KRANK Berlin (*Berlin ER*): A realistic hospital drama about profit and staff shortages

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All eight episodes of the television series *KRANK Berlin* are now available in the ZDF Mediathek for viewers in Germany, Austria and Switzerland. Streaming internationally as *Berlin ER*, the series is available with English subtitles on Apple TV+. This makes one of the most notable German television productions of recent years available to a broad public.

The prize-winning series shows a health system ruined by cutbacks from the standpoint of those who keep it going every day and are pushed to their limits psychologically and physically. It shows an emergency department in Berlin-Neukölln (one of the German capital's 12 boroughs), which lacks staff, beds, equipment and funding—and people who under these conditions nevertheless save lives every day.

The series was developed by Samuel Jefferson—who has worked as an emergency doctor—in collaboration with Viktor Jakovleski.

Centre stage stands Dr Zanna Parker (Haley Louise Jones), a young doctor. Following an affair with her brother-in-law, under whom she worked in a Munich hospital, she comes to Berlin to head the emergency department of a hospital in Neukölln, which the staff only call "KRANK", a play on *Krankenhaus* (hospital) and the German word for "sick". The hospital is evidently based on the Vivantes hospital in Neukölln.

The hospital has a bad reputation. Nobody else wanted the post. Hospital chief Dr Steffen Beck (Peter Lohmeyer) leaves her no doubt that he would rather be rid of the department. You can't make money with emergency medicine, he says openly. Before Parker, four leading staff members had left the department inside one year.

Parker meets an exhausted, fractious team. Emergency doctor Ben Weber (Slavko Popadi?) is drug dependent, and his addiction increases from episode to episode. The surgeon Emina Ertan (?afak ?engül) openly questions Parker's authority. Assistant physician Dominik Kohn (Aram Tafreshian) fails under pressure and hides his mistakes several times.

The scenes with paramedics Olivia Kropf (Samirah Breuer) and Olaf Hendel (Bernhard Schütz) provide a glimpse of the stressful and sometimes dangerous daily life on Berlin's streets.

The production is rapid, restless, often oppressive. The camera stays close to the characters. The doctors do not appear as infallible authority figures, but as overworked people who make mistakes and have weaknesses. Black humour helps them survive the daily grind. The consistently strong cast brings about a realism that is neither exaggerated nor artificial.

A significant aspect of this is down to the camera work of Tim Kuhn and Jieun Yi, which won them the German Television Award 2025 for Best Cinematography Fiction. They predominantly shoot with a hand-held camera that follows the events, linking characters, places and actions with each other, and often determine the composition and rhythm of a scene. It creates an immersive impression of the emergency department as well as the practised actions, procedures and movements of the characters in their difficult daily routines.

The strength of the series is that the problems confronting the characters are not dismissed as private weakness but as the result of social conditions.

Parker initially attempts to improve things somewhat inside the system. When she asks Beck if she is allowed to change something, he answers, "Make my life easier." Meaning, lower costs and bring in money. Parker sees how hard her team works under difficult circumstances, and wants to improve this by bringing in additional revenue. She does this by recommending non-medically necessary operations that offer higher flat-rate payments. It seems to work: the emergency department receives new computers, and an additional nurse is employed.

The price this has is shown in a storyline about a middle-aged gay couple. One of them arrives in the emergency department with an acute kidney stone. Parker persuades him to have a preventative gall bladder removal, since this operation brings money for the hospital. The consequences are disastrous, as the patient suffers sepsis following the operation and has to have his lower leg amputated as a result.

This causes a crisis of conscience for Parker. She had recommended the partially unnecessary operations to be able to afford more staff and better equipment from the proceeds. When the amputation becomes unavoidable, she says to Weber, "I thought I was doing the right thing. But the health system is fucked up." Weber counters, "It's like cancer." It eats up the staff just like the patients.

Here, the series shows what the logic of the marketisation of the health system means in daily life. Medical decisions are subordinated to billing. Lucrative operations are expanded, while the emergency department, which mainly creates costs, is starved.

Where this logic leads is shown in the fifth episode. Paramedics Olaf and Olivia are called to a care home and find the residents there in a state of serious neglect. Unfortunately, the scene is short, but effective. One is inevitably reminded of the numerous scandals in care homes over the last years.

Weber's addiction is also not simply included for dramatic effect. The character, especially at the beginning, is strongly exaggerated. In

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the beginning of the first episode, Weber goes to his workplace in a completely wretched condition following his drug-taking. When a man there threatens to suffocate, Weber injects himself (probably) with adrenalin, so that he is clear-headed for a short time and can save the man by conducting a lung puncture. Subsequently, Weber collapses unconscious.

But it increasingly becomes clear that his addiction is destroying him, and the viewer experiences sympathy for the tragic character. Weber is the victim of a system that grinds down its employees.

