

## 17. When the Doctor is Sick, or We Could Say, the Medical Antihero

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### ◀ ABSTRACT

The trend of featuring anti-hero protagonists in contemporary television series has become well established. In crime genre shows, the protagonist often adopts certain villainous characteristics, resulting in their anti-heroic status. Despite being a flawed character, the protagonist manages to retain a good-natured demeanor. In medical TV series the antagonist isn't embodied through a person, but rather, it is the disease itself. The illness is the adversary that the doctor is duty-bound to vanquish to rescue the patient. Thus, to fully comprehend the construction of an anti-hero protagonist within a medical drama, we must examine the intermingling between the main character and their nemesis: the illness. Consequently, the anti-heroic doctor is the sick doctor. It is a protagonist made defective or flawed by being affected by the same enemy he must fight. As spectators we will find ourselves looking at an imperfect doctor because he is sick and whose illness makes him apparently unable to be effective on patients. Starting from these premises, I will try to identify how the figure of the anti-heroic doctor is constructed as a flawed character in two TV series: *House, M.D.* (Fox, 2004-2012), *The Good Doctor* (ABC, 2017-).

### KEYWORDS

Medical drama; TV series; antihero; narratology; television studies.

## Introduction

The presence of anti-heroic protagonists in contemporary television series is an established trend. Over the past few decades, viewers have grown accustomed to this unique, and certainly not conventional protagonist. These are often antisocial, obnoxious, villainous, and morally questionable characters who are generically referred to as antiheroes. This term refers to a protagonist who is flawed or weak, seemingly incapable of accomplishing the heroic deeds she/he are destined for. This is because it is no longer the classic 'spotless and fearless' heroic protagonist but is precisely a character who is somehow morally less than perfect or fearful in facing dangers. The antihero can be morally flawed, closer to a villain than a hero. Or he may be characterized as weak and ineffective with respect to the task he is destined for, thereby reduced to being deemed inefficient.

In traditional crime genres, the protagonist often morphs into an antihero, adopting certain unfavorable traits typically associated with the villain. This similarity with the antagonist tends to be apparent from a moral perspective. Despite their flawed attributes, these characters are consistently portrayed as capable of resolving the challenging situations they encounter. This type of protagonist remains effective and solution-oriented in their actions, while appearing ethically ambiguous to the viewer.

This is a representation of the character that allows the authors to give her/him depth and complexity. Often the problematic nature of the antihero is linked to a difficult past, to a trauma that has marked his/her existence and that determines his relationship difficulties. In this way, screenwriters have a way to build nuanced and complex characters. The complexity of the antiheroic character is thus linked to the form of television storytelling that Jason Mittell has called complex television (2015).

However, there seems to be narrative genres of television seriality in which this complex characterization of the protagonist is more difficult to

find. One such genre is the medical genre. Most likely it is the need of this narrative genre to portray the figure of the medical protagonist in positive terms. The risk is to make the protagonist ineffective for the main function for which he is intended: treating patients. Consequently, it is possible to identify, as we shall see, particular constructions of protagonists in medical TV series that can be defined as anti-heroic (Santangelo 2015). Basically, in medical TV series antiheroes exist, the problem is to identify the particular way in which they are presented to the viewer.

We may inquire, what constructs the anti-heroic protagonist character in medical TV series, and why are they portrayed in such a manner?

## **The Construction of the Medical Antihero**

If the antihero is the result of the synthesis between the characteristics of the protagonist and his antagonist, we must properly identify the figure of the antagonist in television medical drama.

First of all, in every medical plot there is always a doctor character who opposes the protagonist, and this figure represents a sort of specular reversal of the protagonist's characteristics. This character is depicted as a corrupt careerist, often a greedy doctor, who represents a simple weight that slows down the action of the heroic protagonist. According to the narrative logic of the hero's opponent vs. helper couple, this character performs the function of the classic opponent. He represents an obstacle or slowdown in the action of the protagonist, but not the protagonist's true enemy. This is not the antagonist we seek. We must look for our protagonist's real adversary, not for her/his mere opponent or obstacle to her/his action. We are looking for an individual or entity possessing a purpose or goal in contrast to that of the protagonist. An entity moved by a narrative agenda contrary to that of the hero.

Thus, the question is: where is it possible to identify the true antagonist in a medical drama?

