

Sawbones 533: The Pitt

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Intro (Clint McElroy): *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for a while, and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from... that weird growth. You're worth it.

[theme song plays]

Justin: Hey, everybody. Welcome to *Sawbones*, a marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy.

Justin: And we're gonna get in the show real quick - I mean, now; this is the show. But I did wanna let you know Maximum Fun HQ, it is MaxFunDrive time.

And that means that our podcast network that we're a part of - it's really more of a family - every year, we come to you and say, "Hey, we don't have a big corporation helping us make stuff, and you can look at the media landscape and see that that's increasingly rare. And we're only able to do it because you all support us."

So if you wanna keep stuff like *Sawbones* coming, if you enjoy *Sawbones*, if you think we're doing good work and you get something out of it and you want it to keep happening, go to maximumfun.org/join.

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So if you could do that right this second while you're thinking about it, and before the show proper starts, we would sure appreciate it. Right, Syd?

Sydnee: Absolutely. It means so much to us, all of you who are already members. Thank you. And if you're in a position to join this year, thank you. We appreciate you.

Justin: Yes. It's really important, I think, now more than ever, to support medical media in the world. And that's why we're doing our part here to support [laughs] other medical media. Uh, because I think the more media about medical the better, Sydnee, personally.

Sydnee: I mean, I think so, but... I would. I'm a doctor.

Justin: This week, for the MaxFunDrive, we wanted to have some [through laughter] Max— it's been kinda min fun lately on *Sawbones*, I feel like. So we wanted to have— it's been a tough few months, right?

Sydnee: Yeah...

Justin: So let's— [crosstalk] thought it might be good for the Drive to just... get a little bit more relaxed.

Sydnee: Well, I mean, so— [laughs] there's a lot of heaviness. We're trying to have fun here; we're celebrating...

Justin: Celebrating!

Sydnee: ... our network and our shows, and our creators and our listeners. We're celebrating you, too. We're all celebrating.

Justin: And celebrating an independent source of accurate information that we are so happy to be.

Sydnee: And it's like a party. Here's something I know: when you go to a party, and people start talking about - I don't know - their jobs, or life, or work, I have found that if I start saying, "Yeah, let me tell you about some medical stuff that happened at my job today," or like, "Let me discuss the measles outbreak with you," it's a bummer at a party.

Justin: Mm-hmm.

Sydnee: It's important in other venues, right?

Justin: Yeah.

Sydnee: It's vital and important. But at a *party*, people walk away from me.

Justin: So let's pretend, Sydnee, here at the MaxFunDrive *party*, we're all having some nice, polite conversation, and someone says, "Well, Sydnee, did you do anything normal this week?" what would you say?

Sydnee: I would say, [laughs] "I watched *The Pitt*."

Justin: Oh, that's good! That's a normal show. Everybody can watch that, not just doctors. [laughs]

Sydnee: It's a TV show, and it's not real; it's dramatized ER stuff... it's not *ER*. That's another show.

Justin: Are you sure you're not a professional TV critic?

Sydnee: [laughs]

Justin: Because I'm spellbound over here.

Sydnee: It's a show— so I won't bum you out talking about *The Pitt*, 'cause it's all pretend...

Justin: Right.

Sydnee: ... and you can watch it, and you can engage with drama and experience catharsis, and then it ends after about an hour-ish, and then you're back to... your normal life.

Justin: Yes, we're gonna be talking about *The Pitt*.

Sydnee: So I was very excited to watch the show *The Pitt*...

Justin: [giggles] A brief— first, if I may, a brief history of *Sawbones* and medical TV. We've talked about a *lot* of medical TV shows here on *Sawbones*, because we got our— if you haven't been listening, this is also kind of a callback to our initial podcast, *The Satellite Dish*...

Sydnee: It is.

Justin: ... where we talked about a *lot* of TV and medical TV. And we've done many medical TV episodes on *Sawbones*, so I'm always interested to hear how pop culture is, like— I try to stand up for popular culture and the importance of narrative to Sydnee, and she stands up for the rigors of accuracy.

Sydnee: I like that— well, the accuracy, but I also like to see— I think that watching these medical shows gives me sort of... insight into how society and culture views what I do.

Justin: Mm-hmm.

Sydnee: Now, I'm not an ER doctor, so I know that this is a specific subset of medicine, but I think it's interesting to see the perception of healthcare providers throughout TV history. Because I think - and I'm gonna talk about *The Pitt*, but just to kind of briefly illustrate my point - I think if we look back to, like, my favorite TV show of all time, *M*A*S*H*...

Justin: Mm-hmm.

Sydnee: ... the doctors and nurses on *M*A*S*H* are portrayed as heroes— and, I mean, obviously, there's the military angle too, but they are heroic, humanitarian figures who are the last line of defense between you and death.

Justin: Yes. Correct.

Sydnee: And they're— most of the time, their actions are pretty much beyond reproach. Now, I mean, there's moments, but *most* of the time that's how they're portrayed. And I think that you have a lot of—

Justin: And the drama is typically from human elements and how it will shake out, rather than “Was the doctor fallible?”

