, he responds with his typical sarcasm and dry wit. House is most likely uncomfortable being

confronted and tries to joke about this situation. When Cuddy accuses him of being in denial (a typical sign of addiction) and dramatically increasing the dosage of the medication, House again uses humor to justify himself. True to her role as hospital administrator, Cuddy is genuinely concerned, both for the well-being of House and of the hospital.

Cuddy: I can't always be here to protect you. Patients talk. Doctors talk.

House: About how big your ass has gotten lately? Not me, I defend it. You got back.

Cuddy: You can't go a week without your drugs.

House: No, I don't want to go a week without the drugs, it'll hurt.

Cuddy: No, you can't. If you're just getting off pain medication, it will hurt, you won't be having a great time, but you'll make it. If you're detoxing you'll have chills, nausea... your pain will magnify five, ten times. You won't make it.

House: Well, I guess we'll never know.

Cuddy: I'll give you a week off clinic duty if you can go a week off narcotics.

House: No way! I love the clinic.

Cuddy: You love the pills. Two weeks.

House: Pills don't make me high. They make me neutral.

Cuddy: A month.

House: (*House pauses before reaching into his pocket, removing his bottle of Vicodin, and throwing the pills to a satisfied-looking Cuddy.*) You're on, mister.

It is obvious House has little concern for what other people think or say about him.

Cuddy wisely changes her approach and appeals to House's competitive side, as well as

his disdain for working at the clinic. House appears confident that going a month without his pills will be an easy task with a worthwhile reward.

House does not inform his team of his decision to go a week without his medication. When they find out, their reactions are mixed: Cameron is concerned about the pain House will endure; Chase is confident that although House will experience pain, he is not addicted and will get through it; Foreman believes that House is an addict but realizes that the pills allow House to be a great doctor.

House: What are you doing here? I thought we ruled out cancer.

Wilson: I was lonely.

House: Well, go see Cuddy. She needs a friend.

Wilson: That's funny, she said you might need one.

House: That's why you're here? She wants you to keep an eye on me, make sure I don't cheat.

Wilson: No, I want to make sure you don't start firing shots from the clock tower.

House: I'm fine.

Cameron: What's going on?

Wilson: He hasn't had Vicodin in over a day.

Foreman: Does your leg hurt?

House: You ever been shot?

Foreman: There's gonna be side effects. Insomnia, depression, tachycardia –

House: Withdrawal symptoms. Not applicable. The only side-effects I'm going to have are some pain and thirty days of freedom. *(Pauses)* Am I the only one who's concerned about a dying kid?

Though House vehemently denies he has an addiction, as the episode progresses, he begins to outwardly show signs of withdrawal. Though his demeanor could potentially be

attributed to his typical attitude, his physical appearance implies that he is indeed detoxing. His face becomes ashen, he sweats uncontrollably, he shakes and has difficulty breathing. Despite all of this, he continues working on his patient's case. It is a very stressful situation, however, and he snaps at the father of the young patient.

House: What's wrong?

Cameron: AST is 859 - we're getting him to the ICU.

Chase: ALT and GDT were in the tank. Our antibiotics –

House: Would not have caused this.

Father of patient: She must have given him drugs.

Pam (girlfriend of patient): I wouldn't do that!

House: It's not drugs! His liver is shutting down.

Father: What? What does that mean?

House: (vehemently sarcastic) It means he's all better. He's ready to go home.

Father: What?

House: What do you think it means? You can't live without a liver, he's dying!

Dad: What is your problem?

House: Bum leg, what's yours?

Foreman: Hey, we don't have time for this, let's go.

Cameron: His son's dying and you're mocking him?

House: It was a dumb question.

Cameron: No, it wasn't.

House: (seems to regret what he said) You're right, it wasn't.

Cameron: Is proving Cuddy wrong worth all this? *(She leaves. House has to lean against the wall to support himself.)*

The high-pressure situation of the patient's illness coupled with House's painful withdrawal symptoms cause him to unnecessarily lash out at the patient's father.

Cameron seems to recognize that House is detoxing and is disappointed by his actions.

A truly disturbing moment comes when House is alone in his office. Though there is no dialogue in this scene, House's actions say it all. Seated at his desk, House is breathing heavily and sweating profusely. With a deranged look on his face, House picks up a heavy pestle and slams it on the tabletop with a loud bang. After banging it on the table a few more times, he slams it down on his left hand. Though he lets out a small cry of pain, a smile of relief comes across his face.

As House sees Wilson for his broken hand, he claims he slammed it in a car door. Wilson does not believe this excuse, and through his dialogue with House, explains to the audience House's extreme and slightly maniacal actions:

Wilson: The brain has a gating mechanism for pain. Registers the most severe injury and blocks out the others. Did it work?

