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APPROACHES AND PERSPECTIVES

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16. Biomedical Imaging and Rhetoric of Diagnosis in Medical Dramas and Docuseries[1]

Alice Cati and Deborah Toschi

ABSTRACT

The article aims to investigate different representations and imaginaries of care in contemporary audiovisual products, with particular reference to popular cultural products such as medical dramas and docuseries. By analysing some case studies, two perspectives will be put in close dialogue: on the one hand, the position of healthcare institutions and doctors, and on the other hand, the position of patients. Despite their partly fictitious and rhetorical nature, these audiovisual products demonstrate the way illness and health are represented and imagined, which constitutes not only an aesthetic of care, but care as felt and experienced in and through some practices of the body. In particular, the authors will consider how medical dramas and docuseries represent new technologies, from diagnostic imaging to extended reality technologies, investigating how these techno-scientific innovations reshape the conceptualisation of the body, the image of illness, the perception of therapeutic practices, and the relationship between doctor and patient.

KEYWORDS

Bioimaging; diagnosis, doctor-patient relationship; docuseries; medical drama.

[1] The chapter was discussed jointly by the authors. Deborah Toschi wrote the first and the second paragraphs, while Alice Cati wrote the third and the fourth paragraphs.

Introduction

Since the Second World War, medical practice has undergone a profound transformation concerning the introduction of numerous and increasingly sophisticated medical imaging technologies, which have profoundly changed the diagnostic procedure and the doctor-patient relationship. In mirroring this process, biomedical images and technologies are frequently captured, represented, and revived in medical dramas and docuseries, significantly impacting popular culture and the collective imaginaries. Indeed, medical series shape the social perception of doctors and health care institutions, as well as the rhetoric codes and discursive construction for the body's observation, diagnostic documentation, and care. On this level, it becomes particularly interesting to observe how the narrative models of medical drama have influenced the representation and narration of illness and healing in some recent docuseries. Accordingly, this essay aims to analyse two different television products, medical dramas and docuseries, which have both worked on the representation of illness and hospitals (Chory-Assad et al. 2001, Jain 2013).

We intend to verify how they have represented the hospitals and their technologies, and how they have shaped the experience of cure and the doctor-patient relationship. By focusing on the most popular and widespread international products within the contemporary English-speaking context, particularly the US one, this article will also question the role of diagnosis in the narrative advancement of medical drama, and how it introduces the element of detection in some series, both fictional and documentary. Finally, the two trajectories of diagnosis will be investigated: clinical assessment, which has acquired a solid technological and objectifying component, and patient data collection, which instead maintains the centrality of the sufferer in the narration of their experience of the disease.

How to See the Body in Contemporary Medical Dramas: Anatomical Vision and Scientific Display

Since the second half of the 1990s, this genre has redefined its identity thanks to the innovation made by television series like *ER* (NBC, 1994-2009), *Cardiac Arrest* (BBC1, 1994-1996) and *Chicago Hope* (CBS, 1994-2000). Under the label of "contemporary medical dramas," there is a constellation of sub-genres: period drama like *Call the Midwife* (BBC1, 2012-), *A Young Doctor's Notebook* (Sky Arts, 2012-2013), *The Knick* (Cinemax, 2014-2015); dark comedy like *Nurse Jackie* (Showtime, 2009-2015), *Getting On* (HBO, 2013-2015), surreal sitcoms *Scrubs* (MTV, 2001-2010), *Green Wing* (Channel 4, 2004-2007), dramatic series like *Code Black* (CBS, 2015-2018), and the medical dramas that tends towards the soap opera, like the Shondaland universe (2007-2013). Although each series has its format, we can usually find some common elements: the hospital setting and a poor representation of everyday life outside of work, as protagonists, the team of doctors/residents with often a primus inter pares, a multi-strand narrative, and the patients-of-the-week formula (usually two) that changes with each episode (Bignell and Woods 2022, Rocchi 2019).

