



## Another ER Closes

Data from the CDC indicate that about 10% of the emergency departments in this country have closed since 1995. On April 2, 2009, an ER closed after a highly successful 15-year run of treating patients Thursday evenings for only one hour. But in that hour it managed to treat more critically ill patients and influence more people interested in emergency medicine than any ED except ABEM General—and this one was a lot more entertaining. The ER I am referring to, of course, is the fictional television “ER” of Chicago’s County General Hospital that became one of the longest-running and most successful medical series of all time. According to the *New York Times*, “ER” was the most-watched television show for three seasons and, at the height of its popularity in 1998, attracted almost 48 million viewers.

“ER” has also been the subject of numerous editorials and commentaries almost since the first episode aired in September 1994. Journals such as *JAMA* and the *New England Journal of Medicine* expressed concern that the remarkably high resuscitation rates achieved might lead to unrealistic public expectations and that the excitement of the series might attract impressionable medical students to our specialty. There is no question that “ER” helped estab-

lish emergency medicine as a very appealing specialty in the minds of the public while attracting some of the best and brightest graduating medical students to careers in emergency medicine. Instead of the typical questions I used to hear—“are you going to open up your own practice after you finish in the emergency room?”—I began hearing “is what you do really like “ER” on television?” Move over Marcus Welby, MD, make room for Dr. Greene!

Mark Greene, MD, the ED chief ably portrayed by actor Anthony Edwards, was, in fact, the character I most closely identified with when the series began—possibly because of the glasses and hair, or the roles Edwards played before “ER” (Gilbert Lowell in “Revenge of the Nerds,” Lt. “Goose” Bradshaw in “Top Gun”). Then at the end of the eighth season, they killed him. Couldn’t they have stopped with “burnout”? After that I was never really able to maintain my interest in the series, but I suspect that I would have lost interest anyway as “ER,” like all long-running series, began to focus more on its characters’ personal lives. Most colleagues also seem to have stopped watching regularly in recent years—some out of fear of missing the increasingly esoteric diagnoses.

Perhaps as an indication of the substance and depth of our specialty, “ER” ran for more years

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than other “reality-based” series such as “Hill Street Blues” and “L.A. Law.” Prior to “ER,” few medical dramas came close to capturing the realism that the late Michael Crichton, MD, Steven Spielberg, and a crew of emergency physician writers and advisors instilled in each episode. One earlier series that did was the 1980s’ “St. Elsewhere,” which included the smart, wisecracking ED doc Wayne Fiscus, portrayed by Howie Mandel (currently the host of “Deal or No Deal”). Another very positive character in the early years of “ER” was Dr. Doug Ross, the pediatric emergency physician with an extremely strong conscience—sorry, that’s redundant—portrayed by George Clooney.

All in all, “ER” managed to bring to public attention dozens of important health issues and problems faced by the nation’s EDs and emergency physicians in our attempts to provide the best emergency care. By doing so, the producers of “ER” did well by emergency medicine and the show, in turn, served up a very positive image of our profession. Now, what to do on Thursday nights? □