House: Well, my hand hurts like hell. Yeah, I feel much better.

Wilson: (*impressed*) Huh.

House: Don't splint it. I want to be able to bang it against the wall if I need to administer another dose. Just... tape it up.

House's withdrawal is so severe that he takes it upon himself to break his hand to divert the pain. As most audience members would probably be unfamiliar with the process of withdrawal, let alone self-infliction of pain as an alternative medication, this scene is particularly unsettling. The fact that House is so obviously addicted and yet he continues to practice medicine creates a disconcerting moral dilemma.

Foreman believes that House is an addict but that his medication allows him to function as a physician. Foreman walks in on House throwing up in his wastebasket. He approaches House and gives him pills, pleading with him to take his medication so that they can solve the difficult case.

House: (after vomiting) Cafeteria. Stay away from the sushi.

Foreman: And what happened to your hand?

House: Got stuck in a drawer.

Foreman: Yeah, right. You're going through withdrawal.

House: No, I am going through pain. Pain causes nausea.

Foreman: I took this job to work with you, not cover your ass. (He reaches into his pocket and takes out House's Vicodin, which he puts on the desk.) Your Vicodin.

House: And your solution is to give me drugs. It's interesting.

Foreman: No. Now I'm covering my ass. Take your pills before you kill this kid. (He leaves. House grabs the bottle, opens it with one hand, and spills the pills on the desk. He picks up one pill and rolls it between his fingers. The scene changes before the audience finds out whether or not House takes it.)

In this scene House seems to be at least contemplating his ethical dilemma, though the audience does not find out if House chooses to take the pills. However, in a subsequent scene he still appears to be in pain from detox, though he is able to solve the case.

Nonetheless, it has been made imminently clear that House has a serious problem.

In the conclusion of the episode, House discusses his experience with Wilson.

Wilson: You made it a week.

House: And won my prize.

Wilson: Congratulations.

House: Cuddy's a sucker. I would have done it for two weeks off.

Wilson: Yeah, it was a piece of cake. You learn anything?

House: Yeah, I'm an addict. *(He goes into his office. Wilson follows)*

Wilson: Uh, okay.

House: I'm not stopping.

Wilson: There are programs. Cuddy would give you the time. You could get on a different pain management regimen –

House: I don't need to stop.

Wilson: You just said...

House: I said I was an addict. I didn't say I had a problem. I pay my bills, I make my meals. I function.

Wilson: Is that all you want? You have no relationships.

House: I don't want any relationships.

Wilson: You alienate people.

House: I've been alienating people since I was three.

Wilson: Oh, come on! Drop it! You don't think you've changed in the last few years?

House: Well, of, of course I have. I've, I've gotten older. My hair's gotten thinner. Sometimes I'm bored, sometimes I'm lonely, sometimes I wonder what it all means.

Wilson: No, I was there! You are not just a regular guy who's getting older, you've changed! You're miserable, and you're afraid to face yourself –

House: *(slamming his cane down on the shelf)* Of course I've changed!

Wilson: And everything's the leg? Nothing's the pills? They haven't done a thing to you?

House: They let me do my job, and they take away my pain. *(Wilson walks off, looking defeated.)*

Although House has finally admitted that he is addicted to his painkillers, he still does not accept that he has a problem. The audience is not informed whether House legitimately believes that or whether he just does not want to go through a rehabilitation process.

Either way, the fact that House fully intends to continue taking his medication to manage his pain presents an ethical dilemma. As a physician, House has a responsibility to give his patients the best care possible; under the influence of narcotics, House's ability to care for patients is compromised.

In reality, physicians are considered to be respected, important members of their community. Their profession affects the lives of those around them, and they are and should be held to a higher standard of judgment. Although anyone with substance abuse issues deserves treatment and should pursue it immediately, because of the nature of their profession, it is especially important for physicians to seek help. The medical drama genre reflects this requirement that exists in society; in other medical dramas, if a character suffered from an addiction, he or she would eventually receive treatment for it. If they did not seek treatment, their demise would force them to leave the profession. According to the genre, a resolution of some kind must be reached. House aptly demonstrates the existence of the anti-genre in this particular episode. By not only having an addiction, but refusing to seek treatment for it, as well as putting the lives of others at risk, House blatantly ignores the ethical dilemma that faces him. His profession makes him susceptible to harsh judgment from his colleagues, his patients, and his peers.

CHAPTER SEVEN
Diagnosis and Treatment:
The Effects, Implications, and Ethical Considerations of
Grey's Anatomy and House, M.D.

Although manifestations of the medical drama genre vary greatly, as a collaborative whole they are valuable artifacts with significant effects, both short-term and long-term, implications, and ethical considerations.

