

## **Caring for “Very Important Patients” – Ethical Dilemmas and Suggestions for Practical Management**

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## **ABSTRACT**

The care of “Very Important Patients” (VIPs) is often qualitatively different from other patients because they may receive greater access, attention, and resources from health care staff. Although the term VIP is used regularly in the medical literature and is implicitly understood, in practice it constitutes a wide and heterogeneous group of patients that have a strong effect on health care providers. We define a VIP as a very influential patient whose individual attributes and characteristics (i.e., social status, occupation, position, fame, infamy, etc.) coupled with their behavior, have the potential to significantly influence a clinician’s judgment or behavior. Physicians, celebrities, the politically powerful, philanthropists, families or friends may all become VIPs in the appropriate context. In some cases, VIPs may challenge standard professional routines thereby causing dysfunction on treatment teams, and creating ethical tension for health care professional and administrative staff. The quality of their care may be inferior because health care professionals may be more likely to deviate from standard practices when caring for them. Understanding the common features among what may be otherwise very different groups of patients can help health care providers begin to manage ethical concerns when they arise. We use a series of vignettes to demonstrate how VIPs’ behavior and status has the potential to influence a clinician’s judgment or actions. Appreciating the ethical principles that are operative in these varied circumstances provides health care professionals with the tools to manage conflicts and respond to the ethical dilemmas that arise in the care of VIPs. We conclude each vignette with guidance for how health care providers and administrators can manage the ethical concern.

## INTRODUCTION

The care of “Very Important Patients” (VIPs) is often qualitatively different from other patients. VIPs frequently receive greater access, attention, and resources from health care staff.<sup>1</sup> In spite of these perceived benefits, the quality of their care may be inferior because health care staff may be more likely to deviate from standard practices when caring for them.<sup>2,3</sup> These differences in care can create ethical tension and dysfunction for treatment teams.<sup>4</sup> Caring for VIPs can challenge standard professional routines and approaches to healthcare delivery, can affect staff’s professionalism, and may be “disorienting for a health care system.”<sup>1</sup> Unfortunately, much of our understanding of VIPs derives from isolated case reports and expert opinion. No empiric studies have validated the definition of a VIP, evaluated VIPs’ quality of care, or systematically solicited provider’s attitudes toward caring for VIPs. This has led to a vacuum in understanding how to approach the care of these patients, particularly when ethical dilemmas arise. Understanding who is a VIP, how they generally behave as patients, and how medical professionals respond to them can prepare healthcare providers and medical administrators to successfully manage ethical dilemmas that arise in caring for VIPs.

Classically, the term “VIP” refers to a very important person, or in a medical setting, very important patient. Some have defined the acronym as “very *influential* patient” or “very *intimidating* patient” to specify that VIP’s personal (non-clinical) characteristics may significantly change the clinical approach of clinicians.<sup>5,6</sup> Further specifying what features constitute a VIP can identify common influential attributes between what appear to be otherwise different groups of patients and can lead to a more useful definition and improved recommendations in care management.

Although an elevated social status or fame is often necessary to be categorized as a VIP, these characteristics are probably not sufficient conditions to alter the judgment or behavior of clinicians. There are no data to conclude that all celebrities, heads of state, or other influential individuals receive qualitatively different care simply by virtue of their perceived status. Some VIPs also *behave* in a way that alters the judgment or behavior of their health care providers, and not all of these providers will react similarly to VIPs. Therefore in an attempt to further differentiate VIPs from other patients, we propose a definition of a VIP to be a “very influential patient whose individual attributes and characteristics (i.e., social status, occupation, position, fame, infamy, etc.) coupled with their behavior, have the potential to significantly influence a clinician’s judgment or behavior.”

We present a series of clinical scenarios to illustrate the ethical tensions that arise in caring for VIP patients. By analyzing the ethical principles of autonomy, privacy, conflicts of obligation and interest, and justice, and drawing on prevailing ethics

standards, we aim to illuminate how to improve the quality of care for these patients and improve physicians' competency in managing these dilemmas.

