

# The paradox of medical dramas: global aspirations versus realities

Roberto Tedeschi 

## SUMMARY

Medical dramas such as *Grey's Anatomy* influence young people's career aspirations, creating unrealistic expectations. This article examines the gap between these portrayals and the reality of medical practice, highlighting challenges such as rigorous training and high stress. Using Italy's 'numero chiuso' ('closed number') system as a case study, it addresses the global issue of intense competition in medical school admissions. The article advocates for realistic education and better support to prepare future healthcare professionals.

## KEYWORDS

Medical dramas; burnout; healthcare education; media portrayal; realistic expectations.

In an era when medical dramas dominate television screens worldwide, the allure of becoming a healthcare professional has never been more captivating. Shows such as *Grey's Anatomy*, *ER* and *House* paint a glamorous, albeit misleading, picture of the medical field. This global phenomenon has sparked a surge in interest among young people to pursue careers in medicine, only to find that the reality is far more challenging. Italy, with its stringent medical school entry requirements and high-stakes environment, exemplifies the global disconnect between media portrayals and the actual experiences of healthcare professionals.

## The glittering illusion

Medical dramas present an idealised version of the healthcare profession, filled with critical situations, rapid problem-solving and emotionally charged interactions (Tedeschi 2024). Key elements include:

- Heroic portrayals: characters are often depicted as infallible heroes, capable of miraculous saves and profound wisdom. These shows often centre on the extraordinary moments of medical practice, where doctors single-handedly save lives against all odds. This portrayal can make the profession seem like a continuous stream of dramatic, life-changing events.
- Dramatic situations: the focus is on dramatic medical emergencies and rare diseases,

overshadowing the routine and repetitive nature of actual medical practice. The everyday work of managing chronic conditions, performing routine check-ups and engaging in preventive care is rarely highlighted, creating a skewed perception of what doctors do.

- Personal glory: the narrative often highlights personal achievements and romantic subplots, creating an impression of constant excitement and personal fulfilment. The reality of shared responsibilities, teamwork and the often bureaucratic nature of medical work is seldom portrayed, leading to unrealistic career expectations.

## The reality of medical practice

The true nature of the healthcare profession is far removed from its glamorous depiction. Aspiring medical professionals encounter numerous challenges, including:

- Rigorous training: medical education is a long and arduous process, involving years of intense study, clinical rotations and continuous learning. Students face demanding coursework in subjects such as anatomy, physiology, biochemistry and pharmacology, followed by hands-on training in hospitals and clinics (Turolla 2023). This training period can span over a decade, including undergraduate studies, medical school, internships and residencies.
- High stress and burnout: the profession demands long hours, emotional resilience and the ability to handle high-stress situations, often leading to burnout. According to studies, a significant percentage of medical professionals experience symptoms of burnout, including emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment (Agency for Healthcare Research and Quality 2017; American Medical Association 2023). This can have an impact on their mental health and job satisfaction and the quality of patient care.
- Team-based approach: unlike the individual heroes often shown on television, real-world healthcare relies on a collaborative, team-based approach to patient care. Doctors work alongside nurses, technicians, therapists and other healthcare providers, each playing a crucial role in

**Roberto Tedeschi**, PT-DPM, MS, is a physiotherapist and podiatrist currently pursuing a PhD in the Department of Biomedical and Neuromotor Sciences (DIBINEM) at the University of Bologna, Bologna, Italy. His research primarily focuses on musculoskeletal disorders, with a particular emphasis on the foot and ankle. In addition to developing new therapeutic approaches and enhancing existing rehabilitation practices, he has a keen interest in neuropsychology and communication challenges in clinical settings.

**Correspondence** Roberto Tedeschi. Email: [roberto.tedeschi2@unibo.it](mailto:roberto.tedeschi2@unibo.it)

First received 27 Jun 2024

Final revision 16 Aug 2024

Accepted 21 Aug 2024

## Copyright and usage

© The Author(s), 2024. Published by Cambridge University Press on behalf of Royal College of Psychiatrists

patient management. Effective communication, coordination and mutual respect are essential for delivering high-quality care.

### The Italian experience

Italy presents a particularly stark example of the disconnect between media portrayals and reality. The country's healthcare education system is characterised by:

- **Restricted numbers:** Italy's strict entry system for medical schools, known as *numero chiuso* ('closed number'), limits the number of students admitted each year. This highly competitive process includes rigorous entrance exams, making it difficult for many aspiring doctors to even begin their training. Each year, thousands of students vie for a limited number of spots, leading to high stress and significant pressure to succeed.
- **High stakes:** the limited places in medical schools mean that many talented and passionate students are turned away, exacerbating the challenges of entering the profession. Those who do secure a place face intense academic pressure to perform well, often at the expense of their personal lives and mental well-being.
- **Real-world challenges:** even after overcoming these hurdles, Italian medical students and professionals face the realities of a demanding healthcare system. Long hours, insufficient resources and bureaucratic inefficiencies are common challenges. Additionally, there is a growing concern about the brain drain phenomenon, as newly trained doctors seek better opportunities abroad, in countries offering more attractive working conditions and salaries (Castro 2023).

### Global implications

The Italian scenario is not unique but rather a microcosm of a global issue. Around the world, countries are grappling with similar challenges:

- **Access to education:** many countries have rigorous selection processes for medical schools, leading to intense competition and high entry barriers. In places like the USA, medical education can also be prohibitively expensive, burdening students with significant debt.
- **Mismatch of expectations:** the disparity between the glamorous depiction of medical careers in television dramas and the actual demanding nature of the profession can lead to disillusionment and high drop-out rates among medical students. Surveys have shown that a considerable number of medical students and young doctors feel

unprepared for the realities of clinical practice (Drummond 2015).

