

TREATING VIP PATIENTS



Offer VIPs the red carpet treatment with the standard of care.

BY CHRISTOPHER E. STARR, MD, FACS

The phrase *very important person* (VIP) describes the elevated social status afforded to influential and prestigious members of society, including politicians (at any level of government), executives of major companies, celebrities, and other prominent individuals. Over the course of a career, many ophthalmologists will encounter patients who are considered VIPs for one reason or another. If managed ethically and effectively, your relationships with these VIP patients

can offer downstream benefits to your practice or academic institution in the form of a bolstered reputation, practice growth, and increased research funding, to name a few.

Let me be clear, however, that when you encounter VIPs in ophthalmic practice, you should treat them as you would anyone else. Don't get distracted or diverted by the VIP's status. Think clearly, be relaxed, and stay within the standard of care. Doing so will ensure that every treatment decision is made

with the patient's best interest in mind and not influenced—for better or for worse—by the patient's status as a VIP.

AVOID VIP SYNDROME

VIP syndrome refers to the special treatment afforded to VIPs in most aspects of life. This special treatment must not extend to a VIP's medical care. When doctors allow a VIP patient's broader social status to influence medical decision-making, the consequences can be dire.

THE POTENTIALLY DEADLY CONSEQUENCES OF VIP TREATMENT

MICHAEL JACKSON



Conrad Murray spent 2 years in prison after being found guilty of involuntary manslaughter in the 2009 death of pop superstar Michael Jackson. He had been treating Jackson for insomnia for 6 weeks prior to his death and stated that he was concerned the singer had become dependent on propofol and was therefore attempting to wean him off the drug. On the day of Jackson's death, June 25, 2009, Conrad Murray gave the singer a tablet of valium and lorazepam three separate times throughout the night, but Jackson was still unable to sleep. At around 10:40 am, Conrad Murray administered 25 mg of propofol diluted with lidocaine, inducing sleep. About 10 minutes later, Murray went to the bathroom and returned to find that Jackson was no longer breathing.¹

JOAN RIVERS

Joan Rivers died 6 days after losing consciousness during a routine endoscopy. Health authorities identified several errors made by the endoscopy clinic's medical team, including failure to identify deteriorating vital signs and failure to provide timely intervention. According to a medical malpractice lawsuit filed by Melissa Rivers, Joan Rivers' daughter, one of the doctors present in the OR took cellphone pictures of Rivers while she was unconscious on the operating table. According to one of Ms. Rivers' lawyers, one of those photos was taken while the star was crashing. The physician denies the accusation. No charges have been brought in the case.²



Photo courtesy of David Shankbone (edited; bit.ly/0920crstiverslicense).

PRINCE

The sudden passing of Prince Rogers Nelson, known as Prince, in 2016, prompted many to question whether VIP syndrome contributed to his death—later determined to be the result of a self-administered accidental overdose of fentanyl. In the months and years following his death, it became clear that the star struggled with opioid addiction and was arguably enabled by those closest to him, including health care professionals. According to authorities, on multiple occasions the doctor of one of Prince's close friends prescribed painkillers and other medications under the friend's name to protect Prince's privacy.³



Photo courtesy of Scott Penner (edited; http://bit.ly/0920crstprincelicense)

1. Itzkoff D. Coroner's findings in Jackson death revealed. *The New York Times*. August 24, 2009. <https://artsbeat.blogs.nytimes.com/2009/08/24/coroners-findings-in-jackson-death-revealed/?scp=2&sq=michael%20jackson%20autopsy&st=cse>. Accessed August 20, 2020.
 2. Puente M. Year after Joan Rivers' death, what changed? *USA Today*. September 4, 2015. <https://www.usatoday.com/story/life/2015/09/04/one-year-anniversary-joan-rivers-death-what-happened-doctors-clinic/71649424/>. Accessed August 20, 2020.
 3. Forliti A. Investigation says Prince was isolated, addicted and in pain. *AP News*. April 20, 2018. <https://apnews.com/94806d16569541d98032ce2b2f82aa6a>. Accessed August 20, 2020.

Poor medical decision-making due to a patient's VIP status has been linked to the deaths of a number of celebrities—Prince, Michael Jackson, and Joan Rivers, to name a few (for more on how VIP syndrome influenced their deaths, see the accompanying sidebar). This is why it's so important to get out of the mindset of caring about this person's status and rather to simply treat them the same way you would treat anyone else who walked in with the same eye problem.

It's okay to roll out the red carpet, so to speak. Make sure the office is clean. Don't make the VIP wait too long, if at all, in the office. Offer preferential appointment scheduling to accommodate the VIP's schedule. And of course it's natural for your own behavior to change in the presence of someone you find intimidating or exciting for some reason. The point is to be aware of this, so that your delivery of health care to the VIP patient is no different from your delivery of health care to any other patient.

LEVERAGING VIPS?

I don't feel comfortable asking a VIP patient for a status-related favor such as doing any kind of marketing for your practice or academic institution, especially not at the outset of your relationship. The patient owes us nothing, so to ask them for something self-serving can cross lines both ethically and morally. That being said, if the VIP patient does something without solicitation that elevates your practice's name, visibility, or credibility, it can be of great value to embrace it.

PERSONAL EXPERIENCE

I have been fortunate to have high-profile patients make unsolicited public comments about their experience in my care. Comments such as this, once they are out there, can be leveraged to bolster the credibility or name recognition of a practice. In my situation, in an academic setting, these comments all served the greater good of the department.

Public comments by a VIP patient who has public reach and influence raise the profile of the entire department,

thereby potentially increasing funding. Weill Cornell Medicine has successfully leveraged the positive public comments and various media appearances I've generated for promotional use on social media and in other places, and these types of endorsements can be extremely effective tools.

CONCLUSION

Take caution when treating VIPs. Avoid asking for outright favors, especially while your relationship is strictly in a doctor-patient capacity. Any boost you may get as a result of treating the VIP should come only as a secondary benefit, reaped only because you have done your job well as the patient's doctor. ■

CHRISTOPHER E. STARR, MD, FACS

- Associate Professor of Ophthalmology, Director of Refractive Surgery, and Director of Ophthalmic Education, Weill Cornell Medicine, New York-Presbyterian Hospital, New York
- Member, *CRST* Editorial Advisory Board
- cestarr@med.cornell.edu; www.StarrMD.com
- Financial disclosure: None