

Triaging TVs Prehospital Perspective:
The National Emergency Care Advisory Council Attempts to hold the networks
accountable for bad EMS Images.

By

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The National Emergency Care Advisory Council (NECAC) is a non-profit, non-governmental corporation. It certainly didn't start out with a name like NECAC. It also didn't start out with any understanding of the problems we face with television or that television faces in representing us. It also didn't start out with funding. It didn't start out with, nor does it have today, lots of supporting members. Basically it started out with one REMT/P, myself, asking "Why doesn't someone do something about television's representation of emergency care?"

In January, 1977, I began creating a complaint letter addressed to the three network presidents at ABC, CBS and NBC. Writing the letter seemed like an easy enough project. But doing it, like following through on the rest of this program, has taken much more time and effort than I could have believed possible in the beginning. The very first problem was that stating even to myself that I wanted to interest these presidents in correctly representing first aid in programming sounded silly. It sounded small and insignificant. It took me until May to decide that I had a presentation vital enough to impress even the president of a multimillion dollar international corporation.

I suppose when you have worked hard enough on something and have become convinced that its good enough to send out, that you have also convinced yourself the arguments are sufficient to bring about the changes you seek. So I was surprised when I received letters from ABC, CBS and NBC thanking me for my efforts and appreciating the time taken to write such a convincing presentation. But what that boiled down to was "thanks, but not hanks" – and that wasn't enough.

So I wrote to all the organizations I could think of that might have some clout and asked them to join me in complaining to the networks. I wrote HEW. I wrote the FCC. I wrote Ralph Nader, the Red Cross the Heart Association, the Boy Scouts, the Girl Scouts, the PTA, Action for Children's Television, my congressman and senators. I even tried to get the Vermont Attorney General Office's Division of Consumer Fraud to seek an injunction banning the airing of incorrect emergency care procedure in the State of Vermont – standards to be set by Vermont EMS. Those organizations which answered either told me what great jobs they were already doing (so why was I so concerned) or they told me nothing could be done, or they praised me for my efforts.

Now, this was getting interesting. Not yet serious, but interesting. I next wrote 432 program sponsors. I took the Standard and Poors Register of Corporations and read it cover to cover (3,000 pages) and pulled out every name that looked familiar and wrote the president of each corporation. It was a great three months at the mail box.

The responses were interesting, though only Johnson & Johnson actually wrote the culpable people at the networks. I got lots of support from corporate executives – lots of really nice letters, some not so nice. I also received some good ideas for a follow through. And I learned that sponsors have very carefully, and intentionally, isolated themselves from responsibility for program content unless they are absolutely convinced they aren't going to get nailed because of what is produced alongside their advertisement. So they are not all that great a source of leverage, and they don't want to be.

Having discovered this, I wrote 182 program producers. Most of them did not thank me – most of them didn't answer either. One producer of soap operas was really furious. And, of course, the old confusion of "we use physicians" as a good source for in-the-field emergencies reared its head. The program "Switch" informed me that because there were too many procedures to choose from, they had elected not to show emergency care procedure at all (that's not to say they didn't need to, just that they didn't). Only the producers of "Starksy and Hutch" wrote a very nice letter stating that they could use all the help and information they could get.

Now, all this time I had been sending copies of my letters to the network presidents. Occasionally I had gotten questions like, "How can you be mad at NBC when it has the TV show "Emergency" and Dr. Frank Field?" Which shows you that there is a distinct lack of communication between our disciplines. But despite these occasional communications I did not perceive myself as having moved very far. So one day I wrote every single corporate officer and member of the board of directors of ABC, CBS and NBC and then I heard from the vice presidents of program practices into whose territory all of this happens to fall.

The result was several meetings in New York City.

Now, these people are fantastic and they have jobs that are really tough. They have to deal with thousands, literally thousands, of complaints a week. It's not only EMS which is being misrepresented. Sometimes they have to cope with fanatics like myself. They have to deal with people writing their president. They have to retain a sense of humor and perspective. It's not a job for weaklings. And because they are not weaklings, sometimes you feel like you are dealing with a large sponge that has an infinite capacity to absorb without being effected, or with a stone wall with an infinite capacity to remain impervious to change or reason or anything else. Sometimes you come away thinking that this man looked too happy when I left, I wonder what I did wrong.

A number of things happened at these meetings. And a lot didn't happen. The major things that didn't happen were first, no solution was found. Second, I was unable to understand why we were seeing so much error. I was assured that qualified technical advisors were employed by producers. Several things did happen. I was informed y CBS that they had never received a complaint about the representation of emergency care on their network before, and NBC said approximately the same thing. While I have no measure of the complaints about "Code R," I do know several rather prestigious

people who complained bitterly about “Emergency” which told me that the complaints were being stopped by the producers.¹

ABC asked me to teach a course to program editors (censors) in New York in the spring. Which I did and which was at the same time very successful and completely ineffective. CBS informed me that it was not comfortable dealing with an individual and that I should incorporate.

