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Public Pedagogy as Border-Crossing: How Canadian Fans Learn about Health Care from American TV

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Abstract

This article discusses a research project about the pedagogical function of popular culture for adult audience members. We used the medical drama *Grey's Anatomy* to investigate how American cultural texts cross the national border with Canada to inform what is seen as a distinctly Canadian social policy framework. Using *Grey's Anatomy* as exemplar, we posed three policy-related questions that are raised in the show: Who is seen as the good or deserving patient? Which health care services are seen as desirable and viable? How is health care delivery structured or organized? In responding to these questions, we attend to how Canadian fans related the show's representations and messages to their experiences with and understandings of health care, both in Canada and in the United States. After confirming that *Grey's Anatomy* does function as a sort of teacher, we organize the remainder of our discussion into three sections focused on lessons: lessons about Canadian health care, lessons about American health care, and lessons about cross-border similarities.

Keywords: Adult learning, health care policy, Medicare, public pedagogy

Introduction

This article discusses a qualitative case study focused on the pedagogical function of popular culture among its adult audience members. More particularly, we have been investigating how American cultural texts cross a national border to inform understandings of and stances on health care policy and the Medicare framework. In his discussion of the Canadian-American border, Brunet-Jailly (2004) emphasizes both the impacts of changing economic and political rules and processes on borders and borderlands, *and* the impacts of local cultural norms and ties. To him, culture is secondary to the structural factors of economic forces and government actions, which mark and divide/consolidate spaces. Still, a history of local or regional culture extends opportunities for agency among groups and individuals who are confronted by the border. Without arguing about the primacy of cultural factors or structural/political factors, we engage in an intellectual reversal here, by asking how a cultural text flows across the American-Canadian border to influence what is seen as a distinctly Canadian area of social policy.

The long-running, American-produced television series *Grey's Anatomy* is an example of cultural texts that enjoy strong audiences in Canada (The TV Addict 2010). Using *Grey's Anatomy* as exemplar, we began by posing three policy-related questions that are raised in the show: Who is seen as the good or deserving patient? Which health care services are seen as desirable and viable? How is health care delivery structured or organized? In responding to these questions, we attend to how Canadian fans related the show's representations and messages to their experiences and understandings of health care, both in Canada and in the United States.

There are four premises central to this study. First, we adopt the Gramscian notion which has become central to public pedagogy that "education occurs in a variety of spaces and not just in formal or nonformal[1] learning settings" (Mayo 2014, 8). Some adult education scholars explore how cultural consumption informs ideas about work – from the office and office workers (Armstrong 2008), to the hospital and doctors or nurses (Jubas and Knutson 2012, 2013). Others explore socially transformative projects such as feminism (Wright 2010) and anti-racism (Tisdell 2008). Although

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they recognize elements of fiction in cultural texts, consumers also find elements that "converge" (Armstrong 2008) or "resonate" (Jubas and Knutson 2012) with their lived experience. That convergence or resonance helps them learn about themselves and what/whom they will/might encounter.

Second, consistent with much contemporary adult education scholarship, we view adult learning and cultural consumption as intellectually *and* emotionally oriented. Writers such as Brown (2011), Jarvis (2012), and Tisdell (2008) conclude that the emotional links that cultural consumers form with fictional characters and scenarios help them imagine themselves in new situations and develop a sense of empathy for others/Others. In relation to our study, this premise seems important as we raise and respond to the question of who is seen as a good and deserving patient, in cultural texts and in the popular imagination. The same emotional connections that can help consumers develop a sense of empathy and understanding can impede critical reflection about characters' actions and beliefs, though; as Tisdell reminds her readers, the adult education classroom, where cultural consumption can be purposeful and reflection about texts is facilitated, can become a site where intellectual and emotional responses can be combined and consumers'/learners' understandings deepened.

Third, we concur with assertions that Canada's socialized health care insurance scheme – Medicare – is an important marker of Canadian values and identity. Political scientist Redden (2002) describes the political importance of Medicare as "remarkable". She goes on to write, "It is also a potent political symbol that distinguishes Canada from the United States and, as such, transforms Canadian identity" (Redden 2002, 103).

