CLAIMS EXAMINER'S PERSPECTIVE: TREATING "VIP" PATIENTS

Q: Does the risk of malpractice lawsuits increase if a physician treats colleagues, colleagues' family members, or other "VIP" patients?

A: Treating "VIP" patients brings to mind images of celebrities being whisked in and out of rehab facilities via limousines surrounded by paparazzi. But a much more common situation for physicians and other healthcare professionals, is being asked to treat colleagues or colleagues' family members.

The "VIP Syndrome" has been recognized as occurring when a person with a particular status (a Very Important Person) presents for treatment, and the person's status impacts the decisions that healthcare professionals make about the VIP's care. This phenomenon can occur in instances where the patient is not a celebrity or political figure or other high-profile individual. The VIP syndrome may operate when the status of the patient, or the preexisting relationship with the patient, causes the healthcare professional(s) to treat this patient differently than he/she would normally treat a patient. The potential alteration in treatment is where an increased risk of professional liability can occur. Consider the following case scenario:

A young adult male (Mr. D) was brought to the hospital emergency department (ED) via ambulance after he attempted suicide by cutting both wrists. The patient was an EMT well known to the staff of the hospital as they frequently worked with him when he was part of an emergency transport team bringing critical patients to the ED. The emergency physician assessed Mr. D and contacted the psychiatric crisis team at the neighboring psychiatric hospital for further evaluation, per ED policy. A member of the crisis team, a psychiatric nurse, met with the patient in the ED. Mr. D told the nurse that he had not meant to kill himself. He stated that he now realized it was a "stupid thing to do," and that he had cut his wrists in an attempt to get "my wife's attention." He wanted her to focus on problems in their marriage which she was avoiding. Furthermore, Mr. D stated that as an EMT "if I really meant to kill myself, I know how to do it."

The psychiatric nurse contacted the on-call psychiatrist and related this information to her. Both had both worked with Mr. D on numerous occasions. The psychiatrist then briefly conferred with the emergency physician. The patient's wife was not contacted and the treatment team did not inquire about any past psychiatric treatment. The emergency physician, the nurse, and the psychiatrist decided on a treatment plan that included stitches to the cuts and instructions for Mr. D to set up an appointment to see a therapist or psychiatrist within the next week. Mr. D promised to do this and stated he would find his own therapist or psychiatrist. He was then discharged from the ED. Three days later, Mr. D killed himself with a gunshot to the head.

A medical malpractice lawsuit was filed by wife against the emergency physician, the psychiatric nurse, the psychiatrist, the general hospital, and the psychiatric facility. During the discovery phase of the lawsuit it was found that Mr. D had previously been in treatment for depression and, also, that his wife was not aware of the recommendation that he seek treatment within a week. At trial, a verdict was returned for the plaintiffs and all defendants were found by the jury to have been negligent in the assessment and treatment of Mr.D.

The healthcare professionals involved in this case made assumptions about the patient that they probably would not have made if they had not had a prior work relationship with this patient. Additionally, they failed to gather all of the information they would typically gather to thoroughly assess the patient and implement an effective treatment plan. These shortfalls were, at least in part, responsible for the tragic outcome for this patient. Here, the patient was also signaling to the clinicians "don't treat me like a regular patient because I'm not" in a number of ways - including his comments about knowing how to kill himself if he really wanted to, and by providing no information about prior treatment. The VIP patient may experience his or her own feelings, such as shame and discomfort about sharing sensitive information with colleagues, which may prevent him/her from taking a productive patient role.

Key risk management strategies for minimizing potential professional liability risk include:

1. VIP patients must be provided the same standard of treatment as other patients. For example:
   - When applicable, informed consent should be provided as thoroughly as it is for all patients. For the VIP who is a medical professional, do not assume that he/she already knows and understands the treatment you are recommending
   - If you find your objectivity as a clinician is wavering (such as taking shortcuts in treatment, ordering more than or less than the usual tests, avoiding a thorough history and exam, etc.) obtain clinical supervision and/or refer the treatment to another clinician
   - Special privileges for VIP patients may compromise their care and ultimately their health
   - Do not avoid extra-sensitive topics such as the possibility of alcohol or substance use/abuse, suicidal behavior, issues around sexuality, infectious disease, etc.

2. The same level of confidentiality and professionalism must be afforded the VIP patient as is provided to all patients
   - Members of the treatment team must resist the temptation (and sometimes the urging of other healthcare providers) to share patient information with those who have no need to know.
   - Colleagues' family members have the same rights of confidentiality as all other patients. Their information should not be shared with their family members without proper authorization, although colleagues may have unreasonable expectations to the contrary.

3. Be aware of legal issues related to reducing or waiving fees ("professional courtesy") when treating colleagues or their family.

Compliments of:

PRMS
Professional Risk Management Services, Inc.

Call (800) 245-3333
Email TheProgram@prms.com
Visit us PRMS.COM
Twitter @Prms