Contemporary medical drama distinguished itself by the spectacularisation of the medicalised body. The scholar Jason Jacobs states, "The explicit visualisation of emergency treatment was one of the most distinctive features of the new hospital drama" (2003: 54). Graphic depictions of serious injury, bleeding wounds, and realistic or ultra-realistic representation become critical elements of the *mise en scène*. Similarly, Basil Glynn and Jeongmee Kim discuss the "visceral effect" (2016). Despite dealing with a traumatised body treated with invasive techniques, Jacobs notes that the genre avoids horror or splatter drifts (even series like *Nip/Tuck*, FX, 2003-2010), because, in the medical drama, the "body is regulated, extended and technologised," as articulating Michel Foucault's ideas of the "disciplined body" (Foucault 1975). "The heartbeat becomes the sound of the EKG monitor; blood is circulated through tubes, bags, and ventilators assist breathing" (Jacobs 2003: 69). A second element to highlight an increasingly characteristic of the genre is the exhibited presence of biomedical imaging. In the real medical context, the spread of medical imaging technologies has grown exponentially since the 1950s, so much that Kelly Joyce underlines that these technologies have imposed a "visual turn" (Joyce 2008). Within this framework, it is worth

analysing the presence of medical imaging in hospital television series, its style of representation, and its role in the doctor-patient relationship and the narrative economy of medical drama.

Medical imaging is widespread in all hospital-set dramas (Bonner 2005), even in a period drama such as *The Knick*, directed by Steven Soderbergh, set in the Knickerbocker Hospital in New York at the beginning of the Nineteenth Century. For example, let us recall that the episodes focus on the radiographic technique (01x05, 01x06). But never, like today, medical technologies have been put on display. In this perspective, we can refer to the numerous product placement agreements of shows such as the ongoing *Grey's Anatomy* (ABC, 2005-), which advertises even through special episodes Littman stethoscope (19x15, 19x16), Da Vinci Surgical System (02), Lodoxlow dose X-ray Statscanner (09x18), Philips MX 16-slice CT scanner (06x02), etc. A particular emphasis is placed on experimental technologies; we suggest, for instance, the MasSpec Pen that provides automated feedback to determine whether a tissue is normal or cancerous, used by Dr. Richard Webber for the Grey Sloan Surgical Innovation Contest (14x12), or the futuristic use of the 3D printer CubeX (10x08) or the floating 3D holographic imaging technology developed by Realview Imaging Limited that gives doctors a real-time view of the organ they are operating on by merging the data mined from X-ray, MRI or ultrasound imaging. Cristina Yang uses this fascinating technology in her firewall episode (10x22). We would also add one of the hospital dramas built on the union of medicine and technology, *Pure Genius* (CBS, 2016-2017), set in Silicon Valley and defined as a "high-tech doctor drama" because it invents unique technologies inspired by real-world ones (Poniewozic 2016). Bioimaging technologies, whether real or imaginary, are omnipresent and punctually highlighted in stylistic terms, as demonstrated by some unusual shots from *New Amsterdam* (NBC, 2018-2023).

Analysing not only the diffusion but the use of imaging in medical dramas, television doctors relate to the sick body primarily through screens and diagnostic images, which have become indispensable for identifying the disease and monitoring treatment. In many sequences, the patient's body is not physically present, the doctor contemplates medical images of the body, and the diagnosis is made only through its visualisations. Furthermore, it is often through bioimaging that the doctor interprets the body, providing a series of technical explanations of its malfunction to both the patient and the students of the teaching hospital (Arawi 2010, Ostherr 2013, Cappi

2015). The doctor-student relationship overshadows that between the doctor and the audience. Technologies give access to the inside of the body, and in medical dramas, they have been widely integrated in narrative and stylistic terms. Indeed, as claimed by Carlin, medical imaging promotes "greater comprehension of the illness or injury" and also has an "emotional effect linked to viewing one's *invisible body*" (Carlin et al. 2014). Moreover, bioimaging is perceived as an element of evidence. This technologically sophisticated and objective analysis has an essential role in clinical decision-making, also about the evidence-based method at the basis of medical education (Turow 1989).