Sydnee: Yes. And I think that we entered— like, we had some fun medical shows we’ve talked about on here before, like *Scrubs*, which was more about the foibles of medicine. Doctors are humans; sometimes they’re goofy, sometimes they’re selfish...

Justin: Yeah.

Sydnee: ... sometimes they’re sarcastic. Like, whatever. Not necessarily negative. But then we talked about the show *The Resident*...

Justin: Mm!

Sydnee: ... which very much— not necessarily the titular “resident” character...

Justin: He was the one heroic, good doctor.

Sydnee: But it very much portrayed not just the healthcare system, but specifically doctors as part of the corruption, part of the problem.

Justin: Mm-hmm.

Sydnee: Not all the positions on the show, but that was what really pushed me away from it, is that I didn’t feel that that was a fair representation of us, either.

Justin: [lighthearted sarcasm] Huh! How surprising.

Sydnee: I know. [laughs]

Justin: [wheezing laugh]

Sydnee: The system is bad. There are good and bad people in bad systems. There are good and bad people in good systems, by the way.

Justin: Yeah. Um, are you ready to talk about *The Pitt*?

Sydnee: So I'm gonna talk about *The Pitt*.

Justin: So wait— before you talk about *The Pitt*, 'cause it's MaxFunDrive, can you tell me about *The Pitt* in a way where we have a little bit of fun?

So you know that I've been in several rooms - not a lot - where I've had to pitch TV shows to people, right? So I was thinking maybe, as a way of explaining *The Pitt* to me, I could be like a TV executive...

Sydnee: Mm-hmm.

Justin: ... and you could pitch *The Pitt* to me like it's your idea that you just came up with, right? So it's a cold room, it's so stressful. You walk in on the exec from HBO Max 2.

Sydnee: Mm-hmm.

Justin: It's the second— we're bringing back HBO Max with a sequel, right?

Sydnee: Right.

Justin: And we haven't told Max about it yet. So Max is gonna be so mad when they hear HBO Max 2 is the new *new* kid on the block, and we're trying to get a slate in programming.

So that's our spiel where we're at with HBO Max 2. Tell me about *The Pitt*, 'cause I saw this on my schedule today, and I was so excited to have you come into the office today.

Sydnee: Okay. Can I have a whiteboard?

Justin: Yeah, we can put the whiteboard up.

Sydnee: And a marker? Okay.

Justin: Yeah, we've got— if you look, the marker's right behind you.

Sydnee: Okay, I got it.

Justin: The whiteboard's eight feet long; I don't know how you missed it.

Sydnee: Right. I'm gonna— okay, first of all, can I ask you, do you remember the television show *ER*?

Justin: Yes. Please...

Sydnee: The wildly popular, groundbreaking television show, *ER*.

Justin: I've been in Hollywood for 30 years.

Sydnee: Okay.

Justin: That's why they call me Paul Hollywood.

Sydnee: Okay. So I'm just gonna write two letters up on the whiteboard.

Justin: You're writing "E..."

Sydnee: [imitating whiteboard marker squeaking]

Justin: Okay, now you're writing an "R." That's a big "R."

Sydnee: Yeah. *ER*. Okay. Now—

Justin: This is really good.

Sydnee: I'm going— in front of "ER..."

Justin: Okay.

Sydnee: Like, before that... The word before it, now.

Justin: [laughs] Okay.

Sydnee: And here it is. [imitates whiteboard marker squeaking]

Justin: [snorts, bursts into wheezing laughter]

Sydnee: Now, do you see what I've written here?

Justin: I can't— as big as the whiteboard is, I can't make it out. Could you read it to me?

Sydnee: I wrote, "More."

Justin: What?

Sydnee: I wrote, "More."

Justin: "More." [bursts out laughing]

Sydnee: "More *ER*."

Do you remember how *ER* ended, and everybody said, "W— no, we loved that! Could we have more?" Well...

Justin: [laughing] There's more *ER*.

Can I tell you something?

Sydnee: That pitch would work.

Justin: This is the— no, the—

Sydnee: I'm d— you can tell the reference story.

Justin: No, I'm not gonna— no. No!

Sydnee: That's why I was opening the door, for you to tell the reference story!

Justin: No...

Sydnee: I was opening the door for that! This was the reference.

Justin: When Jim Cam— [laughs] when James Cameron went in to pitch a sequel to *Alien*, he went in... [wheezing laugh] He went in— I heard this on *Blank Check*. He went in, to a big whiteboard, and he wrote the board “*Alien*,” right?

[laughs] And then he wrote an “S” at the end of it. And then, [laughs] he put two lines through it and turned it into a dollar sign, and then he walked out [wheezing laugh] of the room.

It’s the best pitch.

Sydnee: This was— I was— thank you. This was my reference. That was for you.

Justin: Sydnee knows I love that story, so it was a gift.

Sydnee: I know. That was a gift to you.

