

Contemporary Medical Television and Crisis in the NHS

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Abstract

This article maps the terrain of contemporary UK medical television, paying particular attention to *Call the Midwife* as its centrepiece, and situating it in contextual relation to the current crisis in the NHS. It provides a historical overview of UK and US medical television, illustrating how medical television today has been shaped by noteworthy antecedents. It argues that crisis rhetoric surrounding healthcare leading up to the passing of the Health and Social Care Act 2012 has been accompanied by a renaissance in medical television. And that issues, strands and clusters have emerged in forms, registers and modes with noticeable regularity, especially around the value of affective labour, the cultural politics of nostalgia and the neoliberalisation of healthcare.

Keywords

medical television; NHS; nurses; affective labour; nostalgia

In a 2015 press release, the BBC announced, several weeks before the fifth series began in January 2016, that nursing and medical drama *Call the Midwife* [CTM] (2012-) would return for a sixth series in 2017 (BBC Media Centre 2015). This confidence was not misplaced. Since it began in 2012, CTM has regularly reached audiences of 10 million plus (BBC Media Centre 2015). While prestige medical television like CTM continues to draw huge audiences, junior doctors in the United

Kingdom are intermittently staging strikes in protest against new contracts being forced on them by the Tory government Health Secretary Jeremy Hunt that will change the terms and conditions of their employment within the National Health Service (NHS). In an intriguing intersection between dramatic fiction and mediated reality, a November 2015 news item reported that the actors who play the doctors on BBC hospital drama *Holby City* (1999-) were coming out in support of strike action planned by junior doctors (Calderwood 2015; Hardingham-Gill 2015). According to reports, they also pledged to join them on the picket line in solidarity (Boyle 2015).

2016 is a milestone year for medical television in the UK; it is the 30th anniversary of landmark hospital drama *Casualty* (1986-), the original text from which *Holby City* spins off, and the longest running medical series in the history of British television (US soap *General Hospital* [1963-] has run continuously for 53 years). At the time of writing, *Casualty* is midway through its thirtieth series. Despite this, there is surprisingly little dedicated television studies scholarship on either *Casualty* or *Holby City*. In this respect both series stand as noteworthy examples of ‘invisible television’ – programmes that are more watched than written about by scholars, who prefer to turn their attention to television with greater perceived levels of cultural capital – explored at length by Brett Mills in an earlier special issue of this journal (2010, 1). Comparable examples of such ‘invisible’ medical television include serial drama *Peak Practice* (1993-2002), daytime medical soap *Doctors* (2000-), nostalgic drama *The Royal* (2003-11) and comedy drama *Doc Martin* (2004-), all of which have been similarly neglected by television studies scholars. This is notwithstanding important work undertaken by Julia Hallam (1998) in the 1990s, which acknowledged and interrogated the extraordinary popularity of series like these at a time when they routinely drew audiences of 13 to 15 million. Meaningful in this

regard is that, despite placing *Casualty* at the front and centre of our call for papers for this issue by calling attention to this 30 year milestone, we received no proposals to write about it from the wide and numerous range of prospective contributors, or to write on any of the aforementioned examples of ‘invisible’ medical television.

Notwithstanding the longevity of these series, discourses of crisis and controversy in healthcare leading up to the passing of the Health and Social Care Act in the United Kingdom, and the implementation of ‘Obamacare’ in the United States, have recently been accompanied by a renaissance in medical television. And issues, strands and clusters have emerged in forms, registers and modes with noticeable regularity around, for example, bio-ethics, affective labour, nostalgia and the neoliberalisation of healthcare. These represent just some of the issues taken up by the authors who ‘take the temperature’ of contemporary medical television in the pieces that comprise this themed issue of *CST*. To understand how the current spate of healthcare television has taken shape, the next section overviews the emergence and establishment of medical television that set the formal, representational and discursive precedents for today’s cycle.

