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FROM FAMILY DOCTOR TO HEALTHENTAINMENT

HEALTH TOPICS IN THE ITALIAN PUBLIC SERVICE FROM NEO-TELEVISION TO POST-TELEVISION

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Abstract: The paper analyses health and public health representation within RAI (*Radiotelevisione Italiana*) programmes in the shift from neo-television to post-television. To this purpose, it presents the result of a qualitative media content analysis on three different RAI programmes, attributable to different television genres and aired in the two periods considered.

The analysis shows that in the shift from neo-television to post-television a recurrent genre arose which we call healthentertainment: evolving from health representation to health storytelling, this genre integrates varied expert knowledge with new topics and new means of public involvement; flexible regarding information content, it is however firmly science-based.

Keywords: Italy, Public health, RAI (*Radiotelevisione Italiana*), neo-television, post-television, information, entertainment, edutainment

1 Introduction

The relationship between the RAI (*Radiotelevisione Italiana*), the Italian public broadcasting service, and health topics has been relevant and profound ever since the former started during the 1950s with respect to two fundamental viewpoints.

Firstly, this is unquestionably true from an historical point of view.¹ The RAI started its regular television service on 3 January 1954 and the first programme that dealt with health topics was aired on January 26. Entitled *Conversazioni scientifiche* (RaiUno, 1954) [Scientific conversations] this was a fourteen-episode series of scientific documentaries (to June of the same year). In the following decades, several other programmes related to science in general, and to medicine in particular, met with significant success in terms of both duration and audience.² The most meaningful examples are probably the weekly magazine *Quark* (RaiUno, 1981-1994) and the subsequent *SuperQuark* (RaiUno, 1994-present), which has had unprecedented success in terms of audience for a programme centred on scientific and medical issues.³

At the same time, medical and health topics (and their protagonists) were fundamental for the evolution of the Italian public service television in terms of production, for example with regard to drama and TV series. The first example related to this genre is the TV series *Il Dottor Antonio* (RaiUno, 1954) aired in 4 parts from 16 November to 7 December 1954.⁴ In 1964, the TV miniseries *La cittadella* (RaiUno, 1964) was very successful; it focused on the life of a small-town doctor, Andrew Manson, interpreted by Alberto Lupo, one of the most important Italian actors in television dramas at that time.⁵ The production and the broadcast of this kind of programme, albeit increasingly accompanied by the importation of foreign TV series,⁶ have continued until recent times, as shown by examples like *Diagnosi* (RaiUno, 1974), *Gamma* (RaiUno, 1975), *Pronto Soccorso* (RaiUno, 1990), *Amico Mio* (RaiDue, 1993), *Una donna per amico* (RaiUno, 1998), the remake of *La cittadella* (RaiUno, 2003), *Medicina generale* (RaiUno, 2007), *Braccialetti Rossi* (2014) and so on.

Secondly, health topics have been relevant since the start of Italian public service broadcasting due to the role RAI has always played in the Italian cultural industry. As several scholars have stated, a peculiar “Italian case”⁷ took shape in the relationship between the cultural industry and modernization. The RAI was one of the main protagonists of the development of Italian culture, and as the spread of television in Italian homes (in both the technological and the cultural sense) preceded the growth of schooling and literacy,⁸ the RAI played an explicitly pedagogical role, building an aura of credibility and authority in the eyes of citizens.⁹ In this context, the relevance of the media representation of health and doctors appears to be central. In the implementation of the public TV service that took shape in Italy, from the start the RAI played the triple role of informing, entertaining and educating the Italian public, who as a result gained a great part not only of its own collective imagery but also of its education from the RAI shows of the 1950s, 1960s and most of the 1970s.¹⁰

At the same time, the programmes, dramas and series in the same period were undergoing evolution from “*paleo-television*” to “*neo-television*”:¹¹ a paradigmatic change¹² that came about in the Italian television system at the start of the 1980s.¹³ This inevitably also affected the relationship between the RAI (which in 1979 launched its third channel, RaiTre) and health topics to the extent that, compared to the past, a discontinuity can be seen concerning the content treatment strategies and representation models, rather than their effective relevance. From this point of view, therefore, the neo-television era represents a fundamental framework for an overall analysis of these changes in television,¹⁴ while also relating to a modified social and cultural context.¹⁵

A second, equally important analysis scenario is certainly identifiable in the subsequent “*post-television*” era.¹⁶ This new multitelevision¹⁷ featured not only a plurality of channels and devices¹⁸ but also a different and more active role for the audience. As individuals acquired the competence, both cultural and technological, to elaborate their personal TV use, a “personcasting” system took form in a post-network era:¹⁹ television targeting a general audience lost ground and new forms of vision and participation increased, typical of post-television.²⁰ Since the early 2000s several Italian scholars²¹ have pointed out how this further change should be interpreted as a fundamental breaking point in the history of public broadcasting, in the sense of a convergence, both technological²² and cultural.²³

The aim of our paper is to understand the main characteristics and features and the evolution of the representation of health and public health within RAI programmes in the shift from neo-television to post-television. In this regard, three different RAI broadcasts will be analysed, attributable to different television genres and aired in the two periods considered.