Medical drama has its own narrative logic that does not involve an embodiment of evil in a physical person whose actions the protagonist seeks to counteract. Actually, in this kind of narrative the antagonist is not represented by a person, but by disease itself. Illness is the real enemy that the doctor must defeat in order to save the patient.

Therefore, to identify the anti-heroic protagonist in the medical drama, we must examine the blend of characteristics between the protagonist and

their antagonist. A characterization that makes him/her weak and flawed in the eyes of the viewer, thus seemingly unfit for the task of fighting his natural antagonist, disease.

We can argue that the anti-heroic doctor is, in fact, a sick doctor. It is a protagonist made defective or flawed by being affected by the same enemy he must fight. As spectators we perceive this doctor to be an imperfect doctor because due to his illness which, seemingly makes him apparently unable to be effective on his patients. The physician's illness may be either physical or mental, but more often the latter, or the character may be suffering from a mental disorder that results as a consequence from an impairment or physical illness. But the question is, how does this characterization change the effectiveness and operational capabilities of the antiheroic doctor?

### **The Functionality of the Antihero**

The physician's illness or impairment in medical drama representations should inevitably limit the effectiveness of the physician's own actions. The interesting thing is that this figure of a physically or mentally dysfunctional doctor actually proves to be perfectly functional in the patients' care. This is due to the fact that the doctor's illness is represented in TV fiction as a gift that allows him to perform his functions much better than "normal" not ill doctors. The illness from which the anti-heroic doctor suffers, often some form of mental disorder, becomes thus a kind of superpower, rather than representing an impediment, as it would happen in real life.

Generally speaking, we have a similar situation in the portrayal of characters with mental illnesses in TV series. Mental illness in many TV series is not represented as an uncomfortable factor or one that determines a dysfunctionality of the subject, but as a positive factor, almost a superpower. In the fictional representation, mental illness offers the character the opportunity to see things differently and the ability to understand reality in a way inaccessible to 'normal' people. The madman in the fictional representation of the TV series is not dysfunctional but, on the contrary, hyper-functional.

For example, in the espionage TV series *Homeland* (Showtime, 2011-20), the main character, Carrie Matheson, is a CIA agent suffering from bipolar disorder, an illness she keeps under control using medication and which she keeps hidden from CIA'S supervisors so as not to be removed from active duty. Carrie, with her exceptional attention to detail that others often overlook, uncovers a series of clues leading her to suspect that a mili-

tary man, missing in action for eight years and recently returned, is secretly working for the Al-Qaeda terrorist group. It is her severe disorder that allows her to be more effective than other CIA agents.

Similarly, but in a different narrative genre, the protagonist of the crime series *Perception* (TNT, 2012-15), Daniel Pierce, is a brilliant lecturer in cognitive science and neuroscience who is used by the FBI to solve complex criminal cases in which his special skills as a psychologist are crucial. The issue is that he struggles with a severe form of schizophrenia, characterized by persistent hallucinations and occasional manic episodes. However, it is through these hallucinatory experiences that Pierce is able to work out solutions to the cases he is called upon to assist. His illness becomes the superpower that allows him to have a different or perhaps superior perception (hence the title of the series) of things rather than those unaffected by the disease.

This portrayal of illness, particularly mental illness, overlooks the true suffering experienced by those affected. Within the fictional narrative, however, the illness transforms the individual into a hyper functional and efficient protagonist. Although unrealistic, this plot device serves the purpose of crafting a compelling story within the TV series, centred around a flawed hero.

Starting from this assumption, I will try to identify the way in which the figure of the anti-heroic doctor is constructed as a flawed character in two specific TV series considered as exemplary cases. I will not consider here cases of antiheroic physicians placed in the context of choral narrative structures, such as the cases of dr. Doug Ross and dr. Kerry Weaver in *ER* (NBC, 1994-2009), because in these cases the narrative role performed by their flawed characterization contrasts with that of single-protagonist medical series. In choral structure TV series, the depiction of one or more antiheroic characters serves to provide the viewer with a wider range of character types, from the most good to the most evil, through the more nuanced characterizations of different gradations of the anti-heroic. Nevertheless, in such cases the effect achieved on the viewer by the inclusion of such characterized characters is less powerful and distinct compared to narratives that focus on a single antiheroic protagonist.

