SEGMENT A

FADE UP ON A ROLL
Peacock

FADE TO BLACK

FADE IN A ROLL
Larsen's breakfast

:00  OPTICAL SOUND FULL (PEACOCK)

:11  OPTICAL SOUND OUT

:13  C ROLL SOUND FULL (MUSIC)

:34  B SOUND FULL, C SOUND UNDER

DOMINIC:

Eric and Carrie Larsen begin each day much
as thousands of other Americans do... but
for this family, there is one slight difference.

(PAUSE)

:43  MUSIC UP :04, THEN DOWN FOR

:47  B SOUND FULL:

DOMINIC:

Mrs. Larsen will not see her husband again...
for 36 hours.

:52  C SOUND OUT, B SOUND OUT

CU, Clock

:56  C SOUND FULL (MUSIC)

1:24  C SOUND UNDER
Larsen driving to work

1:25 B SOUND FULL

DOMINIC:
The Larsens have two children...a boy one and a half and a girl, three. They see their father every other day. It's been this way since way before the children came...Eric has worked 36 of every 48 hours for the last five years.

Larsen at hospital, walking

1:43 C SOUND FULL (MUSIC) B SOUND OUT

1:50 C SOUND UNDER (WAY UNDER)

1:51 B SOUND FULL

DOMINIC:
What private life he has is between seven o'clock any evening and seven o'clock the next morning, with an occasional day off during the holidays.

And through it all, at any given time on any given day, he is responsible for someone's life. But Eric Larsen is what he wants to be. The time, the years, the study...are all necessary...

2:22 C SOUND OUT

"To Be A Doctor."
2:25 A SOUND FULL (ON WORD CUE "DOCTOR")

FADE IN MATTE
"To Be A Doctor"

2:26

FADE OUT MATTE

2:30

FADE IN MATTE
"Montage"

2:32

FADE OUT MATTE AND FADE TO BLACK

2:37 ALL SOUND OUT

END SEGMENT A
DOMINIC:

Dr. Eric Larsen is a surgeon...in fact, he is chief resident surgeon at the Cleveland Metropolitan General Hospital.

At seven o'clock every morning, two surgical residents and three medical students meet him for patient rounds, and they will follow him through most of the day...from intensive care to surgery to the patient floors of five and six west.

Today, Thursday, it begins as usual.

LARSEN: (VOICE OVER)

To a certain extent, we go over the patients that...pay particular attention to the patients we've operated on the day before, go over the lab data on patients that are, uh, somewhat questionable in that either we're trying to figure out their diagnosis or worried about some disease entity that they have, and uh, see if we can pull any answers together and
LARSEN (Cont'd.):
make plans for possible surgery of discharge
or see if people are getting better or worse
or...But in the mornings, there are usually
work rounds to write IV orders, check
temperatures, uh, check amata crits, and
various lab data. I leave pretty, a lot of this up
to the, uh, to my residents, to give them,
learn the responsibility of finding these things
for themselves and try and let them make most
of the decisions themselves with a certain
amount of guidance and uh, but they, they do
very well and handle responsibility well...and
the medical students are in their senior year
now, um, from Western Reserve, and they're
in the process of going through a, what's
called a clerkship which is just a period of
training and this particular block of their
time is assigned to surgery.

DOMINIC:
Dr. Larsen is scheduled for surgery at eight
o'clock.
C SOUND OUT

1:59 C SOUND IN (B UNDER BOTH)

He is there five minutes early for a conference with Dr. Walter Pories, professor of surgery and Dr. Richard Fredeann, who will assist.

The patient is a woman who had a colostomy. Her disease continues...the surgery, hopefully, will end it. Dr. Larsen and his team will remove another section of diseased colon... and they will try another colostomy.

LARSEN VOICE OVER (C ROLL SOUND CONTINUES)

Most people decide to become a doctor before they decide to become a surgeon...In my own case, the things that led me toward medicine were...well there were several things, one, I wanted to...I enjoy people, and I enjoy taking care of them, and uh, this was something, some way I could fulfill those desires. Uh, the reasons I became a surgeon was what I think, first of all, my father's a surgeon, and...and uh, although he has never pressed me to go into medicine or into surgery, this was something that I. Uh, just kind fell into I guess, I've, as
long as I can remember, I've wanted to be a,
a doctor and a surgeon.

3:10  B SOUND FULL (C SOUND OUT)

3:16  C SOUND FULL, FADE B SOUND OUT

4:21  CROSSFADE FROM C SOUND (MUSIC) TO B
      SOUND UNDER

4:27  C SOUND FULL (B SOUND CONTINUES UNDER)

DOMINIC:
The operation takes more than two hours.
The removed colon section will be carefully
examined and tested, but the operation is a
success.
There is time now for a quick break... just
time for enough coffee, a change of clothes,
then to X-Ray for consultation and review of
other patients who will be in surgery
tomorrow.
The disconcerting thing about it is that it covers that whole area pretty well.

Pete? You gonna scrub tomorrow?

Pete:
Yeah, I'll scrub. Sure.