Through this, we aim to highlight not only the historical function of health topics in Italian television, but also how the evolution of these topics appears to be both a meaningful mirror of the profound changes that have affected the Italian television system and a potential shaper of a particular model of entertainment capable of safeguarding the science-based dimension. Our general hypothesis, in fact, is that the increasing soft power²⁴ of entertainment in the television context may have given rise to a recurrent genre, which we call healthentainment (echoing the portmanteau word edutainment, for educational entertainment).

2 Theoretical and Methodological Framework

In order to understand the evolution of the relationship between the RAI and health topics in the shift from neo-television to post-television, we focus in particular on the specific issues related to public health, which are consistent with the mission of the RAI and also appear meaningful from all the educational, information and entertainment approaches typical of public broadcasting services.

In order to take into account the transformations described above, we start from a conceptual outline of public health consistent with the chosen context of reference (the Italian scenario) and the television period under consideration (neo-television; post-television). In this sense, public health has been defined here as the specific object of collective interest policies (safeguarding public health), based on the active role of state organisms and institutions, outside the sphere of an individual's autonomy, and deriving from a significant increase in the demand for mass treatment, but also from the appearance of new needs, values, lifestyles and consumption.²⁵ In order to concentrate on those aspects that are the nucleus of relations between public health and the public service supplied by the RAI, we identified four specific features:

- the relationship between doctor and patient;
- the relationship with the concept of science;
- prevention;
- public spending related to health.

The first area taken into consideration is that regarding the doctor/patient relationship. This ambit has also undergone substantial evolution towards a diminishing power balance between doctor and patient over recent decades, thanks to the spread of various types of knowledge and the increase in the competence of the parties.²⁶

The relationship between public health and science concerns aspects that are more theoretical and paradigmatic, concerning not so much relations with the citizen/patient as relations between health institutions and expert knowledge, between the management of the ordinary and the management of advancing knowledge.²⁷ In this case, interest focuses on the nature of the relations, given that the two actors in the system do not always see eye to eye and may well move along a time and cultural axis that comes up against impediments or areas of conflict which must, however, provide for forms of dialogue and mediation.²⁸

Finally, the aspects regarding prevention and public spending are linked together by the intentions and the ability of the institutions to supply informative pathways, screening processes and access to free treatment. In general, we are speaking of all those forms of welfare capable of granting citizens, whatever their socio-economic status, the potential to safeguard their own health or to access the necessary therapies.²⁹

Considering the features just described, three different RAI broadcasts were selected and analysed: *Medicina33* (RaiDue, 1982-present), *Elisir* (RaiTre, 1996-2017) and *Un Medico in famiglia* (RaiUno, 1998-2016). The broadcasts were chosen for different but complementary reasons.

Starting from the results of an analysis of TV programmes focused on medical and health topics, aired by the Italian public broadcasting service from 1954 till 2009,³⁰ we selected one television show, broadcast in the neo-television era, for each of the following genres: information; edutainment; entertainment. More specifically: an information programme such as *Medicina33* (RaiDue); an edutainment programme such as *Elisir* (RaiTre); a TV series such as *Un medico in famiglia* (RaiUno). The selection was also based on their success in terms of audience considering the television audience data related to the 1998 TV season, collected from Auditel (the Italian Audience Research Board).³¹ Probably for this specific reason, these three programmes turned out to be long-lasting TV shows and, therefore, the only ones on which an analysis could be conducted relating to the previously mentioned TV genres in the post-television era (as was done for the 2016 season).

In spite of its specific denomination and structure, *Medicina33* is a section of the *TG2* (RaiDue, 1976-present), the newscast of the second RAI Channel RaiDue, and aims at informing the audience on health topics. *Elisir* is a weekly magazine programme, which has as its main goal the public understanding of science and, in particular, medicine and public health (what we call in Italy 'divulgazione scientifica e medica'), and has therefore an educational purpose. Lastly, *Un Medico in Famiglia* is an Italian television series, whose main character is a doctor, devoted as much to his family as to his profession. Several things change over the ten seasons, including the identity of the main character, who nonetheless is always a doctor. The health topics are therefore relevant, although the main narrative trends are related to family and love issues, and as a consequence its main goal is to entertain.

From a methodological point of view, we carried out a qualitative media content analysis³² focused on all the episodes of these three programmes in a single edition aired in the neo-television era (specifically 1998) and in one in the post-television era (specifically 2016). We analysed 202 episodes of *Elisir*, 311 episodes of *Medicina33* and 78 episodes of *Un Medico in Famiglia*.

The analysis aims at understanding the way in which the three programmes managed the aforementioned four features of public health (doctor-patient relationship; concept of science; prevention; public spending), identifying differences and points in common also in respect of the general approach of the programmes (information, entertainment, edutainment) and the shift from neo-television to post-television.

