Commentary

From entertainment to practice: teaching humanity, medical ethics, and professionalism through The Pitt series, Season 1

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Introduction

Medical dramas have consistently drawn interest from the media entertainment industry, with emergency rooms (ERs) serving as especially compelling settings where clinicians deliver high-stakes, emotionally charged care under acute and life-threatening conditions (1). American series, including *ER*, *Grey's Anatomy*, *The Resident*, and *Chicago Med*, along with similar shows from other countries, have shaped popular representations of health care (2–4). By combining storytelling and medicine, these dramas cultivate empathy and tension while foregrounding ethical dilemmas, professional conduct, and the human dimensions of care, offering valuable opportunities for teaching medical ethics and professionalism (4–6). Among these shows, *The Pitt* has gained significant attention for its portrayal of urgent patient care and the daily challenges faced by medical professionals (7).

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This article examines the first season as a teaching tool for the humanities, ethics, and professionalism, while also considering it a portrayal of the emergency department environment in relation to earlier medical dramas.

Overview

The Pitt is an American medical drama that premiered in January 2025 and offers an entertaining yet

largely accurate depiction of the fast-paced hospital ER. The first season follows a demanding fifteen-hour shift, from 7 AM to 10 PM, in the trauma unit of a fictional Pittsburgh hospital, with each episode covering one hour.

Centered primarily on the senior attending physician, Dr. Michael "Robby" Robinavitch, played by Noah Wyle, the series portrays a team of doctors, nurses, social workers, residents, and students, navigating rapid crises, ethical dilemmas, and life-and-death decisions through a post-pandemic lens. Although it benefits immensely from Wyle's earlier experience on *ER*, *The Pitt* differs in its close focus on trauma-specific decision-making and the emotional weight of emergency care.

The show also foregrounds systemic pressures, including overcrowding, understaffing, resource scarcity, waiting room congestion, inequality, and the wider crisis of the American health-care system.

Alongside urgent patient care, the show emphasizes the psychological and physical burden of medical practice (8,9). For instance, Dr. Robby's unresolved trauma from the Covid-19 pandemic, including the death of his mentor in the Pitt, contributes to his panic attack and emotional breakdown (10). These personal struggles, combined with ethical challenges and high-pressure clinical realities, generate dramatic intensity while illuminating the human side of patient care. The series is also noted for careful screenwriting and medically informed representations, supported by consultation with physicians, nurses, and other practitioners (11).

Key Themes for Medical Pedagogy

The trauma center is a high-pressure, fast-paced environment where constant life-and-death decisions are made. Therefore, it is often challenging to examine real-world scenarios involving patient emergencies, crisis management, and collaborative practice among staff, as well as the broader ethical, emotional, and professional complexities in trauma units. Table 1 outlines a range of professional domains and their key details, underlining the show's use in teaching.

Table 1. *Key details across diverse professional domains as represented in The Pitt*

Professional Domain	Key Details
Medical Ethics and Professionalism	• Collaborative and collegial relationships and support • Commitment and responsibility for patient outcomes • Compassion and empathy in patient care • Reliability and accountability • Respect for colleagues, trainees, and the nursing team • Medical error management and adherence to clinical protocols • Approach to ethical lapses and unprofessional behavior • Addressing instances of colleagues' misconduct • Respect for patients' right to confidentiality, privacy, and dignity • Managing life–work balance
Mentorship	• Heroic characterization of thoughtful and disciplined mentors who treat patients and their families with empathy and respect • Senior attending physician's memories of his mentor's loss during the Covid-19 pandemic • The lasting impact of professional role models on students and colleagues
Communication Skills	• Navigating conflicts between family members' opposing values and anti-vaccination beliefs • Efforts to make families aware of the consequences of declining treatment • Showing sensitivity and compassion while conveying information to patients and their families • Ensuring clarity by using understandable language when introducing technical terminologies • Demonstrating empathy and cultural awareness when delivering difficult news
Children and Adolescents	• Age-appropriate explanations of medical procedures • Respect for their autonomy by involving them in decision-making
Anti-Vaccination Attitudes/Hesitancy	• Conflict resolution • Providing clear and evidence-based explanations as seen in the scenes involving conflicting parental views on vaccination, jeopardizing their child's wellbeing, and contributing to the public spread of measles
Death and Empathetic End-of-life Care	• Patient loss across different ages, the grieving family, and the emotional impact on medical staff • The importance of caregiver support • Compassionate delivery of bad news, even during critical events like the mass shooting, by sitting at the level of family members • Ensuring peaceful and respectful passing for patients • Respecting family wishes and cultural beliefs • Providing comfort to the dying patient through gentle touch • Upholding patient dignity and respect, as well as honoring the beliefs of the staff, through the attending physician gathering the medical team to observe a moment of silence or prayer whenever a patient passes • Communications about unnecessary interventions • Using age-appropriate toys to explain loss to children • The lasting effects of grief as seen in Dr. Robby's memories of a lost mentor and struggles with coping