Medical television over time

Medical television emerged alongside the broader popularisation of the medium in the 1950s with the popularity of US shows like *Medic* (1954-56), UK serial hospital drama *Emergency – Ward 10* (1957-67) and UK surgical documentary *Your Life in Their Hands* (1958-64). Julia Hallam (1998) and Jason Jacobs (2001; 2003) both characterise the former two especially as ‘paternal,’ highlighting their imperative to ‘augment public trust in the medical profession... through the “stamp of quality” provided by medical authorities such as the American Medical Association and

British Medical Association’ (Jacobs, 2001: 24), which ‘supplied medical advisers who would check scripts for “medical accuracy,” and who had a interest in making sure that their profession was represented positively’ (Jacobs, 2003: 4-5). The cluster of shows that emerged from this period set a template for medical drama (Turow, 1989: 25) that continues to be followed today in shows like *CTM* and *Grey’s Anatomy* (2005-) (see Nadasi in this issue), in that they ‘aimed for realism and accuracy in their depiction of medical procedure’ (Jacobs, 2001: 24), balancing this against ‘the gravitational pull of melodrama’ (Jacobs, 2003: 5).

As Jacobs observes, ‘the focus was on the individual doctor’s central role in healing people’ (2001: 24) and ‘typically... doctors were white males and the centre of authority’ (2003: 5), as were the titular characters of US shows *Dr Kildare* (1961-66), *Marcus Welby, M.D.* (1969-76) and *Trapper John, M.D.* (1979-86), and, in the UK, *Dr. Finlay’s Casebook* (1962-71) (Hallam 1998). The lasting significance of shows like *Kildare* to the development of the medical television genre that emerged over time was, as Jacobs notes, its consolidation of ‘what was to become a pattern’ that ‘patients (and their illnesses) were vehicles for the exploration of particular issues and topics’ (2001: 25), spanning the social, cultural, political and (bio)ethical.

Responsive to a shifting socio-cultural terrain resulting from the anti-authoritarian zeitgeist that characterised 1960s cultural politics, shows like *Medical Center* (1969-76) were geared towards highlighting how social problems impacted on the work of medical and health care professionals in ways that were both topical and pertinent to the dramatic potentialities of the medical series. As Jacobs notes, issues confronted included ‘abortion, homosexuality, rape, drug addiction, artificial insemination, [and] venereal disease’ (2001: 25; see 2003: 7). Notwithstanding how attitudes toward such matters have changed over time, they all still inform the

contrived scenarios of contemporary medical drama series, or the real-world situations edited for drama in ‘medical reality TV’ (Ostherr, 2013), as ‘catalysts for the exploration of human relationships, emotions, desires and morals’ (Jacobs, 2001, 25; 2003, 7). The importance of sitcom *M*A*S*H* (1972-83) to the development of medical television was in part in the shift it heralded toward ensemble dramas (Hallam, 1998; Jacobs, 2001: 25), which proliferated thereafter in US series like *St Elsewhere* (1982-88), *ER* (1994-2009) and *Grey’s Anatomy*, and UK series *Casualty*, *Holby City* and *Bodies* (2004-06).

Jacobs points to mini-series *The Nation’s Health* (1983) as symptomatic of a broader post-*M*A*S*H* turn toward politically charged depictions of the struggles of frontline healthcare workers. Furthermore, interrogating media depictions of British healthcare under Thatcher including *The Nation’s Health*, Sherryl Wilson (2012) highlights its searing critique of government policies that she argues are shown disempowering the 1980s NHS. She also invokes an apposite and timely comparison between the excoriation of the Thatcher-era NHS in *The Nation’s Health* and the inflammatory and condemnatory findings of the public enquiry into events leading to the 2009 Stafford Hospital and Mid Staffordshire NHS Foundation Trust scandals, conclusions of which appeared as the 2013 Francis Report. Indeed, the flashpoint around the state of the NHS arising from this scandal is a key context in relation to which the recent increase in UK medical television must be understood.