Regarding *Elisir* we analysed thirty episodes broadcast in 1998: 20 in the 1997/1998 season (from January 11 to May 31) and 10 in the 1998/1999 season (from October 18 to December 20). Then the 172 episodes broadcast, albeit in a new format, in 2016: 115 episodes of the second part of the 2015/2016 season and the 57 episodes of the first part of the 2016/2017 season. With regard to *Medicina33*, 154 episodes were analysed from the 1998 edition and 157 from the 2016 season. Lastly, for *Un Medico in Famiglia*, the two seasons taken into consideration were the 1998 season (the first one) with 52 episodes, and the 2016 season (the last one) with 26 episodes.

3 Discussion of the Results

3.1 *Medicina33*

Medicina33 was launched in March 1982 (and named only *Trentatré* until January 1985). The name of the programme is inspired by the traditional method used by Italian family doctors: by saying the word 'trentatré' (thirty-three), the patient enables the doctor to feel the vocal vibrations in order to auscultate the lungs (traditionally 'ninety-nine' in English). The programme was hosted from its creation until 2014 by the scientific journalist Luciano Onder and since then by the scientific journalist Laura Berti.

In the two seasons analysed, the programme was aired four days a week (from Monday to Thursday), after the 1 pm edition of the *TG2* newscast alongside other sections: generally, from 1:50 to 2:00 pm, lasting from 9 to 12 minutes and, on average about 10 and a half minutes. The second part of the 1998 edition, from the end of September to December, had a longer duration, approximately 20 minutes.

The programme is continuous throughout the year; however, during the Christmas holidays and in summer, the episodes are reruns. Moreover, in certain periods, the rerun of the previous day's episode is aired mid-morning the day after. Of the 1998 season, 154 episodes were analysed, and 157 episodes of the 2016 season.

In 1998, the programme was structured and actually appeared as a part of the newscast. The TV studio was serious, as was the hosting style of Luciano Onder, who simply announced the reports (usually two, sometimes three – five or six in the three last months). Carried out by a limited number of journalists, the reports examined a single health topic in detail, often related to a specific disease, a specific therapy (also dealing with technology, with the description of medical equipment), or a category of diseases and/or therapies which was particularly meaningful in the period when the programme was aired (such as for example the reports concerning tourism-related diseases, aired in January, June and December).

From the journalistic point of view, the reports focused closely on the medical issue, and used appropriate language to describe the topics. There is no specific search for audience engagement and participation, as the main spirit of the programme is informative.³³ There were occasional 'concessions' to popularized and spectacularised contents, and they often appeared rather ingenuous (such as the child apparently whining to his mother because he has a headache while looking at the camera, in the report dedicated to headaches in children); sometimes journalists used cartoons or infographics in order to better explain some diseases or the characteristics of a medical phenomenon.

However, the main tool used by the *Medicina33* journalists was the interview. Nearly every report included at least one interview of a physician in addition to frequent interviews of patients. During the report, the interviewee often explained in detail the issue analysed without a real exchange with the journalist. Furthermore, generally once a week (sometimes twice), Onder hosted a guest in the studio, usually an important doctor or a head physician from an Italian hospital, medical structure and/or university.

This aspect was further reinforced in the 2016 edition, where the new presenter Laura Berti hosted a guest in the studio in each episode, interviewing him and getting him to comment briefly on the topics of the reports. This feature appears to be the most significant difference in the structure of the programme as compared with the 1998 edition, as the show otherwise remains substantially unchanged. *Medicina33* still appears to be a strictly journalistic programme, with a sober presentation and very limited 'concessions' to popularization and spectacularisation. From this point of view, the more technological, highly coloured TV studio, the use of more cameras and different framings, and the increased use of infographics and animations can be considered consistent with the evolution of technological means available for the production of TV shows and not a specific attempt to spectacularise medical contents. Consistently, the use of interactive tools such as hashtags or social media accounts is absent.

However, some interesting aspects emerge in the analysis of the specific topics reported. In particular, we noticed a moderate but clear increase in attention towards topics not strictly related to illnesses and their respective therapies, but also to issues related to well-being and wellness, such as nutrition, sexuality, specific psychology matters and cosmetic surgery (not only related to reconstruction and rehabilitation after surgery or accidents, but also for aesthetic purposes such as the removal of tattoos).



Video 1. An example of episode of *Medicina33* from 2016 (10/02/2016)

In both editions, the theme of prevention appears to be the foundation of the storytelling of the whole programme, far beyond the specific references to topics related to it in a strictly medical sense (such as vaccines). Almost every report and interview related to a specific illness includes suggestions and indications not only on how to recover from it but also how to prevent it and, if feasible, to become aware of the symptoms as soon as possible. This approach is furthermore consistent with the intrinsic purpose of the RAI as a public service, pursuing the good public health.

According to this aspect and to the structure of the programme, the relationship with the concept of science itself appears to be explicit, as the main source of information is provided by interviews with important physicians and by the official public guidelines coming from doctors themselves and from the Italian institutions.

