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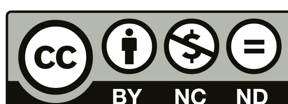
Biomedical and patient-centred discourse on the basis of Polish medical TV series *Medics* (*Lekarze*)

Abstract

The aim of this paper is to draw attention to the potential didactic value of medical series in the context of patient-centred and biomedical approaches to medical practice, as well as to the way they are represented in language. We shall argue that these two paradigms dictate given modes of reasoning as to, for example, what health/disease is and the patient-doctor role relationship. The biomedical model establishes disease as a malfunction of the body (which can be restored) and the patient as a passive recipient of treatment. By contrast, patient-centred medicine advocates a holistic approach to wellness by taking into consideration psychosocial aspects. Having these two models in mind and by adopting a social-constructivist approach to language, it is possible to analyse communication in a particular (pop)cultural text and examine the message from the perspective of mediated content about broadly understood health. The paper is organised as follows: it starts with a discussion of the evolution of medical TV series and a systematic review of studies dealing with their pedagogic role. Next it provides the analysis of two seasons of the Polish medical series *Medics* (Pol. *Lekarze*), giving special attention to the holistic presentation of the patient found in this multimodal media text.

Keywords

medical TV series, biomedical discourse, patient-centred discourse, medical education, doctor



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1. Introduction

Research demonstrates that watching medical TV series may have not just entertainment but also educational value, both for patients and future medical professionals (Gordon *et al.* 1998; Bhagar 2005; Cappelletti *et al.* 2007; Banos *et al.* 2019). The aim of the current paper is to draw attention to the didactic potential of medical series in the context of such concepts as patient-centred and biomedical approaches, as well as their representation at the level of language. These are certain paradigms dictating conceptualizations of health/disease or the patient's and doctor's roles. The biomedical model has been present since the nineteenth century and it presents disease as the body's malfunction (which can be mended) and the patient as a passive recipient of treatment. By contrast, patient-centred medicine was a reaction to the dominance of the first paradigm and reflects the patient's condition as a form of complex, holistic well-being which also takes psychosocial aspects into account (Engel 1997; Mead and Bower 2004). Consequently, the paper tries to examine whether the messages mediated by particular (pop)cultural texts may be influenced by the contexts in which they operate, in this case the afore-mentioned models of medical practice. The data derive from two seasons of the Polish medical series *Medics* (Pol. *Lekarze*), produced by TVN channel. It is a popcultural production touching upon the topics of health and disease, and may reflect current modes of reasoning in medical practice. The authors of the paper analysed the complete seasons, paying special attention to the holistic presentation of the patient in the verbal mode (i.e. the linguistic resources used) of this multimodal media text. It occurs that the patient-centred model is reflected in some characters' actions, including their communication, which seem to agree with the assumptions of the approach. It is then juxtaposed with the biomedical model as represented in other characters' actions and communication. The presence of such content in a popular medical TV series may have a certain educational value. It also shows the changes that medical practice and education are currently undergoing.

First, the definition and classification of medical TV series will be presented, as well as a historical overview of them. Next, our theoretical background is introduced, including the socio-constructivist perspective in communication studies and the socio-cultural approach to discourse analysis. Here, also the two above-mentioned paradigms of medical practice will be explained. Finally, the results of the study will be demonstrated and discussed, followed by some conclusions.

2. Medical series – past and present

According to Goban-Klas (2014), the history of health and sickness in popular culture only stretches back a matter of a hundred and fifty years. Before this period, the practical experience of illness tended to be shaped rather by one's or one's family members' hospital treatment or studying hospital documentation. With the development of mass media (Lisowska-Magdziarz 2014:

221), however, our perception began to be shaped by, among other things, TV products concerning medical topics, ads for over the counter (OTC) medicine and press articles (Goban-Klas 2014: 11-12), as well as reportage and reality shows, especially given that health and disease have always been believed to be charged with emotion (Chmielewska-Ignatowicz 2017: 130). Of particular interest is the proliferation of medical TV series – drama productions featuring elements such as hospitals, personnel, or ambulances. However, medical series touch upon not just medical issues (diagnostics, treatment and communication among doctors, patients and their families in various configurations) but also important issues, including private life, romance, psychological problems, addictions, or social maladjustment (Ogonowska 2014: 196).