So I don’t wanna be reductive; I think this is a really great show. I have not finished the season, so I won’t be spoiling all the arcs of the season. It has some things about it that make it different than *ER*; the formatting is different. But I think that—

Justin: That is not what we were pitched. Excuse me...

Sydnee: [chuckles]

Justin: ... we’re gonna have to pump the brakes on development.

Sydnee: But the vibe is *ER*.

Justin: Okay.

Sydnee: The vibe is— if you enjoyed *ER*, I think you would enjoy the show. And then of course, the main character, Dr. Robby, is played by Noah Wyle, who is the... chief of this emergency room, of the ER in the show. And while he is not a grown-up Dr. Carter, it is not hard, if you were a big fan of *ER*, to watch and think, “So this is where Carter ended up.”

Justin: Right.

Sydnee: I mean, it’s not that— it’s not a stretch.

Justin: Yeah, but it’s like, I think, headcanon, right?

Sydnee: Yes.

Justin: Like— yes, absolutely, that is perfect.

Sydnee: No, it’s not part of the show. That is not in— that is not the fiction of the show. He is a different guy, named Dr. Robby. He’s a totally different guy. But you can imagine that, if you want. If you’re like me, and you want to, you can.

So it is called *The Pitt*— I thought they were calling the ER “the pit,” like “That’s where they are. They’re practicing in ‘the pit.’”

Justin: I figured it was about Pittsburgh.

Sydnee: Well, yes, it is.

Justin: Okay. [bursts into laughter]

Sydnee: I didn’t— I didn’t figure that out ‘til the first... [laughs] I started the first episode, and they were like, “Welcome to the pit,” and I was like, “Nobody calls their ER—” I mean, I don’t wanna say “nobody.” Somebody might, somewhere.

Justin: Now, it is— it *is* P-I-T-T...

Sydnee: Well, I didn’t know...

Justin: [laughs] ... in the logo.

Sydnee: No, but it's because they're at a Pittsburgh hospital that is, you know, colloquially known as "The Pitt." He went to the Pitt.

Justin: Okay. Is this a real hospital, do you know?

Sydnee: Well, honey, I don't know.

Justin: Well, allow me to look it up while you talk about the show.

Sydnee: But you can look it up.

Justin: I'll look up into that stuff.

Sydnee: Yeah. I don't know if it's a real hospital.

Justin: It's a fictional Pittsburgh trauma medical hospital.

Sydnee: There you go.

Justin: Good news for you, Syd: it's already been renewed for a second season.

Sydnee: Oh, thank goodness.

So here— a couple things that are special about it, just in the formatting of the show. I didn't realize it until I turned it on: it's in real time. So like, episode number one starts at 7:00 AM, and it runs through 8:00 AM. It is the first literal hour of Dr. Robby's shift in the ER that day, and it is the first— and it is an hour long.

I mean, like, it is— it mimics what an hour in the ER feels like...

Justin: Mm-hmm.

Sydnee: ... *in* an hour. And I think that is such a cool idea. Obviously, *ER* didn't do that, right? An *ER* episode could span... days, you know?

Justin: Mm-hmm.

Sydnee: But to see the number of things— like, that's always kind of been the draw of medical shows, is to see the intensity, the moments when people have to do— I think they do heroic things on the show.

Justin: Mm-hmm.

Sydnee: I mean, I know that sounds conceited, because I am a physician, but I think working in healthcare, occasionally people just casually do heroic things, and then go about their day, and it's no big deal. And there are other professions where that's true, but this is the one I know.

And I think that in other shows, they show that, but because— I don't know, it's all— you have no sense of, like, "Well, did they save those lives over the course of a year, or a day?" or whatever.

In this, they show you what an hour is like in a busy ER.

Justin: And that's a real— that's interesting. There's been other shows that have tried to do the real-time thing. Obviously, the most notable is *24*, which was...

Sydnee: Right.

Justin: ... all— it was 24 hours of a day. Each... [snorts] Each 44-minute episode of the show was an hour, so you could imagine— there's always 16 minutes of time on *ER* where it's like not much happens, right? But—

Sydnee: [laughs] We skip— well, they're in the bathroom or something. Actually, no; that's part of the action.

Justin: A lot of shows can't keep it up. There's something to do— like, individual episodes, I wanted to go for a list, 'cause there might be some

that I was forgetting. They mention a *M*A*S*H* episode here called "Life Time..."

Sydnee: Mm-hmm.

Justin: ... that is in real time. I guess there was a *Grey's Anatomy* episode that was the same way. Um, movies too. What was the, uh— *Nick of Time*? There's a Johnny Depp movie where he's trying to, like, rescue his kidnapped daughter in the mall, and it's 90 minutes of the night.

But I always wondered, with shows like that, like... does it feel— because you have to maintain— and they don't have commercial breaks on this show, right? So it's like, you have to maintain a level of action that...

Does it feel artificial, I guess? They're trying to do this in real time; is it realistic that things would be this, like, compact? Does it feel, like... real?

Sydnee: So... I am— again, I'm not an ER doctor, but I've spent a lot of time— I've done a ton of hospital medicine in my career leading an inpatient service, and so I have spent a lot of time in busy ERs, and obviously in residency you spend a lot of time in a busy ER.