Significant to television’s depictions of medical authority and expertise and ‘striking in its use of soap actors for their characters’ narrative signification was a late 1980s advertising campaign run by Vicks cough medicine’ (Butler, 1995: 150). As Jeremy Butler argues, ‘The potency of various soap opera actors (all men) declaring “I’m not a doctor, but I play one on TV,”’ as they famously did here, ‘lies in the

overweening emphasis on character in soap opera. Even though the actors manifestly deny any medical training or expertise, the viewer is clearly meant to impute such knowledge to the authoritative voices addressing him/her' (150). Carrying questions raised here about medical expertise and authenticity into the current context, it is interesting to consider the rise to UK prominence of *CTM* actor Stephen McGann, as the series' focus has shifted away from the nurses and towards McGann's Patrick Turner, the only recurring doctor character. Thus symptomatic is the publication, in an intertextual nod to *Dr Finlay*, of *Dr Turner's Casebook* (McGann 2016), a *CTM* tie-in authored by the actor.

In a *Journal of the Royal Society of Medicine* essay, McGann (2015) lays claim to expertise about the *portrayal* of medical professionals from his first-hand experience. Significant with respect to Butler's point about actors as mouthpieces for their fictionalised embodiments of professional medical expertise, McGann begins in the first person not from his own viewpoint, but from Turner's:

I enter the room, my doctor's bag in hand. I assess the situation and conclude that an emergency tracheotomy is required to save the woman and her unborn child. The nurses comfort the patient, as I prepare the scalpel. (123)

Only later does he reveal 'I am an actor portraying a fictional doctor called Patrick Turner. My name is Stephen McGann' (123). Tellingly in addition to 'screen actor', the journal cites his occupation as 'science communicator' (*ibid*). A counterpoint to this phenomenon is that of the 'reality television celebrity' (Wilson, 2013) doctor, seen in the UK cultural visibility of Robert Winston of *The Human Body* (1998) and

Child of Our Time (2000-), Christian Jessen of *Embarrassing Bodies* (2007-15), *Supersize vs Superskinny* (4 2008-) and *Stand Up to Cancer* (2012; 2014) (see Charlesworth in this issue), and where animals are patients, Noel Fitzpatrick of *The Bionic Vet* (2010) and *The Supervet* (2014-) (see Mills in this issue). In the US, Mehmet Oz of *The Dr Oz Show* (2009-) and Andrew Weil, whose appearances on *The Oprah Winfrey Show* (1986-2011), *Larry King Live* (1985-2010) and the *Today* show (1952-), made him a public personality are also pertinent. Elsewhere in UK media, psychiatrist, columnist and broadcaster Max Pemberton attained celebrity status beyond the medical field following the popularity of his *Daily Telegraph* column relating his experiences as a junior doctor. This was published as *Trust Me I'm a (Junior) Doctor* (2008), and serialised in a radio adaptation (BBC Radio 4 2008), later becoming a series with the publication of *Where Does it Hurt?* (2009) and *The Doctor Will See You Now* (2011). Pemberton's celebrity crossed into broadcasting when he began reporting for the BBC's *Inside Health* radio programme in 2012.

By the mid-1990s, 'a common observation made by critics and commentators was that the proliferation of television medical dramas had reached epidemic proportions' (Jacobs, 2001: 23; see also Hallam, 1998: 3). This moment gave rise to US series *ER* and *Chicago Hope* (1994-2000) and UK series *Cardiac Arrest* (1994-96). Recognising this moment, and symptomatic of its impact, on 9 June 1996 the BBC devoted an evening of BBC2 airtime to programmes focused on TV medics under the banner 'Docs on the Box'. It compiled episodes of UK series *Dr Finlay's Casebook* and *Casualty*, US series *Dr Kildare* and *M*A*S*H*, documentaries *In Stitches* (1996) and *Playing Doctor* (1996), concluding with the film *Horror Hospital* (1973). Jacobs characterises this cluster of mid-1990s hospital dramas in terms of a shift in the genre toward an aesthetic informed by the stylistics conventions of

Hollywood action cinema (2003, 1), that ‘foregrounds the radical contingency of accidents and the “sudden turn for the worse” that can befall patients... rendered in a fluid, restless visual style, complemented by medical technobabble that overlays the confusing immediacy of injury and treatment’ (2001: 26; see also Hallam, 1998).