Finally, we maintain that texts – whether popular culture, news media, policy, scholarly or other – are received in juxtaposition with one another rather than singularly, and always function "intertextually" (Allen 2010; Edensor 2002). Culture, then, is not seen as a compilation of texts or artifacts that stand alone; rather, it is a "vast storehouse of interlinked cultural forms, places, objects, people and practices which are associated across time and place" (Edensor 2002, 187). Like other cultural texts, *Grey's Anatomy* operates within and across borders, read against and with other texts, all of which help viewers – in both Canada and the United States – learn about society and social policy in their own and the other country.

Following on these premises, we looked to *Grey's Anatomy* for examples of representations of and messages about health care services, organizations, and service providers and consumers. We used our textual analysis of the show to develop focus group guidelines, which we used in our discussions with participants – Canadian fans of the show aged 18 to 30. Further information about our methodological steps, including participant recruitment, is provided below. Before moving on to that information and into a discussion of our findings, we say a few words about the context of this study for readers unfamiliar with either Canadian health care, or Canadian cultural production and consumption.

Context

Three of those four premises outlined above are consistent with work conducted on the topic of public pedagogy. The other premise, that connecting health care to Canadian identity, is more distinct to our study. The assertion that health care and Canadian identity have intricate connections hints at the context of this study.

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Culturally, there have been few Canadian popular culture representations of health care,[2] despite a steady history of medical dramas produced in the United States and the genre's popularity across North America. Interestingly, that situation changed in June 2012, when three Canadian-produced medical dramas began to appear. *Saving Hope* downplays its Canadian setting and plays up its lead character, a surgeon who, after a near-death experience, is able to see and communicate with dead people. Successful in Canada, the series has had a more negative reception in the US, where it is compared to a combination of medical and supernatural dramas (McNamara 2012). *Remedy* premiered in 2014, and is more explicit about its Toronto setting. Although it continues to rely on the dramas in the lives of attractive lead characters, it provides a broader picture of hospital life, including commentaries on "hospital structure, particularly the support staff, which is kind of fascinating, and introduces viewers to a world we have never seen before, at least not on television" (Wilford 2014, para 9). *Hard Rock Medical* is unique for its non-urban, northern Ontario medical school setting, as well as its attention to Aboriginal people and relations. It has received critical acclaim (see, for example, Doyle 2014); however, its airing on the Canadian Aboriginal People's Television Network gives it a fairly small, niche audience.

Of these shows, *Remedy* and *Hard Rock Medical* might offer especially interesting alternative messages about and representations of health care to *Grey's Anatomy*, but neither show was in production when we collected much of our data. In contrast, *Grey's Anatomy* was in production for several years before we began our study and, throughout our data collection, it enjoyed fairly high ratings in both Canada and the United States. In short, it is a show that many participants in our study came of age with. Further to our premise that popular culture functions pedagogically for consumers, we assert that, although there are some notable exceptions,[3] the tendency for medical dramas to focus on a narrow – and typically idealized – slice of health care contributes to what fans learn as they engage with a show such as *Grey's Anatomy*.

There is also a political context that relates to how Canadians receive a medical drama. As we mentioned above, health care is seen by Canadians as central to the distinctiveness of this country, especially when it is juxtaposed with its southern neighbour. The Medicare framework, which assures Canadians that they are entitled to basic medical care anywhere across the country and funds much of that care through provincially administered public insurance schemes, functions to affirm Canadian national values and identity. The political importance of Medicare has even been reiterated in popular culture, notably when Saskatchewan politician Tommy Douglas, broadly recognized as the "father" of Medicare, was voted as the Greatest Canadian in a 2005 contest run by the Canadian Broadcasting Corporation (Jubas 2006; Rak 2008). As much as it is valued, though, Medicare is subject to critiques among politicians, service providers, and health care consumers/citizens. In this time of globalization, characterized by a turn toward privatization and growth of "medical tourism", Medicare is criticized by some for being inefficient and creating long service wait times. Whether or not they favour a publicly funded system, governments and health care administrators alike face pressures to contain costs to taxpayers while extending access and shortening wait times for patients – who are, of course, often the same people.

