

Still Buffering 478: The Pitt (2026)

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[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: Tey, it's the MaxFunDrive!

Taylor: Woo-hoo! We did it! We made it!

Sydnee: Yay! We made it to the MaxFunDrive! [laughs]

Taylor: Here it is, again!

Sydnee: Yes, that's right! It's that time of year. And we made it here, once again, to the MaxFunDrive because of you, our listeners.

Taylor: Absolutely.

Sydnee: Those of you who support us, who donate your hard-earned money to our show and the many other shows on the Maximum Fun Network that you enjoy. This is the time of year where we ask you again, if you are in a position, if you like the stuff that we make and you'd like to throw some money our way to help us keep doing it, please do right now. We so appreciate all of you who donate to our show, who share our show, who listen to our show.

And once a year, we ask you to become a regular donor, as levels as low as five dollars a month mean a huge deal to us. And that recurring donation allows us to know we have the support and the financial backing to keep making the stuff we make, and hopefully make it better. And this is the time of year where we ask for your help.

And you get gifts, if you donate during the MaxFunDrive, if you sign up and become a regular donor. We will, at the break, tell you in-depth what those gifts are, but right now, we just want to remind you, the MaxFunDrive is happening.

MaximumFun.org/join is how you do that, if you're interested. It's better to do it when you're thinking about it. If you're like me, you'll forget if you don't do it now. So go there, check it out while we're talking. MaximumFun.org/join. You can get a sneak peek of those great gifts and all the fun we're going to have on the MaxFunDrive.

So, Tey.

Taylor: Yeah!

Sydney: I noticed something on TikTok that was AI generated, and it made me laugh. And I feel like I need to admit that.

Taylor: Oh, no. [laughs] Is this like a confession booth?

Sydney: Yes. [laughs] I don't—

Taylor: "Forgive me, Lord, for I have enjoyed AI." [laughs]

Sydney: Can you imagine? I haven't gone to confession in, ooh, at least a couple decades.

Taylor: Mm, yeah.

Sydney: So if I was ever gonna go to church again, I feel like I would do that first. Can you imagine if the first thing I said was, "Forgive me, Father, for I have sinned. It's been 20-X years since my last confession. I laughed at AI-generated content on TikTok."

Taylor: [chuckles] You know, that'd be a fun curveball. Probably haven't heard that combination. I don't think those sentences have been said together in a confession booth.

Sydney: Yeah.

Taylor: [through laughter] To a Catholic priest.

Sydney: I do feel like— Well, when I think about the local clergy I may admit

that to, I don't know if they would know what I would saying exactly, or have context.

Taylor: That's true, that's true.

Sydnee: But I do feel like, for some reason, that if I said that to the Pope, he'd be like, "Ahh, that's a big one." [chuckles]

Taylor: That Chicago pope, he gets it.

Sydnee: Yes.

Taylor: He's *with* it.

Sydnee: Chicago pope would get it.

Taylor: Unlike most churches, this is a non-judgmental space. What did you see— I mean, we're judgmental at AI, but what did you see that made you laugh?

Sydnee: People are using AI to make songs out of text messages. Specifically, I've seen "Take my teenager's texts and turn them into an emo song," "Take my toddler's" not text, but like, "statements, and turn them into an emo song." And then I really enjoy the ones where it's like, "Take these guilt texts from my mom and turn them into an emo song."

Taylor: I have seen some of those too. And the thing that bums me out, it's like, there are real people that do that same thing, that I've enjoyed in the past.

Sydnee: Yes.

Taylor: So it's a great premise for a silly TikTok, but we don't need the robots to do that. We got humans doing that!

Sydnee: It is. That's what sucks about it, right? 'Cause that idea, somebody looked and was like, "Oh, this would be funny as an emo song." Hey. Clever. Creative. Funny. But then, you gotta put the work in and do it.

Taylor: Well, that— I mean, AI is everywhere. It's infecting everything.

Sydnee: [amused] It's infecting everything.

Taylor: It is! It's infecting everything. And there's always the thought of, "Oh, is this— How bad can it be?" There's a lot of measurable ecological impacts [crosstalk]

Sydnee: Yes.

Taylor: There are small towns that no longer have clean water because of AI, because of data centers and stuff. So it's important to remind yourself that. 'Cause there are absolutely things that sometimes I look at, and be like, "Oh, this would be a cool thing to have AI for." But then you have to remember the real-world consequences. But I think specifically in the world of the creative arts, it bums me out because I think a big, important part of making art is the human touch. And oftentimes, the human touch manifests in ways that is imperfect.

Sydnee: Mm-hmm.

Taylor: And that is— You can't algorithmically create that, you know?

Sydnee: I think people feel— I think you're really right, and I think that a lot of people feel intimidated about the idea. Like, "Well, I'm not an artist. I'm not a songwriter. I'm not a poet," whatever. "I can't create things. I don't have that skill set." And I often make up songs for the kids.

Taylor: [laughs] Yeah.

Sydnee: I do parody songs.

Taylor: You're an excellent parody artist. Don't sell yourself short. I have sung many a fake Christmas song that you have composed.

Sydnee: [laughs] I love writing parody songs. I have a degree in biology. I have no training in writing parody songs.

Taylor: [laughs]

Sydnee: They don't teach you that in medical school. And I didn't know if I could

do it; I just did it, because I got a kick out of it. It made *me* laugh, people seemed to like it, so I did it. And I can't write music, so I do parody. But I will say, I think about on a very base level as a parent, I can't tell you how many silly, goofy songs Justin and I have made up for the kids through the years. And neither of us write music, but we both do that, because it's a very human impulse to want to make something.

Just do it. Just make a thing. Just do the thing. Just do it.

Taylor: Well, that's the argument— I've seen it poised like, "AI is a great equalizer. Everybody that didn't have the privilege to study an art form can now do that art form." And I don't think— I think if you care about something, like you said, you'd do it.

There's a really important human quality to the human audacity to just make something that we can't lose, because now there are all these tools that say, "Oh, but what if it can come out sleek and quote-unquote 'professional looking,' and sounded professional?" I don't know. Most of the stuff that we connect over is the rough bits that show the human hand. If we lose that, we lose the ability to— I don't want to like—

The big question of "What is art?" is too much for a podcast where we're really supposed to talk about something else, which we'll get to. We're talking about *The Pitt*.