At the same time, diagnostic imaging remains silent for the patient and the public. To decipher these images, the doctor's competence is necessary and gives the physician superior knowledge and a position of authority. Indeed, *House, M.D.* (Fox, 2004-2012) has done the most work on diagnostic interpretation (Dusi 2007, Freccero 2007). Doctor Gregory House (played by Hugh Laurie), who chairs a diagnostic team in the fictional Princeton-Plainsboro Teaching Hospital in New Jersey, is inspired by Dr. Lisa Sanders' *New York Times Magazine* column "Diagnosis". In this show, the medical drama merges with the procedural; reports and medical imaging become pieces of objective evidence, which rarely match the patient's narratives and must be put together in a coherent puzzle. As *House, M. D.* teaches us, patients lie, but medical reports don't. So, the doctors make the correct diagnosis only by following the evidence of reports and medical imaging, despite the patient's narrative (Holtz 2006, Laften 2010, Goldstein Jutel 2019). In many medical dramas, the patient's medical history plays a secondary role; it is reduced to a starting point for the medical team's work. The repetitive scheme assigned to this part, always carried out in the hospital, flattens the representation of the sick person to a series of symptoms. In the custom of the fictional genre, we never have access to the representation of the "patients-of-the-week" in their everyday life, not even in flashbacks. The patient's narration eventually builds a dramatic climax, but the focus in these sequences remains anchored to the doctor. In some series, this focus is reaffirmed by narrative and stylistic elements, for example, in *Grey's Anatomy,* the starting and closing voice-over monologue performed by Meredith.

In this perspective, the originality of *House, M.D.*'s narrative construction lies in proposing a mediation between two opposing trends: on the one hand, the blind fate in sophisticated diagnostic tools, and on the other, the

art of clinical reasoning (Görgen 2019). Rapezzi *et al.* meditate on the clinician-detective analogies during the golden age, the end of the 18th Century:

> During their golden age, the two disciplines thrived on a climate of faith in the apparently unlimited capabilities of science and based their methods on a deterministic interpretation of clues, signs, and symptoms. Detectives and clinicians reach a final, reasoned 'diagnosis' by decoding signs (clues) that are often meaningless or disconcerting to the layman (Rapezzi 2005: 1491).

Not by chance, but shortly after the Holmes/Watson couple (Doyle 1887), we recall here the fictional character of John Thorndike, created by the pen of Richard Austin Freeman (Freeman 1907).

In *House, M.D.*, in addition to bioimaging, the audience can literally enter the patient's body and see the inner workings, thanks to miniature effects, motion control photography, and 3D motion capture. Some scholars have referred to an "X-Rays aesthetic" or "anatomical vision" (Kevles 1997, Roethe 2018); in the field of media studies, José Van Dijck suggested the fitting expression "endoscopic gaze", also about the contemporary cultural ideology of the "transparent body" (Van Dijck 2001, Van Dijck 2005, Sawchuk 2000). In this sense, an aesthetic analogy between biomedical imaging and digital compositing is used to probe internal body surfaces and spaces. In both cases, these are computational images, data processing, and visualisations which, due to the grain and the colors, refer to a virtual representation of the body. However, this style of representation is promoted as realistic, truthful, and believable. This kind of representation, in the medical-scientific context, has been legitimised by the Visible Human Project in 1994 (Male data set) and 1995 (Female data set), and was conveyed to the general public through the digital effects of the forensic drama franchise *CSI – Crime Scene Investigation* (CBS, 2000-2015). The Visible Human Project, achieved by the National Library of Medicine, is a 3D anatomically detailed representation of a human body, realised from a natural cryogenic body, a public-domain data set for testing medical imaging algorithms, planning treatment, and creating a virtual reality model (Ackerman 1998, Waldby 2003). The proximity between *CSI* and *House, M.D.* is also underlined by Antonella Napoli and Alessandra Santoro, who suggest that a series such as *House, M.D.* had already used the techniques of digital image manipulation to probe, through the symbolic resources of medical imaging, the possibilities of symbolic exploration of the sick body, in a con-