At the same time as Canadians consider the state of health care policy and services in this country, they are also aware of developments south of the border. Health care debates have raged in the United States, and the Affordable Care Act was gaining

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momentum and attention while this study was underway. How health care in both countries is discussed in political statements or platforms and in news media reports is important in understanding how Canadian audience members make sense of an American show such as *Grey's Anatomy*. Returning to the notion of intertextuality, we note that, at the same time as they watch a show such as *Grey's Anatomy*, Canadian viewers also hear and see information from other sources, some of which represents a closer-to-home account of health care. In conceptualizing this study, we recognized that, as a cultural text, *Grey's Anatomy* must be considered in relation to this over-arching cultural and political context.

The Social Reality of a Cultural Text: Outline of the Study

We began this qualitative case study by conducting the sort of textual analysis which is common in cultural studies. We viewed the first six seasons of *Grey's Anatomy* on DVD, often turning on the subtitles to help us transcribe segments that relate to our core policy-related questions of who is seen as the good and deserving patient, which services are funded and available, and how health care is structured or organized. Launched in 2005, *Grey's Anatomy* follows a group of surgical residents (also referred to initially as interns) and the senior residents and attending surgeons who supervise them in the fictional private Seattle Grace Hospital.[4] The show's namesake, Meredith Grey, becomes best friends with Cristina Yang. The remaining members of the main cohort of residents are Alex Karev, Izzie Stephens, and George O'Malley. Other important characters include neurosurgeon Derek Shepherd, who eventually marries Meredith; cardiothoracic surgeon Preston Burke, who has an affair with Cristina before leaving the show after three seasons; orthopaedic surgeon Callie Torres and her partner pediatric surgeon Arizona Robbins; plastic surgeon Mark Sloan and Meredith's half-sister Lexi Grey, on-again/off-again lovers until they die together in a plane crash; senior resident Miranda Bailey; and the initial chief of surgery Richard Webber. As the show progresses, new residents and, sometimes, surgeons are introduced, and some characters leave.

In our analysis of the show, we noted that what we called the good and deserving patient is somebody who has appropriate medical insurance coverage, is well connected to surgeons or residents, or makes a sympathetic, compelling case to surgeons able to provide pro bono treatment. Patients who rely on acquaintances, networks or surgeons' generosity normally might not belong in Seattle Grace, and generate a sense that American health care policy is not in good health itself. Examples of that sensibility are apparent in the case of Joe, who owns the bar where residents like to unwind after work and is diagnosed with a complicated heart condition, or Sloan Riley, the young, itinerant daughter of surgeon Mark Sloan, whose pregnancy complications require costly treatment. In contrast, the presence of patients such as multi-millionaire Denny Duquette, who receives long-term, expensive cardiology treatment while he waits for a heart transplant, needs no explanation in the diegesis – "the filmic 'world' of the narrative, the 'reality' constructed within the film or tv program" (Fulton, Huisman, Murphet and Dunn 2010, 308) – of Seattle Grace.

With regard to the second question, about which services or treatments are provided, *Grey's Anatomy* uses unusual, complex cases to showcase its surgeons' expertise, even though experimental or expensive treatments are discouraged by insurers or, sometimes, the hospital's chief of surgery. That relates to the final question, about how health care is organized or structured. Seattle Grace, which we came to view as almost a character in itself, conveys an understanding of the American private, for-profit hospital as a place of excellence, innovation, and possibility in health care

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research, teaching, and service delivery. Episodes that portray the importance of the hospital's rankings among teaching hospitals, the frequent directives for surgeons and residents to be "at their very best", and the corporate priorities of the hospital board and chief of surgery are examples of how the show comments – often disparagingly – on structural issues in the health care sector. Critiques of American health care policy become apparent through stories about patients such as Jillian, a young woman who, unable to afford to visit a specialist after she is referred to one, eventually arrives in Seattle Grace with stage IV cervical cancer. As Miranda Bailey explains, if she had had access to a free clinic, her choices and fate would have been quite different.