Sydney: And you're much more qualified to answer that question than me, I will say.

Taylor: I think a very easy redux is that to me, I've always felt like as somebody that's not very good at connecting with people in other normal ways, art is how I connect with people. It's this sort of tunneled entrance, like, "I'm gonna pull up something from inside of me, and show it to you."

And certain people will look at it, and go, "Oh, that's me," and will connect that way. And it's beautiful. It's necessary, and it's a way of communicating things that we can't always communicate face-to-face.

Sydney: Yeah.

Taylor: AI doesn't have those tunnels. It can't earnestly communicate, and an earnest need to communicate is what is incredibly important about art.

Sydnee: That's so true. I've always said the same thing. Again, I'm not an expert. But I've always felt like to me, personally, art communicates something. When I see something and I think, "Ooh, that's art," it's communicating. And I don't know who's communicating. It's such a cold, dead end, if it's AI.

Taylor: If you think that the things that connect— There's the surface level, where it's like, "Oh, this song sounds nice," or "This painting looks pretty." Those aren't the things that— Those are the draws. Those are the techniques we work on to draw you in. But there's always a human core to it that you're actually there to feel. And AI is all of that surface-level stuff, no entry point. I kind of think of it as a house that's constructed with windows and no doors.

Sydnee: Yes.

Taylor: You can look at it. You can't get in there, and it can't get out. There's no exchange.

Sydnee: And I totally understand that pursuing an education in that art form, or in practicing it and learning it, you're going to get better at it, and be able to create more complex, better things. I get that, obviously. But Tey, I think about— I know that now, the work you create is a product of lots of education, and studying, and experience in the art world. But when you were little, you were always making art. You were always inclined to create things, and to speak to the world in that way. And you already were making things that were amazing, and cool, and thoughtful *prior* to you having the qualification, so to speak, to do so. So I don't think it should ever be like, "Well, but I didn't go to art school, so I can't make art." No, you still can. You still can.

Taylor: Absolutely. And I'm very grateful for my education, but I also— It's just a true fact that there's— One, art schools can be kind of predatory. Because I think the best thing for an artist to do is just be allowed to earnestly focus on the work, so to charge you the big bucks to do that in a field that is sort of esoteric and isn't the most money-making job to pursue...

It gave me a space to be at for four years where I could make work consistently, but also in every field of art, there are people that are completely untrained,

never had any professional training, and they're the biggest names in the business. So the impulse to create is something you should act on, 100 percent, without worrying about how sleek and shiny and perfect it comes out. That's—

Sydnee: Yeah.

Taylor: There's so much— You see the AI-generated stuff, like— It's funny to me, the tell that people always use is that the hands are always wrong. [laughs]

Sydnee: Yeah.

Taylor: Well, that's because generations of artists have sucked at drawing hands. It's almost like a bad joke now. It's like, "No, no. The computers are bad at that because we were all really bad at that for a long time!"

Sydnee: Hands are hard!

Taylor: They're really hard. But seeing somebody try to render hands in earnest, and fail, still has this un— And like, it's hard to say in words, human thing that is really beautiful that a machine will never have. I don't know.

Sydnee: Can I say, to make a weird connection to that, when I was in my fourth year of med school, as an elective, I wanted to go back and work in the anatomy lab some more. 'Cause I'd done my— We dissect an entire cadaver throughout our first year, as a way of learning all the parts of the human body. That's how we— We do it piece by piece, and we figure everything out. But then we also— It's important to have, in a good anatomy lab, something we call prosections, which are pre-dissected certain areas, so you can tag everything and see, "There's that nerve, and there's that vein," you know? It's all laid out for you.

So my fourth year, I did an elective where I could create a prosection for the other medical students to use. And I chose the hand, because there's so much stuff in there. It's very intricate work, and I really enjoyed that. It's just very delicate, intricate work. And I think that I appreciate that hands are hard for artists to render. I like that, because I have gone through the work of layer-by-layer looking at everything that's in a human hand that makes it do the stuff it does. And I think the fact that it's really hard [laughs] to draw echoes the fact that it is incredible that it works. It's an incredible creation of evolution, the human hand.

Taylor: Mm.

Sydney: All the stuff that's in there that's making every tiny, little fine thing you can do. And then you're using that to try to render it... There's just something really beautiful about that idea. It should be hard. [laughs]

Taylor: I mean, honestly, that's— There is definitely discussion in the art world of like, does formal training matter? There's lots of people that are like, "Why do I need to know how to do anatomy if what I want to do is abstraction?"

And I do think that's like... Every time I draw a human form, it's from hours and hours and hours of practice, thinking, "This is beautiful, and I want to show my respect for this."

Sydney: Yeah.

Taylor: I'm grateful to be in a position to observe the world, and then show it back to itself. So that love comes through, and that is! It's a study, but it's a— It comes from love. It comes from fascination.

Sydney: Mm-hmm.

Taylor: And a computer doesn't have that. I don't know.

Sydney: No. It's impossible. The computer can never understand that level. I do appreciate that Trump used AI to show the way that doctors actually dress, as you saw.

Taylor: [wheeze-laugh]

Sydney: I know that you all thought doctors wore white coats, but instead, we do in fact dress like Jesus Christ in hospitals. Clearly. You've been to a doctor's office. You know we dress like Jesus Christ.

Taylor: Did he actually think that was him as a doctor? Or did somebody say it was a doctored image, and he just, in the same way that he thinks asylum seekers are people that have escaped from asylums...?

Sydnee: I think it is possible that somebody said “doctored,” and he said, “Oh, I’ll say it. I was a doctor.” I do think that’s possible. It’s hard to say. It does look like he’s healing Jeffrey Epstein, which is weird.

Taylor: Well... [wheeze-laughs]

Sydnee: [laughs] I guess also he’s giving away the doctor’s secret, which is we don’t really use medicine. We just hold our glowing hands over our patients, and heal them with our magic glowing hands.

