

EXPLANATIONS ON THE IMPORTANCE OF MEDICAL SUBPLOT IN MILLS AND BOON MEDICAL ROMANCE

By Lynne Marshall
June 2008

In case you missed it, this article is a repeat of my recent May blog for Love is the Best Medicine.

Hello, [Lynne Marshall](#) here! Since it's my turn to blog, I'm asking the age-old question, is it really all about location, location, location? Setting, it is often said, is a secondary character in novels. If handled properly, setting becomes a living and breathing part of the author's story.



(I'm the one sitting at Dr. McDreamy's feet with the larger than average head! Ah, the wonders of photoshopping. Thanks Sabrina!)

In Medical Romance the hospital is often the setting for our stories. Through our descriptions the institutional background may become larger than life, but I don't see it as a "character" per se. I think of the hospital, or the community clinic, or the front line surgery units as backdrops for our hero and heroine's drama. As you know medicine plays a huge role in the Mills and Boon books—perhaps more than setting—and therefore I believe it deserves to be a compelling secondary character in the drama.

Keeping that in mind, I'd like to suggest that the medical aspect of our Medical Romance novels is the "third character" in a hero/heroine triad. Often that character is the antagonist. For example

in my current book, *SINGLE DAD, NURSE BRIDE*, leukemia is the “character” that disrupts the hero’s life and challenges the heroine to step forward to make a difference by donating her bone marrow to his brother. This “character”, with the devastation it brings, is described thoroughly. In my third book, *IN HIS ANGEL’S ARMS*, the hero is overtaken by a stealth illness called Guillain-Barré Syndrome. The autoimmune disease affects every aspect of his life, taking a strong and self-reliant doctor and making him completely dependent on the kindness of others. Why give your hero a debilitating disease? I purposely chose a condition that could become reversible. Think of it as a character trait. Though tragic at first, this “third character” changes the hero’s life for the better by introducing him to the love of his life and forcing the two of them to work together to overcome his illness.



The “third character” doesn’t always have to be a disease or illness; it can be a character trait relating to medicine. Perhaps the dedicated hero is a workaholic and overextending himself to the point of threatening his developing relationship or ongoing marriage. Or the heroine has a “savior” complex and doesn’t know when to face reality and let her patients go quietly into the light. We usually think of these aspects of character development as “internal conflict,” but I’d like to suggest, in Medical Romance, they become so important that we can also think of them as antagonistic secondary characters.



I so wish this was the cover for my first novel, *HER BABY'S SECRET FATHER*. I suspect it would have flown off the shelves. The “third character” in that novel wasn't, as you might suspect, the sweet baby, but the pre-maturity of that baby with all of its complications. Those complications knocked the characters off kilter and challenged the mother and the unsuspecting father beyond their wildest dreams. I believe this unique approach to character versus conflict works in the Medical Romance.

In my upcoming summer release, *PREGNANT NURSE, NEW-FOUND FAMILY*, allergic anaphylaxis is the skulking villain hiding in the shadows waiting to strike when the characters least suspect it. These “third character” antagonists give our Medical Romances their individuality, and with a plethora of illnesses and diseases to draw on, I suspect none of us will ever run out of ideas for future stories.

Best wishes,
[Lynne](#)