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ATRIUM

The Report of the Northwestern Medical Humanities and Bioethics Program

HEROES AND VILLAINS

IN THIS ISSUE, HUMANITIES GIRL AND BIOETHICS BOY TAKE ON...

THE SIMPLIFIER

"BLACK AND WHITE AT 11:00!"

THE PUSHER

"LUNCH IS ON ME..."

THE BEAN COUNTER

"SORRY GANG—NO MARGIN, NO MISSION."

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RESPONSES TO

"Is there a doctor in Greg House?"

BY KATHY NEELY, MD, *ATRIUM*, FALL 2006

A Challenge to the Profession: Dr. House

Ann Starr, MA

Be wary, good doctors who monitor ethical concerns, when you find yourselves wagging a finger at television's medical bad boy, Dr. Gregory House.

Dr. Kathy Neely writes with concern that House's weekly failures of empathetic listening, his neglect of therapeutic relationships, his intimidation of team members, and his wanton crossing of professional boundaries corrode medical education. His spectacular want of sensitivity in dealing with peers and patients militates against good diagnosis, she argues. The television program, in presenting such a character at all, makes patients worry about the medical profession.

Patients *shouldn't* be worried about the medical profession? While the profession, both inside and outside of TV-land, bites its nails over House's naked transgressions, are we to take it that the hospital is otherwise an ethically well-regulated system?

I hardly think so. Greg House isn't the ethical problem on this program. He is the prism that focuses the hospital's many ethical problems otherwise known as "standard operating procedures," "budget constraints," "insurance mandates," "privacy regulations" and the like. Dr. Neely, like House's Princeton colleagues, implies that medical ethics is the exclusive purview of the doctor. The doctor's first big ethical task is to be respectful (read, "nice") to patients—to everybody.

House refuses to compartmentalize his job in expected ways. He is a renegade. House breaks rules. But is House unethical as a result? Does he fail the best interests of his patients?

House's job is to save lives. His *personal reasons* for achieving the goal always seem bizarre, solipsistic, or perverted. But his colleagues and patients don't have to understand his motives since he is entirely consistent in his pursuit of saving lives. He is the ultimate professional, completely tenacious even if inscrutable in other dimensions. Mortally ill patients will get over puzzlement or insult, but not death.

Pursuit of House's goal has involved multiple breakages of the CT scanner. The scanner is equipment made for diagnosis in the service of saving lives. Objection to his use of the scanner is based on the hospital budget, which is *not* entirely in the interest of saving patient lives.

Dr. House is entirely surprising in the things he says in patients' rooms. He's shocking. Objectionable. But is he a bad listener? Can it even be said he is not an empathetic listener? House's unusual, often brutal, techniques of provoking big responses get people to reveal facts from the impolite sides of their lives–sexual secrets, unrepented atrocious acts, closeted family histories—secrets consciously or unconsciously hidden. In the Holmesian world of this program, these *will* affect the case, and House *never* fails to hear the details.

Now, attending oncologist James Wilson is as *nice* as can be. House's foil has excellent communication skills, and he's capable of those therapeutic relationships Neely calls for. He's so nice, in fact, that he sleeps with sad patients (suppressing awareness of his *own* neediness) and writes illegal prescriptions for his drug-addicted friend. His niceness, in fact, cripples him. Wilson is incapable of imagining any way to escape nice. When he faces a problem that sympathy and rule-following can't solve, he invariably elects some form of rationalized compromise or deceit. He is incapable of being simple or honest, stifled as he is by his persona of decency.

Yet critics don't cry out against Wilson. He is easy to sympathize with, being so nice, but he is at least as

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transgressive as House. He is more so, because Wilson hides his transgressions, just as he hides his miserable personal life. Everyone knows and carries on about House's torment. Wilson, *like so many doctors*—especially substance abusing doctors—is a nice guy who pushes reality entirely underground, where it needn't be examined.