Taylor: All doctors have glowing hands. That’s—

Sydnee: Yeah. Yeah. This is— Obviously, you’ve never been to a doctor. Let me tell you. [chuckles]

Taylor: I mean, I don’t have insurance. I haven’t been to many. America, am I right? [chuckles]

Sydnee: We dress as Jesus, there’s a flying horned thing behind us, and we use glowing magic from our hands to heal you.

Taylor: The scary thing is, is I do think there’s some sort of *Idiocracy* future ahead of us with our current head of healthcare in this country. Where it is you walk in, and there’s some guy cosplaying as Jesus.

Sydnee: Yeah.

Taylor: That’s like, “Well, I think it’s all in your head. Go run me 20 laps, and then...”

Sydnee: “Eat this steak.”

Taylor: “... go chug some raw milk.”

Sydnee: “Yeah. Drink some raw milk, eat this steak, do some push-ups. Have you gotten in the [laughs] hot tub with Kid Rock lately? Everything could be fixed by sitting in a hot tub with Kid Rock and drinking milk.”

Taylor: All of my friends are gay and/or trans, and yet that is the gayest thing I've ever seen. I don't know what to make of that. [laughs]

Sydnee: I think our tax dollars paid for that, Tey.

Taylor: Oh, no.

Sydnee: I think. 'Cause wasn't it just put out by the USDA, or whatever?

Taylor: [sighs] Yeah, it's one of those... You know, impossible— Only bad choices, but what do you choose? Would it be bombing innocent people, or for RFKA and Kid Rock to be in a hot tub together? I *guess* I'll pay for the hot tub, but...

Sydnee: I guess.

Taylor: *Wow*, I wish I could pay for universal healthcare, or something. [laughs]

Sydnee: I know. [laughs] Also, not trying to desperately get people to drink more *milk*.

Taylor: Didn't we go through this? Wasn't this a whole thing? Like, the "Got milk?" thing in the '90s. And it's like, oh, yeah. Because the lobbyists were the dairy industry, and bought people.

Sydnee: Listen. Tune into *Sawbones* next week...

Taylor: Oh, yeah? [laughs]

Sydnee: ... and you can hear the history of dairy advertising.

Taylor: Oh, love that. Well, you're talking to a filthy vegan. I don't mess with that cow juice.

Sydnee: The cow juice. [laughs] You would never.

Taylor: My baby cow? No. And I won't drink it.

Sydnee: [laughs] Well, I don't blame you. I don't really like milk either, because most of the world is lactose intolerant. Most of us get a little sick when we drink milk, so... Yeah, I worry all the time about the data centers in West Virginia, because we are the exact kind of state that would welcome an exploitative extraction company that would destroy our environment, and give our people dangerous or bad jobs.

Taylor: I mean, you just have to hope that maybe the old, established, exploitative industries there can hold off the new ones? Like, "No, no, no. *We're* polluting this waterway. You can't pollute it, 'cause we are."

Sydnee: [laughs] And we figured out how to hide we're polluting it long enough that they don't connect it.

Taylor: Yeah.

Sydnee: By the time they get sick, they didn't realize it was us.

Taylor: Yeah. Data centers seemed to work much faster.

Sydnee: Yes.

Taylor: Gonna ruin the whole game.

Sydnee: There's a pushback against data centers in West Virginia, definitely, but I don't know who will win. I'll try not to be hopeless about it.

Taylor: AI is bad. AI is bad. Even if you're the most soulless, you don't care about art, you don't— It's bad for your brain. There are these studies that come out that are like, "People that use ChatGPT all the time just have less brain function." Like, you're making yourself dumber.

Sydnee: That makes sense.

Taylor: It's really scary.

Sydnee: Well, I mean, I think that— I don't understand this push towards efficiency, in all things. Well, I do; it's capitalism. But that's the problem, is that

that's not— Capitalism and human happiness do not run parallel. And [laughs] in fact, they often go opposite directions. And this need to make us more efficient, use AI to get to this answer faster, to do this thing quicker, to solve this problem quicker, is not necessarily gonna make us happier.

I *like* to do the things I do. I like to talk to patients and figure out, based on their symptoms and my knowledge, what's the next test we should do, and then talk that through with them, and what diagnoses are likely, and figure all that out. I don't want to plug all that into AI. And right now, I have no reason to think I'm gonna get better answers than what my years and years of training will come to. They haven't shown me that data.

Taylor: I mean, there's an inexplicable human thing that can't be replicated that comes into all of our cognitive and creative decisions. It's us, exhibiting ourselves to each other and connecting with that. And how you spend your time is how you are. One of the ways that AI— I saw an app advertise an AI language app, where you could speak to somebody in a foreign language. And they would speak back to the AI bot. And it appealed to me, just as— You know, I've studied Japanese off-and-on for 15 years now. I'm at the point now where just regularly conversing would be the best thing.

And I had, it was kind of a two-fold thought, where my first thought was, "Man, I wish AI wasn't destroying the world in so many useless ways, 'cause that seems useful." But then the follow-up was, "Well, one, it probably will fail me. Because we know the mistakes AI can make, so I don't think I'll learn to communicate that effectively. But two, there are people that you can pay to speak to you in the language that they speak. And if I care about this, I should be willing to invest in it. I should be investing my time and money. That's what I should do with my time. If it's worth it to me, then I should be willing to pay for it.

Sydney: And it's not only that, but then all the benefits you get of involving an actual human. I watched Justin do this, where he had an actual teacher in Japan who worked with him on learning Japanese. And they communicated once a week, over whatever video chat, whatever thing.

And not just the language piece, but the context, the connotations, the culture, everything that comes with not just learning someone's language, but understanding their culture and everything that informs that language. 'Cause language isn't just this isolated piece of a culture, right? It's built into that experience of the world, and the way that we see things, and the way we feel

about things. And Justin was able to get so much more of that and make a friend. So you wouldn't get that from AI.