### ***House: the Antisocial Antihero***

The first example, *House, M.D.* series (2004-2012), centres on a physician, Dr Gregory House, specialized in nephrology and infectious disease with a very unique characterization. He is in charge of an emergency diagnos-

tic medicine unit that deals with extreme and difficult clinical cases. The problem is that his great diagnostic abilities are accompanied by a particularly difficult character. He is basically an antisocial person who refuses any contact with his patients and behaves brusquely and aggressively even with his colleagues. The justification for his behaviour comes from an illness: he suffers from an impairment in his right leg that limits his movement and brings constant pain. Due to this, House has become addicted to a strong painkiller, Vicodin, which further exacerbates the toughness of his character. Despite his physical impairment and difficulty in interpersonal relationships, House is portrayed as a capable physician who solves clinical cases where other doctors would have failed. This side of the character's characterization seems to allow the screenwriters to take the rationality of his behaviour to extremes. If House is apparently devoid of empathy for patients, his judgment will not be distorted or impaired by any emotional involvements. Illness increases rationality and thus the character's operational and pragmatic effectiveness in his professional activities.

House's ability to solve extreme clinical cases thus derives from his hyper-rationality. A disposition to hyper-rationality that stems from his sick condition. His illness involves the exclusion of any form of emotional participation in the clinical case. Although there's no risk of House being distracted from the patient's case, the show's producers have explicitly state that his primary objective is to cure the disease rather than the individual. This makes a difference with respect to his condition and his representation compared to the other doctors of his team who are instead emotionally involved and thus distracted in their cognitive action of solving their clinical cases. In the complex world of medical diagnosis, doctors often face a challenging situation where both their emotional and cognitive abilities come into conflict.<sup>1</sup> This phenomenon is exhibited in a recurring narrative scenario in the popular TV show known as "the blackboard". During each episode, Dr House presents conflicting patient symptoms on a blackboard to his team and conducts brainstorming sessions. It is in this situation that the hyper-rationality of House's character becomes evident, which exceeds that of the other doctors present, every time, in efficiency and efficacy. House, as a result of his condition, is able to act in a cynical manner in

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<sup>1</sup> Regarding the relationship between body representations and the use of technologies in *House M.D.* see Bentes 2010.

seeking the solution to the clinical cases by trial and error. House can be considered a Popperian physician who works through trial and error to test a hypothesis (Popper 1963): he identifies the solution by venturing an assumption and subsequently examining whether that assumption is correct or not (Bernardelli 2008). The problem is that in doing this, he often puts the patient's life at risk. For it is only by verifying the failure or falsification of a possible interpretive hypothesis regarding the patient's illness that he can determine if that line of inquiry should be abandoned in favour of another path. Falsifying a hypothesis involves putting the patient's life at risk through an attempt with treatment that often turns out to be wrong.<sup>2</sup> This cynical attitude towards the patient is possible only because House's character has been constructed in such a way that he shows no form of empathy towards the patient. His lack of empathy allows him to approach patient care in an absolutely technical and, as previously mentioned, hyper-rational form. Owing to his illness determines the fact that he can act so functionally, indeed hyper-functionally.

### ***The Good Doctor: the Innocent Antihero***

The other relevant case is that of the protagonist of the TV series *The Good Doctor* (2017-). The protagonist of the series is Shaun Murphy who has autism and savant syndrome (Poniewozik 2017). He comes from the small town of Casper, Wyoming, where he had a difficult past of abandonment and loneliness. After graduating from medical school, he gets a job at San Jose St. Bonaventure hospital, a prestigious private medical institution. He is helped and mentored in his career by his friend and sort of stepfather, Dr Aaron Glassman. Thanks to the latter he is hired at St Bonaventure creating controversy and divisions within the hospital board.

His savant abilities include near-photographic recall and the ability to note minute details and changes in patients' conditions. He is able to depict the patient's condition almost radiographically in his mind. An ability depicted through shots that enter the patient's body showing its mechanisms in a sort of 3D reconstruction.

