

Lights, camera, surgery: VIP syndrome and the challenge of treating celebrities

Abstract

VIP Syndrome, a term coined to describe the phenomenon where high-profile patients receive preferential treatment that deviates from standard medical protocols, poses significant challenges in healthcare. In ophthalmology, where precision is critical, VIP Syndrome can result in compromised outcomes. This review explores how VIP Syndrome impacts medical field, with real-world examples involving prominent figures such as Shahrukh Khan, and Michael Jackson. Additionally, it examines the broader implications for non-VIP patients and discusses clinical and institutional strategies to mitigate VIP Syndrome. Ethical considerations and guidelines for preventing this phenomenon, including the Cleveland Journal of Medicine's nine principles, are also reviewed.

Keywords: VIP syndrome, LASIK refractive surgery

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Introduction

VIP Syndrome, a concept introduced by Dr. Walter Weintraub in 1964, refers to the phenomenon where physicians deviate from standard protocols due to the influence of high-profile patients.¹⁻¹⁰ These deviations can manifest as over-treatment, under-treatment, or modified procedures, often driven by psychological pressure, unrealistic patient expectations, and the fear of negative outcomes. In ophthalmology, where precision in procedures such as LASIK laser refractive surgery, cataract-IOL surgery, and phakic intraocular lens is paramount, such deviations can lead to suboptimal results.

This review examines the complexities of VIP Syndrome, discussing both ophthalmic and non-ophthalmic cases, and provides guidelines for mitigating its effects on patient care.¹⁻¹⁰

VIP syndrome: an overview

VIP Syndrome represents the intersection of prestige and patient care, where the status of high-profile patients influences clinical decision-making. Physicians, feeling the weight of celebrity status, may alter standard treatment plans in attempts to ensure flawless results or cater to the patient's preferences.

This phenomenon presents unique challenges in ophthalmology, where sight restoring procedures like cataract-IOL surgery, LASIK refractive surgery, ICL (Implantable Collamer Lens) implantation and other procedures require strict adherence to protocols. When deviations occur- such as using unproven technologies or offering additional, non-essential care- they introduce risks, sometimes without providing any additional benefit to the patient.

Impact on decision-making

a. Deviations from protocols

In VIP cases, physicians may feel pressured to modify or bypass standard protocols to meet the patient's demands or expectations. These modifications, although well-intentioned, can compromise care. For instance, using experimental technology to impress a VIP can introduce unnecessary risks.

b. Over-treatment and under-treatment

Physicians may over treat VIP patients in an effort to offer superior care or under treat them out of fear of causing harm. Both scenarios can lead to compromised outcomes.

c. Psychological pressure

Treating a high-profile patient often comes with immense psychological pressure. The physician may feel the weight of public scrutiny or fear that an unfavorable outcome could damage their professional reputation.

Case studies in ophthalmology

Shahrukh Khan: Presbyond LASIK and Cataract-IOL Surgery

Bollywood icon Shahrukh Khan underwent Presbyond LASIK refractive surgery to correct his presbyopia and later underwent cataract surgery with implantation of a premium IOL. Due to his immense celebrity status, the medical team employed the most advanced available technology. While the cataract-IOL surgery was technically successful, complications such as post-operative refractive surprise were reported. These issues were likely exacerbated by the pressure the medical team faced, reflecting how VIP Syndrome can introduce risks into even routine procedures when the surgeon feels compelled to deviate from established protocols.

Non-ophthalmic VIP syndrome case

Michael Jackson and Dr. Conrad Murray: A Cautionary Tale

One of the most infamous cases of VIP Syndrome involved Michael Jackson and his personal physician, Dr. Conrad Murray. Jackson's celebrity status, combined with his personal demands, led Dr. Murray to prescribe and administer powerful sedatives, including Propofol, in a non-hospital setting. This deviation from standard care, driven by the psychological and emotional pressures of treating a high-profile patient, ultimately resulted in Michael Jackson's tragic death in 2009. Dr. Murray was convicted of involuntary manslaughter, highlighting the severe consequences of VIP Syndrome in medical practice.

Ethical and clinical implications

1) Ethical considerations

VIP Syndrome raises critical ethical concerns. The principle of justice in healthcare mandates that all patients should receive equitable care, regardless of their status. Preferential treatment given to VIP patients not only creates inequities but can also negatively impact non-VIP patients who may face longer wait times or reduced access to care.

2) Impact on non-VIP patients

The resources and attention devoted to VIP patients can indirectly affect non-VIP patients. When physicians and staff are preoccupied with high-profile cases, the care and attention given to regular patients may diminish, leading to delays or substandard treatment.

3) Managing expectations

VIP patients often expect flawless outcomes, which can be unrealistic, especially in complex ophthalmic procedures. Surgeons must balance these expectations with the realities of medical risks, ensuring that high-profile patients are fully informed of the potential complications and limitations of their treatment.

Nine principles to prevent VIP syndrome

The *Cleveland Journal of Medicine* published a set of nine principles aimed at mitigating the risks associated with VIP Syndrome.¹⁰ These principles provide a structured approach to maintaining ethical and clinical integrity. These are:

- Treat VIP patients like any other patient: VIP patients should not receive different or preferential treatment that could alter the standard of care.
- Strict adherence to protocols: Physicians should resist any pressure to deviate from established medical protocols, regardless of patient status.
- Transparent communication: Set clear, realistic expectations from the outset, explaining both the benefits and risks of treatment.
- Document everything: Maintain comprehensive and accurate medical records to ensure transparency in case of complications.
- Maintain objectivity: Avoid personal or emotional involvement that might affect clinical judgment.
- Team-based approach: Involve the entire medical team to ensure that decisions are made collaboratively, reducing the burden of pressure on individual physicians.
- Regular ethical training: Hospitals should offer regular training on medical ethics, emphasizing the importance of treating all patients equitably.
- Psychological support for physicians: Physicians treating VIP patients should have access to psychological support and counseling to manage stress.
- Review and audit: Establish a system for reviewing and auditing VIP cases to identify deviations from standard care and prevent future occurrences.

Strategies for mitigating VIP syndrome

Institutional policies: Hospitals can adopt clear policies that outline how VIP patients should be treated. Assigning specialized teams to

handle these cases can ensure that deviations from standard protocols are minimized.

Psychological support for physicians: Offering psychological support can help physicians manage the stress associated with treating high-profile patients, enabling them to maintain their clinical judgment and adhere to standard care.

Ethical training: Regular ethical training reinforces the importance of maintaining fairness in medical treatment and helps physicians resist the pressures of VIP Syndrome.

Consistent communication: Physicians should communicate openly with VIP patients about the importance of following standard protocols, emphasizing that deviations could introduce risks.

Conclusion

VIP Syndrome in ophthalmology and other medical fields presents ethical and clinical challenges that can impact the quality of care and outcomes for both VIP and non-VIP patients. While high-profile individuals often demand personalized treatment, it is essential for healthcare professionals to adhere to standard medical protocols. By fostering transparent communication, supporting physicians with ethical training and psychological resources, and implementing institutional policies, hospitals can mitigate the risks associated with VIP Syndrome. Ultimately, prioritizing fairness and adherence to protocols ensures equitable care for all patients.

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Conflicts of interest

The authors declares that there are no conflicts of interest.

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