In the 2000s, some noteworthy instances of medical television were UK and US sitcoms *Green Wing* (2004-07) and *Scrubs* (2001-10). Some have suggested that the ‘farce’ inherent to the absurdist humour that characterised shows like these divested them of an explicit ‘political agenda’ of the kind articulated by contemporaneous serial dramas like *Bodies*, created by ex-doctor Jed Mercurio, who earlier scripted *Cardiac Arrest*, and prescient in its hard-hitting depiction of ‘bureaucratic mismanagement and disaffected frontline staff’ (McDonagh).

Meanwhile in the US, drama series *House* (2004-12) and *Nurse Jackie* (2009-15) (see Gorton in this issue) demystified and destabilised the respective figures of doctor and nurse, with titular characters presented as flawed, troubled, self-destructive and hubristic, as well as skilled, dedicated, human and tragic, to heretofore-unseen levels of complexity.

Of greatest concern to this issue, though, is the current proliferation of medical television. As Allyson Pollock writes, ‘Most of the media attention given to the NHS focuses on the daily drama of hospitals, the high-tech advances in medicine and surgery, and busy Accident and Emergency departments’ (2004: 125). This continues to be seen in consistently high ratings garnered by series like *One Born Every Minute* (2010-) [*OBEM*] and *24 Hours in A&E* (2011-), and the longevity of series like *Casualty*. However, it is worth noting Sofia Bull’s observations of cultural differences across US and UK cultures of medical reality TV, with ‘US... shows such as *Hopkins* (2008) and *Boston Med* (2010)’ placing greater ‘emphasis on gore, excitement and

medical marvels.’ (Bull 2015) She cites Kirsten Ostherr (2013: 193) in highlighting the US preference for ‘lightweight hand held cameras’ (Bull 2015) over the ‘fixed rig’ remote controlled camera mode (Ellis, 2015; Ostherr, 2013) preferred in the UK (see Horeck in this issue on cultural specificities of US/UK medical reality TV, and Bull in this issue comparing UK/Scandinavia. On the latter, see Christensen in this issue). Still, as Pollock notes, ‘most people’s everyday experience of the NHS is at their GP’s surgery’ (2004: 125). Even these mundane encounters between patients and the NHS have been made public in the current cycle of medical television in *GPs: Behind Closed Doors* (2014-), the reality aesthetic and crisis discourse of which were both, by the time it went to air, established tropes in particular strands of the cycle’s programming. For example, reviewing documentary series *Student Nurses: Bedpans & Bandages* (2014) for *The Guardian*, TV critic Sam Wollaston observes a modally cognate cluster of such series emerging on UK television, positioning *Student Nurses* alongside *24 Hours in A&E*, *Junior Doctors: Your Life in Their Hands* (2011-) and *Keeping Britain Alive: The NHS in a Day* (2013-) as the latest example to join this cluster of ‘virus-on-the-wall hospital doco[s]’ (2015), also including *Junior Paramedics* (2014-) and *Life Savers* (2013). The 2010s have also seen more depictions of masculinities in nurse television with UK series like *The Delivery Man* (2015) about newly qualified male midwife Matthew Bunting who changes careers after leaving the police because he ‘cares’ too much; and US web-series *Nurse Jeffrey* (2010), a paratextual spin-off from *House*.

(Another) crisis in the NHS

Crisis rhetoric has characterised mediation of the NHS since its inception, across the spectrum of fictional and non-fictional modes and genres. As Raymond Tallis observes:

In the late 1990s and early 2000s the opportunistic exploitation by politicians, most notably Alan Milburn [Health Secretary under Blair, 1999-2003], of medical scandals such as the problems with Heart surgery in Bristol, the retention of organs at Alder Hey hospital and the mass murders by Harold Shipman, placed the profession on the back foot. Treating these episodes as symptomatic of a profession that was arrogant, dangerous and unaccountable was very damaging to its reputation. (2013: 7)