Conversely, the issue of the relationship between doctor and patient appears to be more implicit, as it is constantly evoked: on the one hand, in the numerous settings within the reports where patients are shown during a medical examination or in a hospital ward; on the other, due to the aforementioned structural reference to prevention, where the audience is, explicitly or implicitly, encouraged to refer to family doctors for the possible identification of a symptom or as to whether to undertake an activity likely to involve medical risks. Finally, it is interesting to notice that the issue of public spending is barely touched upon in the reports: only rarely do the reports or the doctors interviewed refer to the cost of a therapy or to public investment in health.

3.2 *Elisir*

Elisir was a televised programme aimed at popularising medicine and science, presented by Michele Mirabella and broadcast on RaiTre from 1996 to 2017. It was initially broadcast in prime time on Sundays at 8:40 pm and lasted approximately an hour and forty minutes. It was structured in two parts separated by an advertising break.

During the first part, the main topic of the episode was dealt with. It was almost always based on two typologies: diseases (heart attacks, ulcers, kidney problems, headaches, fevers etc.) or the human body, its organs and their functions (heart, memory, digestion, liver etc.). In the second part the “Elisir Test” was administered, a quiz within the studio on some medical issue, after which a second topic was discussed, again regarding health.

Certain elements appeared regularly. The programme's permanent guest (Dr. Carlo Gargiulo) in the part of the general practitioner, two guests from the world of entertainment, information or sport, and the studio audience. Spectators at home were given the opportunity to ask questions and request general medical advice concerning the main topic of the episode (initially through a freephone number, later by e-mail, then by Facebook or Twitter).

In general, the structure of the programme started with the presenter introducing the main topic of the episode, and with a meeting/dialogue with the programme's doctor. This was followed by an outside link with a specialised centre (hospital, university, research centre, specialised clinic etc.), interviewing an expert on the topic under discussion. Lastly came the individual experiences of any guests.

With respect to the first phase regarding the 1998 broadcasts, a number of considerations can be made. The meeting/dialogue between the presenter and the 'in-house' doctor stages a representation of the doctor/patient relationship. The friendly, colloquial tone used in the discussion aims to show balanced communication both in terms of form and content, and in the roles played; however, the presenter made the 'elaborate code' of the doctor's competence comprehensible for the mainstream audience. This attitude reinforces and somehow fulfils the evolution of the TV host in this specific kind of programme on Italian television.³⁴ The contents of the outside link, however, depended on aspects both concerning the relations between public health and science and on prevention. The link-up with the specialist centre and the interview with the expert, supported by video material, infographics and photos, gave a further dimension underlining the value of science as a collective resource enabling good practices for prevention, diagnosis and treatment of diseases. In this case too there was a process of partial simplification set in motion by the journalist conducting the interview (Patrizia Schia), or by intervention of the presenter himself.

The "Elisir Test" reflected the same overview, involving the guests and a member of the studio audience to represent the audience at home, also being invited to respond. The type of questions, the themes dealt with, the point system (from 0 to 2 points given), the commentary on the part of the broadcast's 'in-house' doctor, all go to identify the main features of gamification. As well as guaranteeing greater engagement of the home audience, the test aims to implement the programme's edutainment function, dealing with a number of topics (cold, fatigue, thirst etc.), always in line with its in-depth scientific and prevention information policy.

With regard to the second phase analysed relative to the programme broadcast in 2016, we should first underline certain changes connected to how the programme was broadcast and how it was structured, elements capable of influencing how public health was dealt with in relation to the indicators identified. Specifically, from 2012 to June 2016, the format became a daily feature (from Monday to Friday), on air from 11 am on Rai 3, lasting an average of 50 minutes.

From September 2016 it was cut down to ten minutes within a programme (*Tutta Salute*, RaiUno, 2016-present) so similar on all counts to *Elisir* that from the following year *Elisir* was finally taken off-air and Michele Mirabella became the co-presenter of the whole programme. For the purpose of our research, however, we considered solely the magazine item still named *Elisir*.

In the first 115 episodes analysed (January-June 2016) the traditional presenter Mirabella was flanked by a journalist, Virginie Vassart, but the two main topics of reference remained. The first was dealt with in a dialogue between the presenter and a specialist, sometimes with the aid of video material and infographics. The second, however, was the subject of an interview conducted by the journalist Vassart with another expert. In a post-television context, in order to allow for wider involvement of spectators, the programme supplied an e-mail address, a specific hashtag (#elisirrisponde, [Elisir answers]) and an official Facebook account, by means of which the guest specialist answered questions posed by spectators live during the programme.



Video 2. An example of an *Elisir* episode from the first part of 2016 (27/01/2016)

In comparison with the 1998 version of the programme, further themes became the object of detailed examination besides diseases and the functioning of the organism; although still health-based, these topics frequently went beyond the strictly medical sphere. In other words, the concept of public health was up-dated and consequently overlapped with the theme of well-being. This significant change was further accentuated when the 2016-2017 television season began, and with the evolution mentioned above of *Elisir* into *Tutta Salute*.

