

Still Buffering 474: Scrubs (2026)

Published March 31st, 2026

[Listen here on Maximum Fun](#)

[theme music plays]

Sydnee: Hello, and welcome to Still Buffering, a cross-generational guide to the culture that made us. I'm Sydnee McElroy.

Taylor: And I'm Taylor Smirl.

Sydnee: Uh, Tey, I learned something really interesting on TikTok.

Taylor: Oh. That's the place to learn interesting things. What'd you learn?

Sydnee: Uh, I learned that Abraham Lincoln was a cat lover. Did you know that?

Taylor: Okay, I like that. I didn't know that.

Sydnee: Yeah. apparently, like, a notorious cat lover.

Taylor: A notorious cat lover.

Sydnee: Like, he once fed his cat from the table during a White House dinner.

Taylor: Heck yeah.

Sydnee: Yeah. He loved cats. And even—there was a story about during a meeting with General Grant during the Civil War, he was, like, talking with the general, and he saw these little kittens, like stray kittens, and he, like, scooped 'em up and was like, "Oh. Lucky that you're cats and you don't have to..." I don't know. Something poetic about the war. And then he handed them to one of the soldiers and was like, "Go feed these cats. This is your priority. Go take care of these kitties."

Taylor: Well, that's sweet.

Sydnee: Yeah. I don't know. I enjoyed that. I didn't know that Abraham Lincoln was a cat lover.

Taylor: All the good people are.

Sydnee: Um, yeah. I mean, I think that's true. I love my cats. They, uh... They are on—we were out of town for a few days, so they're all over me right now. I feel like they're mad at me. I feel like their affection is angry affection. Do you know what I mean?

Taylor: Hmm...

Sydnee: Do you ever get that, if you've been out of town? And then, like, Jack is like, happy to see you back, but also, like, wants to let you know... like, "I was displeased. And so I'm in your face a lot to show you that I'm happy you're back, and displeased that you were gone at the same time."

Taylor: Yeah, I mean, usually if I'm gone for any extent of time, more than, like, a long shift, uh, he will—he will scream at me for a while when I get back. Like, he'll just follow me around, just "Mow! Mow! Mow! Mow!"

Sydnee: Mm-hmm.

Taylor: And, you know, if I lay down he'll jump up on the bed and keep going. I just think he's airing his grievances. I don't...

Sydnee: Well, that's—both—Olive will sit on me. And then just, like, stare at me. And, like, get right up in my face and, like, stare into my eyes. Like, "Are you looking at me? Just keep looking. Just keep looking."

And Amelia will come sit next to me and just keep touching me. Like, tapping me on the shoulder.

Taylor: Just want to make sure you're still there. "You're here, right? You're not going anywhere? You gotta tell me if you're going somewhere."

You do have to tell 'em. I always tell Jack.

Sydnee: Oh, I do. No, I let them know that I'm leaving, and I apologize, and I reassure them. Like, "Don't worry. Whitney," who always takes care of our cats when we're gone, "Whitney will be coming. You love Whitney. She takes good care of you. She's gonna feed you. Yes, she'll feed you your smooth bird that you like." You know. I try to... I try to set 'em up for success.

Taylor: Smooth bird?

Sydnee: Uh... [laughs quietly] the... so, we get—this is not an ad, although we do ads for this on another show, but this is not an ad. But we get—Smalls is the cat food we get.

Taylor: Okay.

Sydnee: And they're these packets, 'cause we switched to wet food, because you suggested it was a good idea. And Smalls sends us packs of wet food. And the way you know what kind of food it is is it's either bird, cow, or pig, or there's also, like, a mixture of bird and fish. And you can either get it smooth or ground.

Taylor: Ah.

Sydnee: And so it's like, do you want a packet—there's smooth bird and ground bird. There's obviously—cow only comes in ground, I think. Uh, pig—

Taylor: No smooth cow. [laughs quietly]

Sydnee: No, I don't think there's smooth cow. We don't get pig anymore, so I don't remember what it comes in, 'cause they don't like pig. Neither of the cats will eat pig. Um, I don't know. They'll eat all the other ones. They prefer smooth bird over ground bird. There's also one called smooth other bird. [laughs quietly]

Taylor: Other bird!

Sydnee: Other bird.

Taylor: I don't know if I like that.

Sydnee: I don't know. My—

Taylor: 'Cause it's not like it delineates what your original bird is.

Sydnee: Nope. I don't know what bird is, and so I have no way to know what other bird could be.

Taylor: It's gotta be, like, chicken versus turkey.

Sydnee: That's my guess. My guess is that bird is chicken and other bird is turkey.

Taylor: I hope.

Sydnee: I know what cow is. It's cow.

Taylor: Yeah. A cow is a cow.

Sydnee: They like cow best. Cow's, like, the treat—I save the packets of cow and give those, like, intermittently as treats. Um, although the fish—the mixture of bird and fish is growing on them.

Taylor: I don't... Jack only eats—usually he only eats fish. I just get him different kind of canned wet fish food. But, uh, sometimes I'll get him a—certain brands, I trust their chicken, so I'll get him, like, a mixture of chicken and fish, or just chicken. But there was that scare with poultry that a lot of it ended up in cat food. Like, sick birds.

Sydnee: Yeah.

Taylor: And animals were getting sick from lots of different brands. You know. It's always scary to know what weird ground-up animal you could feed your animals.

Sydnee: During the, um—during the last big ice storm we had, a lot of our deliveries were delayed. And—'cause our hill was a sheet of ice. It's wild. You don't think about that, but I realize, like, we didn't get mail for a week. I mean, not just, like, packages. Like, we didn't get our mail for a week, 'cause nobody could get up our hill. I thought about, like, trying to wait down at the bottom of the hill and wave down the mailman and be like, "You can just hand it to me." [laughs quietly]

Taylor: Just put a bin down there.