Medical series have different formats and feature several thematic content. Regarding the former, these can be series and serials, depending on whether a particular storyline is concluded within a given episode or over a number of them respectively; they can also be soap operas in which storylines are developed at a slower pace (Thompson 1996: 31-32). Consequently, following Ogonowska (2014), hospital soap operas present the hospital environment as a pretext to analyse doctors' private lives (e.g. *City hospital*, since 1963). There are also productions which combine the features of series, serials and soap operas (e.g. *For better or for worse*, Pol. *Na dobre i na złe*). On the other hand, medical TV series may also include subgenres which focus not on the hospital environment but only utilise the doctor character, for example drama series (e.g. about an educated doctor in the province, *Northern Exposure*, *Dr Quinn*), crime series – doctors as detectives (e.g. *Quincy M.E.* 1976-1983) and sophisticated crime (e.g. *X-files*, *CSI:…*); other groups include hospital stories with elements of horror (e.g. *Kingdom*) or comedies (e.g. sitcom *Bill Cosby Show*, *Doogie Howser, MD*), some with elements of burlesque (e.g. *Scrubs*, war comedy drama *M*A*S*H*) (Ogonowska 2014: 197).

Medics (Pol. *Lekarze*), the series analysed in the current paper, is a combination of hospital soap opera and drama series.

3. Historical background

Medical series in general, and the portrayal of doctors in particular, have evolved over time. The first medical TV series tended to portray the archetypal medical professional as a relatively young man, along with his mentor, other doctors, nurses, orderlies and, of course, patients. The doctors were primarily specialists and frequently also hospital managers, albeit rarely worried about the financial aspects of the healthcare system. The central plot of the series were patient's ailments, usually a combination of both physical, emotional and social difficulties. The acute nature of the diagnosis allowed each episode to culminate dramatically, most frequently in the recovery of the patient, and only much more rarely in their death (Turrow 1996: 1241). According to Malmsheimer (1988: 130), doctors usually saved lives easily, helped with marriage or family conflicts, offered faith and strengthened their

role in doctor-patient relations. The first medical TV series is believed to be the American production *City Hospital* (1951-1953). Other programmes followed soon thereafter, such as *Media* (1954-1956), *Dr Hudson's Secret Journal* (1956), *Emergency Ward 10* (1957-1967, the first British production), *Hennessey* (1959-1962), *Police Surgeon* (1960), *Doctor Kildare* (1961-1966) and *Dr Finlay's Casebook* (1962-1971) (Ogonowska 2014: 197). *Doctor Kildare* in particular enjoyed great success, setting the trend for many subsequent medical TV shows. Interestingly, the series' first writer E. Jack Neuman worked in a large hospital and observed interns there in order to create a more authentic production. In Poland, medical dramas have been the mainstays of TV scheduling since the early 1970s, with early examples including *Ewa MD* (Pol. *Doktor Ewa*) (1970) and *Circulatory system* (Pol. *Układ krążenia*) (1977-1978) (Chmielewska-Ignatowicz 2017: 144).

More contemporary medical series tend to probe into the personalities of the main protagonists, so that the main characters, once presented as flawless, are now depicted more realistically, i.e. their unparalleled abilities, devotion to patients and quick decision-making have become only part of the picture. What is also emphasised is the inner world of the main characters, who, naturally, may also be cold, uncaring and anxious (Malmsheimer 1988).