Taylor: No. Well, I don't know, it's not for nothing, as we look at the political climate we're in right now. A rise of fascism is heavily complimented by the rise of AI. Because AI inhibits our ability to communicate and connect with each other, and fascism doesn't want you to connect. It doesn't want the proletariat to connect with each other; it wants you to only connect with whatever sort of Big Brother godhead did Trump as Dr. Jesus they put in place. So... [laughs]

Sydnee: Exactly. Keep us separate, keep us from talking to each other, keep us from working together, and we can be oppressed more easily. And you know, Tey, AI was also a big plotline on *The Pitt*.

Taylor: Yes, absolutely.

Sydnee: Yes. And we're going to talk about *The Pitt*, but not quite yet.

Taylor: Right.

Sydnee: First, we need to talk a little bit more about the MaxFunDrive. It is that time of year, the Maximum Fun Drive, where we ask if you are in a position to do so, please consider becoming a monthly donor to the Maximum Fun Network. The majority of the money you donate, you get to pick what shows you listen to when you join, and the majority of the money you donate goes directly to the artists that you like, that you pick, that you listen to. There are multiple levels of donations, and it really— The support you have given us, the support you continue hopefully in the future to give us, has changed our lives. Has it not, Tey?

Taylor: Oh, no, absolutely. And over the years, just upfront, I wouldn't have financially survived COVID if I didn't have this. I work in restaurants; that's what my job since I was a teenager, full-time. And I don't know what I would have done if I didn't have this podcast, to keep my rent paid during COVID. And even now, talk about making art. I've always worked 50, 60 hours a week in a restaurant. It's really only with the podcasts that I've been able to still work full-time, but I don't have to work overtime, because the money stayed the same and all the expenses have gone up.

So the time that I've been able to have for myself, to have some quality of life, to make some art, to pursue the things that I always wanted to pursue, are 100 percent only because of you all out there supporting this show. Every painting I make, every piece of art that I put out there, that time that I've managed to carve back from my minimum wage job is because of you all. And I'm eternally grateful for that.

Sydnee: Yeah. We so appreciate your willingness to invest in us as artists. I mean, it really means the world to us. And right now, if you join, if you donate, there are great gifts. So at the five dollar a month level, you get *all* of the bonus content that *all* of the shows on our network have created for *all* of the years we've been doing this. So that's hours and hours, countless hours of fun, silly bonus content that's— It's usually a little different from the stuff that we do on our regular show. There are games, there's music, there's art. There's all kinds of fun stuff you get access to, if you are a five-dollar monthly donor.

At the ten dollar a month level, you get all the bonus content that I just mentioned, but you also get one of our 41 enamel keychains, one for every show on the network. And you can pick which one you want. The *Still Buffering* one is really cute. This year, we've got a Troll doll.

Taylor: Like an old-school '90s Troll, too. It's really cute.

Sydnee: Exactly. Exactly. Old-school '90s Troll doll, and it says *Still Buffering*. And there are lots of— You check out all the pins. If you go to our link, MaximumFun.org/join, you can check out all the different pins and pick which one you like the best. They are so— Or keychains, excuse me. They are *so* cute. You'll love the keychains this year.

At the 20 dollars a month level, you get everything I just mentioned, plus you get either our canvas bag, our "Good, clean fun" bag, or a rocket visor. And then there are higher levels after that. You can check them all out, see what works best for you. Maybe you're in a position to upgrade to another level this year. That would be amazing. Maybe you just want to boost. You're not quite ready to go to the next level of monthly donation, but you want to throw another dollar or two our way? Every little bit helps.

It really means the world to us. It makes us able to make this content, make more of it, make it better. And we love to do it! And we love so much that you

like what we do enough to toss some money our way, so we can keep doing it. Thank you so much, if you're a donor. If you're thinking about it. Thank you, thank you. MaximumFun.org/join. This is the moment, this is the time. [chuckles] Don't delay. [laughs] MaximumFun.org/join.

Now, we should talk about *The Pitt*.

Taylor: Alright. I'm ready.

Sydnee: Alright. I love *The Pitt*. I watch all the medical shows. On my scale of medical shows, like the best being *M*A*S*H* and— Probably the worst would be *The Resident*. I really didn't like that show. [chuckles] I would put *The Pitt* way up there on the *M*A*S*H* end. Maybe next to *M*A*S*H*. It's *really* good.

Taylor: What are the things that make you rank shows low, and what makes you rank *M*A*S*H* and *The Pitt* so high?

Sydnee: Okay. I can tolerate a level of the medical stuff being off, as long as it is within the realm of reality. Or something that might be a little harder to get a consultant on. If you miss something that's really obvious, like you could have just asked literally any doctor and they would have been like, "Oh, no, no, no," that's not— That bothers me. But if it's a little, nitpicky thing... Yeah, I can get over that. So it doesn't have to be that real, although *The Pitt* is *very* good at the medical realism. It's very good.

What *I* look for, mainly, is the experience of working in medicine, working in a hospital. What that feels like, and to see that reflected back to me. And always with the humor. That's the thing. Working in medicine, it's not funny, but it has to be. [laughs]

Taylor: You've gotta find a way to laugh through it.

Sydnee: Yes. And I think that's why *M*A*S*H* is always the top for me, because it's a comedy. And in many ways, it's a dark comedy. It's not seen that way, but it is dark. And that's what being in medicine is like. It's "This is so ridiculous, everything that's happening around me. All I can do is laugh, and find a way to make my friends laugh and my colleagues laugh. Or we'll all just start crying."

Taylor: Well, one thing that I've noticed in other medical shows is there's a lot

of— I don't know, there's sort of Dickens-type plot lines, where they tie up in a neat little ironic bow at the end of it. One thing that I appreciated about *The Pitt* is that it does not really have that. It's not some mysterious— You don't need Hugh Laurie there, diagnosing some sort of next-level disease. It's a lot of, "Oh, this person has this injury; this is how we treat it. This person has that injury; that's how we treat it." There's not some big drama around the diagnoses. It's just the bulk of them, the volume, is the drama.

Sydnee: It is. I think it is much more focused on the people providing the care, as opposed to what the individual patients are. They use the individual patients to tell those stories, and to show the different aspects, and sometimes just for comic relief. I think through most of the second season, they have the woman with the really bad sunburn just kind of wandering around the ER. [laughs] She's just in the background of a lot of shots, but it's not a major plot point. Like, why is she there? Well, she got a really bad sunburn. That's it.