Sydnee: Yes. 'Cause, like, well, it hit me. I was like, "Man, I hope there was nothing important in the mail. We haven't gotten mail for a week. Nobody can get up our hill."

Taylor: Oh, wow. That must've been a load, 'cause you all get so much stuff delivered.

Sydnee: Yes. And, I mean, eventually it all showed up. And that was rough, because, like—like, the cat food was delayed, so then when it shows up, like, I don't know if this is safe. 'Cause, you know, I don't know how long it's been in transit. And same with, like, we get one of those boxes of, like—you know when they send you the vegetables and fruits that are, like, misshapen?

Taylor: Yeah.

Sydnee: We get one of those boxes. And I was—and, like, a lot of—I mean, that I could tell. Like, I opened the box and I was like, "Oh! Oh boy. Oh boy. You sat on a truck for a while."

But during that, we had to resort to other cat foods, 'cause we ran out of Smalls. And we went to the store and I was like, I don't know. I haven't... I haven't bought wet cat food in a minute, and so I didn't know what to get. So I got Fancy Feast. Because it was kind of like... you remember when we were little and they did commercials for Viennetta?

Taylor: Mm-hmm.

Sydnee: And it looked like the fanciest dessert you could ever eat?

Taylor: [laughs quietly] Fancy Feast is the Viennetta of cat food is what you're implying.

Sydnee: Yes. In my mind, if I'm, like, treating my cat, I guess I should get it Fancy Feast, 'cause that's what... if I were treating myself, I would get Viennetta.

Taylor: You know, I think I had that same association, partly because they used to have those commercials for Fancy Feast with—the cat was, like, eating off of a crystal dish or something. Like, ooh, Fancy Feast, so I assumed that was for rich people cats.

And, I mean, I guess it sort of is. Because when I was paranoid about a lot of other brands, cheaper brands, there was a list of brands that were safe, and Fancy Feast was one of the few that was, like, available at the regular store, but was listed as safe. And, um—and it's, like, I don't know. Like, my bodega, it's like 150—or—150. [laughs quietly] A dollar fifty for a can of Fancy Feast. And that's the same price as, like, the larger can of, like, Friskies. So that little can of Fancy Feast is half as much for the same price. And I thought maybe it's, like, more nutritionally dense. Like, maybe I can feed Jack one can of Fancy Feast, 'cause he usually eats, like, one can of Friskies, you know? Or that size can. Like, the can of tuna size. Um, but no. No, it is not—you will still need two of those Fancy Feast. So it will be a... there are days where I'm keeping myself on a food budget of, like "I can't spend more than five dollars for myself on food today." But Jack is six dollars, sometimes nine, because sometimes he wants a third can.

Sydnee: [laughs quietly] Well, that—see, I... I have a big bag of dry food, and if they are demanding more food after their allotments of their wet food, I might supplement with a little bit of dry food occasionally, as, like, a snack.

Taylor: A lot of people do that. Mix in the wet food. And I think that works, uh, with—I mean, with younger cats. Jack is an old man with bad teeth, so he has a hard time chewing at this point.

Sydnee: Ah.

Taylor: And again, like, he's 18. I just think if he wants three cans of wet food every day... [laughs quietly] he can have it.

Sydnee: I, uh... I will say that the cats—I think they liked the Fancy Feast, but I still don't think it's their favorite. They ate it. They were willing. But I don't... I mean...

Taylor: Not over smooth bird, smooth cow?

Sydnee: No. They—yeah. They wanted to go back to—they definitely wanted to go back to that. Or, I don't know. Olive also just expects when we're eating dinner, she comes and sits in a chair at the dinner table. Like, sitting there with her face, like, up table level looking around. Like, "And I will be eating... what off your plates?"

Taylor: Well, that's a—it's like a—there is a term for it, but that is something that cat—like, they seek to eat at the same time you eat. It's like a community thing.

Sydnee: Hm. I usually give her a couple little bites of whatever the protein off my plate is.

Taylor: Yeah.

Sydnee: Um, although I got really freaked out, because I read once that onions were bad for cats.

Taylor: Hmm, yes.

Sydnee: And so I get really nervous if I've cooked... and, I mean, you know, we cook a lot of things with onions in it, and I got really nervous about that. Like, this isn't an onion, but it was cooked with an onion. So, like, will the... [laughs quietly] I don't think that's bad, but I don't know, and I don't want to take a chance.

Taylor: That's probably for the best. I mean, Jack does not have any interest in people food. Like, he will not—I could drop things on the floor and

he'll just, like—he might play with it, but he won't try to eat it. The one exception is vegan feta, and I don't... that, of all the things. But I had to—that's so many ingredients. Like, none of it's natural. Like, "Oh, god. Is any of this okay for him?" And it's all fine. It's all just various forms of coconut.

Sydnee: Huh. Um, yeah. Olive will eat anything off the table. We have to be really careful if the kids have chicken nuggets, 'cause she will, like, sit crouched, waiting till one of them turns their back, and she'll jump up on the table, snag a nugget, and run off with it. She's obsessed with chicken nuggets.

Taylor: That time that I fostered—well, I had a pregnant cat follow me home, and so I sort of—she decided I was going to foster her and her kittens. Um, I was so used to my cat, and at the time we had another cat in the house, and both of those cats were cat food cats. Uh, this cat that came in off the streets, she was, like, the sneakiest human food stealer. She wouldn't even be in the room and I'd, like, have a sandwich next to me, and I'd look down, it'd be gone. And it'd be halfway across the room, she'd have it.

Sydnee: Oh my gosh.

Taylor: She was so fast. So good at scroungin'.

Sydnee: Uh, I will tell you, too, something I found on TikTok that I am enjoying are scary, spooky Appalachia stories.

Taylor: You just found scary, spooky Appalachia stories on TikTok?

Sydnee: Yeah. Is that, like, a thing?

Taylor: I feel like those have been going around for a while.

Sydnee: Well, I've seen—okay. There was a creator who was trying to convince is that a tree moved. Did you see that one?