text of close contiguity with death and the elaboration of mourning such as the hospital (Napoli and Santoro. 2017). We could extend the observation also to *Bones* (Fox, 2005-2017), the forensic comedy-drama following the adventures of the FBI and the team of Medico-Legal Lab of the fictional Jeffersonian Institute (that overshadows the Smithsonian Institute). In this television series, the graphics program Angelator or Angelatron visualises the inner body, which can generate holograms. In all the narratives of these series, the internal 3D visualisation of the interior in macroscopic CGI shares with bioimaging the virtual aesthetics, the functional dimension (i.e., that we can observe and measure bodily activities in real-time), and the status of evidence (Thali et al. 2009, Bull 2019). Graphic visualisation, perhaps precisely because of its explicitly fictional, technologically reconstructed, algorithmic nature, becomes credible as an infographic in an educational text. Therefore, the "anatomical vision" falls within the scientific visual display realm. As Michel Lynch suggests, "Visual displays are not only valuable as illustrations in scientific texts; they are irreplaceable as documents that enable objects of study to be perceived and analysed initially. Such displays systematically transform specimen materials into observable and mathematically analysable data" (Lynch 2006: 195). Medical dramas spread the idea that biomedical images are "working objects" that help the spectator to see the essential and overlook the incidental (Datson and Galison 2007), also insisting on the technical processes of measuring and presenting the body in a scientific space, be it the hospital or the laboratory (Hillnhuetter et al. 2021, Latour 1986). As working objects, these visualisations are both elements of evidence and tools for thinking about the body and possible interventions.

Unsurprisingly, this aesthetic convention is also used in the recent medical drama *The Good Doctor* (ABC, 2017-). In this case, the augmented capabilities of the physician with high-functioning autism allow him to imagine alternative medical solutions quickly. The narrative of a doctor with an anatomical vision (Hilsabeck 2022), quite like biomedical imaging, encyclopedic knowledge, a fast data processing capacity, and an alternative point of view, on the one hand, underlines the permeation between man and technology; on the other hand, it seems to project us into a futuristic scenario governed by artificial intelligence.

Emotional Bodies in Real Medical Series

To better understand how, over the years, the rhetoric of diagnosis has evolved, it is necessary to investigate the relationship between medical entertainment and seriality by going beyond the strict field of fiction. As well known, since the 1990s, with the advent of reality shows, factual programs, and docusoaps, TV has ceased to be a mere mirror of real events, progressively transforming itself into a proper *reality-producing* apparatus (Lorusso 2018: 28), because with these new genres TV acts and generates the situations it is representing. It appears, therefore, interesting to observe how this immersion in everyday life, close to ordinary people and, therefore, to the experiences that we can *all live*, has led to a new consumption of TV both as a source of health information and as an instrument of empathic connection with sick and vulnerable subjects, whose stories overturn the boundaries between private and public spheres, as well as between reality television and social reality.

In particular, as some scholars pointed out (Lichak and Olympia 2022), the more a television program appears 'real' to viewers, the more it is capable of changing the degree of trust they have in medicine and treatment, shaping their prefiguration of the doctor-patient relationship differently and, consequently, broadening the understanding of risks concerning diseases, from which the intention to plan possible prevention strategies can arise.

For this reason, many docuseries explicitly focused on health – i.e., filmed in real hospitals, with actual patients and operators – have a specific potential to profoundly influence viewers' perception of the medical sector. In such docuseries, the spectator sees a perfect integration between the *plane of reality* (the correspondence to the clinical environments inhabited by doctors and patients) and the *regime of truth* (the verifiability of clinical facts through the presentation of anamneses, the search for a diagnosis according to the formulation of interpretative hypotheses, investigations conducted employing particular technologies or surgical interventions, the experimentation of therapies). Inevitably, the processes of narrativisation of the 'real matter' are based on the adoption of a canon built on the identification of protagonists, sidekicks, antagonists, objects of value, etc., in which, after all, the figure of truth and authentication of the tale is no longer given using visual technologies or the presence of biomedical images. In the docuseries, it is instead the emotional, impulsive, and sentimental components that characterise the experience of individual patients and the doctors who treat

them that give viewers back the objective complexity of the disease, its diagnosis, and the medical process for its treatment.

