Underserved because they are
Over-served?
The Perils of Being a VIP

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Disclosures

• With regards to this presentation the author has no financial interests to disclose
• I take care of VIP patients and may participate in some of the behaviors described and discussed during this presentation
• I have powerful people in my clinic
  — And not so powerful people in my clinic
• I see doctors

Goals

• To explore the challenges presented by caring for patients with special qualities
• To challenge ourselves when caring for patients whose presence may be difficult to reconcile
• To present relevant literature regarding the important considerations when caring for VIP patients of many types
• To discuss our strategies for avoiding pitfalls

Objectives

• Recognize the differences in care delivery in populations of risk for over and underdiagnosis and treatment
• Improve the practice of medicine in patients whose position or reputation may influence decision making
• Define situations and responses when confronted with ethical choices regarding care delivery including testing.
VIP Syndrome
Why the rich and powerful might get substandard medical care.
By Zachary Meisel and Jesse Pines
Not long after Sen. Edward M. Kennedy...

Brief Discussion
Outpatient Headache Care
• History taking
• Examination
• Education
• Testing
• Treatment
• Follow-up

Choices and populations
• Practices differ
  – Practice styles
    • Choices of payer mix
      – insurance acceptance
      – Federal programs
      – cash only patients
  – Institutional and academics
    • More disparate practice
      – Under/Un insured
      – Highest levels of society wealth and power
Choices and populations

• Paucity of headache medicine specialists
  – less urban or less coastal settings
• Does this make it more likely that when a person with social influence must see the “best” in the area, that referral will come from a source that may be difficult to refuse?

Who are they?

Case Reports

• I can’t give you any...they are all either famous, rich or identifiable by their stories!
• O well:
  – Doctor father wants a call back about proposed Botox injections for son. Two weeks of phone tag.
  – At an election eve party a best friend insists that I see her son’s girlfriend before leaving for Scottsdale.
  – Awesome colleague wants to talk about a public persona and patient moving to the area with interesting headache. Two weeks of phone tag.
Who are they?

Celebrity Patients, VIPs, and Potentates
James E. Groves, M.D.; Baraka A. Dunderdale, R.N., M.B.A.,
and Theodore A. Skinn, M.D.

Groves JE, Dunderdale BA, Stern TA. Celebrity Patients, VIPs, and
Dec;4(6):215-223

Celebrity patient: the public personae

• Confidentiality is not usually the main problem
  – Caregiver in spotlight – clinical competence
• Privacy and decision making
  – Patient and entourage
    • Allow only 2
  – Caregiver
    • Designate 1 individual for the institution
• Distraction of being “in public”
• Designation 1 individual for the institution
• ER versus office
• Most important: information management
• Examples include Eisenhower’s stroke; Reagan’s mind

VIP (Very Intimidating Person)

• Churchill: a high government official or high-ranking
  member of the military
  – Key word: AWE
  – Domain not fame (celebrity) specific
• Example: The medical leader in a field or region treated
  in home institution
  – Ingelfinger: “Arrogance”
    • Isolation = expertise
    • Autonomy and choices
Physician patients

- N = 229/2000 (MD: lay)
  - No excess delay in diagnosis
  - Significant delay in care seeking
    - Testing and arranging treatment
- Overidentification
  - Denial and distancing
  - Invincibility and the narcissistic injury
    - Role strain
- Results
  - Isolation, Withdrawal, Information seeking


Role strain

- Too many or too few: tests and treatments
  - Opposing tendencies
    - Caregiver worries over missing something important
    - Desire to spare peer/colleague pain, studies, etc.
- Equally disruptive to balance
  - Awe
    - Knowledge, experience and power
  - Shame
    - Sarcasm above
    - Terminal discussions
    - Neuropsychiatric symptoms and “insult”
    - Inconveniencing
    - Sexuality
    - Other


Potentate

- The anti-VIP
  - No awe
- Caregiver perception as difficult patients
  - Physical accommodations
  - Emotional needs
    - Dominance
    - Virtue
    - Revulsion
- Failure of the sick role
  - Actually sick
    - Want to get well
    - Compliant with regimen
    - Relinquish prerogatives of the healthy
    - Continue for care
- Tremendous stress on the system including splitting

Other considerations

- Gifts to and from celebrities
- Philanthropy
  - Keeping patient welfare primary
  - Avoiding pressure on patient to contribute
  - Recognizing threats to patient privacy
  - Avoiding direct solicitations