The series is just as explicit when it comes to the question of police violence. Emina Ertan's younger brother Afrim, an intern in the emergency department, is beaten so severely by a police officer that he lies in a coma. Later, Ertan confronts the police officer responsible, who is revealed as a foul, probably xenophobic, thug. In the series finale, it is this very police officer who arrives severely injured, and Ertan must decide whether to treat him.

Medical ethos and economic demands

The obvious contradiction between the medical ethos and the legal and economic demands placed upon the staff is highlighted in several places. For example, in the car park, Weber secretly treats homeless people and immigrants without papers, who have no access to regular help.

The final episode combines several themes in a strong conclusion. Following a large fire in a nearby club, the emergency department staff work the whole night. Despite the chaotic conditions, Parker coolly organises an emergency triage. Weber, who had almost died of an overdose the previous day, returns. Olivia falls into mortal danger in the collapsing building, and Kohn, who suffers under his own mistakes, dies trying desperately to save people.

While the emergency department team fight to save numerous lives, the Berlin State Health Minister stands on the ambulance access ramp before the press. Parker tries to drive away the press but is forced to speak to them by Beck and the minister.

She delivers a strong statement, in which she declares that the doctors and nurses who work in the emergency department were not heroes but tired people who simply wanted to help others and therefore also make mistakes. They constantly had to work double shifts because there were too few there for too much work, and in part there was not enough equipment. In order to better help more people, she herself had put the question of money above the wellbeing of patients. There was a lack of resources, and that didn't just apply at KRANK, and not only in Berlin, but everywhere.

With immense cynicism, the hard-nosed minister takes this as a cue and announces that the hospital would be sold to the investment company Cure Pulse Equity and transformed into a private facility. It is the same business responsible for the dilapidated care home in episode five. The callousness with which the minister presented this as an improvement for staff and patients leaves Parker speechless.

The realistic nature of this scene does not leave the audience unmoved either. This is exactly how politicians of all parties argue when it comes to selling off public facilities to profit-hungry private investors. In Berlin, this has been carried out mercilessly by the Christian Democrats (CDU), Greens and above all the Social Democrats (SPD) and Die Linke (Left Party), who are responsible for social devastation. For example, Germany's largest municipal hospital operator Vivantes announced a drastic programme of cuts in 2024 following a deficit of €131 million.

Samuel Jefferson has said he wanted to show the commercialisation of the health system. That Germany, despite its good reputation, has the same problem surprised him.

Anything but fiction

But this is anything but fiction. Private corporations such as Helios, Asklepios and Sana now run a large share of German hospitals. In elderly care, too, financial investors have come to dominate the market.

What is shown in *KRANK Berlin* is everyday reality for many emergency departments in Germany. This is confirmed by a recent survey by the German Society for Interdisciplinary Emergency and Acute Medicine (DGINA), reported by Der Spiegel. On a reference day in June 2026, 45 percent of the emergency departments surveyed reported being overcrowded and overloaded. 5.5 percent placed themselves in the highest category—dangerously overcrowded.

Around half of the hospitals said the situation had deteriorated further over the past twelve months. The main reason is a shortage of beds, with 60.6 percent unable to transfer patients to regular wards. Almost two thirds reported unfilled posts for doctors and nursing staff, and only just under a third considered staffing sufficient.

The current hospital reform is forcing further closures and radical cuts at hospitals. The austerity package for the statutory health insurance funds adds further burdens. Hospital associations are warning of a wave of bankruptcies.

All this is taking place against the backdrop of gigantic rearmament and an unprecedented redistribution of wealth from the bottom to the top.

This is the reason for the success of *KRANK Berlin* and of a whole series of other productions that take the state of the health system seriously. They reflect the experiences of millions of employees and patients who are experiencing the decline in care at first hand.

The US series *The Pitt* has been an incredible success. The second season attracted almost 200 percent more viewers in its first three days than the series premiere, with around 12 million people in the US watching each episode on average. Among other things, the series shows agents of Immigration and Customs Enforcement (ICE) arresting a nurse on hospital grounds, and a diabetic without health insurance breaking off treatment.

In cinemas, Petra Volpe's film *Heldin* (released internationally as *Late Shift*), starring Leonie Benesch, has recently found a large audience, deservedly so. The film follows a nurse through a single late shift on a surgical ward in Basel, which she has to get through with just one colleague and a trainee for 25 patients.

KRANK Berlin provides no answers to the pressing questions, and that is not the job of a television series. But it skillfully raises the right questions. What is a hospital for? Who decides which treatment is "worth it" for whom? And what happens to people who have to work under such conditions?

Therein lies its value, and that is also the reason for its success. A second season has already been commissioned, and it is to be hoped that it will be just as unsparing and true to life. The first season can be recommended without reservation.

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