### **“The Physician as VIP”**

**You care for a 58 year-old physician who is a senior colleague at your medical center. He states that for the last 2 weeks he has had GERD when riding his bike or jogging. He has tried over the counter medications without relief and asks for a referral to a gastroenterologist. You are concerned about other more serious etiologies of his chest pain and recommend a cardiac work up. He declines, stating that he does not believe it is indicated. Because he is a respected colleague you demure and arrange the GI referral.**

Patients who are also physicians can be considered a VIP because their social status or behavior can significantly influence the judgment of health care providers.<sup>6,7</sup> Physicians who care for other physicians may feel conflicted in their dual roles of colleague and physician. Ethical tensions arise when role confusion leads to a change in usual care.<sup>8</sup> The ethical values in conflict are those of the autonomy of the patient versus beneficence (i.e., promoting the best interest of the patient). However, other values may come into play in the case of a fellow physician. Because the patient in the scenario is also a respected senior physician, the treating physician may mistakenly accept the patient's opinion as the “medical judgment” of a colleague. This role confusion of the patient as medical expert can lead to the treating physician diminishing his rightful and necessary role as a medical authority.<sup>9</sup>

Although respect for patient autonomy is a leading principle in Western medicine, in this scenario the treating physician may find he is deviating from professional practice standards by failing to fully evaluate the patient as medically indicated. Physicians who treat colleagues can identify with them, because they are in the same profession.<sup>10</sup> While for some physicians, the identification may improve rapport, there is the potential for this identification to affect clinical objectivity. Physicians asked to care for their colleagues may engender what has been described as “star struck” feelings — a feeling of specialness because they were chosen by a respected colleague.<sup>7</sup> These star struck feelings can occur with other VIPs<sup>11</sup> (e.g., heads of state), and the ethical tensions created are the same.

What can physicians do when caring for other physician VIPs? First, physicians should be mindful and have a heightened recognition of the potential ethical concerns that arise when caring for colleagues. Physicians should try to consciously treat their professional colleagues as they would any other patient whom they may encounter with similar clinical symptoms.<sup>12,13</sup> Physicians can do this by discussing the threat of maintaining clinical objectivity when caring for colleagues. Using reasons that relate to clinical objectivity resonate with the core values of medical practice and may be more likely to

be accepted by colleagues, improve rapport and may set the stage for preventing future ethical concerns. If a physician finds herself unable to maintain clinical objectivity, discussion of the problem with the patient is ideal, prior to transfer of care to another physician who can follow this guideline.

For the scenario described above, it might be useful for the physician to confront the patient directly about her concerns. The treating physician might respond, "I've been carefully considering your care and I'm concerned that our relationship as colleagues may have an effect on my objectivity as your doctor. I still strongly believe you would benefit from a cardiac evaluation for your symptoms and I want to emphasize that. But I also want you to know that I will be mindful of our relationship as colleagues so it doesn't interfere with your care. Did you have any thoughts about that?" This approach allows healthcare providers to attend to the patient's needs while maintaining their commitment to their professional standards.

### **"The Celebrity"**

**A well-known movie celebrity, Mr. James, is admitted to your hospital for management of an uncomplicated acute bacterial pneumonia. The patient has a large entourage of 10-15 family, friends, and work colleagues. The patient's publicist approaches you, the Chief of Staff and demands that you station hospital security staff outside the room and close off the rest of the wing to other patients. You are mindful of the patient's need for privacy but are concerned about how this request, if granted, could affect other patients and how they and their families might perceive the decision.**

Privacy is valued by patients both for its instrumental value as well as for its intrinsic value. It is *instrumental* in affording individuals protection from harm. Laws and policies that protect the privacy of medical information are instrumental in allowing every individual to maintain their dignity by allowing them to control access to their clinical information. Privacy's value is *intrinsic* because it is part of the development of personal relationships and a secure sense of self, including "...relations of the most fundamental sort: respect, love, friendship and trust."<sup>14</sup> A threat to privacy is therefore a threat to the basic integrity of the individual.

VIPs, by virtue of their status, may be at greater risk to the loss of their privacy when they access health care. Although there is widespread recognition in health care of the legal and ethical imperatives to safeguard patient privacy, health care organizations may be less prepared for the potential need for heightened privacy and medical information security for VIPs. Some VIPs command significant media attention. Media outlets including tabloids, magazines, network and cable television, radio, and the Internet satisfy a vast appetite for celebrity news.

Unscrupulous reporters may try to access confidential medical information, or health care staff may stray from legal and professional norms to inappropriately access a patient's record. While security breaches can still occur at institutions that are accustomed to heightened media attention,<sup>15</sup> those who do not typically serve VIP patients may be particularly at risk. In 2007, when actor George Clooney was admitted following a motorcycle crash,<sup>16</sup> 27 hospital employees were suspended after they had inappropriately accessed his medical records.

The desire to protect all patients' privacy, regardless of VIP status, is a shared professional value. Ethical tensions arise when a VIP requires additional hospital resources to achieve the same standard of privacy that we afford all patients. Providing extra services to ensure the privacy and confidentiality for VIPs, however, can be justified ethically because doing so ensures their care is equivalent to all patients. Indeed, their status has created a particular need that if not met, would place them at risk of not having the same minimal level of care as other patients. How to provide that minimum level of care without unnecessarily consuming hospital resources can be decided on a case-by-case basis.