Within the established ten-minute time span, the presenter, sitting at his desk surrounded by scientific books and stereotypical instruments (telescope, microscope, globe etc.), introduced a single topic that was the subject of an interview with an expert guest. More and more frequently, subjects relative to well-being (sleep, Mediterranean diet, sexuality, etc.) were added to those relating to illness.

In general, therefore, aspects concerning the doctor/patient relationship and relations with science and prevention continued to be preponderant in the programme's narrative structure in this second phase as well. However, the most profound innovatory element was the subject dealt with within each of these ambits. The centrality of medicine, previously taken as the fundamental and transversal area of reference in representing public health, became integrated with the area of well-being, in order to supply spectators with updated information on good practices and correct lifestyles.

In the passage from neo-television to post-television, therefore, during the various editions analysed *Elisir* remained faithful to its principal reference type: edutainment. While adjusting the topics discussed according to the evolution of society and culture, the branches of expert knowledge remained central to the narration and representation, exactly as did the process of simplification and divulgation, constantly in the hands of the presenter rather than in those of the doctors, in order to make the content accessible to the general public.

3.3 *Un medico in Famiglia*

Un medico in famiglia is a TV series produced by Rai Fiction based on the Spanish format *Médico de Familia* (Telecinco, 1995-1999). The plot of the series is based on the Martini family, comprising the widowed father Lele (Giulio Scarpati), a doctor, his three children (a teenager, a child and a baby at the beginning of the series), his

sister-in-law Alice (Claudia Pandolfi) with whom a love story builds up, and above all his father, Grandpa Libero (Lino Banfi). The series is featured as a family comedy planned for the mainstream audience and has become one of the longest-running and most popular series of the leading State network.³⁵ As drafted, the set of characters both main and secondary includes all ages (from babies to the elderly) and the social classes spread across a wide range of professions (from the unemployed to the higher middle class). The two seasons examined in our research are the first (1998, 52 episodes) and the last (2016, 26 episodes).

Relations with the public health (according to the meaning and the four features we described above, see par. 2) are shown through Lele's place of work; in the first series, he is a general practitioner in the "experimental ASL" in Rome. The ASL (*Azienda Sanitaria Locale*) is the Italian local public health unit, which is both an administrative unit and a set of day hospital clinics where the State provides public health services, such as general and specialist practitioners and departments of prevention and counselling, but which does not respond to emergencies and to highly specialist examinations. Consequently, for the Italian public it represents a familiar location in line with the storytelling of the series in order to activate plots that interlace with family life, as being a doctor appears to be a side aspect of the main character's life. Hence it is a narrative strategy that aims to activate forms of familiarity and reassurance in order to engage a wide and heterogeneous audience.³⁶

A clear example is the role played by the doctor Lele towards his patients (therefore, for the purposes of our analysis, referring to the doctor/patient relationship). This role, however, appears in the narrative only when it is of use to the family plot, therefore when his practice concerns friends and family members. The leading character therefore carries out his profession within the family as well, placing his skills at the service of medical issues that are part of any family routine (for example, he forbids the use of antibiotics for a simple raised temperature). Such a narrative choice is also reflected in the title and its play on words (from 'family doctor' to a 'doctor in the family'). Likewise, the representation of all the doctors of the ASL focuses on their characterisation as reassuring, everyday figures rather than on their medical skills. All this appears furthermore consistent with the emerging characteristics of the relationship between television storytelling and family.³⁷

The prevention aspect therefore appears mainly connected to the reassuring, friendly presence of a doctor who informs the family of the correct conduct to follow. It does however seem to appear very little, apart from one specific episode (Ep. 13, 'The Great Fear') in which both children's vaccines and prevention of melanoma appear: in both cases, however, these two elements are included in the storyline mainly to serve the family plot, or within the working environment of the ASL.



Video 3. *Un Medico in famiglia*, 'La grande paura' [The great fear], 1: 13

The ASL context is also useful to represent the issue of public spending, which however appears only sporadically. It is interesting to underline that this issue is almost entirely related to a single character, Dr Giorgio Giorgi (Mauro Pirovano), who is the head of the ASL, and who appears to be the only 'villain' in the whole plot, precisely because he often recalls the financial limitations of the unit. Yet this cynicism is not real, for we see him very distressed later on by having to prioritise financial issues over medical ones.

Even the relationship with science seems to be low profile in the episodes under consideration, with one significant exception: in episode 42, 'Thank you, Doctor Lele', the lead figure denounces a false doctor who gives advice in a radio programme presented by his sister-in-law Alice. In this case, the professional, and traditional,³⁸ role of the doctor, in the person of Lele, is used to counteract forms of alternative medicine that may prove harmful if not actually lethal for patients. Moreover, the clash is triggered by the media success achieved by the false doctor even in the Martini household, underlining the risks anyone might incur in incorrectly assessing health issues.