Not as busy as *this* ER. We're not as big a city. We would— on our worst days, I think we may reach what we demonstrate in the show, maybe. But still, it's not typically that busy.

I would say that it is— it *is* pretty accurate. They are cherry-picking a little. I mean, obviously, it's a TV show, so they're allowed to.

Justin: Sure, right.

Sydnee: But if it were a real ER, and you were really walking— like, if you're following just one doctor through their shift in an ER...

Justin: Mm-hmm.

Sydnee: ... you would have a lot of stuff that probably wouldn't make very good television interspersed in the things that they demonstrate. So like,

you would have these, uh... very gory traumas, where you have to act very quickly, and stop bleeding, and be creative to save somebody's life, and restart people's hearts, and— although we don't really do that very often.

And all of that—

Justin: You always have to mention that, Sydnee. We know you don't bring people back to life that often. I know.

Sydnee: I mean, I don't— again, this is why I shouldn't be at parties.

But there's that stuff, but then there's like a lot of ER visits that I'm sure we've all been... maybe the patient, or know somebody who has— like, a visit that, because you couldn't access healthcare in another way, you didn't know what else to do, so you went to the ER.

So you went to the ER 'cause you ran out of your blood pressure medication, and you couldn't get ahold of your doctor, or you don't have a doctor, or your insurance ran out, or you moved to a new place, and you end up going to an ER 'cause you were scared. "What happens if my blood pressure gets high?" and "I'm not really sick, but I don't know what to do."

There are a lot of things like that, because our healthcare system is so broken, that they don't show on *The Pitt*, and I mean, I understand why. I don't know— I mean, that would—

Justin: How do you make that nar— like, how do you make that interesting, or compelling? You know...

Sydnee: It would be— it's *boring*, and it also— and I think— maybe they'll discuss it at some point. Maybe that'll be part of it. "This shouldn't have been an ER visit. This is the kind of thing that we should—" but the problem is, you don't wanna blame the patient for that.

'Cause the reason people come to the ER for stuff that isn't ER stuff is because they've got no other option, right?

Justin: Right. If we do have— 'cause what is it you always say? We do have single-payer healthcare, and we just have the least efficient system... on the planet.

Sydnee: Yeah, we have universal healthcare in this country. Because of EMTALA, we cannot turn you away from the ER, but it is the most expensive, least efficient, *and* the least effective for your health.

Because the ER is— their job is to find the true emergencies, and get them in the hospital to fix them, and then triage out people who can go see another doctor the next day. Their job is not to provide for your chronic care. And so you're never really getting the chronic care that you need in an ER.

But anyway, back to *The Pitt*.

Justin: Yeah, back to *The Pitt*.

Sydnee: I promised I wouldn't be a bummer.

Justin: Yeah.

Sydnee: I do think it's fairly reflective of, if you were to just condense the most dramatic things that are happening in a busy, big-city ER at any given time, you *would* get an episode of *The Pitt*.

Especially since they follow multiple doctors, I think that makes it a little more fair. If it was one doctor, whose entire ER shift was just nonstop drama, that would be unrealistic.

Justin: How do they handle that in the show, Syd? Because I feel like *ER* was, um, so defined by— well, I say *ER*, but really all these medical shows, right? It's *always* about a team. Like, it's always about— except for *House*, which was— obviously, he had a team, but it was about House.

Sydnee: Yeah, he had a team too. Right.

Justin: But it was about House, right? How do they make it seem like he's not just, like, the— how do they balance that? Because I feel like we have moved away from, like, "saintly hero doctor" as a template, you know what I mean? So like, how do they make it seem like it's not just *The Noah Wyle Show*?

Sydnee: Well— okay. It is a little. A little, it is. And not in a bad way.

So we start with his shift. I think that's a very powerful way to move into— and in all honesty, you know, that was the first episode of *ER*, was— it was actually Mark Greene's shift that you're following, his whole— now, it wasn't in real time, but that was the opening.

Justin: Yeah.

Sydnee: You wake up with him in the call room. So you're following Noah Wyle's shift, and so I do think that kind of immediately puts you in his perspective.

Justin: Sure.

Sydnee: And there's a through line, so there's all the other doctors, but it's important that we're following Dr. Robby on this day. And you find this out immediately, so I don't really think this is a spoiler: he is working on a day of the year that he traditionally takes off.

It is unusual that Dr. Robby would be working on this day, because it is the anniversary of the death of his mentor and predecessor, that's the chief of the ER, who died of COVID during the height of the pandemic five years ago.

Justin: Ah...

Sydnee: And so he's working a shift that is specifically very hard and traumatizing for him to be at, and we don't know that— like, the details of that are slowly unveiled through the— you know, so far, through what I've watched, and I assume we'll find— there is some level on which you can tell he blames himself, and we don't really know why.

Justin: Mm-hmm.

Sydnee: But throughout the episodes, while we're slowly getting insight into each of these other doctors, we're getting a lot more insight into Dr. Robby.