Taylor: I didn't see that one.

Sydnee: And it was like a weird looking tree, and they were, like, "Look at this weird tree. This isn't a tree."

And I was sitting there thinking, "What is it?" [laughs quietly] I don't understand. Even having read some, like—you know, I read the Telltale Lilac Bush. Like, I've read spooky Appalachia stories, but I don't know what... "See this tree? It looks like a tree but it isn't a tree." I don't know what that means. Like, and so it's a... I don't know.

But then they were like, "Look, we're back, and remember the tree that was there? Look, it's over there, now." And I don't remember where the tree was, 'cause I wasn't paying that close attention. But, like, I found that as, like, a spooky Appalachia thing.

But now I've found, like, just stories. Like, some people who just tell stories.

Taylor: I listen to those—not on TikTok so much, but I'll find compilations of, like, spooky Appalachian trail stories on YouTube and listen to those. The ones that don't have—there's such an influx of, like, bad AI-generated voice versions of that that bum me out. But, uh, there's a few that are real people.

Sydnee: Yeah. The ones with real people who are like—especially if they live in Appalachia.

Taylor: Yeah. Well, I like when they're full stories. I got a little bored of the group of TikToks that all just seemed to be like, "If you live in Appalachia, these are things you just know."

And it's someone, like, closing their blinds when the sun goes down. I don't know. You know.

Sydnee: If somebody whistles... don't whistle back. And if somebody yells your name, don't answer. If somebody says "Hey," definitely don't answer. Yeah. But I—yeah. I don't like those either. And I also don't like—listen. I don't know if... well, this is true for anywhere. If you live somewhere, you know what people from where you're from sound like. And if it's—if they're not from Appalachia, I usually am not gonna take their Appalachian spooky advice.

Taylor: That's true.

Sydnee: And I can tell. Like, you can't trick me. I can tell. But I'm sure that's true, like, you know, if you're a native anywhere-er. You can tell when somebody's not—not from 'round here. [laughs quietly]

Taylor: Well, I do—and, like, you know, I haven't lived in Appalachia for so long, I don't count myself anymore. But I can at least, like—I do always want to know, when someone's making a—especially if it's a profitable TikTok about Appalachia, it's like, where in Appalachia are you from?

Sydnee: Yeah.

Taylor: 'Cause there are some places that qualify that I don't know... [laughs] Like...

Sydnee: Are you really from Appalachia or are you a J. D. Vance? Let's be honest.

Taylor: Hm, yeah, yeah.

Sydnee: No. I mean, and I do appreciate—I like it, because there's a Mawmaw who makes food that honestly, like, almost everything she makes, you and I ate in Mawmaw's kitchen growing up. Like, it's that kind of food. And as soon as I heard her talking, I was like, "You're from somewhere close. This is close. This isn't here."

'Cause Huntington is, you know, a city, technically. And so the accents aren't quite as thick. But, like, you don't have to go—I mean, you go 20 minutes and you're rural. Less than 20 minutes and you're rural. So—but I was listening to her talk and I was like, "This Mawmaw's from 'round here. Where are you from?"

And it's funny, because I looked up where she said she was from, and it is just, like, an hour down the river. Like, she's not from West Virginia. It's, like, Kentucky. But still, it's like—but it was funny, 'Cause as soon as I heard

it I was like, "Oh, okay. I know this accent. I know you are close. You are so close."

And it was weird how close in proximity this individual was. And I could tell just immediately, like, oh. I love that.

Taylor: I feel like it's sort of based around proximity to West Virginia. Because West Virginia's the only entirely Appalachian state.

Sydnee: Yes.

Taylor: And there are parts of lots of states that butt up against it. And I think those areas also—Appalachia bleeds into it. Roots go—burrow into it. But then, like, you could say, like, "I'm from Ohio, but also Appalachia." Like, yeah, there's parts of it. But what part of Ohio? I need to know.

Sydnee: Yes.

Taylor: 'Cause there's a lot of it that doesn't qualify. Some of it does, but a lot of it doesn't.

Sydnee: [laughs quietly] I know. Well, and it's the same, like—man. I've had people who aren't from this area, who don't really know. And this is fair. If you don't really know what part of the country to classify West Virginia as, other than Appalachia, if you're trying to put us into, like, compass regional areas, it is difficult to know what exactly we are, so I don't blame you. But any time people say, like, "You're from the Midwest," I'm like, "No, no, no, no, no."

Taylor: Oh, no.

Sydnee: We are not...

Taylor: No.

Sydnee: I don't know what we are, but we're not the Midwest. 'Cause, like, I feel like Ohio, there's a very clear line where people are from the Midwest.

Like, it's a distinct—it's a difference. You're not from Appalachia, you're from the Midwest. And we may be an hour apart, but I know the difference.

Taylor: It's odd that the hesitancy to just let it—I mean, it is—Appalachia is the best way to understand it. Because it's not Southern.

Sydnee: No.

Taylor: It's certainly not—I mean, a lot of places right up against it are very coastal, and I think that's a whole different vibe. Like, it's just... Appalachia. [laughs]

Sydnee: Yeah we're not... and we're not like Virginia at all! Virginia and West Virginia are very distinct, if you talk about, like, the culture and the—I don't know, the personality of the state. They're very distinct.

Taylor: Virginia is South, but West Virginia isn't, and I can't explain why that's true, but it feels... it feels kinda true.

Sydnee: And there are... people in West Virginia who live on the border of other—and I don't mean here. 'Cause we live on the... so, here in Huntington, we're on the border of eastern Kentucky and southern Ohio, so nobody's putting on airs here. But... [laughs quietly] there are people who live on the border of fancier, more sophisticated states that do try to, like, go above their raisin' and, you know... are more like those areas, but.

Taylor: Go above the raisin?

Sydnee: Above their raisin' you know. Not raisins like the dried grapes. Like...