Larson:
I just don't...we're going through the belly tomorrow.

(ALL TALK AT ONCE)

In the recovery room, the early morning surgical patient is awake. It was a major operation, and Dr. Larsen will check her condition often.
NATURAL SOF LARSEN:
Remember to take deep breaths. Okay. I know you are. We'll give you medication for that. But you must remember to take deep breaths, like I told you this morning. Okay.

DOMINIC:
Intensive care is near by. Dr. Larsen will check on a patient who has not responded as quickly as he wanted...

LARSEN: (AND OTHERS IN GROUP)
Yesterday, she couldn't eat anything. Her blood pressure is 150 over 60. It was probably up to about here.

DOMINIC:
On the fifth and sixth floors, there are patients yet to be seen.
Larsen on Patient Wards

LARSEN: VOICE OVER

They're my patients. I'm emotionally involved in that I tend to care a great deal about what happens to them and how they do. But you can't allow yourself to get emotionally involved with their disease. Um, and indeed, when they're on the operating table, you cannot think of this as being Mrs. so and so, you must think of them as patients with a particular problem that you're there to correct. And you correct it on sound medical judgment and facts that you've gained over the years. Um, and you try to do the best...you, that is not to say that you don't individualize for each patient but...but you can never really forget that this is Mrs. so and so uh, per se, that has, for instance, a 16 year old daughter tha, uh, you know, if you make a slip you might kill her and the effect on her family

DOMINIC: (C SOUND CONTINUES)

Another resident has asked for consultation with Dr. Larsen.
7:06  B SOUND FULL, C SOUND OUT (ON WORD "LARSEN")

LARSEN: NATURAL SOF
All right, tell him...tell him I'll tell you what, I'm gonna go to 3 A, tell him I'll meet him on 3A. Okay?
(HANGS UP PHONE)

NATURAL SOF
You can take X-Rays, but no more cuttin, I'll tell you that right now...no more shovin that down my vein, I went through enough of that...on their testing.

LARSEN: NATURAL SOF
Okay. We're just gonna put a needle in foot, one on each side.

PATIENT: NATURAL SOF
What do you mean a needle.....

LARSEN: NATURAL SOF
Just gonna put a little needle in the vein in your foot...
DOCTOR:
In the vein, you know, like you're taking blood or something...

(PATIENT MUMBLING)
Yes. Right. Yes.

PATIENT: NATURAL SOF
This thing is starting to bleed on me.

DOCTOR: NATURAL SOF
Yeh, we'll get that out very shortly.

LARSEN: NATURAL SOF
And we should probably do that this afternoon... or this evening.
Are you on?

DOCTOR: NATURAL SOF
Yeh.

7:50 C SOUND FULL, B SOUND CONTINUES UNDER
DOMINIC:
Clinic
At one-thirty, Dr. Larsen is due for Clinic...
he will see people who have come to Metropolitan General for out-patient treatment... as
X-Ray Room

DOMINIC: (Cont’d.)

many as he can before he is due in X-Ray again... at four-thirty.

8:02 C SOUND OUT, B SOUND CONTINUES BACKGROUND

8:13 C SOUND FULL

DOMINIC:
The patient examined earlier on consultation is in X-Ray... the procedure will be uncomfortable, but without it, the exact cause of illness cannot be determined.

X-Ray

8:23 B SOUND FULL, C SOUND OUT

PATIENT:
I'll slide down, you don't have to pull on them...

8:28 C SOUND FULL, B SOUND UNDER

DOMINIC:
The X-Ray procedure proves to be more painful than expected... but it will pass quickly...
LARSEN: VOICE OVER

I had a hernia fixed and a knee operation at the same time, well, three or four years ago... very unpleasant experience. I know the rigors of surgery and I know that people hurt, and I, I know, know their reactions and uh, I think it was a beneficial thing for me to have surgery and so, in that I can relate a little more clearly to these people.

DOMINIC:

While Dr. Larsen examines the new X-Rays, an emergency occurs on five west. A patient, without warning and for no apparent cause, develops a severe nose-bleed....

NATURAL SOUND:

(DOCTORS TALK)

Mumble...mumble...(undistinguishable sound)

"Open your mouth"
MONTAGE #303  "To Be A Doctor"  SEGMENT B  Page 15

DISSOLVE TO B ROLL
Patient's Room

9:29  C SOUND FULL, A SOUND OUT

MUSIC

DISSOLVE TO A
Patient ward, Larsen makes rounds

10:11  C SOUND OUT ON DISSOLVE, A SOUND IN BACKGROUND

10:14  B SOUND FULL, A SOUND CONTINUES IN BKG.

10:15  CROSSFADE FROM A SOUND TO C SOUND
(MUSIC)

DOMINIC:

Cafeteria

When the crisis passes, Dr. Larsen makes evening rounds again...when he is satisfied, he will take time for dinner...the first time he has eaten all day.

10:24  C SOUND FULL (MUSIC)

10:29  B SOUND FULL, C SOUND TO BACKGROUND

DOMINIC:

Larsen in library

After dinner, there is homework to do.