The popularity of medical series in general has been subject to a number of studies and discussions. According to Mirecka (2003), the personnel, patients and their closest family, and friends are faced with difficult decisions and have to ask themselves fundamental questions, which seems to be conducive to viewers' reflection in front of the TV sets. Their popularity might also stem from an interest in one's own health and/or a desire to gain insight into others' problems. The phenomenon likewise may be the result of the fact that the series do not talk about the reality of a [particular] healthcare system (Mirecka 2003) and so there is a degree of detachment. Other research has shown that viewers think that the doctors in the film are more empathic, intelligent and for sure far better communicate with patients (Chmielewska-Ignatowicz 2011). This seems particularly important in the Polish context, where, at least in the public health sector, paternalism still dominates approaches to patient care (Coulter and Jenkinson 2005: 359), with doctors tending to keep a professional distance and hide behind specialised knowledge and terminology. Both in foreign and Polish series, however, e.g. *For better or for worse* (Pol. *Na dobre i na złe*), this distance is reduced and there is instead a place for candid and clear talk (Geller 2012).

4. Research on medical series

The research on medical series is both ample and diverse, pointing to the functions the series perform, along with the modes of their application and the topics they touch upon. Medical series have been found to offer not only an entertainment dimension, but also an educational one, both for patients as well as future doctors. The most prominent series here is *House MD*, which has been studied in the contexts of teaching ethics (Wicclair 2008a; Włudzik

2012; van Ommen *et al.* 2014, see also Hughes and Lantos (2001) in *Star Trek*), paternalism (Wicclair 2008b), pharmacology (Baños *et al.* 2019) and the realism of the series (Lapostolle *et al.* 2013). The realism of medical series has also been studied by Gordon *et al.* (1998) in British TV drama and by Portanova *et al.* (2015) in American productions. Other studies address the role of cinema in medical education in general (Darbyshire and Baker 2011, 2012; García Sánchez and García Sánchez 2006; Sánchez *et al.* 2010), teaching psychiatry (Bhagar 2005), research (Moratal Ibañez 2010), and the influence of TV in general on patients' (Regalado and Flint 2004) and students' (Czarny *et al.* 2009) perceptions of various health issues. Drawing these afore-mentioned studies together, a key finding is that medical TV series can be seen as valuable teaching material, featuring not only examples to follow but also presenting ethically problematic situations which can be drawn upon in discussions with medical students (see also *cinemedicine* in section 5.2 below). What is more, doctors too may be interested in the portrayal of certain aspects of the medical profession in such productions, e.g. issues related to doctor-patient communication (Chmielewska-Ignatowicz 2011).

5. Theoretical background

5.1. Paradigms of medical practice

The socio-cultural background for the current study are recent changes that medical practice has undergone, specifically the transition from the biomedical approach (Wade and Halligan 2004) to patient-centred medicine (Laine and Davidoff 1996; Mead and Bower 2000). These two approaches can be seen as paradigms which guide our general understanding of the concept of being ill, the mind vs. body dichotomy, diagnosis, and the role of the doctor in the relationship between the doctor and the patient, amongst others (McWhinney 2014: 17). The conceptualisations of all these elements are shaped by the different scientific thought-styles, which form the bedrock for medical research and practice.

In the biomedical approach, present in medical sciences from the nineteenth century, the nature of health is viewed "as simply the absence of disease/pathology in that those without pathology could not be construed as ill" (Armstrong 2011: 410-411). From this perspective, disease can be understood as a malfunction of the body-machine, as proposed by Descartes (1634, as cited in Foss 2002: 37) and only this malfunction should be treated, without recourse to any other aspects of one's well-being. This way, the approach is limited only to the biological aspects of one's ailment. Additionally, in the treatment process, the patient does not seem to be engaged in any way. The patient-centred approach, by contrast, as the name suggests, has the patient at its core and views "patients not only from a clinical perspective, but also from an emotional, mental, spiritual, social, and financial perspective" (NEJM Catalyst 2017).

5.2. Dialogic relation between social reality and language

The underlying assumption of the analysis is the presence of a dialogic relationship between language and reality, where they affect one another (Gee 1999). In other words, ways of discussing particular topics or issues cannot remain unchanged in the context of the changing social circumstances. Therefore, the role of the contextual grounding in the production of given discourses cannot be disregarded. This is the case because discourses linked to various domains of people's lives are anchored in the concrete circumstances of their use. It is these circumstances that dictate what and how is communicated, as well as what kind of practices of discursive production and reproduction are adjacent to particular communicative events. What lies at the heart of these assumptions is the social-constructivist paradigm in which it is assumed that "[t]he language used in everyday life continuously provides […] [people] with the necessary objectifications and posits the order within which these make sense and within which everyday life has meaning […]" (Berger and Luckmann 1967: 22; see also Creswell and Poth 2018: 132).