Taylor: Oh! How they were raised. Okay, yes. I was trying to understand, is this some colloquialism that I missed out on about raisins? Like, raisins are regular folk food. You go above the raisin, you're [through laughter] trying to elevate your class!

Sydnee: Then you're eating grapes.

Taylor: I, uh—I have a friend from Brazil. We went out to dinner last night, and he said the phrase—he was trying to talk about having to hold his tongue at his job. And he said, you know, "I've swallowed a lot of frogs."

And everyone at the table went, "Oh yeah."

And he was like, "Wait. Is that a phrase that translates? Like, is that something? 'Cause that's something that we say in Brazil. And everyone at the table was like, "No, no. [laughs] We were just going [crosstalk]."

Sydnee: "We had no idea what you were saying."

Taylor: But I was like—but it—I understood in context, it's—that's what you were saying, and it does make sense. I can't explain why, but you know. When you want to say something but you don't say it, you swallowed a frog. It's like, oh, okay. Yeah, sure.

Sydnee: That makes sense.

Taylor: [laughs]

Sydnee: Yeah.

Taylor: Everybody responded like, "Yes, absolutely. I understand. Yes. I hate swallowing frogs at work, but I do it too."

Sydnee: There's a—there's a, um—there's a woman on TikTok who is always talking to various—like, the joke is that, like, talking to the President as if he's like a preschool student, or whatever. And she's always, like, talking to whoever as if they're in Pre-K. And she says "Catch a bubble."

Taylor: Hmm. Yeah, I've heard that.

Sydnee: And I've never heard—well, I had never heard it until that. But I know what—it's weird, 'cause I was like, "Oh, I know what you're saying. But I wouldn't... " "Catch a bubble, friends." Okay. I see what you're trying to do here, but I've never heard that before.

Taylor: Yeah.

Sydnee: Yeah.

Taylor: Similar—I guess same—same idea.

Sydnee: Anyway, the spooky Appalachia stories are good. I will—

Taylor: Do you have any—

Sydnee: There's one individual who—she, like—it's like, Tea after Midnight, so she, like, drinks tea and tells spooky Appalachia stories. And she sounds like she's from 'round here. I don't know where, but she sounds authentic. Anyway, um, people send her in stories and she recounts them, and they're whole stories, and they're not—I think the hallmark of a good spooky Appalachia is nothing—typically, it's not that wild. It's like, you saw something. But it's not like, "And then they broke in the house and, like, stole stuff, and then I was chased, and then there were 30 ghosts." You know what I mean? It's subtle. [laughs quietly] And terrifying, and inexplicable, and that's it. You know what I mean?

Taylor: Mm-hmm.

Sydnee: I don't know. But they have been creeping me out. [laughs quietly]

Taylor: Well, I mean, you live up in the woods in Appalachia. That's, I guess, the prime place to listen to spooky stories about Appalachia.

Sydnee: Well, what they—the only thing I will say that I have experienced, before we talk about what we're gonna talk about—the only thing I will say is—I haven't heard—I mean, yeah, I hear voices in the woods. But also there are, like, other houses on the other side of the woods. So, like, I don't... I don't think that there are mimics in the woods calling out to me or something. I think that they're the kids who live in the house down the hill. You know what I mean?

Taylor: Right.

Sydnee: Playing. So, like, I'm not—that kind of thing. Or, like, I don't hear whistling or whatever. I can't whistle, so I wouldn't whistle back, 'cause I can't. Um, but I will say there are moments... where—especially when I'm out gardening or foraging on my own, where everything will go silent, and I will get the feeling that I'm being watched. That does happen. It happened the other day when I was working alone out in my greenhouse, and it was very intense. Like, to the point where I had to go inside, because it felt unsafe.

Taylor: Wow. Wow.

Sydnee: And then everything comes to life again, and then it passes. And I don't know what that is.

Taylor: I mean, you know, we've talked about it before. The Appalachian mountains are older than anything. They're older than god. [laughs] The concept of religion. The Appalachians predate it. Uh, I think if there's going to be, um, otherworldly things somewhere, at least in the United States, that's where they're gonna be.

Sydnee: Yeah.

Taylor: I remember—I was the most scared kid growing up, and I constantly had things that, looking back as an adult I'm like, well, I had an overactive imagination. And, you know, I was left to my own devices a lot, kind of making things up in my head or finding ways to entertain myself that were spooky, 'cause that's what I was into. So probably there was nothing. But boy, that was a lot of nothing that I remembered vividly as a child.

Sydnee: Yeah. I mean, I think that's true, and I think—I mean, I don't know. It may be more of, like, a spiritual kind of thing. The mountains are so old, and it is hard not to think about and be really conscious of that. Especially when I'm out, like—I was looking for, um, native plants that are growing on the hillside right now, and I was also secretly kind of hoping I might find some ramps. 'Cause you just never know. And we have the right land for 'em. So I'm just looking. You never know.

Taylor: There should be. I remember ramps growing on our back hill at Belmont.

Sydnee: It's possible there are some out there, so I'm looking. I'm looking for 'em. But, uh, I... as I was out there digging, and digging up some, like—man. There's some cool-looking, like, old plants. It's hard not to be conscious of that. And so maybe it's just that, you know? Be aware of how old, and how long these have been here. I don't know.

Taylor: Yeah.

Sydnee: Probably just that.

Taylor: I enjoy—I have a hard line with woo-woo beliefs where I think you can enjoy them. You can have fun with them. You can believe them. You just can't let them interfere with your reality, and then I think it's fine. So I try to keep that, hold that line. [laughs]

Sydnee: Yeah. Um, but Taylor, we're supposed to talk about Scrubs.

Taylor: Yes. The reboot, continuation? I feel like reboot implies that they've started it again. That's not really the case.

Sydnee: No. It's just a continuation of Scrubs. It's interesting because you remember they did all those seasons—they did that season of Scrubs where they were all, like, professors or whatever.