Jacky Davis, John Lister and David Wrigley (2015: 10) point to the global financial crisis that ensued from the 2008 banking crash as the turning point event that gave rise to the current NHS crisis. Roger Taylor succinctly explains the short term impact this had, writing that ‘health spending would rise marginally above the rate of inflation in order to be able to make the claim that it was increasing in real terms. But it would rise far less than would be needed to meet increasing demands and costs of healthcare’ (2013: 81). This heralded ‘the end of a record ten successive years of investment in the NHS from 2000 to 2010’ (Davis, Lister and Wrigley, 2015: 10) producing a desperate situation ‘combin[ing] the impact of [an] unprecedented five-year [and counting (13)] spending freeze (which is driving indebted hospital trusts to rationalise and cut back local services to save money), with a growing fragmentation and dislocation of the newly-reorganised system’ (11). Davis et al are unambiguous in

their attribution of the cause of this crisis to the actions of the Coalition government formed from the hung parliament produced by the 2010 general election, lambasting it as having ‘cynically seized upon the pretext of the economic dislocation triggered by the banking crash as justification for imposing its neoliberal austerity policies on the NHS’ (ibid).

A key contextual factor, as indicated above, is the 2009 Stafford Hospital scandal. This arose from an investigation into high mortality rates at the hospital, revealing systemic management and delivery problems, manifesting as deficient care standards, and resulting, reportedly, in up to 1200 patient deaths through neglect. Investigation and inquiry found bad management and poor conditions were at fault. But they were accompanied by an explosion of sensationalist media reportage of patient abuse and neglect by nurses, with which Jeremy Hunt himself became complicit (Borland, 2013). Weighing in, he thus legitimised the media’s excoriation of nurses from a standpoint of official discourse, enabling management failures and underlying causes of the delivery problems to be sidestepped, serving the government’s agenda to paint a persuasive media picture of a failing NHS. Hunt’s participation in this finger-pointing therefore helped foster a public mood that allowed the government’s healthcare reforms to be passed, fundamentally changing the nature of the NHS, and with little public outcry or media coverage (Huitson, 2012; 2013: 165-167; Tallis, 2013: 12; El-Gingihy, 2015: 1). The Stafford scandal is thus a highly significant context within which the current cycle of UK medical television must be viewed.

The extent to which crisis discourse circulating around the NHS had reached the status of cultural flashpoint was acknowledged on Channel 5, when it staged *NHS in Crisis – The Live Debate* in January 2015. It placed a panel of invited speakers in

heated conversation with studio audience members and viewers were invited to participate via social media using the Twitter hashtag #NHSDebate; with the titular assumption that the NHS was indeed in crisis as a starting point. On Channel 4, the inflammatorily titled documentary mini-series *NHS: £2 Billion a Week and Counting* (2015), which aired two months before the 2015 general election, played devil's advocate in this debate, operating from a premise that favoured viewing the NHS as a cost more than a service. It likewise invited audiences to weigh in on this debate via social media through the use of the Twitter hashtag #NHS2Billion. Following segments profiling individual patients whose cases we are invited to read as frivolous and costly, dramatic music played over a series of graphics explaining where else in the NHS the money to fund their treatment could be spent, before the following question is turned over to the audience: 'What would you decide?' The emphasis here is thus on patient choice, making the series complicit in the devaluation of professional healthcare expertise embedded in the discourse and ideology of the Health and Social Care Act, and the spin that accompanied its passage through parliament, which has been compounded in the media since its implementation. A generous Habermasian reading would defend this scenario in the interests of public sphere debate. But when answers to the questions posed in *NHS: £2 Billion a Week and Counting* are implied, we might in the interests of democratic debate, pose counter-questions about, for example, its anecdotal statistics and snapshot views of de-contextualised individuals.

Thus, a culture war over the NHS is being waged on UK television. Medics have long occupied the centre of attention in mediating healthcare professions, but with nursing and midwifery evermore prevalent in media imagery and popular discourse, they increasingly constitute the public face of this culture war.