In a similar vein, there is a link between scientific development and the way scientific texts render the matter described. According to Taavitsainen (2014), the relation between these doctrines and particular text-types is dialogic, because the evolution of doctrines directly affects the evolution of genres, which are seen as "dynamic systems" responding to the "[s]ociocultural needs of communities of practice/discourse communities". Consequently, two main strands can be isolated, namely how scientific knowledge and everyday reality are constructed (cf. Lupton 1994: 93). The biomedical approach lends itself easily to such an analysis in that the effect of the development of medicine and corresponding thought-styles on particular genres has been documented, for instance, by Atkinson (1992, 2001), Taavitsainen and Pahta (2000, 2011), and Lehto and Taavitsainen (2019), who demonstrate changes in written medical discourse such as progressive impersonality, objectivity and a focus on medical cases.

With the development in medicine, as well as a growing understanding of the importance of the psychosocial aspects of the human condition and the complex nature of the patient's well-being, more attention began to be paid to human values in medical education (Blasco 2001; Shapiro *et al.* 2007; Ousager and Johannessen 2010; cf. Kadivar *et al.* 2018). "Humanism, known as the art of medicine, can be defined as a system of values, attitudes, and behaviours that act as the basis of the physician's contract with patients and the way of integrating the psychosocial with the biomedical aspects of care" (Kadivar *et al.* 2018; cf. Newell and Hanes 2003; Kern *et al.* 2005). One of the challenges of embracing such a change was, apart from changing attitudes and obviously curricula, the character of teaching materials (Kadivar *et al.* 2018; cf. also Klemenc Ketiš and Švab 2017) and one of the possible tools introduced were films, i.e. cinemedicine (Darbyshire and Baker 2011, 2012). By watching and analysing excerpts of selected films, students have an opportunity to discuss relatively authentic problematic situations in a safe environment. As such, we understand medical TV series as constituting semi-authentic material, which may also reflect the paradigmatic changes in medical practice and which can be used for educational purposes.

6. Analysis

6.1. *Data and methods*

The data in the current paper come from two seasons (total = 65 episodes) of the medical TV series *Medics* (Pol. *Lekarze*), directed by Filip Zylber and Marcin Wrona, and produced by TVN in the years between 2012-2014. The series tells a story of surgeons working in a fictitious hospital *Copernicus* located in Toruń. The main protagonist of the series is Alicja Szymańska, a young and talented surgeon, who decides to move from Warsaw to Toruń when she learns that her partner decides behind her back against her medical specialty training in transplantology. Dr Szymańska gets a job in the hospital in Toruń and has the possibility of professional development, alongside many other young and passionate medical professionals. Like many modern medical TV shows the series follow them facing not only death but also their own weaknesses and difficulties.

The analytical process consisted of a careful watching of the series for any scenes containing the communicative performance of the characters representative of the medical paradigms discussed. The relevant excerpts were then transcribed prior to analysis. The method applied was based on the prinicples of qualitative social linguistic analysis (Phillips and Hardy 2002), which allows the researcher to examine the data at hand as contextualised in particular circumstances of their functioning (Mason 2002: 2; Denzin and Lincoln 2011: 3), in this case, the biomedical and patient-centred paradigms of medical practice, and certain conceptualisations they mediate. This contextualisation, in turn, makes it possible to analyse particular linguistic resources as reflecting the milieu in which they are produced, used and received (Phillips and Hardy 2002: 22). In detail, the focus on such elements as lexical choice, perspective and sentence structure, which allow the author to allocate particular communicative accents in the text and describe selected themes in a particular way. As will be demonstrated, the patient-centred model is reflected in the actions, including communication, of some characters, whose personalities seem to tally with the assumptions of the approach. It is then juxtaposed with the biomedical model as represented in other characters' actions and communication.

