

## **HOSPITAL CARE IN VIPS PATIENTS**

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### **ABSTRACT**

Hospital care for VIP (Very Important Person) patient is a very important issue now days in India as well as worldwide. Doctor has to be very careful in handling such persons as patient. It poses Medical, Organizational and administrative challenges. Often same is called as VIP SYNDROME. Healthcare team is under tremendous pressure and bends rules by which they usually practice medicine otherwise. Caring for VIP patients requires innovative solutions and Ideas so that their VIP status and the care they receive does not affect adversely.

**KEYWORDS:** Hospital care for affect adversely.

VIP patients are categorized in

- Doctors / Physicians.
- Close relatives of Physicians.
- Local Politicians.
- Celebrities.
- Government Officials.
- High Profile Persons.
- Owner or Management persons of the hospital or their relatives.
- Staff working in the hospital itself.
- Medical Tourism.

### **Important Points**

Care of VIP in Hospital exerts undue pressure over day to day activities of the hospital. It changes clinical wisdom and practices. IN spite of that it is important to maintain routine clinical practices and to override one's clinical judgment.

To designate a chairperson as a head of the care of VIP is appropriate thing to practice. Chairperson should be the best Clinician for the particular ailment of the VIP. There should be the team of clinicians assisting chairperson in imparting care.

Placing VIP in more private and remote setting to avoid undue disturbances by relatives and peers. Services in Intensive care unit are the best to handle critically ill VIP patient.

Medical tourism is now a days show increasing pattern in India. Hospitals in India should be ready for the trend to grab the opportunity and serve such patients with full of zeal. Hospitals should be NABH standard to face a change. One more cause of increase in Medical Tourism is Low Cost of treatment as compared with western countries.

- Caring of VIP raises special issues and challenges often referred as VIP Syndrome. V.I.P. syndrome is a series of bad judgments, unnecessary tests, second-guessing and, ultimately, substandard care.
- Patient's special social and Political Status
- Treating Physician's perception about VIP and his Medical ailment.
- Change in behavior and clinical practice.
- VIP pressure and staff withdrawal.

These are the main hurdles in assessment and treatment of VIP

- Use your medical skill and judgment at your at most level.
- Command the medical aspects of the situation nicely.
- Practice medicine in the same way as you are using for all your patients.

There are various principles regarding treatment of VIP patients as follows.

**Principle No. 1****Do Not Deviate from Rules**

Care of VIP usually creates undue pressure to change usual Clinical wisdom and routine practices. Standard operating procedures should be followed strictly. Sops are designed according to delivery of high-quality health care. One should not deviate from SOPs otherwise care would be compromised. In other word suspending usual practice for VIP under pressure will lead to disaster.

**Principle No. 2****Team work is important and not going solo**

Working together with other physicians is of prime importance in treating VIP patient. As patient may have multiple ailments needs experts in different disciplines to look after that particular ailment. Do not hesitate to call physicians from other departments for expert opinion for better line of treatment.

Treating the VIP patient is not easy task. In charge physician should communicate to other experts regarding nature of disease and solution of the problem patient is facing. In charge physician seeks opinions from other colleagues to summarize the treatment plan. Discussing every pro and cons of the treatment plan he should communicate patient as well as family members of the patient.

It should strictly observe that only team leader is allowed to talk with VIP patient or his family member and no body from treating team should communicate directly or indirectly with the patient. At times treating physician may ask team member to communicate plan of treatment of their specialty to patient or his family if and when needed.

**Principle No 3****Importance of dialogue**

Communication, Communication and Communication is most widely accepted criteria in treating VIP patient.

Following are the prime communicating areas

- Patient.
- Family members of the patient.
- Visiting Physician accompanying the Patient.
- Physicians in the team of treatment plan.
- Communication with media. Will be discussed in next.

Transfer of the patient for any Investigations and therapy in the hospital premises or outside poses serious problem of security as well as logistic. Need of better communication increases in such situations. One more thing you should monitor that the time for investigations or therapy are off-hours to facilitate the same easily without disturbing schedule of other routine patients.. Prior appointment is absolutely necessary for the endeavor from the patient and authority. Procedures fixed for the patient, appointment of accompanying person should identified and kept ready.