Affective labour and valuing care

The current spike in nurse television in particular is also part of a broader ‘affective turn’ towards socio-cultural revaluations of undervalued forms of ‘women’s work’ like nursing (Henderson, 2001) and what Arlie Hochschild (1983) conceptualised as the ‘emotional labor’ germane to caring professions. It is also indicative of anxieties born of a moment of crisis for nursing, in which blame culture points fingers at nursing staff, who, as disempowered NHS coalface workers, are frequently held to account for its failings and the perceived erosion of practical and affective skills supposedly lost to a technologised, neoliberalised and privatised NHS. This section considers the cultural politics of affective labour in the recent explosion of UK popular cultural imagery of nurses and midwives, thinking about the stakes of this mediated imagery when nurses are routinely excoriated in British news media, in the context of cultural flashpoints like the Stafford scandal and its aftermath.

UK television abounds with series showcasing the working lives and subjectivities of nurses through a range of affective registers, to varying degrees of ambivalence and objectivity, and with differing levels of political charge. There is a pronounced cultural appetite for imagery of nurses of the kind that Hallam, in her cross-media study of post-war images of nursing argues, appears intermittently, responsive to contextual factors. Hallam writes that there are ‘particular “moments” when there [is] a groundswell of dense public activity featuring... nurses across various texts in a range of media forms’ (2000: 3) situating them alongside contemporaneous developments like the formation of the NHS, and the rise of second wave feminism. Before turning to examples from the current groundswell, what follows is an overview of some antecedents that articulate differently the affective

labour of nursing over time, alongside changing gender norms, and accommodation of these shifts into cultural imaginings of nurses.

Only in 1975, at second-wave feminism's height, did *Angels* (1975-83) appear, the first television series focussing specifically on nursing, and depicting working life for a group of ingénue nursing students. Scholars situate the new approach taken to mediating nurses' subjectivities in *Angels* that placed them 'at the centre of the action' (Hallam, 2000: 81) in relation to second-wave feminism (Jacobs, 2003: 95). As Hallam observes, 'the eruption of the [heretofore marginalised nurse] into speech and visibility in *Angels* coincided with... second wave feminism' (2000, 82). *Angels* remains striking for the relative disinterest of early episodes in the romantic lives of characters, focussing instead on nurses' working relationships and friendships. Doctors are rarely seen, and when they are, often it is to dangle the prospect of a heterosexual romance only to withdraw it. In one early episode student nurse Ruth Fullman (Lesley Dunlop) courts a doctor only to abruptly end the flirtation after an eye-opening stint training in a maternity unit.

Just as *Angels* responded to its feminist context, the irreverent depiction of nurses in *No Angels* (2004-06) is locatable in relation to its own socio-cultural context. The heavy drinking and sexually unbounded nurses channelled the ladette culture and 'girl power' rhetoric germane to UK cultures of millennial postfeminism, which Justine Ashby observes 'managed to link being sexy with being ballsy, [and] to celebrate female camaraderie while privileging individualism' (2005: 129). This also characterised its depiction of the affective labour of the central characters, the tone for which was set in the inaugural episode, which opened with the nurses warming a patient's dead body in a bathtub, having not noticed that she died. Inevitably, the humour of this scenario plays differently in a post-Mid Staffs context.

Underscoring that the recent rise in nursing's cultural visibility beyond television, and across popular culture more broadly, is the raft of publications of 'nurse lit' (popular fiction memoirs of nursing and midwifery) that emerged along with the upsurge in nurse-oriented television. These are generally post-war period pieces that accentuate nursing's symbolic maternalism, and the matriarchal authoritarianism germane to gendered hierarchies within the nursing professions. The publication of new 'nurse lit' in some cases responds to the success of the BBC adaptation of Jennifer Worth's source material for *CTM* (2002; 2005; 2009) or indeed the earlier success of the books themselves (Anderson, 2012; Watts, 2012). But older publications have also been reprinted in new editions, responsive to nursing's new cultural currency (Cotterill, 2010 [1986]; Jordan, 2012 [1977]).