Despite the immense initial popularity of *Grey's Anatomy* and *House, M.D.*, it is questionable whether the programs will preserve their cult-like following through future seasons. Over the course of this investigation, both programs were in the midst of their third seasons. As the final episodes of the season are aired on television, the author speculates whether or not the popularity of either show will endure.

As *Grey's Anatomy* so closely adheres to the generic formula of the medical drama, the programs face the potential consequence of being too predictable. Critics of the program have expressed sentiments that it is reminiscent of a soap opera, and that the plotlines seem either contrived or predictable. In addition, recent negative press concerning actor Isaiah Washington (Dr. Preston Burke) has rendered him a less than popular character, with the potential of his dismissal from the program.³

On the other hand, due to the unforeseen popularity of the character of Dr. Addison Montgomery, played by actress Kate Walsh, Dr. Derek Sheppard's ex-wife, the creators of the program are in the process of launching a spin-off program based on her

³ During filming at the beginning of season three, in October of 2006, Isaiah Washington allegedly referred to cast member T.R. Knight (Dr. George O'Malley) as a "faggot" during a dispute with Patrick Dempsey (Dr. Derek Sheppard). As a result, T.R. Knight came out as a homosexual in response to media speculation. Though Washington released several public statements of apology, he again created controversy at the 2007 Golden Globe Awards. *Grey's Anatomy* won the award for Best Drama series and during an interview with the press, he used the word "faggot" in a denial of the original incident when he burst out, "No, I did not call T.R. a faggot."

character. Presumably this would mean Addison would also depart from the *Grey's Anatomy* cast of regular characters, further altering the originally successful cast of characters. Though this spin-off could potentially be a success, without the support of the *Grey's Anatomy* sensation, its future is questionable.

As much as *Grey's Anatomy* is predictable in its plotlines, *House, M.D.* is completely unpredictable, perhaps to the point of being implausible. Each episode culminates in the diagnosis of an absurd illness or combination of illnesses, though House and the team will have misdiagnosed a collection of ailments before finding success. Also in its third season, *House, M.D.* has resorted to recycling various illnesses, though often with some editing to keep the patients and their illnesses unique. The audience's initial shock and intrigue created by the bizarre illnesses featured on *House, M.D.* eventually dissipate over time. In order to keep their audience engaged, the creators of *House, M.D.* must therefore continue to present more and more outlandish illnesses. There comes a point, however, when a viewer might become so skeptical of the bizarre illnesses characteristic of the program that he or she may lose interest. Further, despite the fact that modern society is plagued with thousands of cancers, millions of diseases, and an incalculable number of other illnesses, eventually the creators of *House, M.D.* will no longer be able to create accurate, credible plotlines. While the audience presumably in some respects embraces a willing suspension of disbelief, there must be some end to their faith.

Grey's Anatomy and *House, M.D.* are only two of the most recent contributions to the medical drama genre, joining such successful programs as *Dr. Kildare*, *St. Elsewhere*, *Dougie Howser, M.D.*, *Chicago Hope*, and *ER*. Several of these programs enjoyed

success for a number of seasons; *ER*, which first aired in 1994, is currently concluding its thirteenth season and retains a popular following.

Dr. Kildare, which first aired in 1961, is often considered to be the first identified medical drama. It is not surprising that the medical genre has evolved drastically over time; as is the case for any genre, as culture and society change, so will the formulaic components of a genre. When comparing *Grey's Anatomy* and *House, M.D.* in the context of the medical drama, it becomes apparent the medical drama genre is in danger of becoming obsolete. That is not to say that there will be no medical dramas produced, or new ones created. Rather, as *House, M.D.* so effectively demonstrates, it is possible for a medical drama to be extremely successful without necessarily following all of the medical drama genre formula.

Therefore, it is very possible that more than one type of medical drama will exist, as is already the case. *House, M.D.* offers only one examples of how a medical drama can deviate from the norm of the genre. Just as the medical drama genre fostered the creation of multiple medical dramas, the anti-genre of *House, M.D.* will undoubtedly produce imitations. If this is the case, *House, M.D.* and its duplications will no longer form an anti-genre, but an established genre of their own. If successful, as audiences are able to recognize and expect the formula of the medical drama genre, they will also come to recognize and expect the formula of *House, M.D.* and the anti-genre.

Perhaps the most significant implications of the medical drama is its portrayal of physicians. A large portion of the viewing audience is most likely unfamiliar with the personal lives of doctors – including what they do outside of the exam room, how they interact with their colleagues, and how their private lives affect their efficiency at the

workplace. Although the physicians of *Grey's Anatomy* lead very different lives than their counterparts of *House, M.D.*, there is no doubt that the respective audiences internalize what they observe in either drama and transfer it to physicians they deal with in their daily lives.