**Principle No. 4****Management of communication to Media**

Implementation of detailed plan to be executed for communication should ready before hand to face media. The successful Communication strategy of public demand for information and to protect the confidentiality about patient is very important.

Appointment of senior most and experienced physician for the communication with media and public is important thing in treating VIP patient. News media and most of the times general public wants intimation about health of VIP at regular intervals.

Patient-Physician relationship and secrecy should be maintained during the communication. It is desirable that Physician appointed as spokesperson will communicate with media .At times he may call his team mates taking care of the patient to communicate with media to explain the complexity of disease.

**Principle No. 5****Avoid Chairperson's Syndrome**

Many of the times the Team Leader or the Chairperson takes over all charge of the patient and he avoids to take expert opinions from other physicians .It is called as Chairperson's Syndrome. Sometimes personal Ego plays role to develop chairperson's Syndrome.

To overcome this senior and experienced physician in the hospital who has expertise in the main disease ailment of the patient is selected to head the treating team.

Trainee doctors should be appointed to take minute to minute care of the VIP patient in tertiary care hospital. Exclusion of them will hamper flow of the care and will inform any mishaps during treatment to the senior immediately.

**Principle No. 6****Appropriate Care where it is most appropriate**

Decision where to admit VIP patient is most important first decision. VIP Syndrome may victimize the decision due to patient or family encysting on particular room for privacy or for security purpose.

Separation from utmost care may lead to inadequate optimal care. Patient needing ICU care should admitted in ICU only to facilitate optimal care and ease of treatment. It may prolong response time and patient may land up in crisis if he is deviated from mainstream of medical assistance. You should not hesitate to relocate patient from remote area to ICU if needed in emergencies.

**Principle No. 7****Security of Patient**

Security of VIP patient is the first very important concern in the hospital. Celebrities, Political figures

Person from Royal family is main concern of security to protect them from bodily harm from others. Security is needed for location, care givers and day to day logistics.

For such patients security is very important as his medical care. For this you may go to the extent of changing infrastructure of room. These changes include adjusting windows, provide special credentials (Badges) to care givers and suppliers, and arrange special transport facility within hospital for investigations elective procedures during off hours and arrangement for security personnel all the time 24x7.

Electronics records security of VIP patient is as important as his security for bodily harm. Hospital should take due precaution for that and employ IT person for the task. Access to electronic medical records should be restricted and POP-UP signals as flash warning signals should be added to find out unauthorized uses of records. Heavy fines can be levied by managements for unauthorized access to records. Only for the legitimate clinical reasons records should be accessed. Leakage of records may cause hoax in public and sometime nationwide also. Secrecy should be maintained for the purpose of medico legal and insurance purpose also.

### **Security of Care provider and Hospital**

We are aware of instances occurred during treatment or after treatment of VIP patients or otherwise general patients also abuses towards Doctors and hospital infrastructures in recent pasts in India.

Culprits for that are-

- Inadequate knowledge of severity of the diseases and outcome.
- Inadequate counseling of the disease and outcome.
- Inadequate facilities in the hospital to handle the case.
- Vandalism.
- Political Motivation /political rivalry.
- Personal grudge about doctor or hospital.
- Non acceptance of bills and services.
- Professional rivalry.

### **Principle No. 8**

#### **Acceptance of Gifts**

Presenting gifts to care providers and subordinate staff in charge the cell in which VIP is treated is a common phenomenon in the corporate hospitals. VIP patients from gift culture may provide expensive gifts to service providers. General hospitals are not bar from the practices.

Gifts are given for following reasons-

- Out of Gratitude towards services they received.
- Affection towards particular person.
- Desperation to recover faster and to achieve better services.
- Desire to have special treatment.
- To have discounts in bills in near future.

- To encourage better services in the hospitals.

To accept or not to accept gift is an ethical issue depending on circumstances, motivation and time of the offer of the gift. Physician needs to consider the reasons of offering gift from patient.

