

Why medical fiction privileges certain disease manifestations

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ABSTRACT

Medical fictions - across novels, television series, and cinema - have become a powerful cultural lens through which the public understands diseases, physicians, hospitals, and the practice of medicine. The prominence of visually striking illnesses in these narratives stems from a convergence of aesthetic necessity, psychological impact, and cultural habit. In particular, skin manifestations - especially those linked to thrombo-hemorrhagic or inflammatory processes - provide an immediate and compelling visual language, enabling writers to portray the body's internal disorder and the inherent fragility of life. By contrast, *invisible* diseases - hypertension, insomnia, chronic fatigue, neurochemical imbalances - remain more complex and less thrilling to represent. Our future challenge, as clinicians and science communicators, will be to develop ways to render the *invisible* suffering - mental, metabolic, immunologic - as narratively and visually comprehensible as the classic rash or bruise.

Key words: viewpoint, medical fiction, visible and invisible disease.

In recent decades, medical fiction - whether in novels, television series, or cinema - has emerged as a cultural lens through which the public perceives diseases, physicians, hospitals and the work of medicine in general.^{1,2} However, when we compare the fiction's lens with real medicine, we can notice how certain narrative themes are privileged in fictions: emergency does represent the preferred hospital setting since it provides the ideal scenario for capturing the attention and the emotional involvement of the viewer. In that setting the narrative rhythm is naturally high and is made even higher by sounds and alarms made by medical monitors which have become general symbols in storytelling. The electrocardiogram (ECG) trace - a green pulse flickering across a dark screen - functions as a form of universal medical message. Any audience, even without any formal medical education, immediately understands its meaning. A steady beeping sound indicates life and stability; a rapid, irregular rhythm indicates crisis; a flatline accompanied by a continuous

tone symbolizes death or the moment when life hangs in the balance and there is the need for an urgent intervention.

This dynamic allows writers and directors to condense complex physiological events into an instantly recognizable sign. Without dialogue or exposition, the viewer grasps the patient's condition. The ECG thus operates as both a narrative tool and an emotional trigger: its fluctuations reflect the characters' emotional states and signal the rapid transition in the storyline that is so attractive for the audience.

Medical monitors also lend themselves to sensory immersion. The rhythmic sound of a heart monitor or the sudden alarm triggered by dropping blood pressure plunges the audience into the sensory environment of the hospital. These sounds carry an emotional charge - one of anxiety, suspense, and vigilant attentions.

As to disease presentation, medical conditions that can be represented by visual elements do dominate while *invisible sufferings* are under-represented. Medical fiction, in general, consistently relies on visible manifestations of disease (like rashes, bruising, pallor or cyanosis). These recurring motifs are deeply tied to the narrative structure, emotional resonance, and whole vocabulary of the genre. External signs of illness do reflect the tendency to more easily bridge the gap between complex medical conditions and audience comprehension.

The diseases that announce their presence on the surface of the body, the disorders with dermatologic components of thrombohemorrhagic or inflammatory nature - rashes, purpura, bruising, erythema, ulcerations, oedema - exert a peculiar fascination on both authors and audiences.

Thus, when a screenwriter must represent as a disease - something microscopic, biochemical or molecular - there is an almost unavoidable need to convert it into a phenomenon that can be *seen*. A bruise spreading across the skin, a flare of erythema, or beads of petechiae do the narrative work that cannot be done by a laboratory value or an altered cytokine pathway.

In this way the surface of the human body becomes a *screen* for viewing the disease. The exposure of an ecchymosis or of a cyanotic limb summarizes the entire cascade of vascular injury, coagulation imbalance, or inflammation into an accessible visual manifestation. Such images are medically specific yet symbolically rich.

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Thus, it is not surprising that among the various diseases, those with visible cutaneous expressions have repeatedly been chosen to convey crisis or revelation. And even manifestations requiring days to form or become apparent, manifest often are suddenly or occasionally discovered and this offers the missing key needed to make an immediate diagnosis of an ongoing process. The skin's lesions can be approached and examined without causing any trauma; they invite gaze without the need for dissection. This dual quality makes dermatologic manifestations ideal for narrative use. Thrombotic or hemorrhagic marks simulate an acute damage from injury or vascular disease; inflammatory eruptions suggest an inner process due to infection or immunologic disease. Thus, a visible disease allows fiction to dramatize and represent complex biological processes.

From a medical-aesthetic standpoint, the preference also reflects the visual training of medicine itself. Clinical practice, especially before the molecular era, relied fundamentally on examination and description - the morphology of lesions, the color of mucosae, the topography of exanthems. These semiotic habits were transposed into cultural depictions of disease. Writers and artists borrowed the clinician's gaze because it provided both credibility and drama. The classic fictional doctor, scrutinizing a rash or inspecting bruises, embodies the act of *seeing into* the patient. This has shaped the popular imagination of medicine as an art of careful observation and description more than one of explanation and care.

By contrast, *invisible* diseases - such as hypertension, insomnia, chronic fatigue, neurochemical imbalances - remain more complex and less thrilling to represent. They lack the immediacy of an image and when described verbally, they are not ideal for dramatization; their symptoms are interior, their processes microscopic, their proof require numbers or diagnostic machines. For audiences conditioned by visual storytelling, such diseases require much more effort and abstraction. Invisible pathology moves the narrative tool far away.

Among the visible, skin manifestations of thrombo-hemorrhagic and inflammatory origin occupy a special symbolic position because they embody both *imbalance* and *urgency*. Hemorrhage is movement - blood leaving its vessels, life spilling outward. Inflammation is the flare of the body's defense, a visible inside war. These processes represent struggle, breakdown, and the permeability of human boundaries. A character whose skin bruises without cause or erupts in sudden rash elicits empathy. It transforms the invisible conflict within into a visible event. That visibility may best represent the existential vulnerability that we all fear.

It is also significant that these external manifestations can

evolve, a bruise changes color and heals; each lesion has a chronology that parallels narrative progression. Through changes on the skin, fiction can track worsening and recovery without the need of a description. The medical event acquires a visible plot. In contrast, the radiologic scan, which also provides a highly exploited visual representation, is static.

Medical fiction's fascination with visible manifestations may have a broader epistemological implication: our culture continues to equate reality with sight. We believe what we see and therefore craft our stories around what can be shown. The microscopic revolution of biomedicine, which displaced the physician's eye into the domain of the lab and the genome, has not yet fully translated into narrative imagination. The popular image of disease still requires its manifestation.

For medicine, this aesthetic preference should not be dismissed as mere entertainment bias. It reveals a deeper truth about communication between science and society. The lay public understands illness most readily when it is made visible; public health campaigns, fundraising advertisements, and medical journalism equally rely on images of skin, swelling, and deformity.

These dynamic invites reflection. Perhaps our future challenge, both as clinicians and communicators, is to develop ways to render the invisible suffering - mental, metabolic, immunologic - as narratively and visually comprehensible as the classic rash or bruise. Only then a fiction might diversify its representation of illness beyond the dermatologic and the dramatic.

In conclusion, the dominance of visible disease in medical fiction arises from the convergence of aesthetic necessity, psychological resonance, and cultural habit. Skin manifestations - especially those arising from thrombo-hemorrhagic or inflammatory processes - offer an immediate, powerful vocabulary through which writers can express the inner disorder of the body and the fragility of life.

I hope this reflection contributes to the ongoing dialogue between the medical and the literary communities on the ways illness is represented and perceived.

References

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