That was when things began to change. It indeed was important to incorporate because it was becoming important that televisions perceive that it isn't simply dealing with one outspoken person. It is important that television perceive itself as dealing with an entire valuable discipline which wishes to be correctly represented. I, Joan E. Meijer, became the national Emergency Care Advisory Council. We then asked people from business, from law, from medicine, from banking and finance to be on our board. We invited the who's who of emergency care to advise us, and some even accepted. And we continued to badger television and learn.

Problems of the Industry

There are problems which face the television industry which we have come to appreciate. It's not as simple as saying “we will change this.” One of the things we came to see is that “Switch” has a point. Outsiders are really subjected to a visage of incompetence in our field. Look at a few things from outside. Look at the organizations which lead us. The Red Cross and the Heart Association have been going at each other hammer and tong to the very real discomfort of its instructors for years. They still can't agree on CPR protocols, though they are getting closer. Now they have a common enemy, Dr. Heimlich. Again the instructors are caught between a rock and a hard place and so is television. If you pick up a first aid book by the Red Cross like the newest *Standard First Aid and Personal Safety*, you get information like “If you have a convulsing, unconscious poison victim call the nearest emergency room and ask for a blue light escort.” That's what you see on television. How can we fault them? It's there in black and white. Read the Johnson & Johnson handbooks of first and their drawings have you performing chest compressions below the navel. If you pick up a supermarket guide to first aid your take your life in your hands. How can a dilettante choose?

Not only does television have troubles with source materials, but it is being criticized to be (and is) a “special interest.” Television shows variations of hundreds of special interests every single week. As I said before, it gets thousands of complaint letters. If it were to employ someone to deal with our particular special interest, would it not be opening up the possibility of having to deal with similar demands for everything from butterfly catching to coal mining? Within the last few weeks there was an article in “TC Guide” about the kind of money that a series must spend in order to make money. Producers actually consider themselves marginally profitable. All things being relative, I would give my right ear to be that marginally profitable, but all things must be seen in

¹ So if you have been complaining to the producers of programs send them to the program practices departments at the networks with a copy to the producers. Be sure to document the program, date, and error. It also helps if they understand the repercussions if the public uses television as a first aid class.

the perspective of the viewer. And what that means to us is that we are going to have to do something about the problem ourselves if we want something done.

And while we're looking at things the way there are, it should be noted that although it is ideal that television represents first aid correctly across the board – industry-wide, that industry is much more nebulous than we would like to believe. It's something like our own field. There is a commonality in emergency care; most of us are ambulance affiliated, many of us use Kling. Lots of the vehicles have lights and sirens. But you wouldn't dream of calling us a great cohesive organization. Well, neither is television. And to make matters worse, the networks don't want to be perceived as having that much control. They want to be a channel for programs, particularly in fiction. The producers will only extend themselves to produce correct first aid if they think it's worth their while. And right now they don't...

It wasn't until last November that we finally discovered something we could do about the problem. In fact it was last November that we were able to isolate the cause of misrepresentation and perceive a cure. The solution came about after a conversation with the technical advisor to "CHIPS."

There is truly no one problem and no one cure in our dealings with television. But there is one problem which, if we can pull off a solution, will make a fine beginning.

That one problem is that while television producers do employ qualified technical advisors, by and large they are advisors to scripts only. They read the scripts, make their suggestions, and then later they may view the film. If they see an error in the film, it is often too late and too expensive to make changes and it is allowed to stand. Between the time the script leaves the advisors hand and the time it is packaged as a series on one is minding the store. Now think about that one for a minute. Think about the times you have seen abdominal thrusts with both hands flat across the abdomen. Think about the splints that don't immobilize the joint above and below the fracture. Think about "340 Robert" back boarding the patient, putting on a cervical collar and then tucking a pillow under the unconscious patient's head. That explains a lot doesn't it.

....It is possible that even when advisors are on location that they are not listened to. I found myself the victim of such a prejudice. I had the opportunity to work out with a California medic who was challenging the MAC Exam in New York. And I found I was amazed that his personality wasn't that of a wet wash cloth and he actually knew something about being a paramedic. Television is a nasty business....

Updated suggestion:

There are several organizations that advise television and movies. The National Humane Society has a group; the AMA has a Physicians Advisory Council which works with scripts to make certain that the medical terms are correct. It is time for EMS to create a department that makes certain that television scripts are scrutinized for correct descriptions and language.