

Harvard Medical Labcast

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From Harvard to Hollywood

Emmy-nominated alum combines medicine, media and storytelling

Guest: Neal Baer

Host: Stephanie Dutchen

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DUTCHEN: Hello and welcome to the January 2018 Harvard Medical Labcast. This podcast is brought to you by Harvard Medical School's Office of Communications in Boston. I'm Stephanie Dutchen.

This month's episode features Neal Baer, an HMS-trained pediatrician and award-winning television writer and producer. Baer started writing for *ER* when he was still a medical student, and over the years, he has continued to use TV to help shape public perceptions of medicine, illness and health disparities.

Stay tuned to hear about Baer's unconventional career path and how medical school inadvertently prepared him to be an executive producer.

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DUTCHEN: Neal, welcome.

BAER: Hi, how are you?

DUTCHEN: Great to have you here today.

BAER: Thanks.

DUTCHEN: So you have had an unusual career path, both in medicine and in media production. When did you start thinking about intersections between medicine, media and narrative?

BAER: I grew up in a household with a father who was a surgeon, and I used to go with him when he made rounds. Because that was literally pretty much the only time I could see him. And so I would conjure up stories, when I was a little boy, about what he was doing upstairs in those ORs and seeing patients on rounds, whatever that meant. And so I was fascinated by medicine from a very early age. And for a number of reasons, I just didn't pursue it until after graduate school at Harvard, where I was a graduate student in sociology. And I thought, well, perhaps I might want to be a doctor someday.

I've never been really good at making firm decisions. I just like to do a lot of different things. And so I went to the University of Southern California and took biology, chemistry, organic and physics—

DUTCHEN: Yikes.

BAER: —just in case, and applied to medical school and deferred twice here at Harvard and then went, which was a great thing. But I was also always interested in storytelling from a young age. And so I was able to combine the two. I think one of the reasons I went to medical school was I started making documentary films when I was a graduate student at Harvard. And I really found that I wasn't going to be a sociologist, that that really wasn't my calling. So I made documentary films. I wheedled my way into a visual and environmental studies department documentary filmmaking course, and it changed my life.

And I made a film over one year about people—about a diner in Maine that served as a gathering spot for a community. And then I made, in the second year, another course, people who work all night. And I sold them both to PBS, and that really launched my television career. Because I had never even thought about making documentary films, and I found out this guy was going to be teaching it at Harvard. And I talked him into letting a graduate student take the course. He said I couldn't take it, but then he said OK. And you never know where your life will go.

So I started film school in Los Angeles. And I was really drawn to medical stories, and I didn't realize that at first. I optioned—for a very, very small amount of money—a story from *The Man Who Mistook His Wife for a Hat* by Oliver Sacks. And that was the first project I did where I wrote an adaptation of a story called "The Lost Mariner," about a man with Korsakoff syndrome. And I ended up meeting Oliver and becoming friends with him, which was really a trip.

DUTCHEN: What's Korsakoff syndrome?

BAER: Korsakoff syndrome is a disease that's common—well, we should say not uncommon—in people with severe alcoholism. It affects a part of the brain where you can't form memories, and so they literally live in a constant state of flux. They can remember things about their past, though sometimes that can be erased, too. And so they start having to what we call confabulate, or make up, seeing clues around them of where they are, whom they're talking to. So in this very moving story that Oliver wrote, this man has Korsakoff's. He was a severe alcoholic. And he finally recognizes his brother, because it is his brother, though he thinks he's undergone some terrible disease because he looks so old because he remembers him only as a young man.

So I wrote an adaptation of that that was going to star John Lithgow for Paramount. It never got made, like many movies. And then I wrote and directed an ABC after-school special about sexually transmitted infections.

DUTCHEN: Exciting.

BAER: That was. We were the first show ever to say “discharge from the penis.” So, you know.

DUTCHEN: Groundbreaking. [laughter]

BAER: Groundbreaking. It was ABC, you know, daytime. And that was before I went to medical school. And then I did an episode of *China Beach* where Dana Delaney’s character resuscitates a man who is brain dead. And I thought, wow, you know, there’s a theme running through my work of medical ethical stories. I grew up with medicine. Maybe I should consider going to medical school if this job doesn’t pan out. Then my son was born, and I thought, well, you know, this is my last opportunity. I better try it in case Hollywood doesn’t work.