Gift should be accepted rarely in acute episode of care as VIP patient or family member may think unspoken promises of recovery of the patient. Many times it may lead to misunderstanding during deterioration of the medical condition of the patient. It is better to decline the offer graciously than to accept in early stage but can accept latter at time of discharge. Accepting gift at early stage builds pressure over treating physician morally to give better services and assurance to patient. Extra efforts may hamper usual way of treating patient disease differently and may land up in disaster.

Not accepting gift from affluent class may be in impression of impoliteness of the physician. A sensible compromise will be appreciate the gift and purpose of gift to patient or family member and deny it politely so that feeling of the member is not hurt.

### **Principle No.9**

#### **Appreciate and work with patient's personal physician**

VIP patient especially from Royal Family or Celebrities or Politicians are complaining with their family physician and may ask for consultants from other institution to take part with care providers. They may pose challenges to Access medical records, briefings arrangements and bedside rounds. It should be encouraged to facilitate proceeding of the treatment. Advantage of this involvement is to solve if issues are raised during routine treatment. As VIPs are well worse with those consultants, explanation of problem will be tackled through them as mediators.

If patient wants to involve physician or consultant outside institution should not viewed as doubt about the care that patient is receiving but complimentary to care provider. We should look at it as alternative way of management. This has beneficial effect in increasing confidence of the patient facilitation of management.

### **Principle No. 10**

#### **Medico legal Aspect Regarding VIP**

A VIP patient with Medico legal problem is admitted in the hospital you should be well prepared for the problems. Meticulous history, examination, investigations writing down notes, Information to senior physician, Written consent, planning of treatment and reporting to appropriate authority is must in such cases. Role to address media is evident in such situations.

### **REFERENCES**

1. Block AJ. Beware of the VIP syndrome. *Chest*, 1993; 104: 989.

2. Weintraub W. "The VIP syndrome": a clinical study in hospital psychiatry *J Nerv Ment Dis*, 1964; 138: 181–193.
3. Clemmer TP, Spuhler VJ, Berwick DM, Nolan TW. Cooperation: the foundation of improvement. *Ann Intern Med*, 1998; 128: 1004–1009.
4. Ehrbeck T, Guevara C, Mango PD. Mapping the market for medical travel. *Health Care: Strategy & Analysis*. McKinsey Quarterly, 2008 May; 1–11.
5. Stoudemire A, Rhoads JM. When the doctor needs a doctor: special considerations for the physician-patient. *Ann Intern Med*, 1983; 98: 654–659.
6. Schneck SA. "Doctoring" doctors and their families. *JAMA*, 1998; 280: 2039–2042.
7. Robins RS, Post JM. When Illness Strikes the Leader. *The Dilemma of the Captive King*. New Haven: Yale University Press; 1995.
8. VIP ward at Walter Reed gets scrutiny. *USA Today*. [http://www.usatoday.com/news/Washington/2007-03-15-walter-reed-vip\\_N.htm](http://www.usatoday.com/news/Washington/2007-03-15-walter-reed-vip_N.htm). Accessed December 27, 2010.
9. Carr J. Breach of Britney Spears patient data reported. *SC Magazine*, March 19, 2008. <http://www.scmagazineus.com/breach-of-britney-spears-patient-data-reported/article/108141/>. Accessed December 27, 2010.
10. Collins T. Sir Bobby Robson's electronic health records viewed illicitly by NHS staff. *ComputerWeekly.com*, September 24, 2007. [http://www.computerweekly.com/blogs/tony\\_collins/2007/09/bobby-robsons-medical-records-1.html](http://www.computerweekly.com/blogs/tony_collins/2007/09/bobby-robsons-medical-records-1.html). Accessed December 27, 2010.
11. Ornstein C. Kaiser hospital fined \$250,000 for privacy breach in octuplet case. *Propublica.org*, May 15, 2009. <http://www.propublica.org/article/kaiser-hospital-fined-250000-for-privacy-breach-in-octuplet-case-515>. Accessed December 27, 2010.
12. Lyckholm LJ. Should physicians accept gifts from patients? *JAMA*, 1998; 280: 1944–1946.
13. Takayama JI. Giving and receiving gifts: one perspective. *West J Med*, 2001; 175: 138–139.
14. Levene MI, Sireling L. Gift giving to hospital doctors—in the mouth of the gift horse. *Br Med J*, 1980; 281: 1685.