Privacy officers and their staff should have specific plans in place to help protect VIPs privacy when they become patients. Ethics committees can help hospital leadership respond to questions about fair and just resource allocation decisions regarding maintaining privacy. Proactively approaching these potential ethical dilemmas can help to counter the perceptions of staff and patients about differences in care between VIPs and others. Maintaining transparency about the underlying reasons for the differential treatment is part of successfully managing the ethical dilemma for specific patients. Closing a wing may not be feasible, but other less resource intense restrictions may achieve the same privacy needs.

For the vignette described above, we recommend consultation with hospital leadership, the ethics consultation service, and a meeting with the patient's publicist. The Chief of Staff may respond to the publicists request as follows: "I wanted to let you know we will be providing all appropriate hospital resources to maintain the same high standard of privacy for Mr. James that is afforded to all of our patients. If extra services are needed to ensure his privacy, then the hospital will provide them. We plan to provide a security guard at his room and to use portable technology whenever possible that will limit having to move Mr. James outside of his room. Other interventions to maximize privacy (e.g., closing an entire wing) are far above the privacy standard provided to all our other patients and would limit our ability to properly care for the rest of our patient population. That request cannot be granted. I'm going to relay this information to Mr. James now."

### **"The Philanthropist"**

**For the last 10 years, you have been caring for a patient who has recently become a leader in the technology industry. He is grateful and appreciative of the**

**diabetes care you have provided. He informs you that he would like to make a philanthropic gift to your medical center to support research and clinical care in diabetes. You are concerned about negative effects on your relationship with the patient.**

Health care philanthropy benefits patients, physicians, and health care institutions. Appreciative patients can express their gratitude to their health care providers and the institution by bestowing a financial gift. Physicians may benefit directly if donors support their scientific research, outreach, or educational programs. Health care institutions benefit from charitable contributions by using the funds to fulfill their larger health care mission. Although philanthropy of this sort can be mutually advantageous and is generally considered to be ethically acceptable, ethical concerns can arise.

Physicians who care for wealthy patients may be conflicted in their dual role of physician and beneficiary of a donation.<sup>17</sup> Wealthy patients become VIPs when their financial standing has the potential to influence the clinician or institution. As a recipient of the patient's largesse, physicians may feel compelled to deviate from their standard care to please the patient. Managing the ethical considerations around accepting philanthropy will help to ensure the benefits of philanthropy without compromising the patient's or the public's trust in medicine.

The ethics literature on gifts from patients provides a foundation for addressing ethically appropriate philanthropy. Professional guidelines assert that nominal gifts can be accepted by the physician directly as a token of the patient's appreciation, but that more expensive gifts may be ethically problematic because of their potential to unduly influence the physician, impair his or her professional judgment, and place the patient at risk for exploitation.<sup>18</sup> Similarly, ethically acceptable practices involved in accepting philanthropy include keeping patient welfare primary, avoiding pressure on patients to make a contribution, recognizing threats to patient's privacy, and avoiding direct solicitation of one's own patients.<sup>19</sup>

Philanthropic gifts from patients should be managed distinct from the patient's clinical care. This is done to help limit unspoken assumptions by the physician and/or patient about the patient's preferential access to care. By keeping philanthropic donations distinct from clinical care, disruption of clinical judgment or the deviation from usual practice is ideally reduced.<sup>20</sup> Physicians who have experience facilitating philanthropic gifts recognize the potential ethical concerns that arise when caring for wealthy patients who wish to donate money.<sup>17</sup> Development offices typically advise physicians that if a patient expresses interest in the physician's work (clinical area of expertise, research, educational endeavors, etc.), then the physician should describe their work but refer the patient to the development office. To maintain the patient's trust in their physician, the development office and the physician should emphasize that the patient's health care needs will always come first and that any development activity will be done apart from their clinical care.

Explicitly deciding when and how the solicitation of philanthropy should occur will also help to manage potential ethical concerns. Development offices in hospitals and academic institutions are specifically geared to developing relationships with such individuals and garnering their support. Maintaining an explicit separation between a development office's soliciting or managing donations and a physician's clinical care is important.<sup>21</sup> If asked about being contacted before they even see the physician, the patient may feel pressure to make a financial contribution because they are concerned how the physician would react if they did not donate. Physician's direct and/or pro-active solicitation of patients may have more untoward effects on the doctor-patient relationship than the acceptance of a gift offered. This, in effect, creates a conflict of interest and the VIP may question the physician's commitment to the patient's best interests over their own self-interest.