Taylor: Is this—

Sydnee: I feel like they tried to do this once. 'Cause, like, they had Scrubs original. And then they continued it with, like, a season where they introduced a bunch of new, young interns and stuff, and they kind of put the original cast sort of, like, in a backseat kind of role.

Taylor: Mm-hmm.

Sydnee: You know? And I feel like that didn't work out as well, and then Scrubs went away, and now we're trying again with a different... [laughs quietly] now it's different.

Taylor: Well, it makes sense that they needed to age a bit. [laughs] Like, to be believably in those roles, the mentor role.

Sydnee: Yes. To be Chief of Medicine, Chief of Surgery and whatnot.

Taylor: Um, I know this is one of those shows that of all the medical dramas, you've said, is oddly, like, accurate, despite how silly it can be. Do you still feel that way?

Sydnee: So, yes, in a sense. So, it's oddly accurate in that—not in the medicine. Let me be clear about that. Not necessarily in the medi—like, the actual, like, diagnoses and treatments and jargon and that kind of thing. Sometimes they say things that—like, um, he—J.D. said "The CXR showed blah, blah, blah." And CXR is the abbreviation that we use for a chest x-ray. And this could be a regional thing, 'cause I've learned that sometimes it is. I have never in my career heard any type of medical healthcare professional of any job, of any specialty, call a chest x-ray a CXR. Yes, that is the abbreviation. I've written it in notes. But when I say, like—when I ask a resident, "What did the chest x-ray show? I have never said "The CXR." And I've never had anyone say back to me, "The CXR showed." I've never heard that. So that was, like—it struck me as so strange. Like, why didn't anybody—why did that happen?

But what has always been realistic about Scrubs is the experience of being a resident. What it's like to work in a hospital. The limitations of the healthcare system, the places where... it's not that it's broken, it's that it was never built to take care of people, really. It was built to make money. All of those things have always been really well demonstrated in Scrubs. It felt the most real to the experience of training as a doctor, learning to be a doctor, and then the frustrations of trying to be a doctor in the American healthcare system. All of that has always been really authentic. I do think that this new Scrubs still has that. But I'm kind of nervous about how they're going to—like, what they're deciding to say about it. Because J.D. made a comment—and I think it was in the most recent episode—that, like, healthcare is a

service, and patients are our consumers, and are our customers, basically. And the customer is always right.

Taylor: Yeah.

Sydney: And he said it, and nobody challenged him, and I didn't see him have to come to terms with that at any—it wasn't like he said it and then sometimes in *Scrubs* at the end, he's like, "And I realized the patients aren't customers, and blah, blah, blah." But he didn't. It was just put in there. And then everybody accepted it and moved on.

And that—I find it really disturbing, if what *Scrubs* is saying is that the system we have, as bad as it is, is the system we have, and we're not gonna try to change it. We're just gonna make the best of it. I find that really—that really bothers me.

Taylor: There seems to be—and I should preface this by saying that I enjoyed this, and I will keep watching it. There were lots of very sweet moments that I really enjoyed, which I'm sure we can get into. But on that, like, even when, you know—you meet the young—the new residents, and there is the two male residents that are confronted by the man whose wife is sick in the car outside. And he's like, "Our insurance—" like, they don't have insurance, and they can't afford it if she's just—if she's just got, like, a stomachache, they can't afford it or whatever. So they were just wondering if someone could just look at her and see if she's—if she needs medical attention before they come inside, and they don't. You know, they're like, "No, we can't do that."

Um, and then she dies. And the takeaway from that doesn't seem to be, like—which I understand, like, I guess from a legal perspective, like, you couldn't have done that. That would've been a big no-no. But the takeaway—there seems to be an overarching, like, takeaway of "This is just how it works, and we have to deal with it." Which was always insisted upon in the original show in that "Hey, in the field of medicine, you're confronting death daily. Sometimes you will lose that battle. You can't take it home with you. This is just—this is the work that we do, and that's the hard part about it."

And that we can all accept. It's odd when the fact that the medical system is wildly unfair and for-profit—and you're right. Like, it's just like a shrug. Like, on the same level of "Sometimes people die, and sometimes that reason is because their insurance won't pay for things."

I don't know if I like that caveat. [laughs]

Sydnee: No. That really... that made me uncomfortable, that the lessons wasn't "You should have checked on that woman."

I mean, I feel like in *Scrubs* original, Dr. Cox would've been like, "Why didn't you go check on—like, I would've done it. Why didn't you get me? If you didn't know what to do." Like, Dr. Cox would've done that. And he was, like, the moral center of the original show. Like, you have Kelso, the evil administration, and then you've got all these new doctors who are just trying to figure it out, and you've got Dr. Cox who's, like, the weathered warrior who's still fighting for the heart of medicine. Who is that, in this show?

Taylor: We'll, that's—it's an odd—having him be replaced by J.D. And the context of it was—which I understand, again, to make it up to date. The context was sort of like Dr. Cox is not—he's not politically correct enough. Right? Like, that was kind of the... "Oh, he says things that are too harsh for these sensitive younger generation."

Which that is a narrative—okay. I think that's a common narrative for reboot-style shows.

Sydnee: Yes.

Taylor: But you're right, because that's—as much as maybe he was kind of an a-hole in the original show, he always did care about people. And that plot point's resolution was—it's almost like that old cliché of, you know, like the fridging the superhero's girlfriend. Like, we fridged the woman in a car to have a bonding moment between the two male residents. That's what that amounted to. Like one felt bad about it, and the other one comforted him about it. That was basically like, "Well, you couldn't have done anything." And now they're buddies. It's like, oh, this was... a woman died. [laughs quietly]

Sydnee: No, I mean, that really bothers me. I mean, that part bothered me, and J.D. wanting to discharge the woman who is dying to get a bed. You know, the one with heart failure. Like, pushing to do that. I don't... it's really concerning to me, if he is going to be the moral center of the show now, and the moral center of American healthcare is, "We accept that the system is what it is, and we do not try to fight it in any way. We do our best to work within it and do our job." And as much as I do think—and this echoes a shift in real medicine. The idea of wellness is not something that existed within medical training until... I mean, even the last decade would be kind of generous. Um, and that was a bad thing. That led to a lot of jaded, burnout, cynical, angry, unhealthy physicians. And I do not think medical training should be what it was when I went through it, and certainly not the people who trained before me when it was even worse. It shouldn't be like that.