So I came to Harvard, and I loved it. I love the New Pathways. I love the storytelling approach and the tutorials and made really close friends. My closest friend from medical school, I met him the first day, was David Foster. And he wanted to make documentaries. We made one together while we were in medical school. And then he worked with me on *SVU*, which I ended up writing, and he wrote an episode. And he did some other things and ended up as the writer/producer of the show *House*. So HMS has had this huge influence on the seminal medical series of the last 25 years of *ER* and *House*, because I came from HMS and so did David.

DUTCHEN: When you were a student here, did you have a reputation for being the Hollywood guy who was moonlighting in medical school? Or was everybody just so extraordinary that they all had super hobbies and that happened to be yours?

BAER: Well, there were interesting, certainly really interesting, students outside the supposed norm of being a bio major. We had a wonderful guy who was a ballet dancer who’s a physician, who’s a family medicine physician now. And we had a journalist, and we had various really interesting people. And that’s always the case every year at HMS. There’s a real mix of interests. So I had done—you know, people knew that I had done some TV. But it wasn’t until I was a fourth year that I was sent the script that Michael Crichton had written when he was a medical student at Harvard in 1969, around that time. He wrote *ER*.

DUTCHEN: Famously.

BAER: And Steven Spielberg optioned it to make it as a film and then literally forgot about it. And it lay dormant in a trunk for 20-some-odd years. And 25 years later, the script was sent to me in 1994, when I was a fourth-year medical student, by John Wells, my childhood friend, who’s a director/producer now. Because he was going to be what’s called the show runner of *ER*. And he said, what do you think of it? And I said, oh, it’s like my life, only it’s outdated. We don’t use chloramphenicol, and we don’t use glass IV bottles. But it really captures what it’s like to be a medical student or an intern, a resident, an attending. You know, climbing the ladder, all of the problems.

It was pulling the curtain back from things that never had really been shown on television, and I said I love to do it. And he said, well, give me your thoughts and give me notes to update it. Because Michael hadn't done medicine in 25 years.

DUTCHEN: Sure. During your copious spare time in medical school.

BAER: In medical school. So I did it. And I went out to Hollywood, back to LA—it had been four years—to—

DUTCHEN: This was during school or after?

BAER: During school, being a fourth-year. I accrued—I think you can take two months off during your whole time, and so I did. And I loved it. And I thought, how am I going to work this out? So Harvard was very flexible, which was great. And I ended up staying on the show as a writer. And I finished medical school a year behind my class, but a big portion of my class finished a year behind anyway, because they do research and various other things. I did my ambulatory medicine rotation in Los Angeles every Saturday for two years. So some sacrifices, but it was worth it.

DUTCHEN: How long does that normally take?

BAER: Two months. It did back then, when we did it here. And then I came back here for my sub-I. And you know, another sort of really funny thing is that my attending was Pam Hartzband. And she ended up writing a book with her husband, Jerry Groopman, about *Your Medical Mind*.

DUTCHEN: Jerome Groopman.

BAER: Jerome Groopman, yeah. And we optioned it at CBS, and we did a pilot based on my attending's book. So it was like you always should be really respectful of your attendings.

DUTCHEN: Being well connected helps, too.

BAER: Exactly. Exactly. So it was really terrific to have worked with them in those capacities. So I finished medical school, and then I did my internship over, like, five years. Again, during hiatuses and on weekends and cobbling it together. And I remember thinking, this is really crazy. But it was worth it. I mean, I thought, I've gone this far. I have to do it. So it's been great, because it informs all the work I do. All the work that I did at HMS and when I was training to be a pediatrician has informed not only *ER* and *SVU* particularly but also the work I do today.

DUTCHEN: And while you were at HMS, you had a scholarship, right, that was specifically for contributing to the understanding of science through the media?

BAER: Right.

DUTCHEN: So you were thinking about that already at school and before school?

