

How one NYT bestseller does it:  
CJ Lyons Interviews Dr. Robin Cook

Note from CJ: Every book Robin Cook has written has appeared on the NYT's list--except his first, which was a semi-autobiographical account of medical school. After this "failure" (although how many of us would see getting our first book ever written even published as a failure? Did I mention Robin is a classic over-achiever <g>), he decided to teach himself "how to write a best seller".

He did this by analyzing the books on the Times list and then deciding what wasn't there that should be. In other words instead of writing to market, he looked forward and said, if readers like ABC, then they would also love XYZ--which no one is writing.

His XYZ turned out to be medical thrillers--and since he's passionate about medicine, about politics and about patients caught between the two it was a perfect match.

He actually wrote a screenplay first because he wanted to hone his dialogue skills and because he saw that was where the big bestsellers were made (this was at the time of JAWS which catapulted Peter Benchley to fame and fortune). Robin thought if he used the screenplay as a first draft or outline of the book, then sold the book he could tell his publisher: by the way, I have the screenplay if you're interested.

And of course, the rest is history....

May 31, 2006: CJ Lyons' Interview with Robin Cook for Romantic Times Bookreview Magazine

Dr. Robin Cook, renown medical thriller author, has been on the bestseller lists for over twenty years and has published twenty-six books, several of which have been made into movies and TV mini-series, including the blockbuster movie, COMA. His work has been translated into forty languages and he has sold over a hundred million copies of his books. Despite his literary success, Robin is still on the staff of his hospital and advises medical students, thinking of himself more as a doctor than a bestselling author.

Q: What made you decide to become a novelist in addition to a surgeon?

RC: First of all, I didn't realize how hard it was to get a book published, so I was completely naive about the whole process. If I had known, I probably never would have tried.

With my first novel, THE YEAR OF THE INTERN, I thought I wrote a book that showed what was wrong with medical education and I thought it did a fairly good job. Yet it wasn't very successful which really hurt my feelings, my competitive feelings. I started telling my colleagues that I was going to write a best seller. They said I couldn't, and they teased me without mercy about it, so I was determined to make it happen.

I decided to approach the whole process as a scientific problem. I began by reading a whole slew of bestsellers and developed my own little course in bestsellerdom. I wrote a screenplay first and then used it to sell the book. And that novel became COMA.

Q: Which of course became an international bestseller and extremely successful movie. Was COMA based on any real life experiences in your medical career?

RC: I was doing cornea transplant surgery at the time and realized there was a limitation of material. The surgical procedure was becoming more and more efficacious but no one was paying attention to the supply side of the operation. It didn't take a genius to realize that medicine was creating its own horror show, but no one had thought of that or written about it before I did in COMA.

Q: Your novels seem to often uncannily predict real life events such as the anthrax scare, organ transplantation scandals, pandemic viruses and bioterrorism. Has this ever gotten you into trouble with the authorities?

RC: VECTOR, the anthrax novel, was interesting because the night the real anthrax scare was announced, I was watching a TV interview with an FBI agent and behind him on the desk was a copy of my book.

Q: Obviously medicine and science have impacted your writing, how has writing affected your practice of medicine?

RC: Writing and medicine each help one another. The medicine helps you as a writer because it gives you the experience of people in crisis. And all good writing is character driven. As a writer you need to understand all sorts of personalities. We physicians spend hours asking people the most intimate questions and being a writer makes you more sensitive to people as people. Also the narrative of disease—that's when medicine does its best job, when the doctor listens to the patient telling his story and then treats the patient and his symptoms accordingly.

Q: Your novels have recurrent themes of conspiracies by those in power and often address controversial public policies. Did you make a conscious decision to use your fiction in this way?

RC: It's a great time to be writing books that are policy based because there's so much change and so many problems in medicine today. That's because there's a lot of narcissism out there.

I decided early on that one of my recurrent themes would be to decry the intrusion of business in medicine. It's one the reasons why (the medical profession) is in the trouble it is today. Instead of being a calling which used to be enough, medicine is now seen for many as a business opportunity, a way for a few people to get rich.

But (in actuality) the daily life of a practicing physician makes it hard to make a living. Primary care physicians are forced to increase their productivity beyond what they feel comfortable doing: they need to see more patients in a day, spend more time on the phone with third party payers to ensure that their patients receive the services they need. And

often it is people without medical training who decide whether or not a patient should receive (these services), so while the physician's waiting room is full, he's spending twenty minutes pleading with an individual who only has a high school equivalency degree. All this he has to go through just to get his patient with the brain tumor a MRI.

Q: Your new release, CRISIS, deals with some of these issues. Why do you think our health care system is facing a crisis today?

RC: The profession of medicine today is in a "perfect storm" situation. So many things are happening right now all at the same time, making the life of a primary care physician almost unbearable.

I thought, wouldn't it be interesting to show how bad it is for a doctor to get sued and how unscrupulous the trial lawyers and expert witnesses are? Wouldn't it be ironic if someone who is a really, really terrific doctor makes a house call because his patient demands it, and then gets sued because of the house call?

Q: Any ideas for a remedy to this situation?

RC: At the end of CRISIS, I have an author's note asking the question that hasn't been asked during all this debate about healthcare reform: why is concierge medicine emerging now and not ten or twenty years ago?

If you ask that, you realize that it's because never before has physician dissatisfaction been at a higher pitch than it is now. The system is backwards. We have to change this. Primary care has to be favored over procedural specialty care, we need to pay primary care physicians more than we pay our specialists. And physicians need to assert their professionalism, to ensure that there isn't any abuse of the system.

Q: Obviously you're passionate about educating your readers about science and medical policy. Tell me one thing that would surprise your readers to learn about you.

RC: Believe it or not, every time I start a new book, I have crisis of confidence. It's a strange feeling for me because I never have that feeling of self-doubt as a physician. I ask myself: will I be able to write another book? Can I come up with a story that will be interesting and really show what I want it to show? Can I create interesting characters and make it happen?