That textual analysis was helpful to us in considering how *Grey's Anatomy* responds to the three questions that we raised; however, it did not help us understand how Canadian fans, especially in the age range that interested us, make sense of the show. To that end, we used our textual analysis to help us select several clips from the show and develop a focus group guideline that we could use in discussions with participants – Canadians aged 18 to 30 located in one of six western Canadian cities. We chose the provincial capital and commercial center of the three western-most provinces: Victoria and Vancouver, British Columbia; Edmonton and Calgary, Alberta; and Regina and Saskatoon, Saskatchewan. Our decision to include multiple cities and provinces was motivated by curiosity about whether views about health care and/or *Grey's Anatomy* differed from place to place even within Canada, a question which is beyond our focus in this article. Participants in that age range were especially interesting to us because they might have grown up watching *Grey's Anatomy*. How the show might be influencing their transition into adulthood as citizens, health care consumers, and cultural consumers was another point of curiosity for us. Ideally, participants had voted in at least one federal or provincial election, had started looking for their own health care providers, and were aware of recent news media stories about health care.

To recruit participants, we relied on social media (e.g., Facebook, online classifieds), flyers posted at post-secondary institutions and cafes, and word of mouth. A follow-up online discussion forum was open to all participants, so that they could continue to share questions and thoughts with one another across cities and provinces. A total of 55 people participated in the study. Discussions with participants, all of whom chose or were given pseudonyms (which we use in our discussion below), were recorded and transcribed, and analysis was aided by nVivo software. Initial themes and codes were based on the study's central questions, and additional codes were generated as we read through transcripts and found thematic patterns. In the following section, we share some of our findings, including only a few of participants' many relevant and interesting comments, and relate them to the issue of *Grey's Anatomy* as a form of cross-border public pedagogy.

Grey's Anatomy as Teacher

Before we delve into how participants learned about health care policy, we would like to say something to confirm our first two premises, and to establish that the show actually operates on a pedagogical level, both emotionally and intellectually, for them. Indeed, participants recognized moments when *Grey's Anatomy* helped them see or understand something important. Despite its frequently melodramatic, romantic storylines, many participants appreciated a certain smartness about *Grey's Anatomy*, especially in its frequent presentation of ethical and pragmatic complexities. Many also implied the importance of their emotional connection to the show. One participant, PJ, summed up these points in one of her comments:

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> I am a huge *Grey's Anatomy* fan …. I refuse to have any meetings on Thursday nights. I'm that much into *Grey's Anatomy*. It's like the only TV show I ever really felt that way about, so I really care about [it] …. I think the writers are very true to what the characters do and then I also care about shows where there's a lot of accuracy …. And I feel like that show and *The West Wing* were the only two shows that I ever really felt like I was learning from, … things that I can, like, apply to life.

Much of participants' resulting learning was incidental or tacit, something that Kathy spoke to in her response to the episode about Jillian, the patient with cervical cancer:

> Right, I think, if I understand your question to me … like is it subconscious or is it conscious? Yeah, I think it's subconscious. I would never have thought … I feel motivated to go to an oncologist when I'm told to because I watched *Grey's Anatomy* one time and they taught me how important it is. Like that's, it seems like basic to me but I'm sure that on some underlying level I've learned those things from *Grey's Anatomy*. I mean … clearly there's other ways that I learned too, but I'm sure that those kinds of things have taught me stuff.

Further to PJ's connection of the show's lessons about the importance of regular check-ups and follow-up, Jane observed how the show develops connections with its fans, as entertainer and teacher. In her mind, show is deliberate in, if also silent on, positioning viewers as part of the show, specifically as the patients. As she said,

> I think in some ways the show is directed as if we were the patient …. We get to know the doctors but it's almost, like, how the doctors interact with patients. And I think that's part of where the education comes from.

