

Viewer-Patient Confidentiality: Commodification of Illness in Contemporary U.S. Medical Reality TV

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A commodity appears, at first sight, a very trivial thing, and easily understood. Its analysis shows that it is, in reality, a very queer thing, abounding in metaphysical subtleties and theological niceties (Marx, 1867).

Many enjoy going to the park for the beauty of the lawn, the thrill of the swing, or the freedom of the open spaces. For 19-year-old Brea, the draw of the neighborhood park is rooted in something completely different. This Kansas City, Missouri teen is addicted to eating sand, park sand in particular. “I just love the crunch,” she spoke earnestly into the camera as the sixth season of *My Strange Addiction* commenced. A camera crew from the show’s network, *The Learning Channel (TLC)*, filmed Brea as she explained how her addiction penetrated her lifestyle. Brea eats sand up to six times daily which amounts to over 11,000 times since her addiction began. She describes, “before going to bed, I put like a pinch [of sand] in my mouth. When I wake up in the morning, there are still pieces like in my teeth. It’s like leftovers” (TLC, 2010). Brea suffers from a disorder called pica, “a pattern of eating non-food materials, such as dirt or paper” (Vorvick, Merrill, Zieve, 2012). In Brea’s case, her pica manifests as propensity to consume sand or substances with sand-like texture. In some situations, the episode’s narrator comments, “Brea is so dependent on that crunch that she turns to [eating] nail files when her sand supply runs low” (TLC, 2010). Near the end of the episode, Brea realized that her pica was hurting her personally, had biological affects, and needed treatment. Over 2 million viewers nationwide joined Brea’s friends and family and watched as the teen fought to control her addiction.

In essence, television (TV) took a vulnerable individual’s personal illness, converted it into a public entertainment show and profited from its airing. This transformation from health event to product, commodification of illness¹, appears inherent to the genre of medical-related reality TV in the United States. Circa 1994, this genre was virtually non-existent.

¹ Throughout this paper, the term illness will be used to refer to a myriad of health conditions manifested in the human body; both the healthy and unhealthy, physiological and psychological.

During that time, purely fictional dramas of soap opera quality ruled the medical TV realm (Paietta & Kauppila, 1999). However, the turn of the 21st century marked the rapid spread of reality-based programming centered on the health conditions of actual individuals. The public received this eagerly, as evidenced by the mushrooming of medical reality TV. Another impetus for medical reality shows is the profit that the TV networks benefit from in popularizing this new category of TV. From dramatized medical team tension to obscure addictions, the presentation of this private field within medical TV is now wide-ranging. The conditions covered are characterized by a peculiar uniqueness: rare, like progeria, psychological, like hoarding, behavioral, like addiction. As this genre continues to grow and gains a larger viewership an evaluation of the effects this genre has on the participants, viewers, and society as a whole is necessary. This paper will analyze the potential advantages and disadvantages in the rise of medical-related reality TV around health privacy and explore the role commodification of illness plays in society. Ultimately, this paper finds a moral gray area within medical reality TV, which calls for some kind of responsible answer from the medical community.

A Pixelated Evolution:

The Rise of Medical Reality TV in the 21st Century

Medicine is no stranger to American TV. As early as the 1950s, doctors, patients, and the excitement of the emergency room have provided ample TV material with wide audience appeal. Shows like *Medic*, starring actor Richard Boone, burst onto the scene in 1954 featuring Boone's character Dr. Konrad Styner. This medical drama emphasized "the personal and professional lives of... doctors and surgeons" (IMDb, n.d.a). Tracking the personal lives of doctors became a trend over the next several decades as shows such as *Marcus Welby, M.D.*, *General Hospital*, and *ER* emerged. The chart below displays the number of fictional medical TV shows that aired from 1950 to the present. The graph marks the premier date of these programs but does not account for overlapping runtimes. In this current decade, there have been just over a dozen new medical TV shows created. Only two years into this decade, the number of shows is already half that of the 2000s. The drop in medical dramas from the 1990s to 2000s coincides with the advent of the medical reality TV genre.

