published a policy statement in March of the same year, stating: "Image recording by commercial entities does not provide benefit to the patient and *should not* occur in... the emergency department setting." To date, the American Academy of Emergency Medicine has yet to weigh in on this subject.

Summary

There are few patient-centered arguments to support the current practice of EDs (and EPs) participating in the filming of reality television programs. The potential ethical violations of patients' rights cannot be justified and therefore this activity should be halted. This can and will occur when emergency physicians refuse to participate.

1) Geiderman JM. Fame, rights, and videotape (editorial). *Ann Emerg Med.* 2001; 37:217-219.
2) Iserson KV. Film: exposing the emergency department (editorial).*Ann Emerg Med.* 2001; 37:220-221.
3) Foubister V. "Acting in the ER", *American Medical News.* 2000; 43:8.
4) Schumacher WC Lights! Camera! Blood! Action! (Editorial) *Emergency Physicians' Monthly.* 2000; 7:16.
5) Rodriguez RM, Dresden GM, Young JC. Patient and provider attitudes toward commercial television crews in the emergency department. *Acad Emerg Med*; 2001:740-74.
6) Patient rights and informed consent when videotaping or filming. Joint Commission on Accreditation of Healthcare Organizations. Standardsclarification. September 26,2000. Available at: http://www.jacho.org/standard/clarif/ri/rights.html <http://www.jacho.org/standard/clarif/ri/rights.html>. Accessed 8/8/2000.
7) CEJA Report 3-A-01- Filming patients in healthcare settings.
8) Geiderman JM, Larkin GL. Commercial Filming of patient care activities in hospitals. *JAMA* 2002; 228:373-379.

REBUTTAL TO "SAYING NO..."

R. Carter Clements, MD, FACEP

I am sure that the positions espoused in my editorial for the pro side of the debate regarding the presence of commercial filming in the ED will be controversial. Despite strongly held opinions on both sides, it is my hope that discussion on this topic can avoid vitriol. While some emergency physicians (EPs) will disagree with my arguments, others will recognize their merit.

The old adage about medicine being "hours of boredom punctuated by seconds of terror" is true. This is the physician's perspective. Most of the public knows that they are likely to be emergency patients someday, but unfortunately they know nearly nothing about what to expect in the ED. It is my opinion that this is the real reason for the popularity of emergency medicine "reality TV". There is nothing like being in a real ED. Ours is the business of life, death, near-death, and resuscitation. Rather then completely banning broadcast filming in the ED, the goal should be to manage the process of educating the public about what real ED practice is. Emergency medicine (EM) needs a seat at the editorial board to protect our patients and our practices. This is realistic and doable.

Against this backdrop, arguments that summarily dismiss potential educational value to the public of broadcast filming in the ED seem misguided. Organized EM should include the general population in the target audience for accurate teaching. Similarly, arguing that retrospective consent violates privacy seem unfair since the "first SAEM Ethics Consultation request" entitled "Filming of Patients in Academic Emergency Departments[1]" states that retrospective consent is allowable for educational filming if the audience is composed of medical professionals (but not for the lay public). Filming of resuscitative efforts for patients who have suffered acute medical illness or traumatic injury is common for education, peer review, and quality assurance. Consent for this type of filming is usually covered by the ED 'consent to treatment', which many have seen and few have read. Patient filming in this setting results in video that is unedited and fully exposes the patient's anatomy, traumatic emotions, and clinical course. Yet, such filming is allowable under our current guidelines. In the interest of fairness, it would be interesting to know what percentage of hospitals currently practicing such filming allow patients to review their videos or opt out of having it seen by medical staff.

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 were[2]. 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"

Joel Geiderman, MD

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.