Tomorrow will bring a case requiring surgical procedures Dr. Larsen decides to review.

There may be alternatives to what he has in mind...and every possibility will be explored.
LARSEN: VOICE OVER

I spend four years at Dartmouth, uh, in undergraduate school...and I spend four years at Reserve Medical School and then a year of internship and this is my fourth year of residency...so there's been five years of, this will be my fifth year of training after medical school...be four, eight, thirteen years. And now that the salaries there...while you're in training, you don't get paid a lot...I think I figured out as an intern I was making on an hourly basis, uh, about 36 cents an hour...uh, and it's .....it's better than that now, and it's uh actually coming up to a living wage...and uh...I've never really looked at it as dedication to a job...I've just looked at it as uh, uh, well, enjoyable work and learning experience.

B SOUND CONTINUES

DOMINIC:

For the final time this day, Dr. Larsen working alone now, will re-trace all his steps. He will check on every patient he has seen since seven this morning...before going to his overnight quarters close by.
B SOUND CONTINUES

LARSEN: VOICE OVER

If we have a patient who's very sick or develops complications or, or needs an emergency operation of some kind, uh, I come back in. And this has probably happened 10 or 12 times during the year, but uh, um, so I'm not completely away from this place even, even on my nights off. I got married after my first year in medical school, and uh, my wife at the time was finishing up her college education and then she worked for three years, uh, to supplement my income. She's been great about the whole situation...she's glad it's coming to an end, uh, and we're looking forward to our two years in the service. I think the biggest, one of the biggest problems is now that we have a family, uh, uh, she would like it if I were home more to help with raising of the kids and to uh...we usually don't put our kids to bed til about 9:00 o'clock at night. I get home, oh,
LARSEN: (Cont'd.)
on good days around six and average...uh, well
last night I got home around 7:15, 7:30, which
is fairly typical. And uh, uh so that gives me an
hour and a half or so to eat dinner and play with
the kids before we, before we put them to bed
if, and then in turn of course they tend to sleep
a little later during, in the morning, which is
nice for the, the every other Sunday that I get
to sleep in...uh, they don't get up til 9:00
o'clock.

B SOUND CONTINUES FULL, C CONTINUES UNDER

DOMINIC:
He is on call if the emergency room requires
a surgeon, or if any patient needs immediate
care. But this night.....

13:47 C SOUND OUT (MUSIC OUT)
it will be quiet.

SLOW FADE TO BLACK
(BE OUT OF IT BY 13:55)

END OF SEGMENT B
SEGMENT C

FADE IN A ROLL
Larsen in tunnel

:00  B SOUND FULL (MUSIC)

:03  C SOUND FULL

DOMINIC:
Friday. Seven o'clock. Twenty four hours after he came to work, Dr. Larsen begins his routine again. Every patient must be seen. The residents and medical students will go along.

:15  B SOUND FULL, C SOUND OUT

:23  C SOUND FULL, B SOUND UNDER

DOMINIC:
At eight o'clock, Dr. Larsen is due in surgery again...the patient has an unknown mass appearing on X-Rays. The operation will be exploratory.

Afterward, there will be time for breakfast...a fast cup of coffee before the team goes back into surgery. Dr. Larsen will assist one of his residents. The operation is to remove gall stones.
A third operation is scheduled for Dr. Larsen, but it will be cancelled. A patient needs emergency surgery and while it is being scheduled, Dr. Larsen goes to see him and to check with the nurse on his floor.

The routine is shattered... in those few brief moments,

his heart has stopped.
DOMINIC:
An hour and a half later, Dr. Larsen is satisfied...and the man will be moved to intensive care. His heart...once stopped...is beating again.

BEGIN VERY SLOW FADE TO BLACK (BE TO BLACK AT 5:05)

5:01

5:05 ALL SOUND OUT

END OF SEGMENT C
It is now almost 33 hours since Dr. Eric Larsen went on duty. What he has done cannot be measured without considering the emotion involved. Each patient harbors his own private view of this man, but all depend on and survive by what he does and what he knows.

His knowledge, his judgment, his skill have been slowly gathered, instilled and developed by the hours he spends looking after people he has never seen before, until they came to Metropolitan General for help...

At this moment, one such man is living, who, scarcely two hours ago was not. His ultimate fate rests on the ability of his body to rebuild the damage.

Tonight, Eric Larsen, chief resident surgeon of the Cleveland Metropolitan General Hospital will see his wife children for the first time in 36 hours.
For now, there remains a staff meeting, and further work to see that this patient can make it through the night.

At seven o'clock tomorrow morning, he will begin patient rounds again... and to Dr. Eric Larsen, there is nothing unnatural about the hours he works, because he does it all...

MATTE TITLE 1:29 FADE B SOUND OUT

"TO BE A DOCTOR"

C SOUND CONTINUES (MUSIC)

(NOTE: At 1:48, shot changes from very dark to green)

MATTE SLIDES

Dominic
Robinson
Morris
Goulden
Mrzena
Roecker
Zebreski
Co-op
Montage
Public Affairs
MRA

FADE TO BLACK 2:31