

MEDICINE, MEDIA AND REALITY



Medical shows are enjoyed by people of all ages and all walks of life, including those in the medical profession. These shows may serve as entertainment, reminders and even lessons for students and doctors alike in their pursuit of medicine. *SMA News* invites three Editorial Board members to share their personal reflections and commentaries on medical shows that have impacted them on their journeys thus far.

Behind the Scenes: Drama and Reality ▶▶▶

Text by Wong Shi Hui, Student Correspondent

From dramatic resuscitations to breaking bad news, medical dramas have shaped the way many of us view healthcare.

As I reflected on what to write, numerous dramas flashed through my mind. Should I choose Western series such as *House MD*, *The Good Doctor*, *Grey's Anatomy* and *The Pitt*? Or should I turn to Korean dramas like *Doctor John*, *Hospital Playlist*, *Ghost Doctor*, or perhaps Chinese productions such as *The Hippocratic Crush* and *Big White Duel*?

Many of these dramas share similarities with what healthcare workers witness daily – the chaos, pressures and demands of a healthcare system serving society. Yet each genre also highlights differences in medical practice, often shaped by cultural contexts. Whenever I watch a medical drama, I look out for one key thing: how accurately does it reflect our work? *Hospital Playlist* resonated deeply with me because of its realistic depiction of each character and the working life I aspire to pursue.

Hospital Playlist follows the lives of five doctors, each specialising in a different field, working in the same hospital. What stood out most to me was their friendship that continued to blossom years after their graduation. Though they are now professors feared by their fellow residents, they retain their playful and cheeky dynamics as though they have not aged since their medical student days. Their friendship keeps their spirits

young amid gruelling work schedules and the many stressors of life. Despite their busy schedules, they still find time to have meals together, celebrate milestones and even revive their band practices. It highlights how small acts can go a long way.

While watching *Hospital Playlist*, I found myself relating to many scenes: being quizzed as a medical student, attending multidisciplinary ward rounds, caring for patients and their families, and juggling commitments and hobbies outside of medicine. One of the joys of watching a drama is the spectator view that allows us to appreciate the heartwarming stories from both the patient's and the healthcare team's perspectives. I enjoyed watching the doctors go above and beyond to provide holistic care for their patients. As we hone our professional skills, we inevitably become more critical and efficiency driven. While expertise and competence come with experience, humility is what keeps us grounded and prevents complacency.

One particular scene that stood out to me featured Lee Ik Jun, a hepatobiliary surgeon who is friendly with everyone in the hospital: the cleaners, the optometry shop owner, the emergency medical services helicopter pilot and the gardeners. Running a hospital requires far more than just healthcare professionals, and this scene skilfully honoured the many service providers who support the system behind the scenes.

Another appealing aspect of *Hospital Playlist* is that it does not glorify medicine as a career where doctors are portrayed as invincible. Instead, it explores their realistic struggles – both medical and personal. For dramatic effect, one resident fell victim to a scam and suffers significant financial loss. While fictional, the portrayal of doctors juggling multiple commitments mirrors reality closely. Medical students and doctors are constantly “hustling” – some with research, others with hobbies or side businesses. In *Hospital Playlist*, Chae Song Hwa, a neurosurgeon, exemplifies this balance: in addition to her clinical duties, she mentors her residents, supervises their research papers, attends band practices, and still finds time to go camping on her days off.

Perhaps we share more similarities with these characters than we realise. Drama may not be so far removed from reality after all. As we persevere in our medical journeys, I hope readers find comfort and respite in your hobbies as you strive for work-life balance. May the friendships you forged in medical school – or at any point in your career – serve as a strong support system during difficult moments. I am deeply grateful for the kindness I have received thus far, and I hope readers will carry the same spirit of kindness and passion as we continue writing our own life stories.

Shi Hui is a student correspondent (Singapore) at *SMA News* and a fourth-year medic at the National University of Singapore. She is an advocate for wellness, equality, inclusion, diversity and volunteerism. Beyond academia, Shi Hui finds joy in teaching and writing, and indulges her passion for running during moments of respite.



Still from *Hospital Playlist* (*Egg is Coming* and *CJ ENM*, 2020–2021)

Sherlock: A Medical Drama Disguised as a Detective Series ▶▶▶

Text by A/Prof Daniel Fung, Editorial Advisor

I have always thought that *Sherlock* is misunderstood. It is described as a crime or mystery series, but at its heart, it is a medical one. Not in the sense of wards and white coats, but in how it thinks about the human condition: observation, diagnosis, pattern recognition, the brain-body connection and the cost of suffering when meaning is lost.