And obviously the stuff that Dr. Cox did in the original series where he, like, called people names. I mean, he—you know. They even had to address it in the original series. Like, "I'm not calling you girls' names because I'm homophobic," because so many people were like, "This is homophobic."

Taylor: Yeah.

Sydnee: Right? Like, they even had to address it. Like, "Here's why I'm calling you girls' names." And it's like, oh, it's not homophobic. It's sexist. [laughs quietly] It's not—"I'm not trying to call you gay. What I'm trying to say is, you're weak, like a girl."

Oh, okay! That's better. [laughs quietly]

And so obviously all of that was bad, and I'm glad that they're recognizing, like, you can't do that now. Um, and I do think all the stuff that they're doing with, like, administration, like HR, with the wellness room and, like, "Come build puzzles," or whatnot... I mean, I don't think there's mandated naps. But there is a lot of that now, in residency. And I think a lot of that is good, and we do have to train residents different than we used to. Not because they're weak, but because it was bad, what we used to do.

Taylor: Right.

Sydnee: All of that is true. And if the only lesson we've learned is that we need to take better care of our self in this horrible system, because this horrible system is crushing us too, and so there's nothing we can do for the patients, but we can preserve our own wellness. If that's the takeaway, man, we're lost.

Taylor: Yeah.

Sydnee: I mean, I just, I—I reject that.

Taylor: Well, I mean, I think that... that works on a scale beyond the show, right? Because oh, we're asking you to turn down these people for care because they don't have the ability to pay for it, or the insurance. We're asking you to push people out of the hospital because we want their beds, and we're not making enough money from them.

Uh, but the tradeoff is here's this wellness room, and here are these naps, and you know, in a real-world application, here's all this money. So, can't you turn your head for the things we're asking you to do, because we're paying you so much money?

That's... that's kind of how we operate these days.

Sydnee: Well, and it's part of the—I mean, I realized it working in a hospital. The greatest trick that admin ever played was convincing doctors that they were admin. We're not. We're not admin. We're not. And we act like we get to make decisions, because they give us these little treats, and they pay us well. But at the end of the day, we have no control over our lives, or over the care we're allowed to provide. We have no control! But we act like we do, and we're pacified, and so we don't fight for change. And that is—I mean, there's the problem with the American healthcare system. If we wanted to change it, all of us who bill—so all providers, who make the money, 'cause they only make the money if we bill—if for one day we didn't, we could break the system and turn it into anything we wanted.

Taylor: Well, it looks like you got a plan! [laughs]

Sydnee: Well, and that's what—I want to see that, I guess. Scrubs has always talked about this stuff so well. That is the point we're at. And if what we're trying to do is just, like, I don't know. Like, soothe doctors with all of these, like, "Let's give you free things. Calm down. ignore—close your eyes. Close your eyes. Don't pay attention. Don't look at the man behind the curtain."

I mean, the man behind the curtain is a crumbling system that's gonna crush all our patients, and us, eventually. And, like, no matter how many, you know, free naps and massages we get, it's still coming.

Taylor: Maybe the show is setting up all these little—'cause it does seem—I mean, if it's not on purpose, then it's propaganda. 'Cause they are setting up all of these little moments where the decision is being made on the side of money. Like, even... the surgery robot storyline, versus the new, like, the CPR training dummies, or...

Sydnee: Yeah.

Taylor: Like, one is a tool to train residents properly in medical care. One is like, futuristic technology that... do we need it? But the decision came down to, "That will generate money for us. Having the proper tools to train people will not. So we're gonna get the thing that generates money for us."

And... I felt that was kind of like—just kind of like, dusted off the hands. Like, "Well, that's the hard decision you have to make when you're chief of medicine."

But in the same vein, there was the patient that couldn't pay for his specific medication that he needed. And the one resident was arguing with his insurance, trying to figure out how to get it. And the plot line was, "He shouldn't have done that. He shouldn't have tried to fix the problem."

And J.D. gets, like, a bunch of free samples for the guy, but then it's like, "But this is a one-time thing. You need to learn that you can't do this for everybody."

And again, we're supposed to align with J.D.. That was always our, you know, our avatar in the series. So it is kind of odd. It's like, is this what we're saying? Again, like, yes, sometimes people live and die. But when you can control it, and you opt for the monetary, like, path, versus the, I don't know, caring for people actually, is that what we're trying to say? [laughs quietly]

Sydnee: Well, and I wonder if Elliot's gonna emerge. There have been some hints that maybe she is the one now who still gets it. Like, she's worked in the hospital all along while he was doing concierge medicine. And so, you know, I wonder if what we're gonna see is her being the Cox figure, fighting him as Kelso.

Taylor: Hmm.

Sydnee: Which would be nice, because I always thought in the original series, Elliot's character was not treated very well.

Taylor: No, not at all.

Sydnee: You know. And which is not unique for the time period that it was made in, as an attractive female lead, of course she wasn't treated very well. So it would be nice to see her have evolved for a point where she is the one willing to fight.

And, I mean, I don't wanna say, like, break the rules, but that is—if you're gonna be a good doctor, you do have to find ways to rig the system for your patients. Because the system's rigged against them. And so you have to find legal pathways. [laughs quietly] Legal, medically sound pathways to, you know, subvert the system to make it work.