So I do think they use that as some— These are the different— We go from really terrible, tragic scenarios that walk into the ER, to some things that are just kind of silly humans doing silly human stuff.

Taylor: And even on the level of— I thought it was more so in the first season, when you're getting to know Santos, and I've been so accustomed by other types of procedural medical shows that it's clear she's trying to help people that are in bad situations. There's the girl that might be being trafficked, there's the kid that might be being abused, and she's *very* up in arms about this.

And she doesn't really get a win. It's like, you think it's gonna get that. There's gonna be that melodramatic moment where somebody goes, "You're right, I do need help." But that feels more accurate to life, that it *is* like, you are constantly seeing people in situations that you want to help them get out of, but people don't always want help that way. And you just have to do your best, and walk away from it. And you don't get what you want.

Sydnee: It is. I think that the fact that they show it— Like, a season is just one shift, so each episode is an hour, and it lasts an hour. And I think it's a really effective way, if you want to be able to empathize with the nurses and doctors and everybody who works in the ER, it's a great way to do it. Because that's what that shift, for that doctor, was like. I had these losses. And you may never get a chance to try to help that patient again. That may have been your one chance. And there is this inclination, I will say, even as much as— Especially with the

work I do, I know it takes me multiple times for me to interact with a patient who's experiencing homelessness, who has substance use disorder, who has serious mental illness, these really challenging things that have created this lack of trust in the healthcare system. It's gonna take me so many interactions to even begin to overcome that, and get this patient to connect with me and trust me.

But if I don't get it right the first time, I feel like a failure. And I *know* it's not gonna work the first— I know that. Logically, I know that's not gonna be enough. But I always think, "Ugh. If I'd said the right thing, if I'd paused for the right length of time, if I'd had the right expression on my face," you know? "Ugh, I could've done something!" And I think that you see that. I get this one opportunity, and I didn't do it, so I failed.

Taylor: I feel like it presents really in earnest, that psychic buildup of this is this person's worst day, but you're seeing 30 to 50 people's worst day, one after another, after another, after another. And what does that do to somebody's psyche? Just trying for a win, and— I don't— Statistically, how often are you satisfied with the outcome, versus how often is it exactly that statement? Like, "It could've gone better. I could've won. I lost."

Sydnee: And especially in a setting like the ER, where you might see that. Now, granted, in most communities here, we have a lot of people who depend on the ER for primary care, because of our healthcare system. And so you do see the same people frequently. But in other situations, this may have been the one time that you were gonna get to interact with this person in a positive way. And family medicine, it's a little different.

We get multiple interactions, so sometimes, you do get to see months, years down the road, kind of— I don't want to say happy ending, but a problem resolve, something improve, your patient's doing better. But it's a long game. That day, in terms of the end of that shift, what you go home with, what you carry home with you at the end of the day, is often not that you fixed anything. It's that you hope you got a couple people a little closer to whatever they're trying to do, wherever they're trying to get. And that's the best you can hope for. In the ER, they do get to save lives. I'm a little jealous of that.

Taylor: I think you've saved some lives. I think that's a fair...

Sydnee: Well, okay. I do a special kind of family medicine now. [chuckles]

Taylor: I think you've saved some lives.

Sydnee: It is not typical that, in family medicine, you reverse as many overdoses as I do. That is a— [laughs] I am in a niche corner of medicine.

Taylor: And to that end, it's something that we talked about back when we talked about *Scrubs*, how we were both sort of uncomfortable with— *Scrubs*, the old-school *Scrubs*, is always good at building that understanding like, "At the end of the day, doctors are fighting a never-ending war against death, of which death will always win." So you do absolutely everything you can, but you have to be able to walk away from it at the end. And that is an incredibly hard psychological thing to have to face every day, but we understand that.

But the thing that I think we both found a little distasteful in the new *Scrubs* is that they bring in all the new stuff. It's all man-made, be it insurance, or insane hospital bills, or what-have-you. And they've treated it also as sort of a shrug, of "That's just how it goes. That's just what it is." And I think that one thing that *The Pitt* does is it shows all that same— The human-created hurdles in the medical field. It doesn't show them conquering them, but it absolutely doesn't insinuate to the audience that we should roll over and take it.

Sydnee: Yeah. No, I think you're right. That was very frustrating to me about *Scrubs*. And I worried that that was gonna be, in the second season of *The Pitt*, a lot of it was gonna be about this battle between the new attending, Dr. Al-Hashimi, who's coming in, wanting AI to run things and introduce these new things to improve efficiency, and improve the system. And then you've got Dr. Robby, who's kind of the beleaguered, "No, we don't want to change anything. All you're gonna do is make more work for us at the end of the day. None of this ever makes our lives any easier."

And it's the battle between "Can we fix the system that exists, or do we need to finally accept that we built a system that doesn't work, and it has to be completely overhauled?" It cannot be fixed. A for-profit medical system is bad, period. It should never have existed. It needs to be overhauled into a single-pair system.

And so I get really frustrated when I see people who are trying to, "Well, that's just the way the system is, so let's find ways to make it work better for us." No.

No, I refuse. I refuse to make it work better for me. And every effort at efficiency, all it does is make the profit machine expect more money out of me. I'm the one who bills, so if they make anything more efficient for me, what they want in return is for me to bill more.

Taylor: If the AI charts can let you chart less time, it doesn't mean you have more time to interact with your patients in a meaningful way. It means they want you to see more patients.

Sydney: Yes. No, they don't want me interacting with my patients in a meaningful way. They want me billing for— They want me to have encounters that have high-billable things. [laughs] Procedures, or the complexity level. But they don't want me in there, taking time to connect and understand people. They don't want that. It doesn't make money. And I'm not saying the individual hospital administrator doesn't want that; I don't know their heart. [chuckles] But the machine doesn't want that.

Yeah. I really appreciated the sequence where they were in downtime, where they had the cyber-attack, and they had to go to the old-school charts. That was how my practice began!

Taylor: It was!

Sydney: I'm from the days of paper charting, and...

Taylor: I was gonna say, that couldn't have been *that* long ago, that that was the standard.