In pursuing VIPs for their charitable donations, institutions must also be mindful not to compromise the patient's interests over the interests of the institution. Agents of the institution (the development office, administrators, or leaders in the physician's division or department) should not compromise the patient's privacy or the doctor-patient relationship.<sup>22,23</sup> Access to the VIPs private health information should be restricted to those with clinical need-to-know status so that patients feel comfortable sharing important information with their physician. Moreover, the decision to publicize a philanthropic gift should be at the discretion of the patient as another enactment of their right to privacy. In this way, the physicians can focus on caring for the patient, and the institution can focus on helping patients realize their philanthropic goals in the ways they see fit.

For the patient in the above vignette, the physician should emphasize the clear distinction between the patient's philanthropic goals and the relationship with his physician. "I'm delighted to hear about your plans to donate and I know our institution would be interested to talk with you some more. I can give you our development office's number and they can discuss your philanthropic goals in more detail. I want you to know that your philanthropy will not interfere with how I care for you, or your relationship with me. Your privacy is also vitally important and will not change based on your decision to donate money to the medical center. Do you have questions about that?"

### **"The Elected Official"**

**You are mostly through a busy afternoon patient care session when you notice your patient who is an elected local official sitting in your waiting room without an appointment. Your support assistant relays that he would like to be seen right away for his persistent cough. You still have 3 patients with scheduled appointments who are waiting to be seen.**

Requests to expedite care based on VIP status raise ethical questions about justice and fairness. Healthcare providers' desire to treat patients fairly may conflict with concerns about offending VIP patients who have significant power, influence and philanthropic potential. A survey of hospital medical directors revealed that expedited care based on non-clinical need for VIP patients in the ED was common and believed to be ethically justifiable.<sup>24</sup> Prioritizing care for VIPs ahead of other similarly situated patients, regardless of the setting, may be justified by an appeal to the consequences of failing to prioritize care for VIPs. Staff may be concerned that the VIP will use his/her influence with the media to negatively portray either the staff or the institution. By providing expedited care to powerful or influential VIPs, staff may hope to curry favor through future charitable donations, political considerations, or positive public relations. Underlying these reasons is a broader claim that by providing special services and care for a VIP, it will result in better care for all patients.

Although one may rationalize the potential benefits of prioritizing care for VIPs based on non-clinical needs, doing so conflicts with a professional commitment to fairness. Patients trust that physicians make triage decisions based on medical considerations alone, not social status, wealth or other non-clinical characteristics or attributes. Prioritizing care based on considerations other than clinical need has the potential to undermine the public's trust in medicine as a social good that should be available to everyone equally.

Prioritizing care for a VIP may, however, be justified in the rare circumstance where the health and welfare of an essential societal leader is critical to the function of society.<sup>25</sup> Because very few leaders fit this definition, ethicists and hospital leaders should be sensitive to the potential for this reasoning to be manipulated for other ends. The prioritized care of the President of the United States could be justified using this criterion, but it would not justify prioritizing the care of the president of a major corporation. The needs of all society must depend on the individual whose care is prioritized, not simply the needs of a few individuals or a segment of society.

Should the patient described in the above vignette be seen before other scheduled patients? Unless the patient in question is an essential societal leader, the decision to prioritize the care of a patient should be based on clinical grounds alone. If the patient was short of breath in the waiting room, then it might be a sufficient reason to have him seen first. However, barring a sound clinical reason to prioritize his or her care over other patients, it is ethically problematic to rely on a patient's VIP status as a cause for special, prioritized treatment.

Being mindful of a VIP's expectations for care can help to manage the dilemma and avoid further complications. For the patient in the vignette, the clinician might address the VIP's expectations while maintaining the trust of other patients by saying: "You've caught me on a busy day with so many patients to see. You must be pretty

uncomfortable to have come in unexpectedly. I appreciate your willingness to wait. After I see my other patients with appointments, I can examine you. Is this ok with you?" This approach allows healthcare providers to attend to all patients' needs while maintaining their professional commitment to fairness and justice.

## **Conclusion**

Although the term "VIP" is used regularly in the medical literature and is implicitly understood by professionals and the public alike, it constitutes a heterogeneous group of patients whose behavior and status has the potential to influence a clinician's judgment or action. Physicians, celebrities, the politically powerful, families or friends may all become VIPs in the appropriate context. Understanding the commonalities between otherwise very different groups of patients can help health care professionals respond more appropriately and efficiently to what can be challenging encounters.

Ethical dilemmas arise in the VIP population for a variety of reasons. Understanding more about who VIPs are, how they may behave, how they influence clinician behavior and the ethical principles that are operative in these varied circumstances can provide health care professionals with the tools to manage these conflicts when they arise.

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