BAER: Right, and I think another transformative element for me was getting a AAAS Mass Media Fellowship. And I was sent to ABC News, and that was before medical school. And there were a couple of medical students there. Most of the students were graduate students in the sciences, but they took sociology graduate students, as well. And I really wanted to do that after I had made my films.

And so I worked with a science reporter, and that really kind of solidified my decision to go to medical school. Because I just thought, this is really a path of great interest to me. And I can combine medicine and maybe storytelling in some way. I didn't know exactly how. So medical students can do that still. You're sent to NPR and networks and science magazines and things like that.

DUTCHEN: Now, you have said in other spaces that being at medical school helped you to really learn how to draw out patient stories and also that it helped you to understand your own story. Can you tell me more about that?

BAER: Well, I think being a really good physician requires one to be a good storyteller and a detective. You have to have a rapport with the patient. If your back is turned to the patient and you're asking questions from an algorithm and typing them into your computer, it's not the best feeling that the patient will get from that. And they may not want to confide in you and tell you things that will take you down the right path to make a diagnosis. So there's a real requirement for empathy.

But you also have to be a detective, because you have to keep in mind what the symptomatology is and what clues you're getting. And you start plucking those clues and putting them together and sorting them out into different places, like, is this trauma? Is this infectious? Is this tumor? Is this metabolic? And you're putting together your story for this patient. But in order to get a full story, you need to draw out the patient, lest they not tell you about drugs, alcohol, sex and other larcenous things they do that might have some impact on the diagnosis and take you down the wrong path.

So I think that being a good physician requires you to be a really good storyteller and, of course, a really good listener of that story. And I think that's what's really powerful about the teaching at Harvard, that you're not just lectured to at all now. I mean, the lectures are really like you watch them at night. And it's really an interactive approach that integrates physiology, pathophysiology, the social determinants of health, psychopharmacology, pharmacology, environmental factors. That's the story, really, of the impact of the environment on someone's health. It's not just genetically determined, and it's not just environmentally determined. It's both.

And as a physician, you have to draw on so much information. So you have to be able to be a really good storyteller to organize it. And then, you have to convey it to other physicians and nurses and health care providers as well. So you have to be a storyteller on so many different levels. It's very important.

DUTCHEN: It's a lot to keep in your head at once.

BAER: That's why I think I was a good show runner on *ER* and *SVU*, because I always used to say it was like medicine. You have, like, 14 patients on the ward. Well, you have, like, five shows in different facets of development. You have one that you're working on in the room, one that you're writing the outline for, one that you're writing the script for, one that you're shooting and you're prepping for, one that you're editing, and one that you're in post on. So you have to, like—those are all your patients. All your episodes are patients, and so you kind of have them all in your head. So I think HMS was really good training for being a show runner in Hollywood. Seriously.

DUTCHEN: I'm sure that was the intention.

BAER: I think so. I mean, I think it's really good training for any kind of work one would do. And there are a number of students who don't do traditional medical careers now, and that's always been the case at HMS.

DUTCHEN: When it comes to Hollywood movies and TV, you hear sometimes about how narrative is paramount, right? The story has to come first. The drama is the main important point and that accuracy is secondary or below secondary. Do you see those things as being in conflict? And if so, how do you navigate them?

BAER: No, I don't see accuracy and storytelling as being antithetical at all. I think that people are really good detectors of what's true or not. And I think that was one of the reasons why *ER* was a hit right off the bat, because there's a verisimilitude to it that was different from any medical show in the past. I was the first, technically the first, medical student writer in Hollywood, but also the first doctor writer, along with Lance Gentile, who was an emergency physician. Because in the past, all medical series—*Dr. Kildare*, *Marcus Welby, St. Elsewhere*—they all had doctors involved, but after the scripts were written. And they would sprinkle the medicine, like powdered sugar, on top.

So it was really more like the shows, if you watch them now, are very personal, patient heavy, but they don't really get into the medicine and the bioethics as much. And so what John Wells wanted when he was hiring people to write *ER* was he wanted this verisimilitude, like you're really in there. And I had not only been there, but I was still in it, so I was able to recount what was happening to me and how it felt.