Justin: Mm...

Sydnee: I would say that— I mean, his segments, if you went minute-to-minute, I'm sure we get more screen time with him than anybody else.

And then the other thing is, he has flashbacks. He's standing in an ER room, taking care of a patient in the present, and then he'll have a momentary flashback where he's in the same room.

And he's wearing his PAPR - the big space hood-looking thing that everybody wore during COVID - and he's *surrounded* by patients, you know, just packed in every room. Three and four people all on ventilators, pictures of their loved ones taped to the machines... the thing. The COVID thing.

[laughs softly] I get choked up when I think about it too much. I'm sorry.

But he's surrounded by COVID again, and nobody else gets that kind of insight, so it *is* a little bit *The Noah Wyle Show*. But they pull away from that very quickly.

It's kind of cool, the way they do it is like, you'll have one character who you've been following their narrative, and then they stop to talk to somebody, and another character just sort of enters the scene, and the camera follows them...

Justin: Sure, yeah.

Sydnee: ... to the next thing.

Justin: Yeah, it's a great technique. I love that.

Sydnee: And that's the way that they guide you to the next...

Justin: I love that, yeah.

Sydnee: ... character's story.

Justin: They're gonna do— I'm looking at this, it looks like 15 hours for this first season. So Sydnee, do you think it's a missed opportunity that it's not, like, 35 hours? [laughs]

So like— shouldn't it follow an intern, and then you get to— get to hour 30, and they're not even like making sense anymore? Like, that— you can't even follow storylines. Like, there's a whole episode where they're just trying to nap, and [laughs] no one'll let them.

Sydnee: Well, can I say that would be a— I think that would be a real great idea for a next season. I mean...

Justin: It just picks up— [bursts into laughter] He's like, "Boy, this has been one crazy day," and it's like "It's just getting started. We got another 15 hours to go, Robby!"

Sydnee: Well, I mean, that— I *do* think that that would— that might terrify— this might become a horror movie if you had to watch— if you had to be in the mind of a resident who's been on call for 36 hours, and has been awake that long, and...

I don't know how you would reflect the amount of caffeine that is generally [laughs] coursing through your system...

Justin: [laughs]

Sydnee: ... and what that does to your brain at hour 36.

Justin: Mm. Um, Syd, I wanna talk more about *The Pitt*, but first, I did wanna remind everybody that it's MaxFunDrive time. And that means that if you can say, "Hey, I love this stuff; I want it to keep happening. I'm gonna pledge—" let's say you can say \$5 bucks a month to make this happen.

You go to maximumfun.org/join, you're gonna get so much bonus content that you won't even believe it. If you're already a donor, by the way, and you haven't checked out some of this stuff, go to maximumfun.org/howtoboco, and you can find all the information we've got.

This year, a *Sawbones Nights: Medical Mystery* is our bonus episode. Sydnee and I played an NYC Emergency Room board game, and it was a lot of fun. And you get to meet nurse— what was her name, Nurse Tammy? Was our— Nurse Judy!

Sydnee: Nurse Judy. Nurse Judy.

Justin: Our Nurse Judy, and all the great characters there. But— and there's a lot more. There's like, heck, 11, 12 hours of *Sawbones* stuff, just *Sawbones* stuff?

Sydnee: Just *Sawbones*, yeah.

Justin: The main thing is, you're helping us to make the shows possible. What that means is that if you pledge \$5 bucks a month to Maximum Fun, the majority of that is gonna go to the shows that you choose to say that you listen to. You listen to *Sawbones*, or whatever shows, and the majority of your donation goes to them.

That helps with hosting. It's equipment fees, it lets us pay editors; it lets us do this as a job, which we wouldn't be able to otherwise.

Sydnee: Yeah. We can't say that enough, that your contributions, your donations through the years, you being a member and believing in what we do, and being willing to toss some money our way has helped us to improve the quality of our show.

I can research more, I can access more journals. I'm subscribed to so many journals now. And I can buy articles when they're behind a paywall, and I can spend more time doing that, away from my other jobs, so that I can make this show better.

Justin: And kidding aside, folks, what started as like a pretty— like, kind of a silly medical podcast, it makes me... really thankful and proud that we have a source of information right now that I know is accurate and reliable, and that we can be that for people, and that we can provide that when other people don't seem to be that interested in providing that kind of truth and insight. And it's just your donations that make us able to do that.

Sydnee: Yeah. You're part of that.

Justin: Yeah, you're a big part of that. You *are* the reason it happens.

Sydnee: Exactly.

Justin: Maximumfun.org/join is the address. If you can do it right now, while you're thinking about it— let's say you can do \$10 bucks a month. That's amazing. That— wow, that would be really cool, 'cause you're gonna get a pin. Have you seen our pin, Syd?

Sydnee: I have, Justin.

Justin: You know what it says on there? It says: "Kill all the mosquitos." Which is not a very *Sawbones* vibe, you know, like advocating violence, but we thought, "Let's mix it up," right? "Who can we turn our anger against?"