This is not accidental. Sherlock Holmes was created by Sir Arthur Conan Doyle, who was himself a physician. Holmes was famously modelled after Doyle's surgical professor, Joseph Bell, a man known for diagnosing patients by observing how they walked into the room. Long before MRI scans, Bell taught that the body tells a story, if only one learns how to read it. That is medicine in its purest form.

Seen through this lens, *Sherlock* is not just a whodunnit. It is about how we know what we know.

At its best, the series celebrates clinical observation. Holmes notices the stain, the tremor, the pause before a sentence. Doctors are trained to do the same. In a healthcare system increasingly seduced by tests and technologies, *Sherlock* offers a reminder, almost a parody, that the diagnosis often begins before the first investigation is ordered. The patient's story, posture, affect and context still matter.

Then there is John Watson, a doctor who embodies the mind-body link more convincingly than many textbooks. A war injury leaves him with pain, post-traumatic stress disorder and a loss of

purpose. His recovery is not linear or neat. It unfolds through relationships, work and meaning. Watson shows us that trauma does not sit only in the brain or only in the body. It lives in both. This is mental health literacy quietly delivered, without slogans.

Sherlock himself is an exaggerated case study in psychosomatic medicine. When bored, his mind decays and his body follows – insomnia, agitation, substance use. When engaged, both sharpen. The show may dramatise this, but the principle is sound. Mental states shape physiology, and bodily states shape cognition and emotion. The idea that we can neatly separate “mental” from “physical” illness is biologically convenient and clinically wrong.

Even Sherlock's restless movements matter. He paces, shoots walls, plays the violin. His thinking is embodied. Cognition does not float free from muscle, breath, sleep, hormones or inflammation. The brain is an organ in a body, not a software update. If more people understood this, our conversations about health would be far more grounded.

But *Sherlock* also miseducates.

The playful label of a “high functioning sociopath” is witty television and poor psychoeducation. It blurs personality, neurodiversity and mental illness into a single caricature. Worse, it implies that emotional detachment is the price of brilliance. In real medicine, empathy is not a weakness. It is a diagnostic tool. You do not need to be cold to be clever.

Addiction fares no better. Sherlock's drug use is stylised, selective and strangely consequence-free. In clinical reality, addiction is harmful. It damages organs, relationships and futures. Romanticising it may make good drama, but it undermines health literacy.

Then there is the lone genius myth. Sherlock outpaces systems and teams with disdainful ease. Entertaining, yes. Accurate, no. Modern medicine is a team sport. Safety and care come from collaboration, not savants. Media narratives matter because they shape expectations of healthcare, often unconsciously.

Which brings us to the real lesson. Popular media is an informal medical curriculum. For many people, *Sherlock* is where ideas about trauma, addiction, intelligence and the brain-body connection are first encountered. Viewers may forget the plot, but they remember the attitude.

That is why *Sherlock* matters. It invites curiosity about how minds and bodies work together. It also reminds us that stories shape health beliefs as powerfully as prescriptions do.

In that sense, Doyle's medical legacy lives on. Sherlock Holmes is not just solving crimes. He is practising a stylised, flawed and fascinating form of medicine. And for health literacy, that may be the most enduring mystery of all.



Still from *Sherlock* (Hartwood Films, BBC Wales and WGBH, 2010–2017)

A/Prof Fung is a father of five and grandfather of five, which are experiences that have taught him to live with stress, uncertainty and joy in equal measure. A lifelong supporter of Tottenham Hotspur, he has learnt resilience and the discipline of hope. His tenure as CEO of the Institute of Mental Health prepared him well for his current role as chief wellness officer at NHG Health.



My Desert Island Choice of TV Medical Drama Across the Years ▶▶▶

Text by Dr Toh Han Chong, Editorial Advisor

Hands down, the defining medical TV drama of my youth was *M*A*S*H* – short for Mobile Army Surgical Hospital. Younger generations of doctors would mostly be unaware of this multi-award-winning timeless TV show; an offshoot of the original Robert Altman's 1970 masterpiece film, *M*A*S*H* – widely considered one of the greatest films ever made, and winner of the Grand Prix du Festival International du Film (now known as Palme d'Or) at the Cannes Film Festival.