And so I could really like channel all of my fears, anxieties, and joys through Noah Wyle's character. Because he played the medical student, and I was a medical student. He was a third-year when we started the show, and I was a fourth-year, so I was a little ahead of him. Then he passed me. He was like a surgery resident. Because I was there, I was on the show for seven years, the first seven years.

So accuracy, I think, is really important. And I learned how important it really is when we did a study on HPV and cervical cancer in 2000. And I worked with the Kaiser Family Foundation and Princeton Survey Research, and we did an actual study, the first study of its

kind, that looked at the impact of our storytelling on the audience. So I took a story that we were doing with Julianna Margulies' character, where she diagnoses a young woman with cervical cancer. And she'd been going to sex parties. And this was actually inspired by an article I read about syphilis and parties that young people were having in I believe it was North Carolina. I read about it, and I was always drawing from things I was reading or my own experiences.

And so I read about this and I thought, let's do this as an experiment to really see what our impact is. So we did the show. And we surveyed a random sample of viewers, over 1,000 viewers, before the show aired. And the experimental treatment, per se, was the show itself. And then we re-surveyed a random sample of viewers afterwards. And we were dumbstruck by the results, which were a very small number of people knew that HPV caused cervical cancer. Now, this was 2000, before Gardasil, the vaccine, came out. And after the show aired, it was almost, I believe, something like six times. I can't remember the exact figure, but it was huge. It was like 9 percent up to, like, over 50 percent. We had 40 million viewers, so this was huge.

And so it really dawned on me—it already concerned me that we had to be accurate, because people learned about health issues from what they saw on TV. Now we have the internet, and that's more challenging, because there's so much out there that's not true. But I thought it was incumbent on us to be accurate, because people—you know, I've had arguments with people. For instance, I remember, many years ago, on *Gray's Anatomy*, that—I'll hear this notion that it's really entertainment, and that's our job. And I just think that that's wrong. I think it's our job is to tell really good stories, and we have to be responsible for the stories that we tell.

And so we started an outreach program, per se, called Hollywood, Health and Society, and we provided free accurate information to anybody in Hollywood who wanted it so that it wouldn't steer people in wrong directions. And now, I think standards of practices at the networks would just ask me—like I did a show about vaccinations, and I talk about measles outbreaks. And they said, where are the data? And it's like, here they are. So they've wised up, too, in the sense that they asked for the data, and it's very easy to give them the data.

And then I started—I moved to UCLA. I was at USC in global health, and now I am an adjunct professor at UCLA and I teach there. And I started a center called the Global Media Center for Social Impact, and we give people information on any health issue. But we've expanded it from what we did at USC, where we're looking at what we call the social determinants of health. Because it is important, obviously, to give accurate information about any disease or disease process. But we want, also, writers to think about the causes of disease—exposure to toxins, climate change, immigration issues, LGBT issues, violence, access to fresh fruits and vegetables.

So these are all social determinants of what one's health is. And we think it's important to be able to write about that, as well. And so we also take writers on what we call story tours, where we put them on a bus and take them to places in Los Angeles they've never been where they see where people live next to rendering factories and suffer from attendant

illnesses. You know, asthma and things that are caused by exposure. So that we really want them to see—or have taken them to South Central LA to clinics, where people are given a brush, a bucket and some Borax and shown how to clean mold. So that they can then, of course, tell those stories in their shows.

DUTCHEN: Well, that's a perfect lead-in to my next question, which is how do you think about media and pop culture as a way to inform the national conversation on health care, on health disparities, public health, and, one of your specialties, LGBT disparities?

BAER: Well, I think I've been really, really fortunate to have TV as my bully pulpit for all the things that I care about. My mother worked for the ACLU for 45 years. And she was arrested when I was a kid for picketing with the farm workers and Cesar Chavez in Denver, where I grew up. And so I was exposed to this profound influence that she had on me about social justice. And so I've tried to, in my own shows, write about those issues of fairness and justice and rights. And so for me, I never think of my shows as entertainment, per se, or educational. I hope they educate.

I hope someone not learns facts, per se, but that they're exposed to different perspectives and they can take the template of their own life or lives of people around them and assess and evaluate maybe ideas or attitudes that they have that might be in conflict with other people's attitudes. And so I've done this in so many different shows, like I did an episode on euthanasia. And as a writer, I can construct the show to really point to different perspectives.