And sometimes you do have to fight back. It's an interesting contrast, I think. I know you don't watch *The Pitt*, but I've been watching *The Pitt*. And there are some hints, I think, in this season—this is my personal opinion, I don't know. It hasn't finished yet. That Noah Wyle character, who is supposed to be our, like, favorite fearless leader, you know, whatever, guy, maybe is so burnt out that he's done some really crappy things.

Like, that he's made some comments that you're like, "Whoa. Whoa. You're a jerk." And, like—I mean, there's a big plot point with ICE showing up in the hospital, and everybody hates them, of course. 'Cause, you know, they're evil, and the show is on the right side of things. Anyway. And Noah Wyle's character doesn't really fight anything.

Taylor: Right.

Sydney: He kind of makes a speech, but doesn't do anything. And it's not portrayed as, like, "That's what we have to do." It's more portrayed as like, "Well, you could've done more."

Taylor: Right.

Sydney: And I don't know—if that's what Scrubs is trying to do, I feel like they're not pushing back against it enough narratively yet.

Taylor: Well, and that's—if it's building to that, then I will accept that. I do agree with you that if—'cause that's—the old formula for Scrubs was whatever problem was introduced in the episode was solved, and the lesson was learned by the end of it. And every cumulative lesson that has been presented so far is, "Them's the ropes, kids! Yep, not everybody can afford to live! That's just how it is." [laughs quietly]

Sydney: Yeah! No, and I mean, I think that, um, J.D. was never a good, like—he wasn't in the original series. He wasn't the one who always knew the right thing to do.

Taylor: Mm-hmm.

Sydney: I mean, that was kind of the hallmark of his character. And so if that's still who he is, fine. But he's also much older. [laughs quietly] So, why?

Taylor: Yeah.

Sydney: Why hasn't he—why is he not—why doesn't he know yet? Why hasn't he figured it out?

Taylor: Well, has anything narratively made him do so? 'Cause I don't know. It seems like... [laughs] you know. Falling upwards.

Sydnee: Yeah. No, I guess it's true. And I mean, they still have the thing where, like, everybody has children, but nobody sees them.

Taylor: Yeah. I thought—and I guess it's never—it was always kind of a silly show, so I was—it took me a minute to be like, they're talking about the kids they have, but there's no plots around that. Like, even Elliot and J.D. having a whole life together, and now there's just a...

Sydnee: Well, and he had a kid with somebody else in the original series. Remember?

Taylor: [unintelligible]

Sydnee: And so he was—he was sharing custody of a child with another doctor. And then also with Elliot. And then I thought they had their own—I thought they also had kids. I don't know!

Taylor: Well, I assumed that because there was that exchange where he said he was building the bed, because one of the kids was staying with him. And she said that she feels alone when that kid's not with her. So that made me assume that she has primary custody, and now he's going to be... I don't know.

Sydnee: I don't remember. I have to go back, 'cause I know he had a kid with the other doctor. 'Cause for a second I was like, yeah, he has that one kid, Ben. And then I was like, nope, that's from Friends. That's Ross's kid from Friends that we never saw. [laughs]

Taylor: I guess that's just, like... it makes sense that they all have kids. It is funny that they have decided to never engage with their personal lives in any way. I mean, I guess that was always how the show worked. But...

Sydnee: I mean, Turk as a girl dad, having, like, four girls, I think that's funny and works well. I think that's a cute storyline. Now, we never see the kids, so they're just his hypothetical four daughters.

Taylor: No. We just have the stand-ins with the two surgery residents that he...

Sydnee: Yes.

Taylor: Which that—I don't know. His character—well, even that. Like, his character being introduced as, like, kind of at a—at a burnout point of his own, as much as a comedy series can portray that. But it wasn't really gone into. It was just like, oh, wow. He has kind of given up on his patients. He thinks they're all gonna die, so what's the point? Oh, here's your goofy friend back. That'll fix it. [laughs]

Sydnee: Well, and I think that, you know, that was not really resolved in a way that was satisfactory. And neither was, like, Elliot treating the one resident, calling her Dr. Selfie. Like, okay. It was good she got called out on, like, that's dismissive. And she's a woman. And, like, you know, women are used to being dismissed in medicine and treated poorly. So, like, don't do that. Don't perpetuate that. Good lesson.

But also, this doctor getting all of this information from social media and TikTok and all that is concerning to me. And she shouldn't have her phone out in the room with the patient. Like, that's a true thing. If I pull my phone out in a room with a patient, the only reason I'm doing it is that sometimes we are working on solving a problem, and I don't know, like, the dosage of a medication or exactly—and I say, "I'm gonna get my phone out, 'cause I have this app called Epocrates, and we're gonna at this med together."

Or, "I'm gonna pull up a picture of it, and we're gonna look, 'cause I don't know what this pill is you're holding out to me, so we're gonna try to figure it out together."

And I say, "This is why my phone's out, and it's for medical purposes only."

But I would never just, like, be scrolling through social media in the room with a patient!

Taylor: Well, and to that, I think as we get older—I mean, there's a lot of media that I enjoyed when I was younger, and now as I get older I look and I'm like, "Oh, that's a form of propaganda."

And my version of that is a lot of... I've always loved, like, possession movies in the horror genre. And a lot of 'em are like, oh, this is just some Catholic Church propaganda. This is, you know—I mean it's, like, all of the—what's the couple that go around and solve spooky things? The Warrens?

Sydney: Yeah.

Taylor: They were just... people that took advantage of people's religious fear. Those movies are fun, but I can't enjoy them anymore. Because you realize what's behind it.

Sydney: Yeah.

Taylor: And that's what I... I wonder, because that whole, like—on the one hand, like, there was just a court case about somebody that worked at I think the Mayo Clinic, like, making TikToks, very gross TikToks about custo— or about patients.

Sydney: Oh.

Taylor: And, I mean, he lost his job over it. But it's a problem. Like, I hate seeing TikToks of, like, nurses making fun of patients. Like, that is a real problem that wasn't—that was not the point of that. It was like, "See? Sometimes social media can be useful in the room."

