

Inside the Mind of House MD

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Consider the humble physician - devoting time and attention to patients in need; maintaining a commitment to life-long learning to keep his or her skills up to date; upholding the Hippocratic oath; and reviewing scripts for a top-rated television drama in the heart of the Hollywood Hills.

Not expecting a doctor's responsibilities to be so broad? Neither was UCLA physician Harley Liker MD. When Dr Liker entered the profession he was sure that medicine would be a varied and interesting profession; but no one was more surprised than he when he found himself working on the script of the award winning medical drama House MD.

Access to and interest in medical matters has never been greater, and the advent of internet search engines such as google and wikipedia means that everyone can be a home-made medic. The international success of shows such as Grey's Anatomy and House is proof of medicine's popular appeal. Dr Liker, one of the medical technical advisors on House - the most watched show in the world[1] - agrees that medicine is something that we all can relate to.

Liker was the first medic to be brought on board the Emmy award-winning show, and explains how he landed the job several years ago:

"My son Jake was in preschool with the daughter of House's creator, David Shore. David and I would discuss new projects and one time he said 'I've been asked to pitch this idea of creating a television show'. His idea was that he was going to create a physician who was going to be edgy and solve mysteries; the term he used with me was 'I want him to be like Sherlock Holmes'. I think few people know the show is called House as it bears resemblance to the name Holmes."

At the time, a drama based on medical mysteries had never really been done before. Shore, had a background in law but needed someone with medical expertise to get the show right. Liker recalls the early stages of getting the show off the ground where he drew on his experience in the profession to come up with the character credentials:

"When it came to the characters and their professions I immediately said you're going to need an oncologist', so that's what Wilson - House's best friend - became.

From a dramatic standpoint you want oncology to feature in the show. It's life threatening and allows for emotional highs and lows and that's drama."

"Also at the time of my discussions with David, the Anthrax scare was not too long ago and there was a lot of concern about bio-terrorism. I said you need an infectious disease person because people get really sick from all kinds of strange organisms - so that's what Dr House became. Furthermore you need a neurologist because that allows for dramatic signs such as seizures and directs interest to the brain which fascinates people and so we had Foreman.

"Chase became the pulmonary critical care doctor since there are bound to be really sick inpatients and you need someone with expertise to care for them too.

"Finally we thought rheumatology would work well because rheumatologic diseases can present in odd ways and some can actually be life threatening, like advanced Lupus. So Cameron became the rheumatologist on the team."

Discussing medical cases amongst fellow physicians and health professionals is one thing but making medicine make sense to those from non-medical backgrounds is a whole other ball game. And that includes the writing staff. Liker recognized some common misunderstandings stemmed from the medical jargon:

"One of the things writers love to say is 'give him an MRI' and I tell them doctors don't give patients an MRI, they order an MRI. Similarly David very early on knew he wanted Dr House to report to someone high up and he called Dr Cuddy the Dean of Medicine. I told him 'it should be the Chief of Medicine' but then the average person watching House MD is from a non-medical background so in a way whether it's the Chief or the Dean it doesn't matter."

Liker forgives the writers' errors, knowing that all but one, David Foster - a fellow physician - do not have the benefit of clinical experience to steer their ideas.

When asked who's the real star of the show - the medicine or the drama - Liker is quick to explain:

"It's not really a case of one before the other. The show is ultimately about telling stories - hopefully highlighting human characteristics and emotions such as sadness, joy, betrayal that are universal. So the show is much bigger than just the diseases. The medicine and the cases are the vehicles by which we can illustrate human nature. Then you have the arcs which is where the drama fits into the script. The nice thing about medicine is that it is very accessible and something everyone can relate to you can personalize it. It also makes us think about moral and ethical issues."





But while the storylines and character development fall within the remit of David Shore and the writing team, Liker's chief interests lie in the technicalities and medical nuances of the show, and he works hard to maintain accuracy, inviting specialist consultants in various medical fields to advise the show.

"I really leave what's happening with the characters to the writers. One of the recurring characters early on was a pharmaceutical company boss called Edward Vogler. My input was about the nature of the relationship between him and Dr House as I knew the ins and outs of hospital administration and hierarchy. For the most part, how the characters evolve is left 99.5 per cent in the writers' hands."

Liker is always on hand to point the writers in the right direction when it comes to ideas for diseases and cases, and he is keen to point out that the choice of condition is driven by dramatic interest rather than commercial ones.

"I was asked by an individual who was wondering whether the pharmaceutical industry had undue influence on the show. In other words where we paid to do product placement? Well, on the show

we only use generic names and never the branded ones. We would say ibuprofen rather than use its tradename. So, just so the record is clear, the pharmaceutical industry has zero influence on the writers or the content."

"This isn't a show about coughs and colds or something that's going to be easily diagnosed with the first blood test because there's no mystery, no hook to keep the viewers engaged. I've given the writers some interesting websites that help guide them to some rare diseases and every year someone from a different field of medicine comes down to talk with and sit amongst the writers. The brief is simply to tell us about their most interesting and challenging cases.

"The nice thing about House is that there is a medical mystery to be solved and they're typically complicated enough that a second or third year medic is not going to figure out, and so it can get their minds to think of differential diagnosis which is good."

"The writers are constantly reading and they are hearing about strange poisonings that were not easy to detect. You want to find diseases that are similar enough to other diseases so it's easy enough to go down the wrong path. You know the old saying 'If you hear hoof beats think of horses not zebras'? Well in House we have them hear hoof beats, think of horses but ultimately it turns out to be zebras."

The high value placed on medical accuracy is obvious, but does the often-idiosyncratic behaviour of the eponymous Dr House stem from similarly factual origins? Does his habitual use of Vicodin and his apparently dismissive attitude to his team and patients alike, have a basis in reality? Liker insists that House is purely fictional and emphasises that he is not aware of any doctors who conduct themselves in the manner Dr House does.

"The notion that I'm not going to see a patient and instead send my residents to see them while I sit and pop Vicodin and play with a tennis ball in my office is the furthest from the truth. There's no question that I would ever conduct myself the way he conducts himself professionally or I would not have a practice! If you want to put me on the spot here and ask me whether I know of any doctors who get their interns or residents to break into patients' homes - I most certainly do not...!"

While some of House's more outlandish character traits may push the boundaries for the sake of entertainment, creator David Shore will often ask the writers to present medical literature that supports the disease they are working on for an episode, to make sure everything is as plausible as possible. If Liker feels the medicine is being pushed too far he will take a stand.

"The conflict for me is when I think that something is not medically possible - you can't tell me you can take a kidney from a bird, put it in a man and that kidney is going to start working. The unwritten rule is - if it could happen or it's happened at least once - it could happen on House."

References:

1. <http://thecelebritycafe.com/features/28886.html>