- **Mental health concerns:** the stress and pressure of the profession, coupled with the disappointment of unmet expectations, contribute to significant mental health challenges among healthcare professionals globally. Depression, anxiety and burnout are prevalent issues, with some studies indicating that doctors have higher rates of suicide compared with the general population.

### The UK experience

It is important to include an analysis of the UK medical education model. The UK system, much like Italy's, has stringent entry requirements, including exams such as the Biomedical Admissions Test (BMAT) and University Clinical Aptitude Test (UCAT), which serve as significant barriers to entry (Rostrum Education 2024). The financial pressures of tuition fees (although 'home students' studying in Scotland may receive free tuition) and potential student debt add another layer of stress for aspiring medical professionals. These challenges are compounded by the demanding nature of psychiatric training, which, while less depicted in mainstream media, carries its own unique pressures and risks of burnout. This context is particularly relevant for UK psychiatrists, as they navigate a healthcare system under significant strain, with growing concerns about workforce sustainability and mental health support for clinicians.

### Addressing the paradox

To bridge the gap between media portrayals and reality, several measures can be taken:

- **Realistic education:** schools and universities should provide realistic portrayals of the profession, emphasising the challenges and rewards of a career in healthcare. This includes integrating practical experiences early in the curriculum and offering mentorship programmes where students can interact with practising professionals who can share their real-world experiences.
- **Support systems:** enhanced support for students and professionals, including mental health resources and mentorship programmes, can help mitigate the pressures of the profession. Institutions should prioritise the well-being of their students and staff, offering services such as counselling, stress management workshops and peer support groups.
- **Media literacy:** promoting media literacy can help aspiring healthcare professionals critically evaluate the portrayals in medical dramas and develop a more accurate understanding of the field. Educational campaigns can highlight the

differences between fiction and reality, helping students set realistic career expectations.

Recent UK television series such as *This is Going to Hurt* and *Breathtaking* have offered more nuanced and realistic portrayals of the medical profession, particularly in the field of psychiatry. These series depict the high levels of stress, the emotional toll and the bureaucratic challenges that contribute to physician burnout, providing a stark contrast to the glamourised version of medical practice often seen in international shows like *Grey's Anatomy*. These portrayals are particularly relevant to psychiatrists, highlighting the mental health challenges that are prevalent in the field and underscoring the need for greater support systems within the profession. Including these examples helps to ground the discussion in the realities faced by UK healthcare professionals and provides a more psychiatry-specific context to the broader issues discussed.

## Conclusion

The glittering illusion of medical dramas has created a paradox for aspiring healthcare professionals worldwide. Although these shows inspire many to pursue careers in medicine, the reality is often a stark contrast to the glamour depicted on screen. The example of Italy, with its competitive entry system and demanding professional environment, highlights the global challenges faced by aspiring doctors. By addressing these issues through education, support and realistic portrayals, we can help future healthcare professionals develop a more balanced and accurate understanding of their chosen field, ensuring they are well-prepared for the realities of the profession.

## Call to action

It is imperative for educators, media producers and policymakers to collaborate in providing a realistic and supportive environment for aspiring healthcare

professionals. By aligning expectations with reality and offering robust support systems, we can ensure a sustainable and effective healthcare workforce that meets the needs of patients worldwide. This collaborative effort will not only benefit the individuals entering the profession but also enhance the overall quality and resilience of healthcare systems globally.

## Funding

This work received no specific grant from any funding agency, commercial or not-for-profit sectors.

## Declaration of interest

None.

## References

- Agency for Healthcare Research and Quality (2017) *Physician Burnout*. AHRQ (<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/ahrq-works/impact-burnout.pdf>).
- American Medical Association (2023) *What Is Physician Burnout?* AMA (<https://www.ama-assn.org/practice-management/physician-health/what-physician-burnout>). Accessed 11 Jun 2024.
- Castro H (2023) *The Invisible Epidemic: How Physician Burnout Is Affecting the Medical Community*. KevinMD.Com, 14 Apr (<https://www.kevinmd.com/2023/04/the-invisible-epidemic-how-physician-burnout-is-affecting-the-medical-community.html>). Accessed 11 Jun 2024.
- Drummond D (2015) Physician burnout: its origin, symptoms, and five main causes. *Family Practice Management*, **22**: 42–7.
- Rostrum Education (2024) *The UCAS Application: Understanding the Role of UCAT and BMAT in UK Medical School Admissions*. Rostrum Education (<https://rostrumedu.com/understanding-the-role-of-ucat-and-bmat/>). Accessed 16 Aug 2024.
- Tedeschi R (2024) Impact de l'effet Dunning-Kruger sur la rééducation des personnes âgées : importance de la formation continue pour les kinésithérapeutes [The impact of the Dunning-Kruger effect on the rehabilitation of the elderly: the importance of continuing education for physiotherapists]. *NPG Neurologie - Psychiatrie - Geriatrie* [Epub ahead of print] 19 Jul 2024. Available from: <https://doi.org/10.1016/j.npg.2024.07.002>.
- Turolla A, Guccione AA, Tedeschi R, et al (2023) Is clinical research as helpful to clinicians as it could be? *Physical Therapy*, **103**(8): pzad060.