This phenomenon has matured over time: initially, medical conditions, techniques, and therapies were presented within specific health columns, inserted in the news, or the interstitial areas of daily palimpsest. But it was not until 1997 that real medical television made its first appearance with the series *Trauma: Life in the E.R.* (NYT Television, 1997-2002), designed as a 'real-life' version of the popular US television series, *ER* (1994-2009), to capitalise on its success. Since then, frequently following the same production logic, dozens of docuseries have been created by adopting the grammar of medical dramas. According to Christenson and Ivancin, nowadays these productions can be traced back to specific sub-genres: "lifestyle transformation" series (e.g., *The Biggest Loser*, NBC, USA Network, 2004-2017; *Cold Turkey*, Pax TV, 2004-5; *My 600-lb Life,* TLC, 2012*; Sex Clinic*, 2013) are focused on ordinary but, at the same time, 'eccentric' people affected by illnesses or afflictions with a certain social problematicity (super-obese, super-thin, sex-addicts, deformities, etc.); "makeover series" (e.g., *Dr. 90210*, E!, 2004-8; *Extreme Makeover*, ABC, 2002-7; *Plastic Surgery: Before and After*, 2002) are devoted to plastic surgery, showing the change that takes place at both the bodily and psychological level in the persons depicted; "medical miracle shows" (e.g., *Miracle Workers*, TBS, 2006; *Mystery Diagnosis*, Discovery Channel, 2005-2011; *Chasing the Cure*, TNT, 2019) that more explicitly portray medical personnel diagnosing and treating severe or puzzling conditions; and, finally, "hospital docuseries" (e.g., *Untold Stories of the ER,* TLC, 2004-2020) set in hospital facilities or in the emergency room of some urban clinic (Christenson and Ivancin 2006). Specifically, the last two subgenres have been the subject of a significant revival in recent times, thus becoming an interesting space of observation for surveying the representation of biomedical technologies within real medical environments.

As far as medical miracle shows are concerned, the narrative structure is based on the story of medical failures and, therefore, a feeling of frustration that affects patients and their loved ones because of the inability of doctors to find an adequate diagnosis and treatment for their condition, which in the end continues to be precisely a mystery. This type of docuseries aims to involve the viewer in investigative enquiry, during which the clues, sometimes shared in the form of medical history, parameters, biomedical images, and initial diagnostic formulations, seem indecipherable. At the same time, we can grasp the attempt to subvert the paradigm of the "disci-

plined body", since visceral or even horror effects are introduced every time crunchy pathologies such as deforming body parts, striking skin diseases, contamination with viruses and insects, etc. are presented.

Recently, two docuseries have focused on the revival of this format by adopting different strategies.

Medical stories was scheduled for nationwide distribution, on the PBS Network, in 2019 and is now available online. Through a series of 8–10-minute documentaries, this production seeks to collect testimonies documenting the plurality of life-saving treatments, medical breakthroughs, advances in research and technology, and understanding of the human body to enable audiences to understand how medicine is changing today.

From common to rare diseases to paralysis due to accidents, each story is told in the first person by the patient, with the doctors and researchers making a positive contribution to diagnosing the case and finding either a cure or a method to stabilise the clinical state.

Biomedical images mainly document the patient's clinical past, i.e., to emphasise their resilience in an objectively dramatic situation.

Therefore, the series aims to reinterpret the frame of the miracle not so much on arriving at a diagnosis but rather on the ability of patients and doctors to work together to find extraordinary resources, both scientific and affective, to deal with the disease. In this sense, viewers encounter patients' stories of hope, encouragement, and empowerment to strengthen their knowledge of and trust in science and medicine.

Decidedly more innovative is the work undertaken by a Netflix production such as *Diagnosis* (2019), based on the famous *New York Times* Magazine column that Dr. Lisa Sanders – former consultant for *House, M.D.* – has been running since 2002. *Diagnosis* follows several patients searching for a diagnosis for their mysterious illnesses, hoping to find a cure.

Precisely as in *House, M.D.*'s fictional elaboration, we similarly find contamination between circumstantial reasoning and the creative process (Dusi 2007). The failure to define a diagnosis also puts common scientific knowledge into crisis to search for new enlightening insights that had previously eluded doctors. If in fiction these insights were entrusted to the exceptional mind of a single character, insofar as he was able to contaminate scientific knowledge and disciplinary fields, to grasp details of everyday life that were extraneous to normal anamnesis, in *Diagnosis* the choice is made to collapse both the personalism of the doctor and the *auctoritas* of a single scientific community in favour of openness towards the diversity of perspectives of

global crowdsourcing, social media, and transdisciplinary and transnational scientific expertise.