6.2. Results and discussion

The transcripts selected for presentation here primarily feature Dr Alicja Szymańska (AS), because her communicative performance bears the features of the patient-centred model, additionally accompanied by her actions. Other characters whose dialogues are analysed include Dr Max Keller (MK), a surgeon, Dr Daniel Orda (DO), also a surgeon, who joined the team at the same time as Dr Szymańska, Dr Piotr Wanat (PW), a gynaecologist from a different ward, Dr Adam Gajewski (AG), a general practitioner, and Dr Elżbieta Bosak (EB), a pulmonologist and the head of the hospital.

6.2.1. Dr Szymańska as a patient-centred doctor vs. biomedically-oriented Dr Orda

In the course of the first season of the series, the viewers can observe the evolution of the main protagonist Alicja Szymańska into a seasoned medical professional, at the same time never losing her care, empathy, and thoughtfulness towards her patients. She always seems to orient towards and respond to their needs, which can be observed in a number of episodes.

In the third episode of the first season, Karol, a young boy, is admitted because of a suspected concussion. It turns out that he has had a kidney transplant and subsequent tests results show some malfunction – the question is whether it is due to an accident or something else. In this excerpt, we see that Dr Szymańska suspects some intentional action by Karol and tries to get to the bottom of the problem through treating him, it seems, as a valid interlocutor ("we can talk…"), instead of communicating only with his parents. What is more, she presents him with possible options ("we can talk in two ways") and provides explanations ("you will get a drip…"). Thus, she approaches the patient as a mature and responsible person, at the same time avoiding unnecessary formality through addressing him in a rather indirect way ("Listen, Karol").

(1)
AS: Well, you sure showed your mates how it's done.
Karol: Yes, I did. I managed to reach the very top.
AS: Climbing down the ladder was worse though.
Karol: I almost did it.
AS: Yes, almost. Listen, Karol, there is one more important thing. We can talk in two ways, either as kids or adults. [he chooses the other option by the gesture of his finger]
AS: I suspect you have stopped taking your medicine.
Karol: I take them all the time.
AS: Karol, listen, I will find out anyway, when I do the complete blood tests. And I will do them.
Karol: But if I have stopped then what?
AS: I would like to know why because what you are doing is very dangerous.
Karol: I know, the doctor at the centre [another hospital] told me.
AS: Why did you do it? You have siblings?
Karol: I have, two sisters and a brother, a younger one. Miss, what will happen with me now?
AS: You'll get a drip with steroids and if your kidney function improves, you'll be allowed to go home.
Karol: I do not want to go back home, I don't!
AS: Will you tell me why? [Karol does not answer and turns to the other side of the bed] [S1/E3 10:05][1]

[1] All the excerpt translations are mine [M.Z.].

Dr Szymańska seems to have guessed the reason – despite the fact that Karol does not answer her question – and reports it to Dr Orda. At the beginning of the season we learn that he will compete with Dr Szymańska and Dr Keller for the chance to specialise in transplant surgery. Dr Orda is a very ambitious physician, but, at the same time, a particularly formal one, who rarely lets his guard down. At the beginning, he manifests his dislike towards Dr Szymańska but later on the two get along.

(2)
DO: Have you found out anything? [AS does not reply] Then, well, we'll have to do other tests.
AS: There's no need.
DO: What do you mean there's no need? His body is rejecting the transplant.
AS: He has stopped taking his medicine.
DO: You're kidding me.
AS: Unfortunately, not. [Dr Orda is shocked and then storms out of the room, with Dr Szymańska following him.]
AS: What are you going to do?
DO: I'll discharge the brat as soon as his tests improve.
AS: Don't you understand that you won't help him this way? He'll be back in here immediately.
DO: Well, I have an idea. Maybe I'll move to Pigrza [the city where Karol lives] and I'll personally check whether he's taken the medication everyday.
AS: He thinks that when he is in hospital, it's easier for his family.
DO: Yes, and at the same time he is ruining our efforts.
AS: I know, I am a doctor too but most importantly, a human.
DO: Doctor, that's not fair.
AS: Just give me a short while. We still need to observe him in the ICU [Intensive Care Unit].
DO: ICU?
AS: There is a place there right now.
DO: Either way, it needs to be reported.
AS: I have already seen to it. [S1/E3 12:01]

