

A study done at our facility questioning patients and staff about their views during broadcast filming showed that “MDs and RNs were more likely to think that it was a bad idea to have film crews in the ED” than patients were². In fact, patients were only half as likely to view filming as intrusive to privacy as their providers were and there was a surprising trend toward patients being more satisfied if they had been filmed. More research is needed before adopting a ban on broadcast filming. Emergency medicine should not be in the censorship business. That is what a global ban would be. Instead, we need to be managing any form of media that represents our specialty to the world at large and protecting our environment of care and our patients’ privacy.

1. Marco CA, Larkin GL for the SAEM Ethics Committee: Filming of patients in academic emergency departments. SAEM newsletter May/June 2001.
2. Rodriguez RM, Dresden GM, Young JC: Patient and provider attitudes toward commercial television film crews in the emergency department. *Acad Emerg Med.* 2001 July; 8(7):740-5.

REBUTTAL TO “PRO FILMING IN THE ED”

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The author makes a series of arguments in favor of patients participating in commercial filming, but interestingly (and tellingly) none of them are based on a claim of any benefit that might accrue to the patient who is actually filmed! Unless a benefit can be clearly demonstrated, I do not believe that patient should be exposed to an activity that has any chance of harming them.

In this rebuttal I will summarize Dr. Clements arguments and offer a brief rebuttal to each:

- 1) People are curious—they love to see and learn...

If I am curious about Brittany Spears’ body can I go into the dressing room with her without her permission?

- 2) ...this desire is clearly the underlying motivation for the proliferation of shows offering “Reality TV”.

Not true. The motivation is for the producers/broadcasters to make money! We didn’t decide to start these shows—they did!

- 3) Video is “unavoidable.”

No it’s not. Just say “no”.

- 4) There is a “greater good that results from exposing a large audience to the everyday practice of Emergency Medicine”...that...”offsets the potential for damage [that occurs in] an individual patient encounter”.

Societal choices do not trump individual rights.

- 5) “The primary goal of recording clinical encounters should be the dissemination of accurate information about medical care and care providers for the educational benefit of the viewer”.

I disagree. Let one producer look me in the eye and tell me that the “primary goal is education.” The primary goal is to increase ratings through maximum titillation. People don’t watch car chases to learn about getting a traffic citation at the end. Also consider that these shows belong to the same genre as “Fear Factor”, “Dog-Eat-Dog”, and “Survivor.” (Perhaps rather than “Reality TV” they should call it “Exploitation TV” or “Voyeurism TV”).

- 6) “Ours is a society where information is king.”

So are money, sex, power, and fame. In medical ethics—autonomy is considered king.

- 7) “Video will become integral part of the medical record as electronic patient charting spreads.”

Right—which is why it may be a HIPAA violation if you participate in this activity.