Given the reality that few fans will experience life as a doctor but all will experience life as a patient, what to expect when they arrive in hospital and whether they might prefer a different sort of experience are important lessons.

As Armstrong (2008) concludes from his analysis of different versions of the franchise *The Office*, fictional portrayals both converge with and diverge from people's lived experiences and experiential learning. In our study, participants who had direct experience with or anecdotal information about health care – in either Canada or the United States – identified points about *Grey's Anatomy* that seemed unrealistic. For example, Carrie lived in Saskatoon, but spoke about having spent a lot of time in emergency rooms in the United States with her sister. For her, routine portrayals of *Grey's Anatomy*'s doctors as very generous in providing service on a pro bono basis or finding ways to work around restrictive insurance and organizational policies were inauthentic. So, for each participant, some things about the show seemed realistic and other things seemed unrealistic. This speaks to the intertextual nature of popular culture, which is received in juxtaposition with other texts – including news media, political platforms, and stories that others share with us or that we tell ourselves. On top of helping its viewers learn something new about health care, *Grey's Anatomy* also helps them validate existing knowledge and other sources of information, a process which is itself part of adult learning.

Lessons Taught and Learned

Having established that *Grey's Anatomy* operates on a pedagogical level with its adult audience members, often in ways that participants recognized, we move into a

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discussion of how the show helped participants learn about health care policy issues. From the outset, our interest was in how this American popular culture text crosses the border to inform Canadians' understanding of important social policy. During our analysis, we also identified instances of participants' learning about American health care policy and programs, as well as about similarities in health care across the national border. We include all three of these learning areas in our discussion here.

Lessons about Canadian health care

As a show which is lauded for its progressive presentation of characters and issues – from same-sex relationships to gender and racial equality in the health care workplace to the inherent inequities of private, for-profit health care – *Grey's Anatomy* likely attracts a left-leaning audience. Not surprisingly, then, most of the participants in this study could be described as holding generally progressive political and social views; certainly, they tended to be strong supporters of Medicare. Although Canada does not figure in *Grey's Anatomy*, for participants the show brought to mind and clarified things about Canadian Medicare that conjured feelings of gratitude. Again speaking about the case of Jillian, Veronica had this to say:

> Yeah and that's crazy because in Canada … it's paid for by the government for women to go in once a year for a pap smear. And she's saying … if we had a free one she would have come in every year, but … obviously they have to pay so that's why they don't go. But in Canada we have that, we get one free every year that's paid for by the government.

Canada's public health care policy, which extends insurance coverage to all citizens and restricts the profit motive, was seen as inherently more fair and equitable, given socioeconomic disparities. In Nadine's words,

> I don't think it's appropriate that just because I have the ability to access a job that has insurance, I should get health care over someone [who] doesn't have that access .... [It's] just abhorrent .... When Canadians watch shows like this, I think most Canadians find it pretty upsetting that somebody wouldn't have access to health care, like that just seems really terrible …. It kind of seems like it should be a basic human right.

While Nadine's comment illustrates the emotionality of participants' responses to both *Grey's Anatomy* and health care, and their associated learning, other participants invoked different rhetoric in voicing their support for Medicare. In the following exchange between two other participants, a more intellectual emphasis is apparent in rhetoric of human rights:

> Celeste: I really value our Canadian health care system and access for everybody …. That's incredibly important for me ... that Canadian heritage and, to me, that basic human right.
>
> Cora: I completely agree with you. I think it's about access …. Talking to people who haven't grown up in Canada [who] move here and take pride in the fact that we have public healthcare …. I think, too, health care is one of those issues that no matter your demographic, no matter where you're living, it's applicable.