Another foil for House is his fellow, Dr. Cameron. She is so sensitive to ethical dilemmas that she was virtually paralyzed much of the first season. In Cameron, ethical decisions are presented in the familiar guise of ethical poles: Rights and Wrongs, with gray areas as the vast impenetrable swamp where she refuses to go. For House, the swamp is everyday reality.

If I'm in an opaque and mortal situation, I want an inquisitor. I'll take the insolent one who will pull out the stops, infuriate my loved ones, stretch the patience of his specialist colleagues, and dig through my panties if he thinks it will yield anything to save my life.

In the first season, Cameron's primary actions were refusals. Her disagreements on ethical decisions would prevent her from participation in cases, her high-mindedness and thin skin moving her to the sidelines. As Neely points out, she resigned at one point and later came back. Was it only for self-punishment as Neely suggests? Or because she saw that doctors have to be engaged? Doctors *practice.*

In the first season, the debate about bioethics was posited through Cameron on the one side—bioethics as a sequence of equally weighted, verbally-defined principles to be upheld through a decision to participate or withdraw—and House on the other, insisting on ethics as pragmatism and action: save the patient, whatever it takes, no points for style. Life is the good outcome.

This season the character of Cameron has changed significantly. No longer the hand-wringing young woman, this year she even accomplished the euthanasia a patient requested. While we find her weeping in the chapel at the episode's end, she is sitting erect with her eyes open. The rulebook has crashed into the swamp. House consoles and congratulates her with genuine kindness.

The last critical player is Dr. Cuddy, the hospital administrator. Cuddy is House's nemesis and his greatest supporter. She has passionately protected his job because he is their most brilliant doctor—and we understand that she likes him. Yet she constantly warns him about lawsuits, the costs to the hospital of his perceived misadventures, the danger of his risky practices, and the foolhardiness of his egomaniacal ways.

Cuddy browbeats House like a naughty child. Some of this is sexual play scripted between these characters. Beyond that, though, the infantilization of House has to be taken seriously as part of the hospital's ethical world too. House's actions make Cuddy look ineffectual, increase the hospital's liability, potentially decrease its drawing power, and make it harder to raise funds. Cuddy resorts to a maternal course of badgering and rewarding, and negotiates constantly with her darling who is "prone to tantrums."

Cuddy's position isn't enviable, but to treat House as a bad boy is to deflect the fundamental challenge he presents to her and the whole premise of the hospital. Were she to treat him like the rational man he is, she would have to face the big questions about the system of medicine his every action implies: Where do we draw the line when we deny resources to save a patient's life? Why do we draw a line at all? How do we evaluate verbal and philosophical, compared to pragmatic, active bioethics? If all doctors are expected to use the same "ethical" tools—literally to speak in the same nice voice—when does ethics become a mere rulebook? How, then, do you separate the well-meaning but idle-minded practitioner from a more deeply engaged ethical practitioner? Do we want a culture of doctors who hide behind well-rehearsed lines, flinching from deep questioning and questioners—the Wilsons? Are we satisfied with playbook ethics, or shall we literally *practice* ethics, learning and doing what is right from case to case?

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So in terms of medical education, I say, *Hooray* for House. Don't change that station, students! Because I want medical students to see images of doctors who are not docile. Show them doctors standing up on their own authority, not assuming that they have to be compliant in every detail of the system, maintaining the suave face of The Profession. I'd like to see med students develop their ethical codes from the ground up, from inside, comparing their own terms to the terms proposed in essays and grand rounds. I'd like them to have lots of practice reflecting deeply, speaking and fighting for their ethics in particular cases, à la House.

Most of all, I'd like upcoming doctors to assume that their patients are not so simple that they equate dulcet voices with good doctoring. Sometimes real patients—unlike those in TV-land—understand that excellent practitioners aren't always golden-tongued or speak great body language.

Patients do tend to recognize, however, that medical respect lodges in nothing so much as a doctor's trying really hard to keep the sick from dying. *Really, really hard.* Like House does.

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