Thus, rather than scientific knowledge or technique, healing seems to derive from the contact that patients can establish with other people who can identify with their experiences because they experience them first-hand, or loved ones are affected, or simply because they want to formulate a diagnostic hypothesis that is not always based on recognised expertise.

As in the medical miracle show tradition, the scientific documentation appears silent or incorrectly deciphered. Moreover, biomedical devices are flanked by CGI elaborations to illustrate to the viewer through anatomical visions the various new diagnostic hypotheses identified by the crowd. It is a simplified and essential representation of the sick body with the function of zeroing in on the initial complexity of the clinical case. Dr. Sanders' task is, on the one hand, to write the patient's anamnesis to be published on the NYT website and, on the other hand, to filter the contributions received by the crowd without any intention of influencing the perception of the patient and their family.

The medical discourse is therefore articulated from different management of scientific knowledge and trust in science and doctors, from which the general belief regime constructed by the docuseries derives.

As far as knowledge is concerned, all content moves within a constant dialectic between objectivity and subjectivity, in which the scientific datum and its reification in the form of graphic traces or images is no longer sufficient to manage illness. The same level of legitimisation has been achieved by everyday and practical knowledge, or rather by knowledge of life that, as such, seems more truthful and authentic. In this way, we have moved from the community of experts as supra-individual actant to the crowd. Still, an equally supra-individual subject, but made up of individuals recognisable by their private emotionality, expressing itself seemingly unmediated.

Concerning trust, all patients present themselves as tired and distrustful of the medical system: the absence of a definite diagnosis leads them to shut themselves away in private, to distrust the proposed treatment, and to seek an emotional rather than a scientific community of support. In some cases (01x02 and 01x05), not even Dr Sanders' suggestions are fully considered.

If, therefore, knowledge is no longer the result of a process of learning and acquiring established skills, anyone can have the authority to speak up and be listened to, at the risk of undermining and neutralising scientific sources, be they medical personnel or biomedical documents.

In the hospital docuseries, we can find a perspective more inclined in keeping with an ordinary medical imaginary, in which exceptionalism is more related to the extraordinary skills of the doctors than to the drama or rarity of the cases. If it is easy to recognise a positive, even heroic, image of the professionals for their courage, timing, insight, and sensitivity to the feelings of their patients, equally evident is the potential similarity between the viewer and the patient, whose condition of vulnerability – be it cancer, heart attack, or physical trauma – is in the end purely accidental and coincidental. Therefore, anyone could be in their place, and the same diagnosis could happen to anyone. Furthermore, by adopting a reportage style, these series aim to provide a field observation in a hospital's various wards or the emergency room's hectic spaces, dropping the gaze into the flow of events as if any situation were captured live.

Two recent Netflix productions, *Lennox Hill* (2020) and *Emergency NYC* (2022), created and developed by Ruthie Shatz and Adi Barash, relaunch this strand. As for the former, *Lennox Hill* is set in a New York hospital, where the lives and stories of four doctors are followed: two neurosurgeons, David Langer and John Boockvar, and two female doctors, namely an emergency room doctor, Mirtha Macri, and obstetrics and gynaecology department head Amanda Little-Richardson. While the first two offer a self-portrayal essentially built on devotion to the medical profession, the two women, both pregnant during the filming, often shift their doctor-centered focus as they shed their medical robes to put on those of patients during the various gynaecological examinations, ultrasound scans, genetic samples, and up to the birthing experience.

Within this scenario, biomedical devices appear integrated with the hospital environment, almost acting as naturalised prostheses of any gesture performed by doctors. In other words, devices are already medical practices, constantly acted upon to operate on or monitor patients' bodies, so much to make it natural to shift between configurations of the medical gaze, now increasingly hybrid and in perfect balance between processes of internalisation of techno-morphic perspectives and externalisation of diagnostic views.