The picture emerging from the first season is a storyline in which public health is consistently present, especially within the ASL setting, although fairly superficially.

By the tenth and last season, the TV series had become a family drama; the characters present in the first few seasons (including some of the previous leading figures) had been replaced by new ones. Thematically, public health was by now completely absent. In fact the doctors who are part of the family, Lele and Lorenzo Martini, Libero's nephew (Flavio Parenti, who appeared in the ninth season), now work for a private clinic. From the analysis of the episodes, it emerges that medicine tends to disappear as a narrative element, even as a pretext for family issues.



Video 4. *Un Medico in famiglia*, 'Sì, a volte ritornano' [Yes, sometimes they come back], 10: 2

In its last season, the series transited towards a more individualistic concept of illness and treatment, due precisely to the complete detachment in the storyline from the aspects that aimed to engage the spectator also through health topics. Since the 'doctor in the family' is not a 'family doctor' anymore, and his workplace is no more the familiar

context of the ASL, health topics also became apparently useless, no more than a pretext or a need in order to keep the name of the series.

4 Conclusions

The aim of our paper is to analyse the main characteristics and features and the evolution of the representation of health and public health within RAI programmes in the shift from neo-television to post-television. Albeit considering only three programmes, our research allows us to highlight some important features in order to accomplish this aim.

Medicina33 appears to be the programme which evolved the least of the three. The strictly journalistic approach, the main narrative core focused on prevention, the serious setting and the constant reference to physicians and medical institutions appear to be substantially identical in the two years considered. Nonetheless, we identified greater attention and space given to lighter content, as well as a production and presentation that are more modern and slightly popularized.

While maintaining the edutainment approach, *Elisir* in 2016 showed a substantial streamlining of certain primary elements typifying it in 1998. The most significant aspect is necessarily linked to the structure of the programme, which changed from a weekly, two-hour programme in prime time to daily morning sessions lasting first fifty minutes then only ten. All this while, at least in its intentions, it tended to make difficult medical concepts accessible to the general public while guaranteeing accuracy. This resulted in an overall streamlining of the programme through frequent recourse to topics for the most part linked to well-being rather than to medicine, an increasing tendency towards the spectacular and in search of popularity, as well as towards a 'dilution' of the role of the family doctor, the real thread running through the storytelling of the 1998 series. In the 2016 edition this figure became simply a friendly doctor who changed in every episode.

Finally, in *Un Medico in famiglia* the medical and health topics represented a fundamental albeit secondary instrument to frame the family storytelling of the whole series in 1998. They almost disappear eighteen years later, and the fact that the main character is still a doctor seems no more than a device in order to keep the brand; furthermore, public health topics are utterly done away with by the fact that the doctors work for a private clinic. The affirmation in Italy of several world-famous medical dramas, such as *House, MD* (Fox, 2004-2012) and *Grey's Anatomy* (ABC, 2005-present) plausibly weakened the potential of health topics to frame a good-hearted family context, imposing furthermore advanced medical accuracy that *Un Medico in famiglia* never had.³⁹

In conclusion, we observe that the main evolutionary driver behind medicine and public health in particular on the Italian state television networks effectively seems to be the passage from neo-television to post-television. This is true both from the formal point of view and from that of content. Information-wise, its evolution appears to be mainly formal and can be considered as 'physiological' (in Italian, this term is commonly used to mean 'unsurprising', 'expected'); entertainment-wise, however, the evolution appears to be related to content, and the disappearance of medicine and public health topics can, by the same logic, be considered as 'pathological'.

In the context of education and edutainment a particular format has taken shape that perfectly corresponds to the initial evolutions of the passage between neo-television and post-television. In the passage from 1998 to 2016, *Elisir* evolved profoundly both in form and in content, conforming almost perfectly to the dynamics of post-television: with greater influence from the public, not only in the dialogue via Facebook between doctor and audience, but also in the popularized form of language and in the choice of lighter topics. Furthermore, the transformation from a mainstream Sunday evening appointment into a sort of daily pill corresponds to a growing fragmentation of audiences even when the subject is serious and difficult, as is health.

Therefore, a specific approach to topics regarding medicine and public health emerges which we have named healthentertainment: the tendency of the media and above all of television to shift gradually from the more traditional dynamics of health representation towards the more engrossing dynamics of health storytelling.⁴⁰ Little by little, it is no longer the health topic theme to occupy centre stage, but its narration.

Apparently, a consequence both of the passage from neo-television to post-television and of a different concept of health, a similar shift does not automatically coincide with any lack of recourse to expert knowledge from the medical or scientific field. What we see is the integration of such types of knowledge with new topics and with new means of public involvement. However, it is significant that the healthentertainment formula, as shown in the analysis of *Un medico in famiglia*, cannot be applied to the dimension of pure entertainment; concerning the latter, the passage to post-television implies the irreversible transformation of the health topic into a background element.

