

Surgeons  
by Shonda Rhimes

Training to be a surgeon is like no other job.

After 4 years of college and 4 years of med school, if you're smart enough and tough enough to be accepted into a surgical residency, you have seven more years of training to go. 7 more years at the bottom of the surgical food chain. 7 more years as a grunt, as a soldier. You work at a crazed pace -- 60 hours on, 18 hours off. You make \$28,000 a year. You rarely see your non-doctor friends, your refrigerator never has any food, you can't remember the last time you had a date or got your hair cut. You're sleep-deprived, nutrition deprived, you smoke too much, drink too much caffeine and when you get those 18 hours off, you either sleep your life away or you party far too hard -- desperate to get squeeze a week's worth of living into one day. You eat, sleep and breathe surgery.

And you love it. Because it's a turn on. Because the upside is amazing. Because, even while you are training, you stand at the front line of humanity. You reach into a body and hold a beating heart in your hands. You stop the destruction of bullets. You remove bad kidneys and replace them with new ones. You remove the left side of a baby's damaged brain and two years later, she's playing on a swing set. From the moment you cut into flesh, the game is on, the stakes are life or death and you are the dealer. That's power, pure and simple. And that kind of power --the power to change fate -- is a huge high. It's honorable, yes but it's still a high. Ask anybody who has ever wielded a scalpel -- a good surgeon is a God.

But while you might be God with a scalpel, without the scalpel, you're as human as anybody. You're a real person trying to lead a real life while doing the a job that makes having a real life next to impossible.

How do you date when you're never at home? And even if you do manage to date, exactly how do you keep a relationship going? What if you're married to someone you never have time be with? Raising a child who only sees you two night a week? Have a family member sick with something that no surgery can repair? So what if you're saving 20 lives a week when you can't fix your own life?

So what we want to do is...tell the story of:

**PREMISE: Meredith, a woman who struggles to hold her personal life together while balancing the difficult, fast-paced training of a surgical resident. One person's perspective with a very strong cast; single female lead but also an ensemble.**

There will be medical traumas and surgeries in each show -- interesting medical dilemmas and illnesses -- the show will be equally focused on Òreal lifeÓ -- the day to

day problems of our main character.

Unlike other shows this show is going to be told solely from the perspective of doctors in training -- surgical residents.

The true dramas of life and death will be married with the everyday dramas we all face as they make their way through the world. Because while surgical residents are pursuing a work life that most people will never experience, they are pursuing private lives exactly like our own. The show will have heart but it will also have a lot humor. Because while it's terrifying to have to learn your craft on such a grand stage as the human body where the stakes are at their highest and a mistake can cost someone their life, the mechanics of doing so are also kind of funny. Hell, you have to laugh or you'll lose your nerve.

Surgical residents find themselves spending most of their time together because, more than any other medical specialty, the majority of their time is spent within the walls of the hospital. Much like WarCor, there's that sense of being war buddies, of being different, of seeing the rest of the world as civilians.

Who else but other surgical residents would understand the mind games you play to stay alert for a 60 hour stretch? Who else would be interested in helping you measure the morgue so that you figure out that 19 laps around the dead bodies equals a mile thus making the morgue the best workout space in the hospital? Who else even wants to trade tips on the best way to get dried blood out of your favorite sneakers? Who else would think its normal to watch someone die and then go tell jokes in the cafeteria?

Yes, you fight for the best surgeries, you one up each other for the approval of your superiors but you also drink together, party together, date one another. Your competitors become your friends -- for better or for worse.

Set in a Boston/Philadelphia/NYC teaching hospital. This is not small town life. Big city, big medical center, big surgical opportunities. It's not the best hospital in the city but it's got the edge of a 2nd tier medical facility. And whatever town we choose, we want it to be distinctive -- another character in the show.

**TONE:** Dramedy. Smart characters, smart dialogue. I want this show to be funny and edgy even though we are dealing with illness and death, even though we are dealing with emotional issues. I don't believe in melodrama and I don't believe in EARNEST SAPPY MOMENTS.