In this very telling excerpt, when Dr Szymańska says that she is most importantly "a human", she directly communicates that what she cares about the most is the patient and that she will go to great lengths in order to help him. Dr Szymańska's action is not met positively by Dr Orda, who seems to follow the formal code of conduct and relies on observable signs of the disease ("as soon as his tests improve"), i.e. not the real reason why the patient is there. Even at the end, when she communicates her decision to keep Karol on the ward, he insists on at least reporting it to the head. Lastly, his comment about his intention to transfer to the city where Karol lives to oversee Karol's drug regimen appears to ridicule the patient-centred approach represented by Dr Szymańska.

Of additional interest is Dr Orda's comment on the result of the patient's non-compliance. His conclusion that Karol "is ruining their efforts" places the patient in a bad light, i.e. as a careless person, or to use his own words a "brat", who does not seem to understand, and consequently, does not appreciate the doctors' efforts. Moreover, when declaring that he "will discharge the brat", Dr Orda clearly juxtaposes his institutional power and responsibility (using the first person perspective, also in "You've got my permission…", see excerpt 3 below) and what he sees as Karol's irresponsibility.

In another excerpt, Dr Szymańska defends her decision to keep her patient on their ward, and not in the internal or radiology unit, as suggested by Dr Orda, the temporarily acting head of department. Dr Szymańska shows her concern about the fact that the patient's condition is suggestive of something worth their consideration and argues that he should stay there, against the more compartmentalised approach of the head physician, who seems to trust accepted procedures and courses of action.

(3)
DO: I have a question – why is this patient here? In my opinion, he should be on the internal diseases or radiology ward.
AS: It's possible he hurt himself falling from the stage.
DO: And this is the reason?
AS: Don't you think so? Let's observe him a bit longer.
DO: You've got my permission, temporarily.
AS: I am wondering why my patient keeps fainting. [S1/E13 6:32]

It is in the last line that Dr Szymańska points to the obvious, i.e. what a doctor should be concerned about, which, apparently, she sees critical to be communicated to her colleague. All in all, these three excerpts testify to Dr Szymańska's patient-centred approach while Dr Orda seems to follow the very formal biomedical course of action.

6.2.2. Dr Szymańska and other doctors

In the fourth episode, the doctors admit a patient, Helena, suspecting coronary disease, which, however, the test results do not confirm. Dr Szymańska decides to talk to her and she learns that the patient is grieving because of her husband, whom she recently lost. Subsequently, Dr Szymańska approaches her supervisor saying that she admitted Helena, she knew that the patient was grieving as she could hardly speak. She suspected that her coronary disease had been caused by stress and she had no will to live. Ultimately, Dr Szymańska approaches the patient to communicate the news and to suggest further treatment. Then she contacts her boss, Dr Bosak, to present a particular therapy and consult Dr Gajewski, a.k.a. Jivan[2]. Dr Bosak reacts positively to Dr Szymańska's suggestion saying that:

[2] Dr Gajewski is an internal disease specialist, but, most importantly, is portrayed in the series as a doctor who tries to approach his patients in a more holistic manner. His attitude is visible both in his countenance and manner. His hair is not stylishly trimmed, he has a beard and casual clothes in warm colours, with rastafarian elements. Throughout the episodes, the viewers watch scenes filmed in his special storeroom in the building, where he practices Joga, often together with other doctors, trying to help them solve their problems. Later in the series, Dr Gajewski opens his own holistic medicine practice.