So You Think You Can Nurse (2007) belongs to a sub-genre of reality TV known as 'celebrity slumming' wherein celebrities are placed in particular work/life situations of 'ordinary' people (Hamad, 2014: 232), popularised by US shows like *The Simple Life* (2003-07). In the UK it puts a spotlight on social issues like unemployment (*Famous, Rich and Jobless* [2010]), homelessness (*Famous, Rich and Homeless* [2009; 2016]), and here the difficulties and realities of NHS nursing, and (then) crisis in the NHS, seen through the eyes of nurses delivering frontline care. This show, along with the sitcom *Getting On* (2009-12) (see Johnson in this issue) inaugurated the current cycle of nurse television. With its darkly comic take on twenty-first century NHS dysfunction, what Tracey Jensen calls 'the absurdities of contemporary health neoliberalism' (2013), *Getting On* is an unsentimental depiction of nurses' attempts to strike a balance between care provision and administrative procedure. It is frank in its approach to gendered hierarchies in nursing, with its candid portrayal of the managerial aspirations of a relatively high proportion of the

male nurse minority (Hallam, 2000: 117). Despite critical acclaim, it was niche programming on BBC4, garnering viewing figures of around 500,000 (BARB), so its cultural impact was necessarily limited.

More successful in this regard is reality birthing, maternity and midwifery show *OBEM* (see Bull and Horeck in this issue), which follows life in a series of maternity units via ‘fixed rig’ cameras that document births in NHS hospitals. Currently on its ninth series, *OBEM*’s success has generated spin-offs, themed special episodes and high ratings (BARB). Until its 2014 fifth series, when numbers began to drop, it regularly garnered audiences of three to four million (BARB). While midwifery is key to *OBEM*’s overall discourse, it is arguably lower in its hierarchy of discourses than birthing and maternity (De Benedictis, 2010). However, it is noteworthy that senior midwife Kay Duggan was profiled and centralised in early episodes, given her embodiment of archetypal traits of the white middle-class femininity that dominated post-war cultural representations of nurses (Hallam, 2000: 5). Showcasing her warmth, empathy, soft-spoken patience and accent befitting someone at the upper end of the middle-class spectrum, Kay’s depiction exudes symbolic maternalism and selfless devotion to vocation that seem to belong to another era.

The BBC responded with *The Midwives* (2012; and Welsh regional variant *The Country Midwives* [2014]), laying claim to authenticity with its promise to show ‘what it’s really like to be a midwife in Britain today’. It thus consciously tips its balance toward the midwives, and diverging formally from *OBEM*, eschews the ‘fixed rig’ mode in favour of more traditional documentary, better enabling issue based thematisation, and candid confrontation of social issues affecting the practice of contemporary midwifery, such as class division, around which the third episode ‘How

the Other Half Push' is structured. With a view to pushing the agenda that NHS provision is class blind, the series positions the mothers as receiving the same standard of care from midwives, irrespective of socio-economic status.

ITV followed with documentary series *Nursing the Nation* (2013), which followed women (nurses profiled are indeed all women) providing NHS community care, visiting patients at home, in locations across Britain. Nursing is once more articulated as symbolically maternal, as district nurses revel in their self-professed bossiness. One sister states that her team is her family and she is the mother, another taking pride in 'nagging' patients. Channel 5's equivalent *Nurses* (2013) is upfront in placing the value ascribed by nurses to the caring side of their profession at the centre of its discourse: 'Compassion and care has [sic] still got to be the crux of nursing... If care isn't at the centre of nursing, then there's no point to nursing.' Symptomatic of this as well as how *Nurses* responds to the aforementioned culture of blaming nurses for systemic NHS failures are paediatric nurse Adrian's remarks, 'I don't care what anybody says. We care. Nurses care.' Another recent BBC series to capitalise on the cultural purchase of representations of nurses is drama series *Frankie* (2013), which focuses on the eponymous district nurse, showcasing the difficulties she experiences managing her work/life balance, and the affective bleed between her professional caring role and home life. Similarly, and more recently, sitcom *Nurse* (2015) follows a community psychiatric nurse visiting patients at home, although the discursive emphasis here is more on patients than on the titular nurse.

***Call the Midwife* and the cultural politics of nostalgia**

The centrepiece of the current spate of nurse programming (arguably of current UK medical television) is prestige Sunday night drama *Call the Midwife* (Plunkett, 2012).