Sydney: It really wasn't. 2009 is when I finished medical school, and started as a resident. And we were still writing our notes on paper, writing our orders on paper. You really had to— We did lose something. You understood all of the things that a patient needed a lot better when you had to hand-write it all down. [laughs] Even the notes, I will say, prior to even AI, a lot of the notes in an EMR have been generated. There's a skeleton that gets generated automatically if you click a button. You don't have to, but everybody does.

And the note skeleton has so much junk in it that you don't need— I think anybody in medicine would say this: reading each other's notes in an EMR is a total pain. I'm looking for the part that the human wrote. I'm looking for the lines

that I can tell my colleague actually wrote, 'cause that's the thing that's gonna tell me what they think, or what we should do next, or what happened. All the rest of that crap is not helpful.

Taylor: In a lot of ways, this goes back to our earlier discussion about AI. Because I think that those— And you see it in the show. Dr. Mohan, when she's got the diabetic patient, and she gets that baggy together. Which I'm sure it's not— I'm not sure it's not cost-effective, and it's probably not legal that she put a bunch of insulin and stuff in a bag to just give to the guy, to be like, "Here you go. Take it home." But that's because of her empathy. She's not thinking of how to make the best money for the hospital; she's thinking of, "This is a human. How can I help them effectively?"

And there were other examples of those caveats being made. Is the system obviously trying to squeeze those out? Like, we won't leave any space for that to even happen? It's kind of like, in anyone that's ever dealt with a company that exists solely through AI chatbots, you try to go in and like, "I had a problem with this." And it's just, "They did not make a pathway for me to talk to a human, or have human reasoning interject, so I just have to work with the best I can get," which is usually not very good. Trying to impose that over an *incredibly* human system like medicine is pretty terrifying.

Sydney: It really is. And I do appreciate highlighting that. There have always been ways that we have found to get around the system, to protect our patients from the system and to get them what they need, even when the system is trying to stop us. I feel like a lot of my job is that. I work in a healthcare system that doesn't want me to take care of people, and my job is to take care of them anyway. So how do I make it happen?

And there are ways that, I don't know, I don't think she did anything *illegal*. I don't think it's stuff the hospital would have liked, and I don't know that— The old rules of medical ethics are hard to follow these days, because they were based on the idea that medicine would be a just system, that we would work in a system that also was— The core medical ethics are non-maleficence, do no harm; beneficence, do good; autonomy, the patient has the autonomy, the right to choose for themselves; and justice, everybody deserves it equally. Have we created a healthcare system that embodies those four core medical ethics?

Taylor: No. And they really hate that last one, don't they? [laughs]

Sydnee: Yeah. No. So how do I— I was charged, as a young doctor, with that. Those were what I was trained. I pledged. I took an oath to do those things. And now, I am in a system that is actively trying to stop me. Which I think is what you're seeing, Dr. Robby at the end, when he talks about, "The things that I have done in my life that will matter all happened here. But also, this place is killing me."

I am a doctor, and it's not just my job. It is very much how I see myself on this earth. And when I think about, "What did I do that will have mattered? Someday, when I'm long gone, what did I do that mattered?" it is in that context. It is the ways that I *hope* I've helped my patients. But also, the system that I am forced to work in to do that is— It's crushing me, and it's crushing my patients, and it's crushing my colleagues. And it has created so much distrust and anger among people towards doctors that then, I have this very negative view of it. And so, how do I reconcile that? How is this the most important thing I am, and also the thing that brings me the most misery?

Taylor: It feels like a very— It's an impossible equation, because they show examples of the doctors in the show having an outside escape to get them some peace from it. You have to be able to walk away from it, at the end of the day. You have to go home to your family, or what-have-you. And Robby doesn't have any of that. This is where he finds his purpose. He doesn't have the loving family he can go home to, that makes him forget about all the people that he couldn't properly help because of the system.

Sydnee: Right.

Taylor: But that's the thing! It's like, that's very much this day's mantra, right? The whole self-care of it all, which I'll be honest, I find a little insidious. There's something insidious about trying to build up a way to ignore the pains of the world, that that should be your focus. Just take care of yourself, the world sucks, you just have to accept that. And then you build up a structure in your life that you can do that. But then, who fights back? If you can find a way to absolve every bit of anger you have at a system and accept all of it, then the system never has to change.

Sydnee: Well, and the idea of self-care should be, "I take care of myself, so that I can also care for my community." Not just so that I can never experience a moment of discomfort. I don't think that's just, because there are others who are.

And so I think our goals should be, “I will take care of myself, and then I will do the work of caring for my community, which means advocating and fighting back.”

I thought that the scene towards the end of the last episode, where they’re watching the fireworks on the roof, and no one looks happy, everyone looks sad, people are crying even... And I think to me, that represented they’re thinking about our country, ‘cause it’s the Fourth of July, and the country that let them down. These fireworks should be a celebration of our country, but I don’t feel that way. Do I feel like celebrating America right now? No. They watch their friend and colleague get dragged away by ICE just hours earlier.

The system that should support and uplift them is letting them down. Their country is letting them down. They are doing some of the hardest jobs you can do, and everything around them is letting them down.

Taylor: Even with the first season, I felt like the penultimate episode being around a mass shooting, it felt very much like, “Hey, these people have already had – and for decades, centuries, have had – the hardest job that there is. And they’ve only been able to tread water in this. And now, our modern world has created all these new problems that just are so unfair, and so cruel.” And that felt like the first season. The second season just felt so bleak.

Sydney: Well, I really think it’s kind of— I don’t know if this was intentional, but in the first season, when they do the COVID flashback scenes, those scenes for me were really hard. The first one, I think I literally gasped. Because it is hard for me to engage with that time period, and what it was like to work in a hospital, and to watch people die, and then to leave the hospital, and be distrusted and hated the way that we were by not all, but by some people.

It was a very difficult time. And there’s a hope that, if you see that play out on TV, maybe it changes the way you interact with things. Maybe we rethink things. Maybe we ask for better. And by season two, [chuckles] just like in reality, we realize, “No. Nothing is getting— Things aren’t getting better, right now.” I mean, they’re not. And I think we have to be realistic. Do we think we have a government in place that is interested in making this better?