So I did a show where a mother was accused of murdering her young child. She did murder the child, but murder might be the wrong word. She killed the child. The child had Tay-Sachs disease. So I was able to choose a genetic disorder that's incurable, always fatal at an early age, causes terrible, terrible effects in the child—pain and loss of all milestones. So there's no hope. It's hopeless. So then, I was able to use my characters—Benson, Stabler, Fin and Munch—to articulate different positions that they held given who these characters are.

So Meloni's character, Stabler, has four or five children, so he said he wouldn't want his child to suffer. So he has a certain perspective. Whereas Munch, Munch's character has no kids and is a devout Jew and says, no, I think it's always up to God to decide. And then Mariska's character is not sure, and Ice-T has another position of I think it should be a case-by-case basis kind of thing. Well, you can take your own experience or your own beliefs and bring that to the show and evaluate and measure and discuss it with whomever you're with.

And that's always been my intent for the shows that I do, to spark conversation. And so I've been lucky to do it on such a wide range of health issues, both on *ER* and *SVU*. We created the first ongoing character with HIV who lived, Gloria Reuben's character, Jeanie Boulet. I just did a roundtable with *Variety*, and it was stunning that only two other shows, both gay-oriented shows—*Queer as Folk* and *Looking*—had ongoing HIV-positive characters when it's still a major disease in the United States.

And so I was, again, able to take my passions for telling stories about HIV prevention, or guns and children, or teen access to abortion—can you believe that? I don't know that anybody would be able to do that right now on television, because it's such a fractious time. But I was able to do all these shows on *SVU*. The impact of soda on obesity. Sodas are the number one contributor to childhood obesity. I'm so fascinated by what stories can do and how we can use stories to help people make possibly better decisions about their health and to reflect on really trenchant issues of our time.

DUTCHEN: Do you have favorite examples of characters or scenes or storylines that you have been involved in that have helped advance public understanding and compassion for LGBT people?

BAER: Well, certainly, the shows we do with Gloria Reuben's character on *ER*, because that was a time—when I was in medical school in '91, starting in '91, there was pretty much nothing we could do except try to treat the opportunistic infections. And then by 1995, '96, we could do a lot and save people's lives completely. It was just a major turnaround in that. We started Gloria's character's journey in '95 and tracked how it changed, and we followed her. She contracted HIV from her husband, and I thought we didn't do the right thing by saying that her husband had acquired HIV by having sex with lots of women.

And I got a lot of letters, I remember, from African-American women saying, this is really not the full story. It's part of the story, but it was also a story about the down-low. So I used the actor Michael Beach in an episode of *SVU*, and I said, I want to redo this story. Will you play a character who's HIV positive, but we're clear that he's having sex with men but also is married and his wife contracts HIV? And so I felt that it was important to tell the other side of the story, and I was able to do that on *SVU*. So I think that was important.

I'm pretty sure we did the first episode on a transgender child, male to female, who takes hormone blockers. This is probably already about 8 to 10 years ago. And now, it's pretty standard to stave off puberty while the adolescent is deciding what he or she wants to do, where they want to go with their transition or not. And if you hold off puberty, it makes the transition easier, ultimately. So we did that was the first story. And I did stories about HIV deniers, because there was a contingency of people, and even some professors at Berkeley, who said it was a nutritional deficit. So we took that on.

And there had been a tragic story in LA about a mother with HIV whose daughter came in and she was misdiagnosed, because people weren't really even seeing pneumocystis pneumonia anymore. And she died because the mother had refused to get treatment. Now it's very rare to get a baby who's born with HIV, because we can prevent it in childbirth. So I wrote an episode of *ER* where Laura Innes's character comes out as a lesbian. I made Ice-T's son gay on *SVU*.

DUTCHEN: The power!

BAER: Yeah. It's like, wow. So I was able to talk about HIV, looking at various reasons why men had unprotected sex. I mean, it was really, for me, probably—you know, I came out

four and a half years ago. So when I was in medical school—and I graduated in '96—there were two men in my class who were out, fully out.

DUTCHEN: Not including you.