A nostalgia piece set initially in 1958, in which ingénue nurse midwife Jenny Lee (Jessica Raine) finds herself delivering babies out of a convent in post-war East-End London squalor, *CTM* had critical kudos and high ratings almost immediately. After an uncertain start on PBS in time it also struck a chord with US audiences, testament to the fact that its affective charge transcends national specificities of the depicted healthcare context. Feminist claims have been made for *CTM*'s authenticity, given the status of its source material as a memoir of affective labour. But less a depiction of the reality of women's work in the 1950s, *CTM* is more a remediation of past fantasies and cultural constructions of nursing, which configure nursing according to 'an all-embracing ideal of white, middle-class femininity' (Hallam, 2000: 34). This is not to disavow all of its feminist credentials. But to overstate them sidesteps some of its postfeminist discourse, and its engagement in what Diane Negra calls 'representational strategies that seem to retrieve a pre-feminist mindset or relocate into a pre-feminist moment' (2009: 107). Negra argues that postfeminist culture mobilises discourses of nostalgia to negotiate tensions between its impetus to 'cast women as subjects of their own self-determination' (ibid), and competing imperatives to restore traditional gender roles, especially at times of crisis. She thus points to 9/11 as the crisis that produced nostalgia for flight attendants in their cultural mediation thereafter. Today's crisis in the NHS has likewise triggered a wave of cultural nostalgia for it evident in *CTM*'s popularity, the wave of period 'nurse lit', and the current spate of period medical dramas, including *The Indian Doctor* (2010-) and *Breathless* (2013).

A noteworthy precedent to nostalgia pieces like *CTM*, *The Crimson Field* (2014) and *Anzac Girls* (2014) (both nurse dramas with Great War settings) that place female characters and women's healthcare work at their centre is *Bramwell* (1995-98).

Scripted by Lucy Gannon, who also created *Peak Practice* and *Frankie* in the current cycle, *Bramwell* narrates challenges faced by the titular Dr. Eleanor Bramwell (Jemma Redgrave) as a woman in a medical profession dominated by supercilious misogynists in late-nineteenth-century London. In thus privileging her subjectivity and the exceptionality of her gender in that context, nursing is necessarily sidelined. When nurses do command attention, they often conform to the ‘battleaxe’ type that Hallam (2000) discusses as historically entrenched in mediations of nurses. Still, Bramwell is marked as distinct from her male contemporaries, and gendered in the depiction of her practice of medicine by her proclivity for the care work or ‘emotional labour’ (Hochschild, 1983) that accompanies her practical skills. Also pertinent in this regard is ITV period drama *The Royal*, which was a spin-off from its parent series *Heartbeat* (ITV 1992-2010). Set in a 1960s Yorkshire hospital, *The Royal* similarly featured the character of Dr. Jill Weatherill (Amy Robbins) as one of the only female doctors working in a male dominated profession at the titular St Aiden’s Royal Free Hospital.

The discourse of nostalgia through which *CTM* operates belies the political charge of its sentimental articulation of the value and quality of nurses’ affective labour. Through its retrospective valorisation of what the media elsewhere presents as lost standards of care, *CTM* is indirectly complicit in negotiating discursive excoriations of today’s nurses, by presenting embodiments of an irretrievable ideal. The stakes of this scenario are underscored by *CTM*’s adherence, through its central quartet of nurse midwives, to what Hallam, referencing the tagline for a 1972 NHS recruitment drive, calls the ‘Take Four Girls’ approach to media configurations of the cultural identity of the ideal nurse as normatively young, white and middle-class (2000: 128-9), and which is thus articulated through a politically disingenuous

multiplicity of subjectivities – all young, white, well-spoken, and either middle or upper class .

The focus on retrospective visions of a purportedly ‘golden age’ of vocational care in series like *CTM* thus serves to deflect attention from the problems of healthcare provision afflicting twenty-first century societies. In the UK, the 2013 implementation of the Health and Social Care Act of 2012 has brought about a situation in which the future of the NHS has never been more precarious. Compounded by the attacks on the medical and nursing professions that followed in the wake of the Stafford Hospital scandal, the stakes for doctors, nurses and other healthcare workers in how the media shapes public consciousness of their professions, their identities, and the value of their labour, have never been higher.

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