And it's mosquitos, folks. Listen, we've done the work. We went to entomologists. Guys, we took this bold theory to a room full of entomologists, and said, "Where are you guys at with killing all the mosquitos?"

And these *entomologists* were like, "We probably should kill all the mosquitos..."

Sydnee: Right? And their job is to, like, defend all the bugs, I think?

Justin: Yes, so they don't care.

Sydnee: I think that's their job, is like to protect bugs.

Justin: Yeah.

Sydnee: But they don't wanna protect mosquitos.

Justin: So let's kill all the [through laughter] mosquitos for just \$10 bucks a month.

Sydnee: [laughs]

Justin: [wheezing laugh] You're gonna get an enamel pin— you can get it from any show, but that's the best one.

Um, and we have other pledge gifts at maximumfun.org/join, but really, it's just about supporting the media you like, and it's about supporting the stuff you like. And if you can do that for us, it would really mean a lot. We only do this once a year, and if you don't go to support the shows, we can't make 'em, so... please. Thank you.

Sydnee: Thank you.

Justin: Syd, the most interesting thing to me with, uh, medical shows— because you and I watch them together, so I get to experience this in real time. How do they handle jargon? Where is jargon at?

Because I think jargon is so interesting with these shows, 'cause you have some where like— okay. *Scrubs* handles it by only using jargon when they wanna communicate that a character is confused, right?

Sydnee: Right.

Justin: Or that they're being smart. So if a character has an answer in *Scrubs*, it's jargon, right?

Sydnee: Right.

Justin: And sometimes, *House* will use jargon to show why he's smarter than the other people in the room, and they don't want the audience to

guess what he's thinking, so House can use medical terminology— *he* uses jargon like that, 'cause he wants the audience to be lost, right?

Sydnee: Mm-hmm.

Justin: So how does *The Pitt* handle that? Because I think that when you bring jargon into it, you are adding realism, but you're also risking, I think, losing the audience, and them not being able to follow the story.

Sydnee: I think that is why you see so many shows that are set in teaching hospitals.

Justin: Oh, interesting!

Sydnee: I think that's how you—

Justin: Speak on that.

Sydnee: So if you— the way that *The Pitt* is structured - and this is similar to *Grey's Anatomy* - in this show, you got Noah Wyle; he's the attending in the ER. So he's done with all his training, he runs the ER. He's just— he could just use jargon the whole show, if it was just him, because he knows what he's talking about.

Justin: Right.

Sydnee: But underneath him, you now have senior residents, junior residents, so... in various years of residency. Interns, first, second, third, fourth-years, and you've also got medical students.

You have— and they introduce themselves— I thought it was interesting. I mean, I guess most people could figure it out. They introduce themselves, and they're like, "So-and-so, MS4."
"So-and-so, MS3."

... I'm assuming most people know what that means. They're a med student in their third year and fourth year. "Med student three," "med student four."

Justin: [crosstalk] context clues, right?

Sydnee: Med s— you know...

Justin: Yeah.

Sydnee: That's what they're— anyway. So you have all levels of learners in the ER, and so that helps. And then you also have doctors explaining things to patients, and specifically— they actually have one character who gets criticized... a lot. Anyway, she gets criti— Dr. Mohan. She gets criticized a lot because she spends too much time with her patients. [laughs]

Justin: Mm.

Sydnee: And part of that is her explaining things to patients in ways they will understand. So I think when you have characters like that... It also helps— they have a social worker whose job is to explain things to characters in ways that the doctors didn't.

And then— I *really* think that's part of the draw of teaching medicine in these shows, is that then there's a reason for two doctors to be standing at a bedside and make a decision, leave the room, and for one doctor to look at the other, and say, "Did you understand why we did that? This, this, and this?"

Justin: Mm!

Sydnee: That's *real*.

Justin: Yeah.

Sydnee: That's all real. We do that. And with med students, especially when you're in your third year, I don't know that they know all the terminology yet. And they probably don't.

So there are times where I might use some jargon, and then I might quickly define the jargon as soon as I say it, just so I don't put them on the spot, and then also to reinforce what that— I mean, they're learning a new

language, and I want to reinforce this new language as they start to feel comfortable using it.

Justin: Do you feel like these medical shows throughout TV have— especially recently, do you think they've increased the literacy of— as these shows become more realistic, do you think that people are more literate, like medically literate, when it comes to TV shows?

Not the actual system, but they can handle a bit more— as we move forward, right, it can be a little bit more realistic and jargon-ey because we've been hearing a lot of this jargon for 30 years.

Sydnee: Yes. I definitely think there are probably terms that I can use— the medical terminology or abbreviations that I could just toss out... do you know what an MI is?

Justin: Myocardial infraction— infarction? Myocardial infarction?

Sydnee: Yes. Or colloquially...?

Justin: You want me to know the colloquial name for myocardial infarction.

Sydnee: Well, it's a heart attack. I think a lot of people, when they hear MI, have learned that—

Justin: If you could take— it would be so personally meaningful to me if you would take, like, a half second. If you would just take a half second.