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In addition to heightening basic fairness, Medicare's constraints on profit-making among insurers, health care organizations, and service providers were seen by some participants as offering crucial benefits to patients. In particular, these limits help orient health care to patients rather than to systemic or service providers. Responding to a clip from the show in which Arizona Robbins is directed by Richard Webber to cancel an order for an expensive test that is not covered by a patient's insurance policy, Timothy started with the following sarcastic retort:

> I would say that is American medical care at its finest! In Canada, you might have an attending [doctor] say, "That is a lot of money, maybe we don't need that". But you wouldn't have someone walking into the room saying, "You need to discharge this patient and cancel this procedure because it's way too expensive for us".

At the same time as there was a certain celebratory view of Canada's Medicare policy framework among participants, there were admissions that Canada's health care policy and services are not perfect. Problems such as care provider shortages, wait times, and disparities in access across provinces and health care regions were mentioned by participants. Some made specific references to the impact of poverty and racism, even with the assurances under Medicare, and – when they had moved to a city from a smaller town or a rural community – to greater care provider and service shortages in rural settings. Among the participants, only one person was explicit in calling for greater privatization of health care to alleviate inefficiencies, shortages, and wait times; the vast majority of participants either remained torn by the quandary of how to resolve issues in Canadian health care without raising taxes, or favoured the idea of tax increases for corporations and/or the wealthy and promoted a redistribution of tax dollars so that social determinants of health and preventative measures could be emphasized.

Lessons about American health care

Aside from what participants learned about Canadian health care, which was our initial concern, it also became clear that participants were learning about American health care as they watched *Grey's Anatomy*. One of the points of their learning relates to the materiality of health care in the United States. For example, during his session, Mitch explained, "I think it demonstrates that, in the [United] States, it actually plays out that it is a tiered system down there, rather than here, everyone's on a level playing field". As we explore further in the following section, on the whole, participants' view of Canada as a level playing field was more tentative than this statement implies; however, the ties between access to money or income and access to medical care often comes to the fore in *Grey's Anatomy* – a representation of American health care that, on the whole, participants found realistic.

One real-life issue that entered into some of our discussions with participants is the Affordable Care Act. Passed into law in 2010, the Act was nicknamed "Obamacare", often by people who opposed both President Obama and any proposal to restrict market forces in the health care sector. Noteworthy aspects of this legislation include prohibiting the denial of coverage to people with pre-existing conditions, capping out-of-pocket expenses for patients, and introducing tax rebates to subsidize the cost of premiums. Despite its willingness to wade into the troubling waters of a highly privatized system, *Grey's Anatomy* avoids reference to this important policy shift. Nonetheless, some participants in our study noted that the show was helpful in their learning about the contemporary American health care debate. The following

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dialogue between one of the participants and one of us illustrates this pedagogical influence:

> Isabel: I think it's probably realistic and representative of what it's like in the States, but in Canada … I don't think that that's as much of a reality …. Like Katrina [another participant] said … I've seen a lot of different media-related things for Obamacare …. So yeah, I think that it's pretty, I think it's somewhat realistic in that sense …. Within Canada, not as much. My sister had to have elective surgery for her legs and the physio that she had to have after as well …. I think it was a week and a half – no, altogether it was like close to a month, two separate times that she spent in hospital. And we didn't have to pay for any of it, at least not to my knowledge. But I'm sure that if we had been in the States that surgery wouldn't have been an option at all. A because it was elective, and B because of what the cost would had been ….
>
> Kaela: So do you think that watching this show, I mean you also … talked about hearing news stories about Obamacare …. So do you think that watching the show helps you sort of understand some of the differences between the American system and the Canadian system?
>
> Isabel: Yeah … definitely.

Isabel was explicit in her reference to Obamacare and American health care policy; several other participants, although not as explicit, were clear in agreeing that watching the show helped them learn something about health care across the border. We were especially interested in a comment on this matter by one participant, Abby, who might go to some length to understand what she watches on television:

> I have definitely found myself at some point not necessarily understanding the American side of it …. So I've been on Google while watching to try and understand it, just because it's different than here. Like you [looking at another participant] said, I have no idea what it's like when someone comes in and doesn't have coverage. To me that never even crossed my mind. Like, I … go into a hospital, I expect to get treated.