Shaun's problem is that he possesses no empathic ability towards patients due to his disease. At the same time, and for the same reason, he manifests

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<sup>2</sup> "We treat it. If she gets better, we know that we're right." (01x01)

in the eyes of the viewer a form of naive perspective of the world. The latter is a condition for which he is also rebuked by other doctors who do not understand his lack of cynicism and inability to understand the dynamics of the world. Shaun's illness involves attributing to the character, a higher-than-normal ability to concentrate – typical of the fictional representation of people with autism. This results in his ability to visualize the patient's condition, but also the possible developments of his clinical condition. The 3D visualization is used to make the viewer think that Shaun processes information in an almost mechanical, hyper-rationalistic manner, like that of a form of AI. This also illustrates Shaun's ability to use skills quantitatively superior to those of a physician without autism to solve the case. A mode of operation of Shaun not within the reach of other physicians that makes evident that condition we have termed hyper-functionality of the antihero with a mental disorder.

This condition of Shaun is somewhat parallel to that of House, whose hyper-rationality is induced by his illness and his consequent lack of empathy. In Shaun, however, this condition is accompanied by the naiveté of his attitude towards the world. Shaun is incapable of understanding, due to his illness, "how things are in the world." This is seen by his colleagues as a flaw, as an inability to interpret situations and thus to know how to handle himself in interpersonal relationships without being offensive or embarrassing at times. In the eyes of the viewer, Shaun's condition is instead a counterbalance to his lack of empathy. The hyper-rationality of Shaun's behaviour that might come across as cold and standoffish in the viewer's eyes, reducing him to a sociopath like House, is instead diluted by the naiveté of the character who often moves through the world like a child. In this way, the viewer's empathy towards the character is activated. In House's case the viewer's empathy is instead activated through the rational aspect of the character, that is, through his irony and cynicism towards the world. The empathic relationship with the viewer is activated in House's case by rational means, while in Shaun's case by emotional means.

## Conclusions

I will leave aside the ethical issues which the portrayal of a dysfunctional doctor raises in the viewer's perception. Instead, I will focus on the writing motivations that may have justified such an unusual character construction and seemingly contrary to the expectations of the specific narrative genre. In



fact, in a medical drama the viewer is looking for a perfect doctor, a sort of 'Dr Kildare' (quoting a classic of the genre from the 1960s; NCB, 1961-66). In this more traditional genre of television series, the protagonist is always empathetic and efficient towards patients, and he is not characterized by any negative characteristics that would put him in an anti-heroic perspective in the viewer's eyes.

What narrative mechanisms are activated through the construction of the figure of a dysfunctional and fragile doctor? What effects can be achieved on the viewer?

The idea is that the antiheroic characterization of the protagonist in medical dramas creates a dialectical relationship between the emotional and the rational aspects of the narrative.

Illness inevitably increases the emotional focus on the character and the relative involvement of the viewer. Usually, it is the patient who receives this connotation and thus plays an emotionally relevant role in the eyes of the viewer. However, the patient is the temporary protagonist of the individual vertical plots in the serial story structure. The viewer's emotional involvement in traditional medical drama is therefore not continuous; it does not possess inter-episodic continuity (except for the rare occasions when the narrative of a single clinical case is extended over several episodes). Instead, the line of emotional continuity in traditional medical drama is defined by *romance*, by the interplay of the interpersonal emotional relationships (through the dialectic of Love & Hate) between doctors and other caregivers. Not by *drama*, not by a serious tone or subject. This kind of viewer's emotional empathy for the protagonist stems not from issues related to his sentimental or relational sphere, but from the condition of his body and mind. There is a shift from romance to drama that changes the type of emotional involvement of the viewer.

In *House, M.D.* and *The Good Doctor*, the protagonists' illness, their imperfection, shifts the emotional charge, and thus the viewers' attention, to the doctors themselves who are the protagonists of the story. This results in a very strong form of inter-episodic continuity in viewer involvement. The viewer is focused on the protagonists continuously, and along two different axes. The sick doctor is at the same time perfectly rational and efficient at work, but in the eyes of the viewer he is also the source of a strong emotional charge and investment, unusual in other medical series. The figure of a weak or anti-heroic doctor thus becomes a dual source of empathic bonding for

the viewer instead of becoming a factor of detachment due to his supposed ineffectiveness as a physician.

In conclusion, we can say that Gregory House and Shaun Murphy are thus invested with a complex role. They are patients and doctors at the same time. With the consequence of leading the viewer to focus his/her attention on them according to a dual register, rational and emotional at the same time. And this happens in the inter-episodic continuity of the story of the two protagonists. This is also why these are TV series that are particularly focused on the two protagonists, rather than on the episode cases.

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