Sydnee: [chuckles] Okay. Now, that was— that was—

Justin: It would be so personally meaningful to me...

Sydnee: That was really— it was impressive that you knew what MI stood for. That was very impressive.

Justin: You know, Wayne, if you're not careful, you're gonna lose me.

Sydnee: I— yes, that was very impressive.

I just meant, I do think that there are some terms that have seeped into... the lexicon. I think most people know immediately that when we say EKG, that we're worried about your heart.

Justin: Mm-hmm.

Sydnee: And that, you know— I mean, so I do think that some things have— because of these medical shows, I think that there's still a lot that you can learn from them about the system. I mean, I would not say that these medical shows are a great place to learn about medicine. Certainly, I will say, a lot of it on this show is pretty accurate.

Justin: Mm.

Sydnee: What they're demonstrating looks pretty much like things look, and people survive things that they generally could survive, and we see the consequences when it is something that we can't fix or save. And I think they're really honest about that.

They tackle some things that I think— they're not medical concepts, but I do think they're important for people to talk about. There's an elderly person who has advance directives that say, "Don't intubate him," but his adult children show up, and are demanding that he be intubated. And so we see that drama play out.

Justin: Mm.

Sydnee: And that, I think, is a real— I mean, I can tell you, that happens. It is not uncommon. I have been the doctor in that situation many times in my career, and it is as heart wrenching as it seems on the show, every single time, to try to figure out what is the right thing ethically, legally, medically... and how do I make the people in the room feel okay with the decision that we're all about to make?

It is so difficult on the show, and that echoes real life. So I think there are moments like that that are instructive.

They also talk a lot— and I think this is maybe what they wanted to do with this show. In *ER*, they talk about - like, in the original *ER* - they talk about HMOs, and they talk about underfunding in medicine, and shutting down ERs. They talk about some of that stuff.

Justin: Mm-hmm.

Sydnee: But it's always sort of, like, secondary to the relationship drama, and the personal drama, you know? And like, there's... some people are doing it, and stuff like that.

Justin: Whoa! Are you telling me that love can bloom, even in the ER?

Sydnee: Even in the ER.

Justin: So can I take a guess? Is it... I'm seeing Dr. Cassie McKay, a 42-year-old second year resident. That makes her a nontraditional...

Sydnee: Yes.

Justin: ... student. Is that the love interest for Dr. Robby?

Sydnee: Not that they have indicated in any way, no.

Justin: It's your show. Syd, you gotta—

Sydnee: I don't—

Justin: Tell me, are you gonna get these two together or not, honey?

Sydnee: Hey, honey...

Justin: I'm trying to sell this to HBO Max 3, by the way.

Sydnee: Honey, for—

Justin: HBO Max 2 got canceled. I'm so sorry. It's Max 3 now, and I need love, I need romance, I need sex, I gotta sell! Sex sells. What do you got?

Sydnee: Honey, for all I know, he's married to somebody. They don't *talk*— I mean, they get a little bit into their personal lives at times, but like, Dr. McKay has an ankle bracelet. And I don't know why.

Justin: That's— that's wild. [holding back laughter] That's a big swing.

Sydnee: Yeah. And so, like— I mean, like, an electric monitoring thing, just in case that wasn't clear. I don't just mean she has a bracelet on her ankle. [laughs]

Justin: No. No, like a...

Sydnee: Yeah. And we don't know why. So there's all kinds of things we don't know about these...

Justin: That's a great— man, if I was a TV writer, can I just say, as somebody who has had to script things on the fly before a lot, that's *great*. What a great idea. Do that in your D&D campaign, folks. Put an ankle bracelet on— put an ankle monitor on some character. You don't have to know! They may not know!

Sydnee: No.

Justin: But here in a few years, they'll be like, "Oh, yeah, this old thing? [laughs] I'm wanted."

Sydnee: And then they can play out—

Justin: "I'm a wanted felon."

Sydnee: So, I mean, I think they very much wanna— they're separating some of that personal life drama to really focus on the trauma that their career has inflicted upon these characters.

Justin: Yeah.

Sydnee: I mean, I really think that that's the point. Because we get a little insight into how medicine has impacted them, and less into whatever's going on in their personal lives. So I don't think that we're gonna have that kind of, like... *that* sort of thing.

The drama we're getting is, and I do think— man, I think this is gonna mark every medical show. We've talked about it on *Doctor Odyssey*. It's— COVID is part of *Doctor Odyssey*, if you can believe it.

I think these post-COVID medical shows— and when I say post-COVID— COVID isn't over, by the way. I diagnose patients of COVID—

Justin: It's a shorthand for the... when the—

Sydnee: The world in COVID.

Justin: I mean, is it accurate to say "the pandemic"? It's no longer an active pandemic, right?

Sydnee: Right.

Justin: Okay.

Sydnee: We are moving into the— which we knew would happen scientifically. We are slowly moving into the phase where it is becoming endemic in multiple countries, which will mean it will be hopefully less fatal overall, but it's still a serious illness. I diagnosed cases of it this week. There is an active outbreak ongoing in our community, and in many communities right now. COVID is still a thing.