(4)
EB: He is a good doctor and has an unconventional approach [i.e. more holistic]. [S1/E4 16:50]

This comment vouches for Dr Gajewski's approach but also testifies to the fact that the hospital head subscribes to Dr Szymańska's proposed course of treatment, albeit in a rather informal manner. The very choice of the word "unconventional" communicates the status of this perspective in the biomedical approach. However, it is the approach which is seen as more patient-centred, which can be deduced from the following quote. This time Dr Szymańska, accompanied by Dr Gajewski, communicates her decision to the patient concerned.

(5)
Helena: Why are you doing this? Why are you doing this?
AS: This is Dr Gajewski.
AG: Hello, Helena. You have great kids.
Helena: You are so obstinate.
AG: We are, indeed. But you know why? Because we swore to protect life and health as best as we can.
AS: To prevent suffering and to prevent diseases.
AG: I would like to talk to you about that. Would you spare me a moment?
Helena: You are so stubborn. [S1/E4 19:22]

In the next episode, Dr Szymańska sees Dr Wanat's newborn patient, who is displaying withdrawal symptoms. Dr Wanat suspects that the child's mother took drugs whilst pregnant, which would account for the child's condition.

(6)
AS: Where are you calling?
PW: Social security.
AS: You want them to take her child away?
PW: Yes, Alicja, she won't be able to hurt him anymore.
AS: I see that you have written her off.
PW: She got high while pregnant, she'll do it again now, too.
AS: How do you know?
PW: She will beg you, swear upon the child's life... [S2/E1 26.25]

In the transcript above, Dr Szymańska takes the patient's side. Despite Dr Wanat's adamant attitude towards the mother and his attempt to call social security in order to take her child away from her, Dr Szymańska tries to persuade him to give the patient a chance by openly admitting that she believes her. Later on, they learn that the mother has decided to go into rehab.

(7)
AS: I believe her.
PW: I called the centre. She's telling the truth.

AS: You see?
PW: She's not going to succeed.
AS: How is she supposed to if everybody's telling her that she'll fail?
PW: You see only good things in people. [S2/E1 37.05]

In the following fragment, Dr Szymańska does not confront any doctor but rather skilfully tries to convince the patient to undergo an operation despite her doubts but, at the same time, respecting the patient's views.

(8)
Patient: Operation? How come? Is it necessary?
AS: We need to unblock the artery which carries blood to the intestines.
Patient: But I didn't eat anything rich, I swear. I control myself, I stick to my diet. My recipes…
AS: It is not a matter of diet. Believe me.
[a nurse draws up the patient's sleeves, but she flinches away from her]
Patient: No.
AS: If we don't do the procedure, you'll stop being able to digest food.
Patient: I don't eat anything wrong, only vegetables, specially prepared, no meat [it is visible that she is in pain]. My late husband had no stomach, because they removed it and was able to digest perfectly for twenty years more. Just give me something for this pain…
AS: It won't help. The artery which brings blood to your intestines is blocked. We have a blocked artery here and because of that, blood isn't reaching the intestines. The intestinal walls become necrotic and will turn gangrenous. This is an advancing process.
Patient: [still curling up with pain] You doctors always get your way.
[the patient signs the consent] [S1/E8 07:27]

It is apparent that the patient is determined not to undergo the operation – she is convinced of her correct eating behaviour and later on she also mentions her husband, who managed to live without a stomach for twenty years. Dr Szymańska assures her that is not her fault ("It is not a matter of diet. Believe me…"), resorting to a visual explanation. She shows her a tourniquet which she squeezes at one end, so that the patient can understand the nature of the problem. In this this way, Dr Szymańska attends to the individual perspective of the patient and acknowledges it.

In the final example featuring Dr Szymańska, she consults a patient who needs to undergo an operation on her arm. The patient asks Dr Szymańska a favour, requesting her not to inform her new boyfriend about the seriousness of the surgery. The viewers learn that he has received a job offer in London and she does not want him to stay in Poland just because of her condition.

(9)
Patient: Doctor…
AS: Yes?