## CHARACTERS:

MEREDITH: (32) Single, smart, awkward and funny, Meredith came to the idea of being a doctor later than many. The daughter of a prominent surgeon mother whom she was never close to, Meredith spent most of her 20s trying to do anything but follow in her mother's footsteps. But the truth is, she loves medicine, loves surgery and you can only hold out to spite someone else for so long before you have to grow up. She had a stellar med school record and could have done her residency anywhere. But her mother now has Alzheimer's (her civilian dad long ago divorced mom) and Meredith, with mixed feelings, has chosen a residency for its proximity to her mother's nursing home instead of for its reputation. Sick of living in the shadow of her mother's reputation, Meredith tries hard to keep her mother's identity secret from the hospital (out of self-preservation) as well as keep her mother's illness a secret (out of preservation of who her mother used to be). She also has the burden of upkeep on her mother's house (where she now lives) on a resident's salary and the frustration of watching over her mother's care at the nursing home when her mother has an illness that can't be cured.

While she is methodical as a surgeon, in life she has the tendency to leap first and ask questions later. On a personal level, she makes BIG mistakes. Her leaps get her into messy situations -- like having a one night stand with a man who later turns out to be one of the surgeons in charge of her training.

Meredith is us at our secret best and worst -- disorganized, funny, at times insecure, at times a warrior, at times too mortified to face the world. The kind of woman who's hospital locker is overflowing with junk but only because she's got the best of intentions. She's got stacks of old birthday cards she was planning to mail but never got around to, six pagers because she's always losing then finding them, three alarm clocks because she's terrified of oversleeping on her breaks, a blank journal she's been meaning to write in, cigarette she's going to stop smoking any day now.

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GEORGE: (late 20s) A surgical resident, George became a doctor in order to help people and surgery seemed the most direct, palpable way to do that. A mid-West, middle-child, middle class kid, he has made it through school thus far by the skin of his teeth. His talents are not with a scalpel -- his skill is dealing with patients. Warm, sweet and good-looking in a boy next door way that rarely gets him the girl, George is going to live and die by his patients' fates -- and in the process, find himself questioning his skills and his choice of surgery as a career. He'll discover that he's a better surgeon than he ever dreamed and that his bedside manner is a gift, not a curse.

He's going to carry a torch for Meredith but never has the courage or the opportunity to make a move -- instead he'll settle for the role of best friend. After all, he's the kind of guy that girls never consider as date material.

George's locker is pretty empty -- he keeps planning to put up photos and bring a change of clothes but never remembers to bring these items from home until he's parking his car at the hospital. What's in there comes from fear -- med journals, old textbooks and class notes, diagrams of surgeries.

CRISTINA: (30) A surgical resident. The golden girl in leather pants. Brilliant, brainy and tough, Cristina's always prepared and never falters. She has been single-mindedly focused on being a surgeon her entire adult life. And no one is going to stand in her way. Her love life is a road littered with men she's used and left behind -- she's a consumer of men. People tend to be terrified of her -- she can seem cold.

But Cristina is the person you'd call if you murdered someone -- she'd help you hide the body and wouldn't ask any questions. If she's your friend, you couldn't imagine having anyone better on your side. Plus, we'll discover that her tough side comes from the desperation of fleeing a privileged life where no one expected her to be more than a socialite wife. She's fought hard to be where she is. Cristina is becoming a surgeon because it's the hardest thing she could think of to do. If she was going to climb a mountain, it'd be Everest, if she was going to run for office, it'd be President.

Residency is going to test Cristina in ways she never imagined. She's going to step across the line of clinical surgeon and fall in love with a dying patient. And she's going to have to welcome her family back into her life in order to further her career when her father becomes a major donor to the hospital.

Cristina's locker is the locker of someone who never lets anyone see them sweat -- extra toothbrushes, extra changes of wrinkle free clothes, extra hair products, a Palm pilot filled with the latest research articles. She's prepared for any eventuality -- stain remover, high heels to go out in after work, condoms because you never know.