This excerpt illustrates the intertextuality of cultural consumption and adult learning, as texts and sources of information are juxtaposed with one another according as much to consumers' wants and demands as to producers' intentions. As audience members insert new information into their experiences of consumption – whether by searching online while watching a show or by chatting with friends about the show afterwards – the learning that occurs becomes less predictable and, perhaps, less attributable to a single source. This reality, we believe, exacerbates the tendency to see popular culture as trivial and mindless, as anything but a genuine and important form of pedagogy.

Lessons about cross-border similarities

Beyond the specific points of reflection and learning that participants related to the distinct health care policies and programs in Canada and the United States, there were points that participants recognized as illustrative of the medical profession broadly. In the end, as Javad noted during his session, doctors are just people, and, to the extent that they empathize with the characters in *Grey's Anatomy*, viewers of the show are reminded of that:

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> I think when we're just watching them without patients or if the patient's anaesthetized … or something, we feel like they are just people in a workplace together … and we sympathize with that 'cause we all know what it's like interacting with a social group …. With people we like, people we don't like.

Part of what made *Grey's Anatomy* feel authentic for participants was its regular portrayal of relationships between colleagues, and between supervisors and subordinates. Sometimes, the very scenes that seemed to pull on emotions rather than intellect were scenes that participants could nod along with in agreement, because they could relate to the everyday experiences of working alongside others. One lesson offered by *Grey's Anatomy*, then, is that medicine might have many distinctive demands and privileges, but it also has aspects that are common across professions and jobs. Any work and any workplace is accompanied by a mix of tasks and people, and thriving in that context requires learning how to live with that mix.

Individually, participants found different characters especially realistic. Moreover, some were seen as modelling effective workplace practice, a point that Carolyn made about the Miranda Bailey character:

> Like Bailey is pretty good too, actually….I think she definitely does her own thing, but she follows the book very intensely at some points, because you have to when you work for an organization. I think she's probably a more realistic character as well, or like the lay person could identify with.

On another note, although participants tended to see the lengths that characters in the show are willing to go to in treating some patients as entirely exaggerated and romanticized, participants agreed that the show is not altogether unrealistic in its portrayals of doctors who bend the rules. One participant recalled finding a doctor who improvised in the face of restrictions that seem arbitrary and contrary to the patient's interest. Katrina shared a story of how that physician responded to a limitation placed on patients to present only one problem per appointment:

> I went to the clinic about an extra thing and I ended up…actually talking privately to the doctor, and she was like … "Come back in 20 minutes, I'll see you." So she was willing to, like, make the exception. She was like, "Just don't tell the front desk, they just won't pay me."

In contrast to some of the overblown scenarios in *Grey's Anatomy*, when surgeons provide complicated treatment on a pro bono basis or put their careers on the line, this example seems minor and simple. Still, it illustrates that *Grey's Anatomy*'s image of the physician as defiant and compassionate was not altogether foreign to at least some participants, and is an image that they found admirable and comforting.

Another way that doctors in *Grey's Anatomy* bend the rules was seen as reflective of something that participants encountered, but something that they viewed as more problematic. As we suggested above, patients such as Joe the bartender and Sloan Riley are able to get the treatment that they need because of their ties to those who make decisions or are in reach of important decision-makers; they have what Bourdieu (2012, 360) refers to as "a social capital of 'connections'". Some participants thought that the importance of such connections and networks is amplified in the United States, because of the reliance there on access to economic

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capital and benefits, whether through employment, investment, inheritance or other means; however, participants agreed that social capital is at play in Canada, too. The following segments from two focus group segments exemplify participants' views on this matter:

> Jane: Because also at times if … a specialist puts the request in, it can be faster than if a family doctor puts a request in …. And it all depends on who it's for.
>
> Kaela: So there are these sort of invisible hoops …. That the patients don't necessarily know about …. So you think that's true in Canada, but do you think it's true, it's likely in the States as well? ...
>
> Jane: Yeah I think it's absolutely present, the hoops, in both places….And I think you have to become very, you have to become your own advocate in the health care system.
> …….
>
> Penny: I'd say more so in the States but it definitely happens here … because people have abilities to move, change the wait list and it's, you know, change wording of things to make things seem more critical or less critical.
>
> Robin: … We had people we knew whose daughter, whose dad was an anesthesiologist and was giving his daughter unprescribed drugs …. He was giving them to her because he had them, and he thought he could like short cut it, or whatever.