The same may be said in the case of information, as pointed out in the analysis of *Medicina33*; while making some concessions, above all considering the increased focus on the concept of *well-being*, this programme does not fail in its information mission.

It is, therefore, within edutainment, considered through the *Elisir* analysis, that a potential healthentertainment genre seems to appear, almost as its possible evolution. Specifically, this is the result of two opposing tendencies: greater flexibility in how to deal with information contents; and enhanced attention towards maintaining strong anchoring in the science-based dimension so essential to preserve audience credibility, yet never failing to draw on the entertainment dimension.

Notes

- 1 Roberta Gisotti and Mariavittoria Savini, *TV buona dottoressa? La medicina nella televisione italiana dal 1954 a oggi* [TV as a good doctor? Medicine in Italian television from 1954 until today] (Roma: Rai-ERI, 2010).
- 2 For example, *Check Up* (RaiUno, 1977-2002) and *TeleCamere Salute* (RaiTre, 1997-2015).
- 3 Roberto Farnè, *Buona maestra TV: La Rai e l'educazione da Non è mai troppo tardi a Quark* [TV as a good teacher: The RAI and education, from "Non è mai troppo tardi" to "Quark"] (Roma: Carocci, 2003).
- 4 Silvia Leonzi, *La fiction* [Fiction] (Napoli: Ellissi, 2004).
- 5 Milly Buonanno, eds, *Tempo di fiction. Il racconto televisivo in divenire* [Fiction times. The evolving television tale] (Napoli: Liguori, 2013).
- 6 The first-ever was the American medical drama *Dr. Kildare* (NBC, 1961-1966), aired on RaiUno in 1963.
- 7 Mario Morcellini, "Il mediaevo italiano. Proposte di analisi per l'industria culturale" [The Italian mediaeval era. Analysis proposals for the cultural industry], in *Il mediaevo italiano. Industria culturale, TV, tecnologie tra XX e XXI secolo* [The Italian mediaeval era. Cultural industry, TV, technologies between XX and XXI century], ed. Mario Morcellini (Roma: Carocci, 2005), 15-46.
- 8 Giovanni Bechelloni and Franco Rositi, "Il sistema delle comunicazioni di massa in Italia" [The mass communication system in Italy], *Problemi dell'informazione*, I (1977): 29-45.
- 9 Mario Morcellini, ed, *Il mediaevo italiano. Industria culturale, TV, tecnologie tra XX e XXI secolo* [The Italian mediaeval era. Cultural industry, TV, technologies between XX and XXI century] (Roma: Carocci, 2005).
- 10 Aldo Grasso, *Storie e culture della televisione italiana* [Stories and cultures of Italian television] (Milano: Oscar Mondadori, 2013).
- 11 Umberto Eco, *Sette anni di desiderio* [Seven years of desire] (Milano: Bompiani, 1983).
- 12 Briefly, "paleo-television" indicates the traditional public (and monopolistic) broadcasting TV service, created and programmed for a general, wide-ranging public; "neo-television" refers to the period in which the evolution of technologies and of the market, due to the emergence of new private broadcasters, contributed to determine a wider and more innovative television offer. See also: Stylianos Papathanassopoulos, *European Television in the Digital Age: Issues, Dynamics and Realities* (Cambridge and Malden, MA: Polity, 2002).
- 13 Giovanni Ciofalo, *Infiniti anni Ottanta: TV, cultura e società alle origini del nostro presente* [Endless Eighties: TV, culture and society at the origins of our present] (Milano: Mondadori Università, 2011).