BAER: Not including me, no. So I think I used my storytelling, my shows, to really explore lots of different elements of being gay before I came out.

DUTCHEN: And now you're helping others at HMS, in addition to your work in television, because you have supported a scholarship here that will help students who are interested in reducing LGBT health disparities—

BAER: Right.

DUTCHEN: —and support different people's perspectives. Tell us more about that.

BAER: So I wanted to do something to give back, because HMS was so giving to me, both personally and professionally. Opening doors for me to be a writer in television and also to deal with my own homosexuality. So I started this scholarship.

And one of the profound things that happened to me a couple of years ago was I saw the figures for HIV in America. And I thought, you know, now we have antiretrovirals. Things are pretty good. Well, that's not the case. 14 percent of Americans with HIV don't know their status. It's not great, but it's not terrible. But what really shocked and appalled me was that 30 percent of people who are positive are fully treated in the U.S., meaning they get antiretrovirals and they have an undetectable viral load, hence they're healthy and they can't transmit the virus. So this is a profound statement of where we are in the United States. These numbers are worse off—

DUTCHEN: One third of patients?

BAER: One third get the drugs.

DUTCHEN: Less than one third.

BAER: Less, yeah. Fewer than one third. This is because of stigma, because of access. It's particularly bad in the South, where it can go as high as one out of two African-American men who have sex with men are approaching being positive. So we have to do something about that, and who better to do that than medical students who are passionate, driven, and compassionate and really want to fight these new battles? This is a battle we shouldn't be fighting. And it's a battle not only in terms of HIV and AIDS—

And you know, there are African-American men dying of AIDS in Jackson, Mississippi. There is a young man who—41-year-old guy, Michael Friedman, who went to Harvard, and he died of AIDS. He was a renowned composer/lyricist, and he just died of AIDS. So how

can this be? Well, there's still stigma. There's still fear. There's still religious upheaval about it. And there's still shame. So it's not just about HIV/AIDS, but it's about LGBTQ health.

We often think of these people as one, but they all have very different medical issues and susceptibilities. So we need to look at this. And what better place to do this than at Harvard, to look at they have high—people who are transgender have higher sexually transmitted infection rates and higher suicide rates. And gay men have higher drug abuse rates, and lesbians often smoke and drink. And so we need to look at these things and be honest and clear and do research about it.

And so Harvard is doing that, and Harvard does have clerkships now, which is really incredibly important. When I was in medical school, only two people were out, and now, there are at least five of us. I'm sure there are more, since 20 or so students came to a talk I gave last year. But that's a profound change in 20 years, from 1996 to today. And it's really gratifying and enlivening to me to see how much change there is. And so I wanted to help spark that commitment that HMS has to treating everyone and finding new ways to do it and better ways. So I thought this would be a way of my giving back.

DUTCHEN: Well, thank you. So let's maybe wrap up with a series of quick questions for you.

BAER: OK, I'll be really quick.

DUTCHEN: Who has inspired you?

BAER: At HMS?

DUTCHEN: Anywhere.

BAER: Well, Dan Federman inspired me. He passed away maybe about a month ago. He was a great storyteller.

DUTCHEN: He was a dean of HMS.

BAER: Dean of HMS and a very compassionate guy. But you know, I just remember a great storyteller and that moved me and sort of, I guess, sent me down the road, too, of being a writer/doctor as well.

And the first patient I saw pass away. I don't even remember her name, but I remember that she inspired me, because it was just the first time I was in a room with someone who died.

I remember the first patient I had who came in. He had orange socks. It was at the Beth Israel. And he was having trouble breathing. We got an echo of his heart, and he had an almost encased heart. You know, encased with cancer. And he was really young. And I just remember everybody saying this guy wouldn't make it.

So I remember just the profundity of these teachers. Your patients are your teachers. And I'll never forget having to tell him. It's like, those things you don't forget. So it's not only the faculty or your student colleagues who inspire you, but it's the patients. And I bet you if you asked all these HMS students the first patient they had who dies or the first patient they had to give bad news to, they'll remember a lot of the details, like orange socks.

DUTCHEN: Who are your favorite writers?

