

Making Rounds on Medical versus Category Romance

By Lynne Marshall

History and Physical:

Two years ago, one of my critique partners sent me an e-mail explaining Mills & Boon and Medical Romance. She wrote, "You could do this." And I thought, Hey, I'm a registered nurse for twenty plus years. I love to write romances. I think I'll write a medical!

After visiting with editor Kimberley Young during the Mills & Boon Meet and Greet at the 2003 New York, RWA conference, I started writing a medical on the flight home. A year later in Dallas, Kimberley explained why she had rejected my first attempt at the romance sub-genre. "In a medical romance," she said, "the plot is driven by the medical portion of the story." I swear, I had read dozens of medicals before sending mine off, but somehow I managed to miss that important distinction in my own novel.

To prepare for this article, I quizzed fellow Heartbeat members—the online Medical special interest chapter of RWA—to see what they felt were the differences between writing category versus medical romance. Here are some of the answers that helped me progress from novice to expert.

Diagnosis—Positive Response:

Julie Rowe, published in magazines and active with Romance Writer's of America, as well as her Calgary chapter, thought there were two major differences between medical and standard romance novels. "The story should take place in a setting where medical personnel could believably work." And the possibilities for settings are numerous since the medical profession touches so many portions of our lives: sports, military, free clinics, medical missions, even cruise ships came to her mind. The second important distinction for medicals is, "The characters should both be medical professionals, or one...is in an occupation that puts them in direct contact with professionals in the field." Some examples are police officers, firemen, and medevac pilots.

According to Laura Iding, R.N. and author of Emergency. Nurse in Need (1/05) and The Flight Doctor's Rescue (4/05), "The medical scenes must resonate with the characters, and should promote their emotional growth." Here's an example from her April release: "The heroine's son needs more lab tests, he may have early signs of kidney failure. She's a pediatrics flight nurse. All of a sudden, taking care of sick kids is much harder, because she sees her son in the children's faces and her new situation makes her consider changing careers." Laura feels that, "Without character impact, the medical scenes are just there and won't further the story."

Say Ahhh:

Okay, now I'm starting to get it. Medical romances aren't just romantic stories set in hospitals like our long-running American daytime soap opera, General Hospital. Medicals must

be emotionally driven stories about medical professionals and the impact of medical situations on their character's personal lives.

Jessica Matthews, aka Sandra Vink, a laboratory technician and the first American to be published in *Medicals*, (Her latest publication [The GP's Valentine Proposal](#), 2/05) offers a few of her thoughts on this unique line of category romance:

"Medicals are characterized by dramatic situations in a medical environment. That's not to say that medical drama can't occur in books for other lines, but our entire line is defined by this particular promise." Jessica adds that medicals can take place anywhere in the world, from the Australian Outback to any international big city, small town health clinic or a cutting-edge technology laboratory. She suggests that medical romance authors can put their characters in the ER, or in an ambulance with a paramedic, in a pharmacy, a lab, or a physical therapy department. She says, "You are only limited by your imagination and your story!"

Another distinction Jessica makes is, "Medicals usually have a high degree of emotional intensity, which is natural when one considers the line's subject matter. That isn't to say that humor can't be included on occasion, but remember that these stories promise drama and emotional impact."

Physical Assessment:

I lean forward, raise one brow, clear my throat and ask, "**What about sex?**"

"In Medical Romances, an author isn't limited by anything but her characters," Jessica replies. "The sexual tone can be sweet, hot and steamy, or anywhere in between."

Now that's a genre to which I can relate, anywhere from take two aspirin and call me in the morning, to heat up the hot tub 'cause it's time for...ah-hem...therapy. And don't forget that extra large dollop of tender loving care for good measure.

Chief Complaint:

Distribution! Marie Watters, a fellow RWA PRO writer and Heartbeat member, puts business savvy, and a realistic spin, on the medical romance market. "We have less shelf space and far less promotion given in such places as book stores," she says.

Come to think of it, has anyone tried to find a medical romance in a bookstore in the states lately? I had to get a special phone number to order my last batch of books.

Published mainly in England, Europe, and Australia: "Medicals differ in their readership," says medical author Dianne Drake/Dianne Despain. ([Nurse in Recovery](#), 3/05 UK release, and [The Medicine Man](#) 6/05 UK release.) "Worldwide audiences like medical romance in category form, whereas North American audiences much prefer medical suspense (Tess Gerritsen, Robin Cook)." Dianne feels the primary reason they're not successful in the North American markets is: "We want and expect both high drama and suspense with our medicals." And Dianne sites the 55,000 word format as a hindrance in this regard.

Recent Studies Show...

Though one needn't be a medical professional to write medical romance, all of us who have written in this sub-genre can attest that research—as current as possible, thank you very

much—is a must. Our chosen field of drama is an ever-changing theater that must ring true with today’s medical advances. If our stories are to be realistic—another promise of the medical romance—they will reflect modern, up-to-date, medical practices. To quote Julie Rowe once again, “Medical romances must contain accurate medical information that doesn’t overwhelm the reader.”

I’ll close with a summary from Mills & Boon in the official guidelines for Medical Romance. “The focus should be a developing, emotionally driven romantic relationship pushed forward by the H/H’s involvement with patients and their medical treatment, as well as their medical colleagues.” The highly emotional, even heart-wrenching tales should always offer “the experience of medical men and women making life-and-love and life-and-death decisions.”

Final Prognosis:

After close examination, we at Heartbeat predict a long and healthy life for the category length, medical romance novel!

A special thank you to all of the ladies who contributed to this article.