Organ Donation	• Discussing organ donation for a brain-dead patient • Explaining the process and addressing family concerns • Respecting family wishes and cultural sensitivities • Handling sensitive situations with empathy • Offering support to the family • Facilitating the donor honor walk with care and sensitivity for the family
Shared Decision-Making	• Providing sensitive and compassionate counseling to the family of an elderly patient at the end-of-life on the unnecessary continuation of treatments, and the potential for increased pain and suffering • Respecting family preferences to prolong the patient's life through medical interventions
Familial Conflict	• Adolescent autonomy clashing with parental authority in an abortion case • Tensions around the adolescent's capacity to make independent medical decisions in consultation with medical professionals • Physician's active intervention in support of the adolescent patient
Collaborative Teamwork among Medical Staff	• Nursing team playing a vital role in managing the patient admission and hospitalization process in the face of a nursing shortage • Active mentorship and guidance provided by the veteran head nurse • The critical support of experienced nurses for physicians when attending patients • The advocacy of social workers assisting patients and families in navigating the social determinants of health
Dynamics of Medical Team Interactions	• Peer support in addressing the emotional and physical experiences of the high-stress and fast-paced environment of the trauma center and the profound impact of patient loss while simultaneously ensuring accuracy of patient care • Personal challenges faced by the medical staff, such as PTSD*, past traumas, burnout, a doctor's miscarriage during the demanding shift, addiction, issues surrounding custody battles, and exposure to violence and aggressive behaviors during work, some of which led to instances of temporary suspension of medical procedures due to the caregivers' emotional breakdown • Empathetic support and compassionate care from the colleagues through peer support groups in order to create a safe, non-judgemental space • Guidance provided to inexperienced students and residents • Colleagues stepping in to provide mutual comfort to one another in distress, as seen when a student helps Dr. Robby compassionately and empathically during an emotional breakdown
Stress and Emotional Resilience	• Importance of a supportive environment and culture • Peer support groups • Seeking help • Developing emotional resilience
Violence Against the Medical Team	• Display of patients' aggressive behavior in patient-staff interactions • Harassment or violence against caregivers, as seen in the scenes where the female head nurse is targeted and violently attacked, resulting in facial injury
Covid-19 Experiences	• The cumulative stress experienced by the medical staff • Behavioral changes and increased aggression in patients • High-stakes and emotional toll of the pandemic

	• Burnout and work exhaustion • Unresolved traumas, PTSD, and recurring flashbacks
Difficult Circumstances/Crisis Management	• Managing high-stakes events and subsequent triage • Using color-coded systems for rapid assessment and prioritization of patients for acute care • Assigning coordinated and clearly defined responsibilities to staff to execute urgent and effective recovery plans in mass casualty situations • Focused attention to the point of care and preservation of life
Resource Scarcity Mitigation	• Navigating and managing the impact of overcrowding, waiting room congestion, resource scarcity, underfunding, and staffing shortages on patient care • Preventing severe staff burnout • Safeguarding the quality of care • Managing and maintaining equal access to care for all patients
Medical Training	• Mentorship and role modeling • Patient-centered approach • Students and interns actively observing medical practices and complex interventions despite the chaotic dynamics of the trauma center • Division of responsibilities among senior physicians in providing guidance and addressing the mistakes made by students • Tensions surrounding the attendance of a well-known physician's daughter as a new student at the Pitt despite her refusal of special attention • Personal challenges faced by young physicians, such as housing, caring for family members, taking loans, and balancing medical school and life
Social Determinants of Health	• Non-medical, structural issues influencing healthcare • Poverty and homelessness • Challenges with health coverage and affordability • Opioid crisis and fentanyl overdose • Increased rates of gun violence and mass shootings • Anti-vaccine sentiments, as seen in the scenes involving patients whose parents had declined measles vaccination

**PTSD: Post-traumatic stress disorder*

Strengths and Limitations

The Pitt differs from earlier medical dramas, such as *ER* and *Grey's Anatomy*, by emphasizing physicians' humanity, the ethical complexity of the situations, and the interprofessional teamwork among doctors, nurses, social workers, consultants, and other care providers. The show portrays major challenges in emergency care, including workplace violence, its physical and emotional consequences, resource shortages, and broader organizational and structural problems. However, the compressed presentation of multiple urgent cases, occasional exaggerations, and frequent violent scenes may distort everyday emergency department practice and increase

anxiety among learners, particularly novices. Despite these limitations, the show offers a relatively realistic portrayal of ethical dilemmas in emergency care, including triage under patient overcrowding, safety concerns, compassion, emotional regulation, teamwork, collective exhaustion, and systemic performance dilemmas. In educational contexts, selected clips should, therefore, be carefully framed so learners do not interpret dramatized or exceptional events as routine practice.

Educational Strategies

The Pitt can support teaching on ethics, professionalism, triage tensions, interprofessional teamwork, coping and self-care, systemic performance dilemmas, workplace violence, collective exhaustion, and empathy. It also reveals various aspects of hidden curriculum, including emotional suppression, defensive responses, collaboration, structural pressures on staff wellbeing, compassionate patient care, and the demand for multitasking.

Selected episodes, segments, clips, or facilitator-led films from the series can be used to teach ethics, professionalism, and medical humanity in workshops, seminars, training programs, critical thinking activities, and burnout debriefings. Facilitators should provide accurate context for the issues presented, helping to prevent misunderstandings, oversimplification, reductionist portrayals, and misleading perceptions of everyday emergency department practice (3–6,11).

Conclusion

The first season of *The Pitt* offers a thoughtful, if occasionally exaggerated, portrayal of an overcrowded, high-stress emergency department. Unlike earlier medical dramas, it presents physicians as human and vulnerable professionals facing ethical pressures in a post-COVID-19 emergency setting, moving beyond sensationalized or heroic depictions. This realism makes the series a useful teaching tool for medical humanities, ethics, and professionalism, particularly in areas such as teamwork, moral injury, burnout, the social determinants of staff well-being, and the ethical dimensions of emergency care. Although the series sometimes diverges from reality, the creators' consultation with physicians, emergency managers, and nurses helps shift the show away from soap-opera-style drama toward a focused depiction of emergency medical work.

Competing Interests

None declared.

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