Medical Television(Fiction), 1950s-2010s

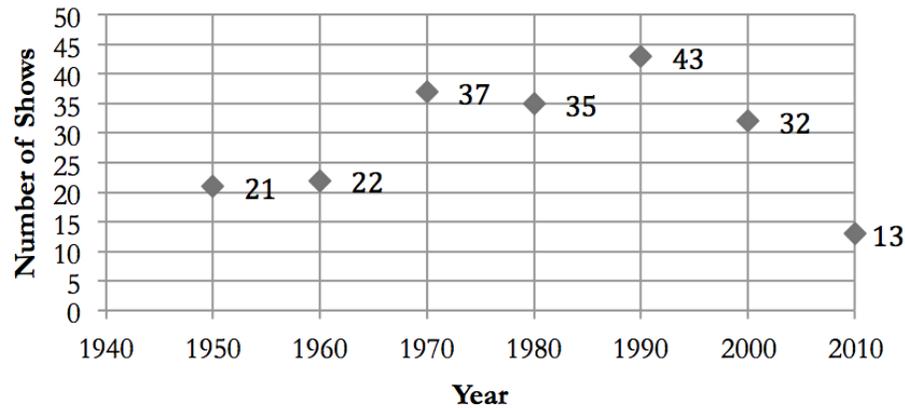


TABLE 1. Number of Fictional Medical TV Shows in the United States
(Kauppila & Paietta, 1999; IMDb, <http://www.imdb.com>)

What began as a genre filled with fictitious characters with highly dramatized plotlines soon expanded into the realm of medical reality TV: real people, real health conditions, and real time. In order to explore effectively the rise of medical reality TV in contemporary America, a succinct definition of the medium is necessary. In *Reality-Based TV Programming and the Psychology of Its Appeal*, reality TV is defined as “programs that film real people as they live out events (contrived or otherwise) in their lives, as these events occur” (Nabi et.al. 2003). In an expansion of this definition, therefore, *medical* reality TV will refer to events directly related to health.

Fictional medical TV like *ER* or *General Hospital* remained, but gradually, a spectrum of show types emerged featuring exposés on non-fictional physiological conditions and fringe illnesses. In the summer of 1999, a fourth-time mother and her husband, Jana and Richard, had the birth of their son, Josiah, featured on a nation wide TV show titled *A Baby Story*. TLC’s camera crew documented the couple’s path to parenthood: from the baby shower to the doctor’s appointments and from the live birth to Josiah’s first experiences at home, a lens-free moment was a rarity. In Jana’s case, she “thought it seemed like...a nice memento” (SheKnows, n.d.). Jana believed that the experience of her pregnancy could be packaged, saved, and shared between friends and family (and TLC’s entire viewership) as a keepsake. Josiah’s birth is one out of the over 600 other births featured on *A Baby Story* since 1998 (SheKnows, n.d.).

Another TLC show, *Little People Big World*, falls under the medical reality show umbrella. This program follows the story of the Roloff family of six in which mother, father, and elder son live with dwarfism. The Roloff’s and their day-to-day lives inspired several spinoff shows including *Little Couple* and *Little People Big World: Wedding Farm* (TLC, n.d.).

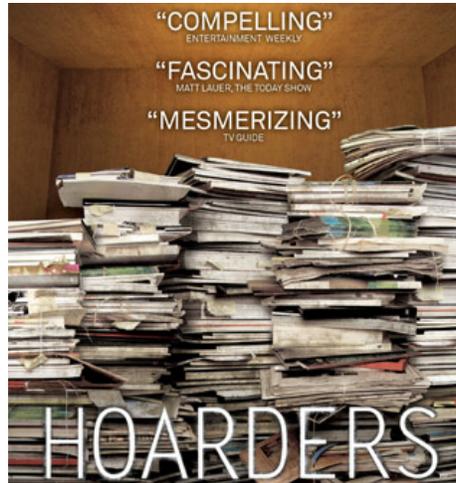


FIGURE 1. Hoarders advertisement (A&E TV, n.d.a).