Concerning the rhetoric of diagnosis, in *Lennox Hill,* we perceive a move away from the prevailing rhetoric that every case is a diagnostic mystery to be solved. When, for example, doctors treat patients with neurological pathologies, the diagnoses are often already shared; if anything, the disease's unpredictable evolution needs to be managed and monitored.

Emblematic is the story of Christopher, a 41-year-old glioblastoma patient who survived for four years and was struck again within a month by a new incurable brain tumour (01x08). The CT scan images are shown and analysed with the patient and later discussed by John Boockvar and the vascular and tumour board to understand why some blood vessels have swollen. In the meeting room, multiple digital elaborations are projected on a screen to discuss the action to be taken: to operate or not to run on the patient at the risk of removing the mass, compromising his physiological state. In the end, John Boockvar decided to conduct the operation between several monitors with endoscopic views and treat the brain matter without further mediation. The camera, therefore, documents the process of investigation and then the removal of the new tumour. At the same time, the doctor explains and comments on the drama of the situation without the fear of showing his surprise and discouragement. The authentication strategy is thus not sought through devices but through the subjectification of the gaze, thanks to the doctor's voice.

In another sequence (01x02), Dr. Amanda Little-Richardson undergoes an ultrasound scan with nuchal translucency: the centre of observation is the screen on which the image of the foetus is recognisable within the familiar interface with biomedical data and the recording of some still frames. In this case, the "real" bursts in abruptly when the gynaecologist asks to stop filming because she is somehow aware that she is participating in a representation that, however documentary, responds to the logic of *mise-en-scène* and the rhetoric of happy motherhood. The lens lingers for a few seconds, with dramatic effect, on the father's astonished and frightened face, while after a short cut-off comes the suggestion of a further diagnostic test (chorionic villus sampling) because the foetus presents an anomaly, which will later be confirmed (01x03).

Thus, in this situation, the veridical figure continues to be sought in the connection between the devices and the patient's emotional experience (here also a doctor capable of interpreting the diagnosis received) rather than in the mere datafication or "scientification" of the biomedical body.

The same approach can be found in the *Emergency NYC* series, which is always careful to provide a good amount of medical information, often describing trauma and emergency procedures in detail regarding transplants, gunshots, accidents of various kinds, and so on.

Compared to the previous series, we see a different perception of existential time: whereas in *Lennox Hill,* remedies and cures are supposed to help extend and grant patients more time to live, in *Emergency NYC,* time

must be measured to the limit and compressed to save lives at risk. For this reason, geolocation and communication devices are as vital as diagnostic devices for treating sick, injured, and suffering bodies, often hovering between life and death. Tragic, among the many that could be cited, is the case of the new-born child, stricken with a syncytial virus and at risk of a heart attack, here flanked by a paramedic-nurse who heroically plans on the ambulance the different transfer options to intensive care according to the clinical paramaters of the little patient (01x02).

Conclusions

Our investigation into medical serial forms in both the fiction and documentary fields has brought to light specific points of contact in how the rhetoric of diagnosis is treated narratively. In both areas, we find contamination of elements that draw from the repertoires of certain codified genres, such as melodrama and the detection story. If, however, these elements are used to consolidate a narrative model mainly based on the figure of the doctor-hero in fiction, within the docuseries, significant space is given to the patient's feelings and private life. All this is, moreover, governed by a different focalisation of the narration: in some ways, fiction tends to construct a third-person narrative, while the documentary frequently resorts to first-person singular narration, thus favouring the process of identification and greater empathy with the protagonist, to the point of leading viewers to see themselves as susceptible to the events experienced by that patient (Chen et al. 2016).

Another significant issue is the different valorisation of biomedical devices, whose presence in the representation is a mark of evidence and authentication of the medical discourse in fiction. In contrast, in docuseries, biomedical images are directly connected to modes of action and practices of use, even when they are opaque in the definition of the diagnosis. In both fields, given the evolution of the diagnostic system, these devices now appear to be integrated into diagnosis research, intervention actions, and therapeutic experimentation. In this sense, not only an increasingly sophisticated prosthetic gaze is the access key to the "transparent body", but the viewing of medical dramas and docuseries provides the spectators with metacommunicative skills because it provides instructions for use in reading medical images of their bodies.

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