Patient: I'd like to ask you to do something. Please don't tell my boyfriend that I am so critically ill.
AS: Of course, it is your decision who I deliver the information to, but if he asks for information, what should I say?
Patient: That it is a minor operation.
AS: I'd rather not lie.
Patient: Please.
AS: May I ask why?
Patient: We haven't been together that long. It was love at first sight.
AS: All the same, I don't understand why.
Patient: He's going to London, he received a job offer from a big company. This is a big chance for him, he's dreamed about it. I don't want him to sacrifice it for me.
AS: Maybe it is not a sacrifice for him, if he loves you.
Patient: But I don't need to test that. I prefer that he goes there and fulfils his dreams. [S1/E12 4.20]

Dr Szymańska seems surprised and reluctant at the beginning, saying that she cannot pass on incorrect information. She repeats that in a variety of ways – asking what she should say, that she would "rather not lie", that she does not understand, etc., which testifies to her devotion to this particular principle, at the same time emphasising the asymmetrical relationship between her and her patient, which apparently gives her the right to hesitate. Upon further consideration, however, Dr Szymańska sees the patient's point of view and finds a way out of it resorting to the doctor's obligation not to disclose information about the patient without their consent, respecting the patient's wish.

6.2.3. Patient-centred Dr Keller

In this excerpt, a patient who has just learned his diagnosis of pancreatic cancer asks Dr Max Keller to pass on a letter to his daughter, whom he has not seen for ten years.

(10)
Patient: Please give this letter to my daughter. She should be here any time.
MK: No, really, you'll be able to give it to her yourself.
Patient: But please. I haven't spoken with her since we divorced. So much time, ten years. Yesterday I called her. I'm not sure whether I'll even recognize her. [Dr Keller takes the letter] [S2/E2 11.10]

In this fragment, the viewers see Dr Keller moving from a typical reaction of 'it will be okay', formulated indirectly as "you'll be able to give it to her yourself", in order to support the patient (and possibly disregarding the patient's fears), to recognising his anxiety and accepting his request, which also seems to point to the doctor's attention to the more humane side of the doctor-patient relationship.

Regarding the educational value of the material analysed, Dr Szymańska's approach clearly shows the patient-centred nature of her professional conduct, both at the level of her bedside manner and her communicative performance. She seems not to get discouraged by patients' behaviours and tries to get to the bottom of the problem – i.e. assess the patient – whilst at the same time treating them as individuals and valid participants of the processes of diagnosis and treatment, as well as respecting their rights. Patient-centredness can also be observed in Dr Keller's behaviour.

While our intention here is not to evaluate the realism of the portrayal of the medical profession in the series, the main protagonist's communicative performance is noticeably patient-centred, which potentially allows the series to be used as an example of instructive material for medical students (for a critical evaluation of sample instructive materials see Kiełkiewicz-Janowiak and Zabielska 2019), as well as for professionals, who, according to Chmielewska-Ignatowicz (2011), "may pay attention to how doctors do that [perform as medical professionals] in TV series."

7. Conclusions

The aim of the present paper has been to investigate patient-centred and biomedical discourses as reflected in the Polish medical series *Medics* (Pol. *Lekarze*). The series was analysed as a popcultural product featuring the representation of particular paradigms of medical practice. These representations were sought for in the main characters' performance, with a special emphasis on language. It turns out that the patient-centred model is widely present in the series and is used by characters whose personalities seem to tally with its assumptions. It manifests in different forms and themes e.g. adjectives describing the approach to the patient, reducing distance through directness and acknowledging the patient's perspective, providing explanations, offering options, etc. This is in juxtaposition to the biomedical model, which is represented by other characters' actions and communication, in the latter case emphasising the doctor's powerful position and stressing objective signs of the disease, amongst other things. The presence of such content in a popular medical TV series may have educational value, both for medical students and young professionals as a point of reference, but first and foremost, to patients for whom it may prove to be a valuable source of examples showcasing particular situations, circumstances and communicative behaviours as well as potential expectations. Furthermore, in light of the argument that genres actively respond to socio-cultural changes, including scientific paradigms, the analysis also shows the changes that medical practice and education are undergoing and reflects these changes at the level of content and linguistic means used.

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