An anti-war movie that paid tribute to the medical support for the Vietnam War, with one of the most iconic original songs in both the movie and TV series, *M*A*S*H* follows the military medical team at the 4077th Army hospital based in the village of Uijeongbu, South Korea, during the Korean War. The colourful characters showed viewers the grace, humour, humanity, horror, pain, pathos, courage and compassion of medical first responders on the frontline of war. US President Barack Obama has said that he learnt many life lessons from *M*A*S*H*, as did many of us. The 1983 TV series finale was the most watched in television history at the time with over 106 million viewers. I was then deciding whether to apply to medical school, and *M*A*S*H* must surely have subliminally nudged me towards wanting to be a doctor.

My next desert island medical TV drama is also likely not known to many – the BBC TV series *Cardiac Arrest* (1994 to 1996). Screened at a time when I was a medical resident preparing for the MRCP examination, it was very relatable. *Cardiac Arrest* goes deep into the heart, brain and bowels of a National Health Service British hospital revolving around the trials, tribulations, triumphs, travails and sleep-deprived Sisyphean stresses of Andrew Collin – a bright-eyed, idealistic house officer – and his strong, sisterly mentor, medical officer Claire Maitland – battle-wise, protective, pugnacious and poised with equanimity. Our very own Ivan Heng, artistic founding director of Wild Rice, played a nurse in this gritty, hard-hitting TV series given two thumbs up by most British doctors then.

Cardiac Arrest lets us see the grit, dilemmas, dedication and sweet light moments of medicine. But it also showcases the open wounds of junior doctor burnout, racism, misogyny, gender inequality, sometimes toxic culture, brutal confrontations and self-harm (which led to the tragic loss of a bullied surgical junior doctor in the series).

Rewatching *Cardiac Arrest* on YouTube recently was nostalgic. I qualified in medicine in the UK and as final-year medical students, we often had to function like house officers. It brought me back to a time of quintessential English bedside manners, stiff upper lip fortitude and Dunkirk spirit in the trenches, taking medical notes with pen and paper, reaching for the *Oxford Handbook of Clinical Medicine* (as no Internet or Google was available then), constantly buzzing pagers and ringing landline phones.

During my time as a medical resident at Tan Tock Seng Hospital, one of the most successful medical TV series, *ER*, hit our screens between 1994 and 2009, taking home 128 awards. Helmed by a suave young George Clooney, Anthony Edwards, a younger Noah Wyle, and Julianna Margulies, this groundbreaking high-adrenaline drama follows up close the unfolding in a chaotic Chicago hospital emergency room. As a busy internal medicine resident, I did not watch *ER* much as I did not want to relive my day job after work.

Thirty years on, a way more mature, tougher and wiser Noah Wyle, no longer the doe-eyed, sometimes blur medical student he played in *ER*, is now an emergency room attending physician in a Pittsburgh hospital in the current hit TV medical series born out of the COVID-19 pandemic – *The Pitt*. Already garnering five Emmy awards, it accurately portrays first responders rendering acute medical care with real, raw, realistic, immersive power and empathy. It also shines a light on American healthcare today – strong in so many ways yet dysfunctional and broken in parts. In the US, overall life expectancy is now lower than in 2010.

Still from MASH (20th Century-Fox Television, 1972–1983)



Still from Cardiac Arrest (World Productions, 1994–1996)



Finally, there is the Korean drama (Kdrama) spread and my top pick is *The Trauma Code – Heroes on Call*. This fun, fantastical and action-packed webtoon-inspired Kdrama follows the adventures of mission-possible macho ex-military oppa (Korean for “older brother”), super trauma surgeon Dr Baek Kang Hyuk at the fictitious Hankuk National University Hospital. I mean, how many doctors have you seen jump out of a helicopter, fight bad guys with all guns blazing, charge through a conflict zone in a motorcycle, decompress a cardiac tamponade in designer suit and slick hair in place, all while flexing his muscled bod and six-pack? Yes, Singapore has tough selfless heroic doctors out in war zones with Medicins Sans Frontieres and other humanitarian organisations, but I doubt they perform amputations looking this stylish with baby-smooth complexion while dodging bullets and exploding bombs.

On another note, the Hobbit is retiring – marking the end of an era. If the furry one is willing, I would be happy to work with Hobbit on a dramatised oral history of Singapore medicine right through two pandemics and beyond. Like Agatha Christie's Hercule Poirot in her famous mystery stories, the Hobbit should narrate. ♦

Dr Toh is a senior consultant medical oncologist and deputy ceo (strategic partnerships) at the National Cancer Centre Singapore. He was a former Editor of *SMA News*. In his free time, Dr Toh enjoys eating durians and ice cream, reading, writing, rowing and watching films. Thankfully, the latter four are not fattening.

