

Commentaries & Editorials

Letter to the editor: 'We got your back; Response to the Pharmacist Representation on *The Pitt*'

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This letter responds to recent correspondence regarding the underwhelming media portrayal of an emergency medicine pharmacist on the television drama *The Pitt*. Rather than viewing a mundane introduction as a failure of representation, this piece utilizes foundational principles of narrative screenwriting and clinical training to reframe the character's baseline as a necessary starting point for developmental growth. Using team sports and fine art analogies, the author argues that the modern emergency medicine pharmacist functions as a vital, silent safety net within high-stakes workflows—an essential clinical reality that is inherently non-dramatic on screen. Ultimately, the professional ethos of emergency pharmacy relies on the quiet responsibility of behind-the-scenes precision rather than public applause, aligning perfectly with a narrative trajectory from academic competence to professional entrustment.

TO THE EDITOR:

I read with great interest the recent correspondence by Dr. Blue, "*The missing piece in The Pitt: A call for emergency medicine pharmacist representation*". The authors provide a well-researched historical perspective on the evolution of our profession, tracing its lineage from medication procurement to bedside clinical interventions. However, their disappointment with the introduction of the clinical pharmacist character, Dr. Megan Nordt, warrants reframing.

The authors note that rather than a dramatic, life-saving entrance, Dr. Nordt is introduced by unlocking an automated dispensing cabinet (ADC) and handing out prescription pads during downtime. While the authors found this underwhelming and overly tied to the "product of the profession," this introduction is entirely consistent with foundational narrative structure. In screenwriting, much like in clinical training, introducing an individual at their absolute peak leaves them with nowhere to grow. Do we expect a newly introduced character to instantly know the correct dose, concentration, and rate of an alprostadil infusion for an infant presenting with aortic coarctation? No. That is not a failure of representation; it is the necessary baseline for clinical and character development. It allows the audience to gradually experience her growth, her struggles within a high-stakes environment, and her ultimate success as she earns her clinical authority on screen.

To understand the reality of her role, we must look at the emergency department through the lens of team dynamics. Emergency medicine constitutes the most intense fifteen minutes of every illness. In this environment, the leaders are the physicians who call the play, and the nurses are the

ones who execute the route. However, the success of that play depends entirely on protection.

THE PHARMACIST IS THE OFFENSIVE LINE.

We are the silent guardians who ensure the medication selection is optimized, the medication is compatible, and the dose is lethal to the pathology but safe for the patient. Crucially, when an offensive line does its job perfectly, it goes completely unnoticed. Operations run smoothly, workflows are optimized, and the quarterback remains standing. A perfectly functioning clinical safety net is, inherently, terrible television.

When evaluating our portrayal on screen, we must remember that entertainment media, much like fine art, is not a documentary. Consider Vincent van Gogh's *The Starry Night*. It is undeniably beautiful, yet it is not a mathematically accurate representation of the landscape. Van Gogh embedded deep, stylized detail and meaning unique to his perspective. As viewers, we might miss his exact intent, or we might crave a more literal depiction, but that does not make our perspective wrong, nor does it make the painting a failure.

Similarly, entertainment media is driven by magic, comedy, and high-stakes drama—elements that stand in stark contrast to the methodical precision of clinical reality. We accept that the "pharmacist" acts as a narrative catalyst rather than a clinical reality, whether celebrating the grumpy brilliance of Miracle Max in *The Princess Bride* or the theatrical flair of Professor Snape in *Harry Potter*. However, a more fitting pop-culture touchstone for our actual

ethos comes from Uncle Ben: "With great power comes great responsibility."

Our specialized pharmacotherapy knowledge is our "power." Wielding it in the chaotic environment of the ED carries the immense responsibility of acting as that silent, flawless safety net. We do not use this power to demand a dramatic entrance, widespread media recognition, or public applause. We accept the heavy burden of ensuring perfection in the background so the rest of the team can function. The greatest satisfaction in my emergency medicine pharmacy practice is the quiet, unseen knowledge that we did absolutely everything we could for the patient in the bed in front of us. Doing the work is the reward itself.

I strongly agree with the original authors' conclusion: we applaud the producers of *The Pitt* for including an emergency medicine pharmacist and urge them to continue developing her character. Starting "connected to our product" is not a detriment but a necessary narrative and historical starting point. As emergency medicine pharmacists, we must continue to move from academic competence to professional entrustment, proving our ability to execute the block when the team needs it most.

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