Taylor: No.

Sydnee: No. [chuckles] We could, though! We could! We could change things. We could vote for something else. We could pick something else. But we're not there right *now*.

Taylor: I mean, that's— You doctors and nurses are always fighting the battle of life versus death, an endless, impossible battle. The last thing you should have are other, tertiary battles, which the entire medical system seems built to produce. [laughs] You don't just get to think about whether this person lives or dies. You have to think about their insurance, you have to think about their legal status. You have to think about what benefit is it, do you need this bed? Is there somebody that can come in and pay more money, if you give them this bed?

Sydnee: And you see in season one, you have a kid who I guess we assume he doesn't die, but has catastrophic consequences of measles because his parents were operating on bad information, disinformation from people like the secretary of health and human services. And then in season two, we have a woman come in and almost die and lose her baby, because she's listening to free birth advocates out there, who are dangerous misinformation peddlers who are going to kill people. And we'll deal with that, too.

And a federal government that's trying to stop us from doing the work we need to do, and make it more difficult. I mean... It's not surprising that Dr. Robby is kind of having this— He's definitely contemplating ending his life, or not coming back, or whatever that looks like. Doing something so risky that he doesn't come back. And I do think that Dr. Abbot has a counterpoint, which is, "Yeah, I've been there. And I'm in therapy, and we can find a way to live in this. You don't have to just give in, and let go, and be lost to it, and you don't have to ignore it either." 'Cause Abbot isn't ignoring it. He fully gets how bad things are, but he's finding a way to live within it. And so there is another way.

Taylor: I guess I'm conflicted about that viewpoint. Because while on the one hand, you're right, that's what you have to do. You have to find a way to live with it. But is the system not trying to force you to either— If you care too much, then you just need to get out. This is not a place for you. Or you need to just be able to stop engaging whatsoever, and then just be a cog. Be a part of the system, or get squeezed out.

Sydnee: I mean, hopefully, shows like this, you get enough people watching and saying, "This is not what we want. This is why every other developed nation on

earth has a different system. We know there's another way to do this, because everyone else is doing it. So why don't we do it the other way? Why don't we do it the way where we're not all angry and miserable?"

That's the only thing that's not super realistic to me about *The Pitt*. I think they're having a lot of conversations that we're having in medicine. They're dealing with real issues that we deal with daily with payment, with insurance, with AI, with ICE, with mass shootings, with all this different stuff. All of that's very realistic to me. I think the only one who comes close to the level of anger that physicians and nurses and people who work in healthcare are feeling is probably Dr. Robby.

You can see his rage, right underneath the surface. You can see that it's there. In the way that he treats Dr. Mohan, and the way he talks to— He's cruel, sometimes. He's not the hero. He is hurt, and he is hurting other people because he is hurt. And I think that if you walk into a lot of healthcare facilities, ERs, and whatnot, you will see that rage. If you look just below the surface, there's a lot of anger. That's the only thing that I find— These doctors, by and large, are [laughs] a little gentler than I think you would typically find. Because, I don't know, it's a TV show.

Taylor: I think that— I mean, I understand that anger. I feel like, if you— And even you saying that is kind of a reminder. Because I have my own experience with doctors that's like, it's important to think that, hey, these people didn't go into this job so they could make a bunch of money, or be treated with a kind of respect. They deeply want to care about people. That's not a way I think a lot of us— I think there's just a lot of cynicism in this country now. That's not the way we think about doctors.

And again, it's not nearly the same, but my industry has some weird parallels where I'm always a little affronted when I'm working with people that just don't seem to care about taking care of people. I've worked with soulless bartenders that are like, "I'm here for the money. I'll do whatever I can for a big tip." I *genuinely* like taking care of people. I know, from my experiences, that a good night out, a good dinner, a nice server, has sometimes— When I think of the best nights of my life, I don't think of— I haven't won a lot of major awards, or done any big accomplishments. But man, I remember that night that was just so fun, and I was there with my loved ones, and it was great.

And so every time somebody comes to my place wherever I happen to be working, my job is to care for them because I *want* to. Because I have an earnest desire to feed into the *good* of humanity. And more of us probably come from a place, in our own ways, that is that. But it's very easy to forget that.

Sydnee: I think you're 100 percent right. I think the majority of people who work in healthcare genuinely are coming from a place of compassion and caring and empathy, and want to do what's right, and want to help people. Of course, there are jerks. There are always jerks. But I think that is the majority. I think we all work in a system that has no interest in compassion or empathy. It is only interested in profit.

And reconciling those two is the— I mean, it's the curse of the American healthcare system. It has brought us to this point. And I think the show illustrates that *really* well. And again, the humor that still exists within it. Because humans are silly, and we do silly things. [laughs] And we make bad choices. And if we can't laugh at ourselves and each other in those moments, I don't know how we cope. And I appreciate that they show that. I love Digby at the end, pushing the mannequin through the park while wearing Whitaker's badge.

Taylor: [through laughter] That was very beautiful.

Sydnee: I love it. I— Yeah. As somebody who almost exclusively takes care of people experiencing homelessness, I thought that was all a beautiful arc. I thought that was well represented. I liked the karaoke scene at the end.

Taylor: Oh, that was everything.

Sydnee: [laughs] Yes.

Taylor: I love— King and Santos are two of my favorite characters. And letting them have that moment was... [laughs]

Sydnee: Ugh! And Mel talking about Ren Faires. "Do you think I should get into Ren Faires?"

Taylor: Yeah! [laughs]

Sydnee: Just adorable! [laughs]

Taylor: Such good writing. Even at the beginning, two of the characters I thought I liked the least were Langdon and Santos. Just 'cause Santos was very hardheaded, and then Langdon I thought was just gonna be the pretty boy that gets his way. And they both had such beautiful arcs, even though they were butting heads. They were kind of antagonists to each other. Just really deep understandings of human trajectories.