BAER: It just keeps changing over time. I mean, if it's like long term, it would be like Dickens, because he's like such a great storyteller and it's melodramatic sometimes. A little melodrama isn't bad. But I'm reading—right now, I'm reading Frank Bidart, who's a poet, gay poet. And his work is really passionate and compassionate. He writes a lot about HIV/AIDS. I've been reading a lot of AIDS memoirs. So I read this writer who isn't really well known named Fenton Johnson, who wrote a book called *Geography of the Heart*, which I love a lot, which is about the AIDS crisis and his partner dying.

I'm reading Paul Monette right now, too. But I read a lot of fiction, and I read a lot of nonfiction. I'm reading a HMS graduate's work called *The Gene* by Siddhartha Mukherjee, which is fantastic. Because I'm really interested in CRISPR and doing some work on that as a writer. I know Atul Gawande, because he was two years ahead of me. So I read his work, and I chat with him. And I'm just so amazed by the volume of work that he puts out that's so well written.

I try to read widely, and I read nonfiction, but as I still read fiction. So I'm reading a French novel called *The End of Eddy*, which is really interesting. My favorite book, though, of the last several years is called *A Little Life* by Hanya Yanagihara. And it just really floored me. It's one of those books that changes one's life because it helped me sort of ask questions about my own life, too. And so that's the most important book I've read in the last several years for me. But I'm reading a lot of different kinds of books, medically oriented but also fiction and nonfiction.

DUTCHEN: We've talked about how your experience in medicine has influenced your writing. Has your work on TV shows ever influenced your practice of medicine?

BAER: Probably, I would say. I hope that it's made me a better listener, because I'm always making Anthony Edwards' character or Laura Innes' character or Julianna or Noah, George, Eric, Sherry, always to be better listeners. They were kind of the doctors who they were the idealized versions of all the doctors we'd want to be, in a way. Though, I don't practice really now. I teach students, but more in public health than in medical schools, but that'll change.

DUTCHEN: So perhaps my last question would be, do you have advice for medical students, for medical schools, for doctors on what they can do either to enhance their practice through storytelling or to address some of the disparities that you're trying to tackle?

BAER: What I think is really fantastic about medical students is that they are going to talk to all sorts of people of all ages at some point in their training, no matter what they decide to do. And so it's really incumbent on us, who are working with them or training them, designing curriculum, to not worry so much about cramming in every disease or every issue that is disease-oriented but really thinking more about the social determinants of health. And how physicians in the making can deal with the patient before they come into the clinic.

And by that I mean once they come into the clinic and they're 50 years old with metabolic disorder, they have hypertension, high cholesterol and type 2 diabetes. It's almost too late, because they've lived a life that's contributed in so many ways to this really problematic state that they're in.

So how can we not just think that we're—we can't just wait for the patient to come in. We have to be advocates outside the clinic or the OR. We have to be advocates in as many ways as we can to be storytellers through whatever conduits we feel comfortable with, be it, for me, television. But it can be writing op-eds. It can be blogging. It can be so many different ways.

Because by the time someone comes through the door, it's usually too late in terms of chronic disease. So we have to prevent it much earlier. Because we don't have very good success, obviously. If 40 percent of Americans are obese and one out of nine or one out of eight, eight or nine Angelenos has type 2 diabetes, something's wrong and it's not working. We'll just keep trying to treat them with insulin, but we're not going to make an impact, and it's costing us a fortune. So we have to think now in terms of the story before they come through the door.

And I think that that's something that medical schools don't like to do, because they're always, as I said, worried about having to cover a lot of material. But I think the New Pathways frees at least Harvard from that, because it's a comprehensive approach to learning how to be a doctor. Because you can't know everything. It's impossible.

DUTCHEN: What do you mean? [laughter]

BAER: You can't. You just can't. Not that you ever could, but even, I mean, from 20 years ago to today, the breakthroughs have been profound. So you have to learn how to learn and how to access and how to really treat, how to prevent. We have a culture where physicians see patients who are sick rather than when they're well. And I think we have to really focus on when people are well and keep them well.

DUTCHEN: Yeah. Excellent points. Neal Baer, thank you so much for sharing some of your stories with us today.

BAER: Sure. Thank you for having me.

[MUSIC PLAYING]

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