



# 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 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 (eg, social status, occupation, position), coupled with their behavior, have the potential to significantly influence a clinician’s judgment or behavior. Physicians, celebrities, the politically powerful, and philanthropists, may all become VIPs in the appropriate context. The quality of care may be inferior because health care professionals may deviate from standard practices when caring for them. Understanding the common features among what may otherwise be very different groups of patients can help health care providers manage ethical concerns when they arise. We use a series of vignettes to demonstrate how VIPs behavior and status can influence a clinician’s judgment or actions. Appreciating the ethical principles in these varied circumstances provides health care professionals with the tools to manage ethical conflicts 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.

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The care of Very Important Patients (VIPs) is often different from that for other patients. VIPs receive greater access, attention, and resources from health care staff.<sup>1</sup> Despite these benefits, the quality of their care may be inferior because health care staff are 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

approaches to health care delivery, can affect staff’s professionalism, and may be “disorienting for a health care system.”<sup>1</sup>

Much of our understanding of the care of VIPs derives from isolated case reports and expert opinion. Classically, the term “VIP” refers to a very important person, or in a medical setting, very important patient. Some have further defined the acronym as “very *influential* patient” or “very *intimidating* patient” to specify that a VIPs personal characteristics may significantly change the approach of clinicians.<sup>5,6</sup> In focusing on influence as a key determinant of VIPs, we intend to broaden the definition and illustrate the wider range of patients who may affect the physician’s judgment or behavior in significant ways. Although some espouse the guidance that “all patients are VIPs” because all patients are all entitled to the highest quality of care and

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attention, we recognize that VIPs have separate effects on clinical staff.

Elevated social status or fame are not necessarily sufficient conditions to alter the judgment or behavior of clinicians. There are no data to conclude that all influential individuals receive qualitatively different care simply by virtue of their perceived status. Although not all providers will react similarly to VIPs, some of these patients may also *behave* in a way that alters the judgment or behavior of their health care providers. Therefore in an attempt to differentiate VIPs from other patients, we propose a definition of a “very influential patient whose individual attributes and characteristics, 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 how VIPs generally behave as patients, and how core ethical principles relate to their care. By analyzing the ethical principles of autonomy, privacy, conflicts of obligation and interest, and justice, and drawing on prevailing ethics standards, we will 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, a colleague. He states that for the last 2 weeks he has had gastroesophageal reflux disease when riding his bike or jogging. He has tried over the counter medications without relief and requests a referral to a gastroenterologist. You are concerned about more serious etiologies of his symptoms and recommend a cardiac workup. He declines, stating that he does not believe it is indicated. You demur and arrange the gastroenterology referral.

Patients who are also physicians can be considered VIPs 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 vs beneficence (ie, promoting the best interest of the patient). The treating physician may mistakenly accept the patient’s opinion. 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>

In this scenario the treating physician may find he is deviating from professional 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> Although the identification may improve rapport, there is potential for an effect on 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> (eg, heads of state), and the ethical tensions created are the same.

What can physicians do when caring for other physician VIPs? Physicians should have a heightened recognition of the potential ethical concerns that arise when caring for colleagues and should try to treat their professional colleagues as they would any other patient.<sup>12,13</sup> Physicians can do this by discussing the challenge to maintaining clinical objectivity.<sup>14</sup>

For this scenario, 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.”

## CLINICAL SIGNIFICANCE

- Although the care of Very Important Patients (VIPs) is believed to be better because of greater access and attention from health care staff, the quality of care may be lower if health care professionals deviate from standard practices when caring for them.
- A VIP is a very influential patient whose individual attributes and characteristics, coupled with their behavior, have the potential to significantly influence a clinician’s judgment or behavior.
- When ethical dilemmas arise in the care of VIPs, recognition of transparent and generalizable ethical standards can assist health care professionals in resolving the dilemma.

## THE CELEBRITY

A well-known celebrity 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 who have convened in the hospital. On behalf of the patient, his 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.

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 control of access to their clinical information. Privacy’s value is *intrinsic* because it is part of the development of personal relationships and a secure sense

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