

Our Duty to the “VIP Patient”

When very important people (VIP) become patients, they often give pause to the medical teams involved in their care. VIP patients, often those who hold celebrity status, power, or perceived connections, engender awe and fear in those who care for them,¹ even though they may be medical professionals and clinicians who have an intimate knowledge of medicine and the medical system.² While the pervasive belief is that VIP patients receive better care than other patients, this is not always the case.¹⁻³

“VIP syndrome,” as it is known in the literature, is described as a cycle of patient demands resulting in unsound clinical judgment in efforts to meet unrealistic expectations resulting in deleterious outcomes.³ The expectation of special treatment and emphasis on more tests and interventions often results in iatrogenic consequences, with the need for further and often unnecessarily innocuous medical interventions that perpetuate this precarious cycle.

Furthermore, residents may shy away from asking VIP patients the really “tough” or invasive questions (eg, alcohol and illicit drug use or sexuality and sexual behaviors). Obtaining a good history as part of the initial examination from the patient is an essential part of clinical work. This is emphasized in medical schools and further stressed in graduate medical education as a vital component of diagnosis, treatment plan, and prognosis. And yet, a good clinical history often is jeopardized for fear of offending the patient by asking personal questions, and then subsequently incurring the wrath of hospital administration in the event of patient complaints. As a

result, common and dangerous events—including but not limited to alcohol and other substance use withdrawal—ensue, further complicating the medical picture and potentially increasing the length of hospitalization.

Very often a seasoned clinician with experience in working with VIP patients will oversee their hospitalization. However, should medical education include the opportunity to work with VIP patients? Learning the dangers of the VIP syndrome is undeniably a valuable experience for trainees. It may be an auspicious opportunity for them to develop confidence in their ability to provide excellent medical care, along with sound medical judgment, when confronted with demanding VIP patients expressing strong levels of doubt. At the same time, trainees can reflect on their own potential status should they ever become inpatients themselves, and appreciate this vulnerable position. VIP status does not ultimately alter underlying human biology, but a concerning observation is that it may impede comprehensive medical care.

Liliya Gershengoren, MD, MPH

Attending Psychiatrist, New York–Presbyterian Hospital

References

1. Groves JE, Dunderdale BA, Stren TA. Celebrity patients, VIPs, and potentates. *Prim Care Companion J Clin Psychiatry*. 2002;4(6):215–223.
2. Marzuk P. When the patient is a physician. *N Engl J Med*. 1987;317(22):1409–1411.
3. Weintraub W. “The VIP syndrome”: a clinical study in hospital psychiatry. *J Nerv Ment Dis*. 1964;138:181–193.