Mystery ER, as another example, is a show featured on *The Discovery Channel* that reenacts medical mysteries of the emergency room. Such mysteries include a young teen's sudden death to a man who has heart attacks every day (IMDb, n.d.c). The TV network *A&E* is home to programs like *Intervention* and *Hoarders*. *Intervention* first aired in 2005 and is currently on its 13th season (IMDb, n.d.a). This program films the confrontations friends and family have with loved ones who suffer from drug and alcohol addiction (IMDb, n.d.a). *Intervention*

received seven Emmy Award nominations, winning two, including the 2009 Emmy for Outstanding Reality Program. *Hoarders* is a documentary style show that first aired in 2009; its episodes display individuals who suffer from compulsive hoarding. The hoarders pair with psychiatrists and specialists to help alleviate some of the symptoms of their disorder (A&E TV, n.d.a). *Hoarders'* winter 2012 premier indicated a viewership increase of 60% with over 2.4 million viewers tuning in for the 9PM Eastern Time showing (Gorman, 2012). *Addicted*, similar to *Hoarders*, leverages the expertise of interventionists to help individuals plagued with various forms of addiction. In 2004, *NBC* premiered a new show entitled *The Biggest Loser* in which obese individuals compete for a cash prize awarded for the person who losses that largest percentage of weight. With a viewership of almost 8 million, *The Biggest Loser* reigns in as one of *NBC's* most popular programs (Gorman, 2009). In 2009, *The Biggest Loser's* inspired video game earned *NBC* nearly \$75 million dollars in profit (Krukowski). There are currently over twenty shows airing in the United States that fall within the specifications of a medical reality TV program. Highlighted here is a selection of exemplary contemporary TV shows, indicative of the ramifications of commodification of illness.

Commodity Fetishism and the Commodification of Illness

The rise of medical TV has effectively leveraged the ideology of illness into commodity form with the ability to generate profit and conform to consumer desires. In addition to a commodity being a marketable good it is "something valued that is subject to ready exchange or exploitation within a market" (commodity, *Merriam Webster Online*, n.d.). Therefore, the act of commodification represents a manipulation of the value of an object and its environment.

In 1867, socialist Karl Marx explored the effect of commodities on society. Through his investigation, he identified and later coined the term

“commodity fetishism” referring to the phenomenon that occurs when a commodity, once valued and understood by human markers, gains a kind of mystical status (Marx, 1867). In essence, as a commodity grows more complex and mysterious, consumers become desensitized to the origins and fundamental characteristics of an object. With this, consumers elevate and revere the object with wonder and fascination. For example, pica turns society’s perception of normal on its head. This illness that makes individuals consume non-food substances such as sand is so unexpected and contradictory to daily life that it mesmerizes viewers.

Similar to Marx’s model of commodity fetishism, viewers are captured and compelled by the illnesses presented on TV, regarding them as a kind of product that they consume while TV stations and the media markets are profiting. The image above shows an advertisement for the medical reality program *Hoarders*. The advertisement features taglines calling the show “compelling,” “fascinating,” and, “mesmerizing,” key symptoms of a viewership afflicted by commodity fetishism. Furthermore, viewers are often onlookers, far removed from the illness. This distance results from either being previously unaware about the condition or not being affected by the condition himself or herself. This degree of separation propagates the fetishism and adds to the appeal and draw to the illness. Unlike normative commodities, however, illnesses are not produced or created but rather occur, so both the term commodity and commodity fetishism cannot be fully applied. Nonetheless, the expansion of the genre of medical TV implies that there is an incentive for media, producers, and networks to continue producing these shows. While it is not a product or service, the genre appears to generate income for certain sectors of society. So, illness has been commoditized in some way as Marx writes in his work, *Volume I*, “as soon as [an object] steps forth as a commodity, it is changed into something transcendent. It not only stands with its feet on the ground, but, in relation to all other commodities, it stands on its head, and evolves out of its wooden brain grotesque ideas, far more wonderful than “table-turning” ever was” (Marx, 1867). Commodification expands the bounds of the fetishism concept and allows application to illness within the realm of TV. With illness commoditized, viewers, participants, and societies, are now susceptible to some of the variables normative commodities endure including publicity and exploitation.

