

Ten common mistakes when writing medical scenes

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- Having the doctor or nurse act unprofessionally, without explanation, i.e., when it is not part of character development. In a similar vein, using unwarranted stereotypes, when not meant to be part of character development, e.g., the greedy doctor; the surgeon who throws a scalpel; the rude nurse.
- Telling us what is happening without showing. Examples: “The doctor assessed the wounds and decided surgery was needed” [What were the wounds?]; “The doctor intubated the patient for safety” [What did the doctor find that made her think intubation was needed?]
- Factual mis-statements. Examples: Administering a drug that was historically not available at the time of the story (e.g., giving penicillin in 1940, or a sulfa drug in 1925); stating “you will die without a kidney transplant,” ignoring the possibility of dialysis to sustain life.
- Using a drug inappropriately (e.g., Propofol to sedate a kidnap victim, when that would likely lead to unwanted death)
- Using clichés like “my doctors told me...” [when only one doctor is involved], and “I didn’t learn this in medical school” [just about everything a doctor does was learned after medical school]
- Giving the wrong skill set to a specialist (e.g., having a gastroenterologist do abdominal surgery); having a general internist do cystoscopy.
- Having a nurse give out patient information to strangers, which is a violation of HIPPA laws and simply not done
- Making a patient’s status “Do Not Resuscitate” without discussion with the patient or the family
- Mis-stating medical treatment for specific conditions, e.g., surgery for a collapsed lung, (ordinarily treated with a chest tube)
- Having medical personnel yelling or screaming during routine care in the Emergency Room or Operating Room. This may be done to make the scene seem exciting, but it does not ring true and can detract from the story.
- Mis-characterizing the pathway to medical education, e.g., having a foreign trained medical graduate come to the U.S. and start practicing medicine; having a newly-graduated medical student act like a fully functioning doctor. FMGs

have to undergo training in U.S. before they can practice here. New medical school graduates actually know very little practical medicine, which is why they have to do an internship and residency before entering practice.