ISOBEL: (mid 20s) Surgical resident. The pretty face (ELYSE). Because she put herself through med school by being a top model, Izzie is the one everyone constantly underestimates. She's forced to fight for respect in a world in which she is instantly the joke. Her face is fairly familiar from her ads -- she's always getting recognized which makes getting respect even harder. Izzie's from a blue collar, trailer park world and being a surgeon is important to her. But she's also a person who is secretly terrified that she actually is the joke. But she works hard, desperately wanting to prove herself and be taken seriously. She chose surgery for reasons she might not consciously understand -- the chance to stay in the protected world of school for as long as possible before having to get out there. But the truth is, now that she's here, she's not sure she's cut out for this world.

Isobel is going to grow up -- and fast -- as we watch her navigate the terrain of surgery, discover that she's smarter than she thought she was and starts to come into her own.

Izzie's locker is all about keeping herself in the game as much as possible -- two pairs of comfortable nurse shoes, a sound machine to help her sleep, anti-nausea wrist bands that keep her chances of humiliating herself by vomiting or fainting to a minimum, herbal 'uppers' to keep herself awake, and not one thing to make anyone think she cares about how she looks.

DEREK: (late 30s) Surgeon. A handsome bad-boy, he's a cowboy, a rainmaker, a surgeon brought to the hospital to attract patients who are seeking his cutting edge techniques and flawless hands. Derek loves his work, has a conscience and is totally unorthodox in his methods and manner -- but most of all Derek is arrogant about how good he is. He'll be constantly at odds with Richard, the chief surgeon. Plus, he's the guy you tell yourself not to sleep with but can't help climbing into bed with anyway. He's going to be Meredith's training surgeon, her major love interest and the source of A LOT of her grief.

He has an ex-wife he hates and a teenaged daughter he loves. The child is what convinced him to come to this hospital -- this is his chance to make up for all the mistakes he made with her when she was younger. It's going to be far more difficult than he bargained for. She's someone the residents will relate to much easier than he can.

RICHARD: (50) The mentor. Chief of surgery and teaching, he loves surgery, loves teaching and lives and dies by the scalpel. He thinks there is a right way and wrong way to do everything. He'll push his students harder than perhaps they are ready for and he expects perfection on every level. He's not a warm man -- with his patients, with his students, with his family. But he is an excellent surgeon. Very Paper Chase kind of guy.

His wife has spent her life as a surgeon's wife and will decide that she's had enough when he refuses to retire. Richard will find himself starting over again at 50. And wonder about his choices.

BURKE: (30s) Surgeon. From a distance, he has it all. All the right credentials, successful, great wife, kids, big house. But Burke is a man who has spent his life doing what everyone else wants him to do. He became a surgeon because it was expected of him by his family, he married the right kind of woman even though he wasn't sure he was ready for marriage, had kids because the wife wanted them. Now he's trapped. He'd give anything to walk away from medicine but he has responsibilities and his wife has made it clear that she's unwilling to give up the lifestyle that comes with having a successful husband. He can't leave her because of the kids.

Burke's getting sloppy in his work. He's going to find himself making mistakes -- mistakes that cost patients. When the mistakes catch up with him and his future with the hospital is on the line, he's going to discover just how much he loves medicine. And just how little he loves his wife.

DEBORAH: The chief resident, Deborah chose surgery because it meant she wouldn't have to deal with talking awake patients. Surly, quirky and sorely lacking in people skills, Deborah finds herself in the unpleasant position of shepherding the surgical residents through their training as the right hand of Richard. She's harder on the female residents than on the males because she expects more of them and thus, has few friends. Deborah's too weird and too suspicious to date even if she had the time but she's going to eventually find herself in an odd but hot sexual relationship with George. Common enemy -- someone the residents can unite against. Someone they gleefully bitch about -- the realization that she is as flawed and human and insecure as they are is going to change their perception of her.

HELEN: (56) Meredith's mother, she was a pioneer as a female surgeon. Now, she's losing her brain to Alzheimer's. Because she was so busy fighting to make it as a woman in a man's world, she never spent much time with Meredith as a child -- there would always be time to impart motherly wisdom later. Now that she has nothing but time, the wisdom is gone -- what's left are only flashes of the woman she used to be. Alzheimer's patients move through their lives over and over again as if they've stepped into their own home movies; Helen's illness will give Meredith the strange frustrating experience of meeting Helen when her mother was her age, of following along as a witness to that history. But she rarely gets any straight answers because Helen only has flashes of lucidity. And when Meredith does manage to make a warm strong connection, she'll find the connection lost hours or even moments later -- because Helen will have forgotten not only the connection but who Meredith is. Helen's main purpose will be to serve as 'listener' to Meredith -- her visits to Helen will take the place of 'voice over' on our show.