Commodification and the Effects on Consumer and Participant
The market of reality medical TV is comprised of viewers immersed in the information—these spectators live in an era within which instant information is a guarantee. From Facebook to Google, viewers are exposed to an explosion of information. Medical reality TV seems to be a recent appendage to the world of accessible knowledge. There are benefits to an increasing saturation of medical TV on the contemporary American viewer. Elements of education and awareness arise at the forefront of these

advantages. Dr. Jay Bernhardt, a former director of the United States Centers for Disease Control and Prevention, states that “embedded accurate health content in entertainment TV could have a major public health impact, it could help change behaviors about health” (Marcus, 2008). Dr. Bernhardt recognizes the sizable outreach and education possible with the aid of TV. Medical TV’s beneficial impact potential grows in tandem with its emerging popularity. This popularity plus the transition from fictional to reality, however, also initiates increases viewer desensitization in regards to private health.

Natural health conditions, such as pregnancy, also receive media coverage. The popular series *Jon & Kate Plus 8* tracks the Gosselins; Jon, Kate, their twins, and their sextuplets. Because of her show’s acclaim, Kate Gosselin, was asked to participate on the show *Dancing With the Stars*, a role usually given to veteran movie stars or retired professional athletes. *Jon & Kate Plus 8* and its 9.8 million viewers had afforded Kate enough stardom to consider her for this lucrative position (Gorman, 2009). For Kate, being the mother of eight transformed into a job with both social and monetary benefits. When Kate’s spin-off show, *Kate Plus 8*, was unexpectedly cancelled, Kate reported that she was, “Freaking out. Big time” (Kwiatkowski, 2009). Life as a reality TV star had awarded her large family a comfortable lifestyle that she felt would downgrade to “mediocre” without benefits of stardom (Kwiatkowski, 2009). When mainstream actors reach the end of a show’s lifespan, they can depend on skilled publicist and agents to find them another job opportunity for the role they were previously playing was fabricated. This is trajectory is not as simple for reality TV stars.

Though medical reality shows provide access to health information, the material presented is not consistently factual. Therefore, issues of accuracy arise. How representative of real life health events are medical reality shows? If we recall the story of Jana and her *A Baby Story* birth, Jana admitted that her time in the limelight influenced her normal behavior as she “cleaned the house, colored [her] hair [and] sat the kids down and told them to be on ‘best manners’” so TV viewers would see her family in the most appealing light. Even with something as seemingly transparent and understood as pregnancy, Jana made a conscious effort to enhance her appearance. Some might say that there is little wrong with embellishing the beauty and miracle of life—but what happens when the condition misrepresented is not birth but a serious grave illness?

The issue of misrepresentation and ill-informed broadcasting most strongly arises in the program, *Celebrity Rehab with Dr. Drew*. In this show, Dr. Drew aids celebrities in their journey to overcome drug and alcohol addiction. A recent *Los Angeles Times* article scrutinized the effectiveness of Dr. Drew’s program for five of nine past participants of *Celebrity Rehab* have passed away (D’Zurilla, 2013). Most recently, country-singing star Mindy McCready passed away in February of 2013 (Monde, 2013). American musician Richard Marx “suggest[s] [Dr. Drew]

should be held accountable.” Marx stated that he “thinks ‘Dr.’ Drew Pinsky should change his name to Kevorkian. Same results... It is [his] opinion that what Dr. D does is exploitation and his TV track record is not good’ ” (Monde, 2013). Viewers are potentially given the impression that deems rehabilitation centers as an invalid source of treatment for drug and alcohol addiction.

