

"She Durnnit!"

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Medical Mistakes in Fiction

By Karen Laugel, MD – with guidance from Story, by Robert McKee

*Flawed and false storytelling is forced to substitute spectacle for substance, trickery for truth.*¹

In a recent television episode of *House*, physicians cavalierly set out to sacrifice a young boy's life to save his leukemic brother, without regard to the usual ethical restraints a hospital would have in place. A renegade surgeon straps the unanaesthetized boy onto a stretcher to extract his bone marrow and viciously plunges a large bore needle into the child's abdomen (instead of his hip bone), then again into the boy's chest while the child screams and flails (and apparently, no one hears).

Amazingly, the boy pulls through. There is no hemorrhaging or damage to adjacent organs, and the horrific torture is soon forgotten when his seriously ill brother shows a miraculous recovery within hours of the bone transplant (a process that in reality, takes weeks). Surprisingly, the unethical surgeon remains unscathed, and survives to operate on another patient, another day, without facing suspension, lawsuits, or criminal charges.

In *Michael Clayton*, a recent film starring George Clooney, the killer forces prescription tablets into a victim's throat to give the appearance of suicide. The murderer then injects something between the doomed man's toes which kills him immediately, long before the tablets could have been digested or reached a detectable blood level (a fact that should have been discovered during the medical examiner's review).

And then there's *Grey's Anatomy*, where the doctors spend more time luring their fellow physicians into bed than they do working to get their patients out of bed. Although one of my office nurses still gossips about her clandestine trysts on the closed floors of the hospital, the only occasions I had for company in my on-call bedroom was when the staff burst in to shake me awake for an emergency. And I was not Ugly Betty at the time.

Mistakes and misrepresentations in medical fiction abound, yet we are immediately drawn to these stories for what Robert McKee calls "the spectacle." Like a drug addiction, we get an instant rush, but often the story is soon forgotten. As novelists, we want to create more than a cheap thrill from our stories. We want to construct powerful emotional experiences for our readers, but we also want our story worlds to be realistic and to live on in the reader's mind. We want our audience to experience more than a temporary fix.

The first step toward a well-told story is to create a small, knowable world.

As mystery and suspense writers, we strive for accuracy in our portrayals of crime scene detection, police procedure, and forensic science, but we often fail to apply the same scrutiny to our medical scenes. Victims subdued by chloroform recover without drooling or vomiting and with no permanent damage to the brain, heart or liver. Gunshot injuries are instantly cured when the bullet is yanked out of the wound, irrespective of the realistic likelihood of underlying vascular, nerve and bone trauma. Detectives whacked unconscious with blunt instruments pull through, somehow escaping intracranial bleeding or brain damage. Our injured heroes even recuperate without amnesia, regaining consciousness to recount their memory of the fictional blow.

Nevertheless, many medical thrillers with unbelievable plots are able to engage readers in their implausible worlds. Tess Gerritsen's *Harvest* features a medical conspiracy to murder healthy patients to reap

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their living organs for profit. Michael Palmers' book, *Fatal*, rides the wave of vaccine hysteria to blame drug company greed for concealing deadly side effects. And in Robin Cook's latest novel, *Critical*, the villain plants virulent bacteria to sabotage the success of doctor owned (and Mafia supported) specialty hospitals.

In spite of their fantastic premises, these stories come to life for us because the medical jargon rings true, the disease descriptions and surgical procedures are accurate, and the hospital settings are realistically portrayed. These physicians-turned-novelists have written 'truth in the details' and that's what makes us believe in their fictional world. Even stories of medical horror, melodrama, and deception are better told when the details are factual. But these authors are doctors, and of course, they are writing what they know.

*The key to winning this war is research, taking the time and effort to acquire knowledge.*³

No writer can have personal experience in every walk of life. As a physician-novelist, I must do the necessary research to find out what it's like to be a park ranger, FBI agent, or investigative journalist. I've had to explore how hunters preserve animal skins and how detectives handle trace evidence. My scenes set in downtown Bridgeport or the ghost towns of New Mexico need research to spring to life.

Before the Internet, accessing medical facts was daunting, and the literature often hard to understand. Even if, as a layperson, you were able to interpret the information, the challenge of reproducing realistic dialogue and accurate medical settings may have often been beyond your reach. Maybe you thought of asking your own physician for advice, but were too reluctant to bother him or her.

However, the Internet has now made the world of medicine available. For medical information geared to laypeople, writers can use <http://www.webmd.com/> and <http://medlineplus.gov/>. It is as easy to find just the right poison at <http://toxnet.nlm.nih.gov/>, as it is to learn the true facts about trauma at www.trauma.org. We can discover rare diseases (even those that populate our Sushi) from every part of the world at www.cdc.gov, and travel to those exotic destinations without leaving our seats.

Answers to specific medical questions are at our fingertips. Writers can join the crimescenewriter Yahoo



group where medical practitioners as well as crime scene investigators and forensic scientists are available to answer member questions. There are individual web sites by psychologists (www.drmauricegodwin.com), surgeons (www.dplylemd.com), and specialty physicians like me (www.fictiondr.com)

which provide question and answer forums and even free editing services for medical scenes.

*You must bring to the work a vision that's driven by fresh insights into human nature and society, coupled with in-depth knowledge of your characters and your world.*⁴

Even better yet, we can transport ourselves via cyberspace into the medical milieu and experience the setting ourselves. We can take virtual tours of an emergency room at <http://people.howstuffworks.com/emergency-room.htm>, stand by a cardiac surgeon's side throughout open-heart surgery at <http://www.fi.edu/learn/heart/healthy/openheart.html>, look into a hip joint during orthopedic reconstruction at <http://www.vjortho.com>, and peek over a plastic surgeon's shoulder at

<http://www.streamingurgeries.com/indexmain.html> during a face lift.

Placing ourselves in the middle of an emergency room or operating arena, even through a video connection, enables us to write not only with accuracy but also with fresh insight. When we make the same effort to ensure accuracy in the details of our medical fiction as we do in our portrayal of police procedures or forensic science, we will have honored our reader's trust. In the end, writing a good story that contains medical scenes relies on the same general principles of good story writing: know your facts and then write what you know.

^{1,2,3,4} from *Story* by Robert McKee.

After twenty years as a practicing pediatrician, Karen Laugel began writing medical suspense five years ago after discovering that her patients and peers provided rich fodder for fiction. New England SINC members can submit a fictional medical scene for a free edit through her website www.fictiondr.com.