MINOR CHARACTERS: There will be 8 or 10 other residents who we'll see on a lesser basis as well as many nurses and surgeons and doctors from other specialties.

1st Episode:

OPEN with Meredith's V.O. and close show with the realization that it is not V.O. but Meredith talking to her mother at the nursing home while her mother stares out the window.

We join the residents in the middle of their first month of residency. Little gods in training. Lowest rung of the ladder, they are treated badly even by the nurses (in humorous ways).

M&Ms - explain. Hierarchy even in where they sit.

We'll be further introduced to the all the characters in the midst of the a past paced medical trauma involving a child with massive seizures being helicoptered to the roof of the hospital for immediate care.

A STORY:

News of the rainmaker coming. After 60 hours on, Meredith and the other residents decide to go out to party. It's fun, funny and a bit over the top in the way it usually is when people try to squeeze too much socializing into one night. At the bar, Meredith's already had too much to drink when she's approached by a cute guy. After banter, Meredith takes him home, has sex with him then throws him out. At the hospital the next day, discover that he's Derek, the rainmaker. He's amused, she's horrified. Throughout the episode, he'll flirt with her in a charming, disarming, thoroughly frustrating way that makes her seem the like the one with the dirty mind.

1st case - Derek is going to operate on Seizure girl. Teases the residents with the news that the one who does the best research will get the scrub in with him. Residents never get to scrub in on a surgery of this level and everyone wants it. COMPETITION IS ON. Everyone is desperately doing research in between rounds, calls to the ER, scrubbing in on lesser cases, watching surgeries form the gallery, etc.

Meredith's horror about Derek makes her chose not to do the research. Instead, she helps both George and Cristina. The three have the makings of future friends.

So when its time to present the research to Derek, everyone hands something in but Meredith. It's clear that Cristina's research is the most extensive and well prepared. But when he begins firing verbal questions, Meredith grudgingly has the correct answers. But so does Cristina who did the research. Izzie freezes up and can't answer anything and Derek embarrasses her. George doesn't even have a shot. Derek picks Meredith to scrub in. Cristina is livid. And so is Meredith. But when she confronts Derek, he paints her into a logic corner. And tells her to either take her chance or pass it up. She scrubs into the surgery. Which turns out to be an amazing high tech affair in which

they do something incredible like remove half the girl's brain. It's an exciting experience, leaving Meredith on a huge high. She's impressed by Derek -- at the way he is with the patient and her family, at the way he brings the girl back from the brink of death several times, at his skill as a surgeon.

After the surgery, Cristina and Meredith face off. And here is where we discover just how hard it is to be friends with your competitors. Because Cristina is right but so is Meredith. In the end they are left with an uneasy truce. But the whole experience has left Meredith feeling dirty. So when Derek asks to see her again (or at least have sex again), Meredith sets the parameters of their relationship -- colleagues and nothing more. But we know that won't last.

#### B Story:

George is having a hard time. He scrubs in on a routine appendectomy and makes a funny mistake that humiliates him in front of the OR team and causes endless teasing. His 2nd surgical case is a 35 yr old nice funny guy, who needs a bypass. He does what he can to mitigate Richard's arrogant manner ("i'm the best damn surgeon you are going to find") by being really nice to the scared guy and his wife and kids. He tells the patient and his family that he's going to come through the surgery easily with nothing worry about -- soothing the family. It gives him confidence being so good with a patient. But in the OR and open the guy up, there are bigger problems and it becomes a mess. And the sweet funny guy dies on the table. George is devastated and admits to Richard that he told the family that the patient would be fine. Angry at George's hubris, Richard forces George to be the one who tells the family that the patient died. It's a sickening moment, incredibly difficult for George. But he does it.

