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

President and CEO, The Carolina Headache Foundation, Chapel Hill, NC
Director, Carolina Headache Institute, Chapel Hill, NC
Professor, University of North Carolina
Contractor for Defense and Veteran Brain Injury Center

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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.
Case Reports

• I can’t give you any...they are all either famous, rich or identifiable by their stories!

• O well:
  – I have disabled doctors
  – I have visited rich people’s homes to give Botox
  – I believe I tolerate MOH in:
    • The rich and powerful or influential or personally important
    • The very poor
    • And those in the middle
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……
Principals and principles

- The interactions which occur with VIPs have not been systematically studied
- Literature is available to examine physician behaviors
  - Ethical principles
    - Autonomy
    - Privacy
    - Conflicts of obligations and interest
    - Justice
Situational Considerations

• Emergency care and the entourage
  – Privacy and decision making
• Inpatient care
  – Special “needs” and associates
• Physician as patient
  – Autonomy and choices
• Conflicts of interest
  – Philanthropy

Questions

• Do we temper or change our care when we approach a very important person (VIP)?

• Who are they:
  – Celebrity Patients, VIPs, and Potentates (1)
    • someone with whom I am awestruck
  – Physician or a family member of a colleague (2)
  – philanthropist or known giver to the institution

Questions

• But what about the "Most Important Person": that one of a kind patient whose satisfaction trumps all other considerations
  – royalty or high political official/spouse
  – 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)
Brief Discussion
Outpatient Headache Care

• History taking
  – Avoidant?
• Examination
  – Incomplete?
• Education
  – In depth?
• Testing
  – Shared decision making?
• Treatment
  – Ditto
Choices and populations

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

- Paucity of headache medicine specialists
  - less urban or less coastal settings

- *Does this makes 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?*
Suboptimal Health Status

Cultural Health Perceptions
- A Right to Access Quality Care
- Personal Decision Making
- Competent and Caring Providers

Perceived Barriers
- Access to Affordable
- Medical Insurance
- Location & Hours of Operation
- Navigating the System
- Patient-Provider Communication

Coping Strategies
- Delay of Treatment
- Self-Care
- Financial & Transportation Assistance
- Community Resources

Poor Healthcare utilization

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?
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?
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

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