And then the AI episode, too! Where I thought there was gonna be a point where it's like, "Hey, we shouldn't use AI to figure out how to diagnose patients."

Sydney: Yeah.

Taylor: But that was not the point of that episode. There was never a resolve that this is bad. It, again, seemed to suggest, like, this is normal and fine. [laughs]

Sydnee: And, no, I think you're exactly right. And it's concerning to me, and it makes me wonder about the consulting on the show. Like, what perspective—'cause that's really gonna shape the kind of dialogue you have about the medical system. It's one thing to have consultants who just make sure, like, accuracy, you know? Like, medical accuracy. But if you've got people consulting on the healthcare system, and what it's like to be a doctor in it, and what our perspectives are, uh... you are not—we are not a monolith. And you are gonna get wildly different opinions, depending on who you're talking to.

Taylor: Well, and is it one of those, like, art shapes culture. This is how we present it. And to a certain extent, this is what people expect coming into it. So, you know, we're establishing that we're... the money is the thing that ultimately wins, and that's just a fact of life. You can't get upset about it. You know.

Sydnee: Yeah.

Taylor: Like, these things are the future. New technology, AI, social media doctors. I don't know. It does—if you view it critically there's, like—what are we trying to indoctrinate the next generation of doctors to accepting?

Sydnee: I, uh... I think that the thing about good medical shows, great medical shows, the ones that get it right, is that they are accepting of the system that exists and the world we live in, while also constantly challenging the characters to push behind it and imagine a better system, and sometimes achieve it, even if it's just for a moment. And I think *Scrubs* used to do that. And I hope that's what this new iteration will do. 'Cause I still think it's—I think it's got some funny moments. I think it's got some endearing characters. I think it's still sweet in many ways. Um, and I loved the original because it was very true to the intern experience of the time. Not of now, but at the time. But it's gotta push harder if it wants to maintain relevance, I think.

Taylor: I could see that perspective. I mean, it's that old, change what you can change, accept what you can't, that the old show centered so much about accepting what you can't change in terms of illness and death. I don't think financial inequality should be treated on that same level, as something we just all accept.

Sydnee: Yes. No, I mean, I'm gonna be honest. I, of course, would've gone out to examine that woman in that car. And as rigid as the system I work in, or at least I used to work in, was, I can't think of a single colleague who wouldn't have also gone out to check on that woman in that car. So I think it is a little discouraging to me to see a bunch of doctors saying "We did the right thing." When I don't... I mean... none of the physicians I'm close with would have said that was the right thing to do. Maybe that's reassuring. In real life... [laughs quietly] in real life, a doctor would've walked out to your car.

Taylor: Yeah. Well, that is reassuring. [laughs] But that kind of makes it worse! 'Cause it's like, what big pharma company—who's paying for this to be the way that you're like, "Oh, that's—yeah, you wouldn't do that. I saw that on Scrubs reboot." [laughs quietly]

Sydnee: It was like risk management made this section.

Taylor: [laughs]

Sydnee: "Don't walk out to the car. You might not be covered."

Nah, Good Samaritan'll cover you, as long as you're within the scope of what, you know, the average person would do.

Taylor: Yeah. Well, that's why I hate that they've made, like, the HR lady—that actress is so funny. And, like, a lot of her bits are really—like, it's a funny character. But I'm like—but this is—in real life, this person sucks. I know this person and they suck.

Sydnee: Yes. Yes. Uh-huh. [laughs]

Taylor: [laughs]

Sydnee: I won't elaborate.

Taylor: Okay. Yeah. [laughs]

Sydnee: Alright. Well, thank you for watching it to, Tey. I mean, I do—I don't want to say I didn't enjoy it. I'm just—right now I keep waiting for, like, the heel turn. Or the—you know?

Taylor: I hope that's coming.

Sydnee: I'm waiting for the denouement.

Taylor: Well, and it would be opposite the old structure. But I still think it could be redemptive.

Sydnee: I hope so. Um, I have something I'd like us to talk about next.

Taylor: Okay.

Sydnee: Uh, I don't know if you're aware, but Saturday Night Live is now in the UK.

Taylor: What?

Sydnee: Yes. There was the very first SNL UK aired last week. And I watched it, 'cause I was fascinated to see what this—I mean, what I think of as a very New York thing. Not just like an American thing. I think of it like, SNL and New York to me are very tied in my head. It was interesting to see SNL UK.

Taylor: Wow. They'd have to do it in a whole different time zone and everything.

Sydnee: Mm-hmm. They did have Tina Fey hosting, so that was a good little continuity. That felt familiar.

Taylor: She imported the SNL to them.

Sydnee: Yes. She had to bring it by hand, like carry it, deliver it to London.

Taylor: "Here is your SNL."

Sydnee: "I have brought it." So. Alright. Well, we will watch that for next week. Um, and in the meantime, thank you, listeners. You should go the Maximumfun.org and check out a lot of other great podcasts that you would enjoy. You can email us at stillbuffering@maximumfun.org. And thank you to The Nouvellas for our theme song, Baby You Change Your Mind.

Taylor: This has been Still Buffering, your cross-generational guide to the culture that made us.

Sydnee: I'm Sydnee McElroy.

Taylor: And I'm Taylor Smirl.

Sydnee: I'm still buffering...

Taylor: And I am too.

[theme music plays]

Sydnee: I do think it is good that they've gotten rid of all of the homophobia, and sexism, and the constant sexual harassment that came from Todd.

Taylor: Yeah, yeah. Though he's still a character, so I don't know.

Sydnee: Yeah. [laughs quietly]

Taylor: Like, "Hey. Some guy that sexually harassed the whole staff for, I don't know, 20 years? He just had to learn a few lessons. He keeps his job." Hmm...

Sydnee: "He's fine." Hmm...

Taylor: Hmm...

Sydnee: Hmm... okay.

[chord]

Maximumfun.org.
Comedy and Culture.
Artist Owned.
Audience Supported.