As chief resident, Deborah decides to put the case up for M&Ms even though Richard begs her not to (threatens). George is terrified at being so publicly humiliated but Richard gets up at M&Ms and takes full responsibility not only for what went wrong in surgery but for the family's outrage. When George tries to thank him after, Richard rips into him -- questioning his intelligence, his skills and his instincts. George is going to hang on the bottom rung of the ladder for a long, long time. And he's even more unsure of his calling that ever before.

#### C Story:

Watching this rag tag bunch of very different residents becoming friends as they navigate the maze of the hospital, deal with odd, funny cases (like the man with an eight inch knife sticking out of his head who seems perfectly calm and content while they desperately try to figure out the best way to remove the knife without killing him), shoulder the grunt work of surgery doled out by Deborah (rectal exams, taking histories from surly patients, doing procedures for the 1st time while pretending to be confident to terrified patients, being endlessly vomited on) and fight exhaustion (exchanging wake up tips (stand in the rain, put your face in ice, jogging in the morgue) and falling asleep while talking to

patients).

Izzie's at the biggest disadvantage because no one wants to be seen with her but we watch as these residents slowly come together into an uneasy group of friends (out of fact that they are women and George is the nice guy) as the competition and pressure gets to them. In fact, a fifth character will be introduced in the pilot and we think she's going to be a regular until the pressure gets to her and, to the shock of the others, she quits at the end of the episode.

LET THE NETWORK VOTE: Meredith's got this run down house that she can't afford to either keep or sell. 1st episode would include the humor of interviewing/picking roommates between crises at the hospital (George, Izzie and Cristina). Would allow for a world outside the hospital and also give us that collegiate atmosphere of War Whores which could be fun. But should the residents become roommates in Meredith's home?

### **Future Storylines:**

Each episode will always include an exciting surgical case married with smaller cases and the development of our characters. Surgical cases can be ripped from the headlines (diet surgeries gone horribly wrong and how to repair them, transplanting organs to the wrong patients, how to stop a patient's body from being eaten from within by an extreme parasite, conjoined adult twin separation, coma patient awakening after 15 years) or simply found in actual day to day medicine (cancer surgeries, fertility surgeries, heart surgeries, etc.) Surgeries will relate to the theme of each show (S&TC more grounded version).

### **PERSONAL THREADS:**

- Cristina falls in love with a patient and over a series of episodes, we watch her cope with the reality that he's dying.
- Derek's daughter will become a patient at the hospital when she's in an accident. Leaving him helpless as a doctor and forced to rely on Richard's hands to save her.
- Izzie gets pregnant and tries to hide it in order to keep working her crazy pace.
- Meredith's relationship with Derek begins to move away from the purely professional as they first try to be friends and find themselves unable to escape the sexual heat between them.
- Spend time with the characters and their lives in the 20 hours they have off from the hospital and show how they don't know how to live outside the hospital.
- Deborah and George begin sleeping together to the horror of everyone.

-- Cristina's father will turn up and try to take control of her future by becoming a large donor to the hospital. She'll be tempted to let him if it means she gets preferential treatment.

-- The reality of who Meredith's mother was will become more of a burden when it becomes known at the hospital.

## MEDICAL THREADS

-- Deborah, Burke, Meredith and Izzie find their jobs at serious risk when an incredibly routine procedure goes horribly wrong and the hospital must find someone at fault. Burke will either have to admit that he's losing his touch or frame one of his students thus ending one of their careers.

-- One of the residents becomes a patient when they suffer an attack of appendicitis. The horror of being operated on by fellow residents.

-- A truly good doctor gone bad and what happens to him. Someone they can relate to as a success story. As a woman surgeon who has it all. What do you do with that information?

-- Rotations -- explore different types of surgeons and watch residents try their hands at all different types.

-- Full moon Friday the 13th and how, bizarrely, more emergency surgeries always happen that night than any other.

Once we are further established:

-- Start with four bodies on slabs in the morgue and work backward to see how our residents put them there -- either because of mistakes, lack of skill or simply technologies inability to save them.

-- A silent episode -- the world of the hospital and our characters' lives through the eyes of a deaf patient about to undergo surgery to restore her hearing.