Grey's Anatomy makes it appear as if doctors' personal lives overshadow their work responsibilities, to the point that they can make life-threatening mistakes. While it is true that some physicians have intimate relationships with their colleagues, *Grey's Anatomy* exaggerates the relationships to the point that they monopolize the physicians' lives. Though it is impossible for a physician to always focus solely on their patients without any consideration to their personal lives, most physicians learn how to function under high levels of stress. Although most physicians are able to act as professionals while at work, it is important that the public audience realizes that doctors do in fact have lives outside of the hospital or office. Though many people place their trust in physicians and perceive their physicians to be all-knowing, powerful figures, in reality, they are capable of making mistakes just as much as the average person.

House, M.D. takes it a step further and portrays House as a villainous figure with a dangerous addiction. However, House is an amazing diagnostician who always is able to solve baffling medical mysteries, even with minimal interaction with his patients. Framing House as an irreverent, anti-social egotist will certainly have an effect on the audience of *House, M.D.*, though it is unclear whether the result will be positive or negative. On one hand, highlighting House's flaws makes him seem more human, and viewers will understand that physicians are people too, and just because they might not seem caring or might not have favorable bedside manner, does not mean they are not

good physicians. Although physicians should not intentionally be malicious, destructive, or violent, it is imperative for audiences to realize that they are still human. On the other hand, perhaps this focus on bad bedside manner and House's intricately linked drug problem will cause viewers to think that if they have a physician who is controversial or unkind, there must be some deeper problem.

Although House's drug addiction and accompanying behavior and attitude might seem like a gross exaggeration, in reality, drug dependency and various other addictions are the sad truth for many physicians. Most cases of drug dependency among physicians, however, are not similar to House's – he has a legitimate pain which required pain medication to which he subsequently became addicted. Just because House is able to be productive despite his addiction [at least most of the time], in reality that is not always the case. Perhaps by creating House as a figure with internal demons, society will take a closer look at the personal lives of physicians and how their personal problems cannot always be ignored. However, most physicians become drug or alcohol dependent for other reasons, including the high-stress nature of the job, the availability of prescription drugs, having an understanding of how drugs work, and the tendency of people with addictive personalities to become doctors. It is admirable of the creators of *House, M.D.* to take such an extreme approach of portraying drug addiction among physicians. It is necessary to educate viewers, and the medical drama could potentially be a good vehicle through which to inform the public of this misunderstood issue.

Conclusion

Though this paper has demonstrated the popular sensation of both *Grey's Anatomy* and *House, M.D.*, there is still the question of why both shows have been so successful. The programs featuring such different characters, settings, and plotlines, and yet both fall under the framework of the medical drama.

As has been demonstrated by the popularity of programs such as *ER*, the formula of the medical drama genre is persuasive to its audience. A significant reason that a genre becomes convincing is that it becomes familiar to its audience. The familiarity of the medical drama genre fosters the establishment of a receptive audience who will appreciate the program. The audience is able to identify with the characters and the recognizable, if not relatable, situations they experience. The audience is able to form connections with the characters, though they may be completely artificial. Viewers start to favor certain characters, and thus share in their happiness, pain, and failure.

While the familiarity of a genre often secures its success, this phenomenon does not explain the popularity of *House, M.D.* As has been demonstrated in this investigation, not only does *House, M.D.* deviate from the formula of the medical drama genre, it can even be considered an anti-genre to the medical drama. If *House, M.D.* so blatantly defies all previous expectations of the genre, how does it not offend the otherwise loyal audience of the medical drama?

This paper has established that one of the consequences of adhering to a specific genre is the potential of becoming repetitive or predictable. Part of the appeal of *House, M.D.* is generated by its original and unpredictable plotlines. Although the audience has a certain level of expectation of what will occur in a given episode, each individual episode

is filled with unexpected plot twists and suspense. Therefore, although the audience will come to expect that certain characters will possess particular traits or portray specific behaviors, each episode is both suspenseful and unusual.

The success of these two very different programs suggests that although there is a place for the medical drama genre, variations from the norm can also experience success. Undoubtedly, this could be the case for any generic form, and is not restricted to entertainment television. There will always be a time and a place for the genre, and its variations will undoubtedly have success with the established audience. However, as the decline in popularity of *Grey's Anatomy* might suggest, one of the limitations of genre is that although an audience appreciates a genre because it is familiar and fulfills certain expectations, overtime, a genre can become repetitive or predictable. As a result, a new genre often emerges to capture the attention of an uninterested audience. The cyclical existence of genres is never-ending, and though genres may gain and lose popularity, once they are created, they are always in existence.

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