- 14 Massimo Scaglioni and Anna Sfondini, *La televisione. Modelli teorici e percorsi d'analisi* [Television. Theoretical models and analysis paths] (Roma: Carocci, 2017).
- 15 Fausto Colombo, *Il paese leggero: gli italiani e i media tra contestazione e riflusso (1967-1994)* [The light country: the Italians and the media between protest and ebb (1967-1994)] (Roma-Bari: Laterza, 2012).
- 16 Lynn Spigel and Jan Olsson, *Television After TV: Essays on a Medium in Transition* (Durham: Duke University Press, 2004); Massimo Scaglioni, *La tv dopo la tv. Il decennio che ha cambiato la televisione: scenario, offerta, pubblico* [TV after TV. The decade that changed television: scenario, supply, audience] (Milano: Vita & Pensiero, 2011).
- 17 Massimo Scaglioni and Anna Sfondini, *MultiTV. L'esperienza televisiva nell'età della convergenza* [MultiTV. Television experience in the age of convergence] (Roma: Carocci, 2008); Anna Bisogno, *Questioni di post televisione: modelli, convergenza e archivi digitali* [Issues of post-television: models, convergence and digital archives] (Roma: Aracne, 2011).
- 18 Alberto Marinelli and Giandomenico Celata, *Connecting television. La televisione al tempo di Internet* [Connecting television. Television in the time of Internet] (Milano: Guerini, 2012).
- 19 Amanda D. Lotz, *The Television Will Be Revolutionized (2nd ed)* (New York: New York University Press, 2014).
- 20 Michael Strangelove, *Post-TV: Piracy, cord-cutting, and the future of television* (Toronto: University of Toronto Press, 2015).
- 21 Alberto Abruzzese, *L'intelligenza del mondo: fondamenti di storia e teoria dell'immaginario* [The intelligence of the world: fundamentals of history and theory of the imaginary] (Milano: Booklet Milano, 2001); Bino Olivi and Bruno Somalvico, *La nuova Babele elettronica: la TV dalla globalizzazione delle comunicazioni alla società dell'informazione* [The new electronic Babel. The TV from communications globalization to the society of information] (Bologna: il Mulino, 2003).
- 22 Nicholas Negroponte, *Being Digital* (New York: Vintage Books, 1996).
- 23 Henry Jenkins, *Convergence Culture: Where Old and New Media Collide* (New York: New York University Press, 2006).
- 24 Joseph Jr., Nye, *Soft Power: The Means to Success in World Politics* (New York: Public Affairs, 2004).
- 25 Silvia Leonzi, *La salute tra norma e desiderio* [Health between norm and desire] (Roma: Armando, 2013).
- 26 Robert D. Truog, "Patients and doctors—the evolution of a relationship," *New England Journal of Medicine* 366, no. 7 (2012), 581–5.
- 27 Anthony Giddens, *The consequences of modernity* (Stanford: Stanford University Press, 1990).
- 28 As this article was undergoing the revision process during the lockdown caused worldwide by the Covid-19 pandemic, it is useful and meaningful to underline that the relationship between public health and medicine, like any other socially relevant issue related to these topics (among many others), will probably undergo a profound evolution.
- 29 Emilio Greco, *Sociologia della salute. Prevenzione sociale e sanitaria delle malattie* [Sociology of health. Social and health prevention of diseases] (Soveria Mannelli: Rubbettino, 2016); Alan Petersen, "Risk, governance and the new public health," in *Foucault, health and medicine*, eds. Robin Bunton and Alan Petersen (London: Routledge, 1997), 189–206.
- 30 Gisotti and Savini, *TV buona dottoressa?*
- 31 Specifically, for the 1998-1999 season the annual average television audience watching was around 2,500,000 viewers for *Medicina33*, over 2,600,000 viewers for *Elisir*, and over 8,500,000 viewers for *Un medico in famiglia* (Source: Auditel data processed by the authors).
- 32 David L. Altheide and Christopher J. Schneider, *Qualitative media analysis* (London: Sage, 2013).
- 33 Sara Bentivegna, "Lo spettacolo del sapere. Il racconto della scienza in tv" [The spectacle of knowledge. The story of science on TV], in *La scienza in Tv. Dalla divulgazione alla comunicazione scientifica pubblica* [Science on TV. From popularization to public science communication], ed. Leonardo Cannavò (Roma: Rai-Eri, 1995), 193–214.
- 34 Stefano Telve, "Verso il fantastico. Sul testo del conduttore nei programmi televisivi di divulgazione scientifica (1997-2007)" [Towards the fantastic. On host's text in tv-shows about science public understanding], in *L'italiano televisivo 1976-2006: Atti del Convegno, Milano 15-16 giugno 2009* [The Italian language on television (1976-2006). Conference proceedings, Milan, June 15-16, 2009], eds. Elisabetta Mauroni and Mario Piotti (Roma: Accademia della Crusca, 2010), 441–85.
- 35 Luca Barra and Massimo Scaglioni, "Saints, Cops and Camorristi. Editorial Policies and Production Models of Italian TV Fiction," *Series-International Journal of TV Serial Narratives* 1, no. 1 (Spring 2015): 65–76.
- 36 Felicita Gabellieri, "Un sogno condiviso: Le audience di Un medico in famiglia" [A shared dream: the audiences of "Un Medico in Famiglia"], in *Realtà Multiple: concetti, generi e audience della fiction TV* [Multiple realities: concepts, genres and audience of TV fiction], ed. Milly Buonanno (Napoli: Liguori Editore, 2004), 199–226.
- 37 Mariagrazia Fanchi, *La famiglia in televisione, la famiglia con la televisione: Le nuove forme del consumo televisivo in famiglia* [The family on television, the family with television: the new forms of television consumption in the family] (Roma: Rai-Eri, 2001).
- 38 Piermarco Aroldi, Fausto Colombo, *Le età della tv. Indagine su quattro generazioni di spettatori italiani* [The ages of TV. Survey of four generations of Italian viewers] (Milano: Vita e Pensiero, 2003).
- 39 Elena Strauman and Bethany Crandell Goodier, "Not Your Grandmother's Doctor Show: A Review of Grey's Anatomy, House, and Nip/Tuck," *Journal of Medical Humanities* 29, no. 2 (2008): 127–31.
- 40 In this regard, we should underline that this concept, while referring for the time being only to the Italian context, could well be the subject of further studies following the present line of investigation, also through comparative forms of analysis at European level.

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