

# TREATING HIGH PROFILE PATIENTS

By Dr Cuthbert Teo, Editorial Board Member

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After Michael Jackson's death in June 2009 and the recent ruling by the Los Angeles Coroner that it was a homicide, public attention and police investigation had focused on the cocktail of drugs that were prescribed by his doctors. One doctor, who has denied any wrongdoing, has been questioned by the police about the use of propofol.

In medical school, we learn to be mindful of the power differential between doctors and patients, but the doctor-patient relationship can be changed when the power differential is reversed. This can occur when doctors are treating celebrities, senior doctors, politicians or millionaires. High profile patients stir irrational feelings in their caregivers [Groves, et al. *Celebrity patients, VIPs and potentates. J Clin Psych* 2002, 4(6):215]. Sick celebrities can awe doctors with their ability to make the news, and VIPs can awe doctors with their power.

The lives of sick celebrities interest the public. The doctor may not only have a problem maintaining the patient's medical confidentiality, but also has to contend with intrusion



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of his own privacy. In celebrity care, doctors are aware that the public eye may be constantly on their professional judgement and decisions, especially because celebrities have their retinue of assistants, fans and the press. Celebrity patients may also offer gifts to staff and the institution, and the hospital must have policies to deal with the acceptance of these gifts, and how they are to be used.

The difficulty of clinical management of political patients is magnified many times because the care of such patients cannot be completely extricated from the care of the State. The doctor of the former head of state of France, President Mitterrand (President from 1981 to 1995), was said to have published false reports about his prostate cancer from 1981 until the President's death in 1996. The power differential can also exist in the military when a doctor who is also a soldier may have to obey orders from a superior, so that the welfare of patients is compromised so as not to endanger national security. For example, Dr Edmund Howe, Professor of Psychiatry at the Uniformed Services University of the Health Sciences, wrote about difficult ethical questions faced by military doctors after 9/11, regarding what interrogation methods are permissible with captured terrorists [Howe, et al. *Dilemmas in Military Medical Ethics Since 9/11. Kennedy Institute of Ethics J 2003, 13(2):175*].

The care of a senior doctor can also be very difficult. Dr Franz Ingelfinger, an eminent gastroenterologist and former editor of the *New England Journal of Medicine* recounted his experience in a lecture titled 'Arrogance' at Harvard Medical School in May 1977 (Ingelfinger. *Arrogance. N Engl J Med 1980; 303:1507*), when he developed adenocarcinoma of the gastro-oesophageal junction. Dr Ingelfinger's knowledge and status created crippling awe in his caregivers. Dr Ingelfinger and his wife, son and daughter-in-law (both doctors) were barraged by so much well-intentioned but

contradictory advice, that they became confused and emotionally distraught. Relief came when a physician friend told him, "What you need is a doctor." So Dr Ingelfinger sought a doctor who would, in a paternalistic manner, assume responsibility for his care. Many doctors who are patients also report a kind of syndrome, where they are isolated and starved of information (Cohn. *Chemotherapy from an insider's perspective. Lancet 1982; 8279:1006*). Dr Ingelfinger stated that the doctor's main function is to make the patient feel better – and that sometimes 'authoritarianism, paternalism, and dominance' may be required for a doctor to be effective.

be very difficult because of a narcissistic personality – grandiosity, lack of empathy, arrogance, conviction of their own specialness and entitlement, manipulateness. They can split caregivers into two factions: one group wanting to indulge the patient, and the other group needing to comply with standard operating procedures (that is, treating the patient like any other patient). Some hospitals may have a checklist of special issues (sometimes called Code Purple procedures) when dealing with potentates (and celebrities and VIPs), which might include things like a need-to-know policy (which caregivers have access to the patient), private access to facilities by the

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Indeed, caregivers can suffer from dysfunction due to personal awe when treating VIPs. For example, after President Kennedy was shot in 1963 and had been declared dead, a series of deviations from standard procedure occurred. A Secret Service agent brushed aside the Dallas medical examiner and forcibly removed the President's body from Parkland Hospital. The autopsy was conducted out of jurisdiction by non-forensically trained pathologists (Breo. *JFK's death: the plain truth from the MDs who did the autopsy. JAMA 1992; 267:2794*). When doctors deal with VIPs, there is a danger that the VIPs are treated with too much awe and too little care.

Problems can also arise with the care of potentates, the so-called big shots, who expect to be treated as such. Such patients might include the very wealthy. They may have actual power because of their position in industry. The crisis they cause is over issues of privilege and power. These patients can

patient, appointment scheduling (to avoid any waiting time by the patient), entourage management, interpreters, data sequestration, technology support (faxes, telephones, computers), and infection control.

Doctors must recognise the challenges and pressures that they face when caring for 'special' patients. These include isolation from colleagues, putting the patient's power before the patient's interest, and the temptations of money and fame. Medical students and doctors need to be educated about these challenges, and how to make a decision between the art and science they profess, the patient's best interest, their self-interest, and their wallets and purses. **SMA**



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