In Canadian media reports and political statements, what often is attached to this issue is rhetoric of "wait lists" and "queue jumping", evident in Jane's and Penny's comments. Although Canadian patients might not be able to buy their way to the front of a queue, there was a general sense that even Canadian Medicare's systems are, in the end, subject to influence and privilege. In this regard, *Grey's Anatomy* reinforces messages from elsewhere about the importance of getting to know the right people and learning to advocate for yourself – lessons that might not be new, but are understood in particular ways in the context of neoliberal inflections in learning about and from cultural and social life.

Closing Thoughts

This discussion illustrates that *Grey's Anatomy* does operate as a sort of cross-border teacher for its viewers, sometimes offering new lessons and other times confirming what they already know about health care. The show is simultaneously dramatic and unrealistic in its portrayals of health care, and resonant and consistent with participants' experiences and understandings. It is able to alternate between these two possibilities because of the emotional connections that are developed between its characters and stories, and the participants and their stories. As they watched the show, participants learned about themselves and the health care system that they knew, and about the American other(s). Ultimately, Canada's Medicare policy framework was, for the vast majority of participants, appreciated as something to be grateful for, albeit also problematic. Interestingly, despite national differences in health care policy, Canada and the United States came to be seen as sharing certain aspects in their realities of health care and social life.

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As we reach the end of this project and this article, we recall the sentiment of Raymond Williams, himself a scholar who combined adult education and cultural studies. We stand alongside him in considering culture as continually manifest and emerging in everyday encounters with texts and practices. Furthermore, we agree that culture is made meaningful both individually and socially, and is always inherently educational. "The growing society is there, yet it is also made and remade in every individual mind", he writes, and continues, "The questions I ask about our culture are questions about our general and common purposes, yet also questions about deep personal meanings. Culture is ordinary, in every society and in every mind" (Williams 2001, 54).

What is somewhat unique about our study is that we explored how a cultural text that is produced in one country becomes part of "our culture" in another country. When it comes to understandings of crucial social policy, such border-crossing illustrates the unexpected ways that citizens' views are formed and informed. We believe that this point offers much to studies not only of adult learning and popular culture, but also politics and policy. Where does policy formation begin? Who engages in policy analysis? Our answer to those questions, confirmed through this inquiry, is that policy-making is not a technical exercise undertaken behind closed doors of a policy wonk's office; to the extent that ordinary citizens use ordinary culture to learn about the policy issues that concern them, they are engaged in processes of interpreting and responding to policy and political texts. Policy, then, is ordinary, in – and beyond – every society and every mind.

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Notes

[1] Within the field of adult education, it is common to see learning sites characterized as formal, nonformal, and informal. "Nonformal" refers to sites of non-assessed, non-credentialed education (e.g., conferences, workshops, tutoring, short or continuing education courses).

[2] Largely because of our own linguistic limitations and place of residence, our focus is on Anglophone Canada and English-language cultural texts. A medical drama entitled *Trauma*, produced in Quebec for a Francophone audience, was in production while we were conducting this study; however, it was available in French only.

[3] We consider shows such as *Scrubs*, which features residents in a range of specializations as well as nurses and a janitor in key roles, and *Nurse Jackie* as two of these exceptions. We also note that both of these shows have had smaller audiences and shorter runs than *Grey's Anatomy* and many other medical series.

[4] Over the show's 11 seasons, Seattle Grace is renamed twice. The first time, following a merger with a competitor hospital, it is renamed Seattle Grace-Mercy West. The second time, following the death of Mark Sloan and Lexi Grey, it is renamed Grey-Sloan Memorial in their memory.

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