Justin: But there was a time period— like, we can all...

Sydnee: There was a time period where, obviously, it was different. It was a different thing. It's still a thing, it just— it's changed, it's ju— how we think about it.

When I say "post-COVID," I mean in the world where COVID exists.

Justin: Yes.

Sydnee: In this space, I think we're gonna see a return to healthcare providers being a little more of the heroes. I think there's more sympathy. They treat these characters with a lot more care, with a lot, uh, gentler lens. I think that there's more understanding for what they're going through; I think we see that in the show.

We see them stand in a room, and deliver heart-wrenching news. Or there's a kid who maybe is gonna do a school shooting, and then he runs out of the ER, and nobody knows where he went. And then everybody has to go on with their day, knowing that that kid is out there, maybe gonna do something horrific, and then they have to go on with their day, because that's their job.

And so I think they do a really good job of humanizing doctors again. And nurses, all of healthcare professionals. I think most people like nurses. I think it's us doctors that need more humanizing, because...

Justin: [bursts out laughing]

Sydnee: ... I mean— [laughs] I mean, you know, I think to say that nurses are angels and heroes is not a revolutionary statement. I think people have felt that way for a long time. To say that doctors are heroes, I think, is controversial now. A lot of people hate us. A lot of people think we're part of the problem.

And some of us are! I'm not saying we're all great.

Justin: [crosstalk] wants to.

Sydnee: But I don't think most of us are part of the problem.

Justin: Mm-hmm.

Sydnee: But anyway, I think we're gonna see that, and I think we're gonna see the trauma of living through and working through the pandemic, surviving the pandemic. I think there's a lot of survivor guilt among the

medical community, because we lost some of our colleagues, and I think we're gonna see that playing out in these shows.

And I'm glad that we're talking about it, because it's part of the great... um, what did they call it? The great— people are— it's quitting. It's the great quitting, is what I'm gonna call it.

Justin: Great quitting.

Sydnee: People are quitting medicine. People are leaving the medical profession, because they're traumatized, they're worn out, a lot of people don't like us very much, and the system is so impossible to work in and do a good job anymore.

Justin: Mm-hmm.

Sydnee: It feels hopeless. And so I think that it's gonna talk about that. There's a lot— the administrator comes down, and is like, "You're keeping people in the ER too long; you need to move them through faster." And they're like, "But we can't, because there are no beds upstairs."

Well, the truth is, there *are* beds upstairs, but they don't have nurses to staff them, 'cause the hospital doesn't want to pay nurses a living wage, so they can't attract any nurses to staff these beds, so they shut down whole units, and then people sit in the ER for days and days.

Justin: Yeah.

Sydnee: This is all true! This is all true about the system that you are interacting with.

Justin: Mm-hmm.

Sydnee: And so I think that knowing that and absorbing that and then demanding something else *is* a really good thing that this medical drama could do.

Justin: Now, Sydnee, before we wrap up here, I did wanna say— and I know that *Sawbones*— we haven't talked about next week yet, and I know *Sawbones* can't be just about medical TV, but... [pauses] Shark attacks are a huge problem, and *Doctor Odyssey* has the guts...

Sydnee: [laughs]

Justin: ... to turn that into a two-part event. Honey, it's "Shark Attack!" [holding back laughter] and then "Shark Attack! Part 2: Orca!"

And I'm just saying, if you can consider that for next week... *Doctor Odyssey*, "Shark Attack!" a very important two-parter, which just like *The Pitt*, highlighting the important issues - shark attacks, in this case, and apparently orcas...

Sydnee: Honey, nothing would make me happier than to talk about *Doctor Odyssey* next week.

Justin: [laughs] Well, nothing would make me happier than people supporting our show in the MaxFunDrive. Maximumfun.org/join is the address. Again, \$5 bucks a month, \$10 bucks a month... I'm so happy that we get to make this show for you, and I'm so grateful that your support has made that possible.

It may seem like something that somebody else is gonna do, but I hope that, like, you realize that it is an individual thing. It is a bunch of people individually making a decision that "I want this to happen. I'm gonna support it, and I can make a difference."

And I know it doesn't— it may not seem like a big deal, but it really does add up, and it's allowed us to do this show for a decade, and to put a lot of good stuff out. And I really appreciate the opportunity to do that.

Sydnee: Yeah, thank you so much. If you are a member already, thank you. If you're gonna donate or upgrade or boost this year, thank you, thank you. Share the show, tell your friends. If you just listen to our show, thank you.

Justin: Yeah, thank you. Oh, and listen, if you can't donate, if you can upgrade a little bit or boost, even just a couple more bucks a month would be so hugely helpful. And if that's not a possibility, just share it around, let people know that it's MaxFunDrive time, and I really appreciate it.

That's gonna do it for us for this episode. Oh! Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thanks to you for listening.

That's gonna do it for us. Until next time, my name is Justin McElroy.

Sydney: I'm Sydney McElroy.

Justin: And as always, don't drill a hole in your head.

[theme song plays]

[acoustic guitar sting]

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