In some cases, medical reality TV programs have raised awareness about unfamiliar illnesses among the greater community. One such program was a documentary special titled *6 Going on 60* that aired on both TLC and The Discovery Health Channel in 2010 (PRF, n.d.). *6 Going on 60* highlighted a disease called progeria in a few young children in the United States. According to the Progeria Research Foundation, progeria is a “rare, fatal genetic condition characterized by an appearance of accelerated aging in children” (PRF, n.d.). The rareness of this disease means that less than 100 children across the planet are currently living with progeria. Understandably, public knowledge of this illness has been limited. The special emphasized the story of courageous young girls with progeria who retained “irrepressible high spirits” such as Hayley Okines, Kaylee Halko and Lindsey Radcliff (Allen, 2012). Their bravery moved audiences across the nation and viewers grew attached to their stories. The specials on TLC and The Discovery Health Channel sparked follow-up stories on prominent news networks like ABC. A book about the disease was written by one of the stars, titled *Old Before My Time: Hayley Okines’ Life with Progeria*, and became an Amazon best seller (Okines, 2012). The new documentary, *Life According to Sam*, traverses the journey of the founders of the Progeria Research Foundation (PRF) as they fight to save the life of their son Sam who is living with progeria. The film premiered at the Sundance Film Festival (Fine Films, 2013). All over the Internet, there are countless sites in support of progeria research and to gather funding for a cure. Sam is currently 16 years old, already 3 years older than the average life expectancy of children with progeria. Increased funding and research have helped to sustain his life. Progeria affects a handful of children across the globe, yet TV has pushed the masses to mobilize and help in the fight against this disease. Media exposure granted the marginalized group of children and families affected by this terrible disease instant and vast publicity through media exposure, a benefit from the media’s commodification of illness.

The Moralities of Commodification of Illness

Reality medical TV has systemized the packaging of an illness into a sellable product that is compelling. As more viewers turn consumer and are spellbound by the stories of medical reality TV, society must be weary of negative and positive impacts upon both viewer and participant. TV becomes a pseudo authority on these illnesses and a main source of information for viewers. How well can reality medical TV shape the privacy culture of the US when the programs may not be accurate

portrayals of current society? In 1996, HIPAA (Health Insurance Probability and Accountability Act) was put into action that provided “protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI)” (U.S. Department of Health and Human Services, CDC, 2003). In 1996, just two years after the induction of reality medical TV, the government saw a need to protect individuals’ health privacy. Medical reality TV seems to bypass these regulations and restrictions through the medium of entertainment. The umbrella of amusement, therefore, casts a shadow of harmless impact that is significant. Media serves as a misrepresenting platform that leaves those interacting with the content vulnerable to its negative affects. The participants and real life actors in medical reality TV are susceptible to the infection of vulnerability. How insurable are children like Hayley Okines when their conditions are broadcasted nationwide? How can those featured on Dr. Drew’s show hope to take up social roles or run for office when public confidence in them is negatively affected? The trend of commodification of illness in TV seems to be pointing towards an alarming end: the eradication of doctor-patient confidentiality. The TV viewers are also susceptible to the affects of this eradication. Unfiltered and unevaluated information inundates viewers at alarming speeds.

Illness and health transform information initially kept private into a source of entertainment. Simultaneously, those actually experiencing the health condition have their issue commoditized, as they become both spectacle and TV star. In the meantime, viewer medical knowledge is potential collateral damage. The intersection of health, privacy, and media is widening and so must the grasp of human rights and privilege. Each commodity is distinct in its makeup. As health transforms into commodity, its nuances deserve acknowledgment and extensive monitoring by the medical and entertainment community.

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