Questions

- But what about the "Most Important Person": that one of a kind patient whose satisfaction trumps all other considerations
  - the spouse of your dean
  - the Saturday starting quarterback with persistent headache after a concussion a month ago seen Friday afternoon at 4:30 (yes, you know what I mean)
  - Fill in your own blank

Principals and principles

- Ethical principles
  - Autonomy
  - Privacy
  - Conflicts of obligations and interest
  - Justice

Ethical principles

• Autonomy vs. beneficence
  – Colleague as patient
    • Dual roles
      – Diminishes “rightful and necessary role as a medical authority.”
    • Failure to Fully evaluate
  – What to do
    • Discuss role relations
    • Maintain clinical objectivity


Ethical principles

• Privacy - Celebrity
  – Press & Entourage
    • In academic practice more of a problem
    • In smaller practice
      – Still use the side door
  – Off hours, etc. ???
    • Raise your hands
  – Who is the most famous person you take care or?


Ethical principles

• Conflicts of obligations and interest
  – Philanthropy
    • Personal
    • Institutional
  – Sent it to the development office
    • Return message: Stewardship

Ethical principles

- Justice
  - The elected official
    - Serving those who serve
    - They have appointments to make
  - Position to make statements
    - “great care”
    - “best hospital (doctor) in the world”
  - Fairness
  - Undermine the public trust

• There are justifiable circumstances!


Nine principles

1. Don’t bend the rules
2. Work as a team, not in ‘silos’
3. Communicate, communicate, communicate
4. Carefully manage communication with the media
5. Resist ‘Chairperson’s Syndrome’

Nine principles

6. Care should occur where it is most appropriate
7. Protect the patient’s security
8. Be careful about accepting or declining gifts
9. Working with the patient’s personal physicians


What constitutes poor care?
Selected Models
• Suboptimal health status/outcomes in underserved populations
• Caregiver inattention
• Risk and patient safety
• Unethical practice

Suboptimal Health Status

Suboptimal Health Status

• Perceptions
  – Access
    • Are we easier with VIPs?
  – Personal Decision Making
    • Do we over or undervalue their input?
  – Competent Providers
    • Do we think we are more prone to errors in the situations that present with VIP patients?

Anxiety, distraction and performance

Suboptimal Health Status

• Barriers
  – Affordable
    • Does the reality of limitless resources force more testing?
  – Location
    • Have you ever gone to their house?
  – Systemic
    • Do we bend the rules?
  – Communication
    • Uh?

Suboptimal Health Status

• Coping Strategies
  – Delay of treatment
    • Do they wait too long; do we stress our schedules for them?
  – Self-Care
    • Do we pander and enable more than usual?
  – Financial/Transportation
    • When these are not issues, do we deviate?
    • Are we too easy to get to?
  – Community Resources
    • Do we “surround” the VIP and limit their choices?
**Five Barriers to Optimal Patient Safety**

1. Acceptance of Limitations on Maximum Performance
2. Abandonment of Professional Autonomy
3. Transition from craftsman to Equivalent Actor
4. System-Level arbitration to optimize safety strategies
5. Simplify professional rules and regulations.

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*– The perverse effect of excellence*

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**We were people first – Ethical Issues for Medical Students**

1. Deliberate lies and deceptions
2. Doctor doesn’t want to treat; patient or surrogate insists
   - The opposite
3. Informed consent
4. Breaking patient confidentiality
5. Inadequate communication from DOCTOR to patient
6. Discriminatory treatment of patients
7. Improper learning by students on patients
8. Morality of treating, given patients poor quality of life
9. Decision making for minors
Return to the Brief Discussion: Outpatient Headache Care of the VIP: Are we???

- History taking
  - Avoidant?
- Examination
  - Incomplete?
- Education
  - In depth?
- Testing
  - Shared decision making?
- Treatment
  - Ditto
- Follow-up
  - On who’s time?

Conclusions

- Colleagues, VIPs, Friends and Family Members may require specific attention to transference and countertransference.
- Awe is not awesome when caring for those who may be entitled.
- To err is human
  - To heir is not
- That voice in your head is probably right
  - Unless it is saying really, really weird things!

Selected References

Thank you for your attention
Any Questions?

Successful People

- Keys To Success #1: Energy And Physical Stamina
- Keys To Success #2: Focus
- Keys To Success #3: Sensitivity To Others position on the issues, and how best to communicate with and influence them.
- Keys To Success #4: Flexibility
- Keys To Success #5: Ability To Tolerate Conflict
- Keys To Success #6: Submerging One's Ego And Getting Along

http://time.com/99707/keys-to-success-6-traits-the-most-successful-people-have-in-common/