Sydnee: I think there are a lot of really wonderful characters. I think everybody ends up pretty empathetic, like I can empathize with all of them. In the beginning, somebody who's advocating for AI is always going to be like, "Uh-oh," I'm suspicious of. But by the end, with Dr. Al-Hashimi, I felt so bad for what she was struggling with, having a medical condition that might keep you from doing the thing that you desperately want to do and love to do with your life, your passion. And it's outside of your control, and you want to do what's right for your patients, but also, man. I really empathized with her, even with her defense of AI. [chuckles]

Taylor: Well, and she did advocate for the incarcerated patient that was malnourished. Again, it was good— A classic hospital drama would have good guys and bad guys, which is not realistic. This seemed to give moments of empathy and also education to every character. [laughs]

Sydnee: Yes. Yes. Everybody's trying. [chuckles]

Taylor: Which is what we're all doing. [laughs]

Sydnee: Everybody's trying, for the most part. Yeah. [laughs]

Taylor: No, I love this. It's been a while since I've gotten into a medical drama, and this was— You kept talking about it during the first season, and so I was like, "I need something to watch. I'll put this on." I'm really glad I did.

Sydnee: I'm glad you did. And I'm glad you liked it. I don't know, because all of my friends in healthcare love it. And so primarily, the people I talk to about it are other doctors and nurses who are like, "Oh, my God. Did you watch *The Pitt*? Oh, I cried so hard! Oh, no!" You know? And so I never know, if you're not in healthcare, is it still enjoyable? Obviously, it is, 'cause it won Emmys.

Taylor: Well, and again, it's not at all comparable – I'm usually serving eggs, and

you're saving lives – but there is something about being in a human-facing job that resets every day. It doesn't matter how good you did yesterday; you gotta do everything again today. And you never win. You just have to get up and do it again every day, that I can relate to. [laughs]

Sydnee: You know, Noah Wyle, in an interview, they asked him what show— There's so many shows set in, he was talking about Chicago. Because he was like, "This is in Pittsburgh." He had done *ER*, which was set in Chicago. And they were like, "There are all those Chicago shows. Would you ever want to do a crossover with one of those shows up there, even though you're in Pittsburgh?"

And he said *The Bear* would be...

Taylor: [laughs] I was gonna say, it'd be *The Bear*. [laughs] Yes, yeah.

Sydnee: Yeah. But that would be a good crossover, yeah.

Taylor: I think it has a similar— And it's not at all comparable, as far as stakes. But that episode of *The Bear* where the ticket machine just keeps going off, 'cause they did the delivery thing.

Sydnee: [laughs] Yes.

Taylor: That panic of, "We have to do this. It's also impossible to do." [laughs] There were moments in this that felt that way.

Sydnee: It feels like that in healthcare a lot. There are times where it's just like, everything is coming in so loud, and so much at once. And it's just like— I don't know. I go to this zen place where it's like— I always say, we joke about it at Harmony House all the time, when something chaotic is happening, I feel like I'm Neo in the Matrix. I'm slowing down to dodge the bullets. That's how my nervous system reacts. So it's similar.

Taylor: Yeah. I could see that.

Sydnee: [chuckles] Well, thank you, Tey, for watching *The Pitt*. I loved it, and I'm glad you did.

Taylor: Yeah, absolutely.

Sydnee: What should we talk about for our next MaxFunDrive episode?

Taylor: Well, God, we're just gonna continue on this crapping on AI trend, I guess. You know what? Can't do enough of that.

Sydnee: Perfect. Perfect.

Taylor: But there was that new movie that came out, what is it, *Good Luck, Have Fun, Don't Die*? Did I say that in the right order?

Sydnee: Yes.

Taylor: Okay. [laughs] It's very good.

Sydnee: Absolutely.

Taylor: It's a new release. What is it on? Was it on Netflix? Was it on HBO Max?

Sydnee: Was it on Netflix?

Taylor: Gosh, I can't remember.

Sydnee: Streaming somewhere.

Taylor: It's streaming. It was good. Go watch it. We'll talk about it.

Sydnee: Yeah. Excellent. We'll talk about it next. In the meantime, it is still of course MaxFunDrive. So if you can, if you're in a position to donate to our network, and in order to support our shows, the majority of the money you donate goes directly to the shows you like. You get to go in there, and you click the ones that you listen to, and that you want your money to go to, and that's where most of that money goes. And you get a gift right now, if you donate. At a five dollars a month level, you get all that bonus content, so much bonus content. And at ten dollars a month, you get the bonus content and a pin! Check out our Troll pin for *Still Buffering*. But there are lots of cute pin— Or... You don't get a pin.

Taylor: [laughs]

Sydnee: I'm used to us getting pins. You get a keychain. Dagnabbit, you get a keychain.

Taylor: [laughs] It's alright.

Sydnee: It is enamel.

Taylor: Hey, Syd, it's human to make mistakes. You're not an AI. It's okay.

Sydnee: [laughs] I'm not AI.

Taylor: It's a keychain.

Sydnee: I am *looking* at a— To remind myself of the gift levels, I have keychain up on my screen. I'm *looking* at the word keychain, and I'm—

Taylor: I'm not gonna edit that out, because it's important that you all remember that it's okay to be human and make mistakes sometimes.

Sydnee: [laughs]

Taylor: [laughs]

Sydnee: They are enamel *keychains*.

Taylor: Also, I'm lazy, and I don't like to edit. [laughs]

Sydnee: And ours has a Troll doll!

Taylor: There you go!

Sydnee: Check it out. MaximumFun.org/join.

Taylor: [laughs]

Sydnee: Thank you, thank you, thank you. 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: Clearly! [through laughter] And I am too.

Sydnee: [laughs]

[theme music plays]

Sydnee: At this moment!

Taylor: Actively, in real time.

Sydnee: I don't know what's wrong with my— My brain sees the word "enamel," and it says "pin" afterwards.

Taylor: I think that's fair.

Sydnee: I say enamel.

Taylor: Pin.

Sydnee: Keychain! Keychain.

Taylor: Keychain.

Sydnee: Like, I'm staring at the word. [laughs]

Taylor: People get keychains and not pins, [unintelligible]

Sydnee: Aw, man.

Taylor: [laughs]

Sydnee: Please don't yell at me. It's hard out here.

Taylor: It's true.

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