
LITERATUR REVIEW: HOW TO MAINTENANCE VIP

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ABSTRACT

Background: In Marketing analysis, patient is a important stakeholder of hospital. And VIP patient can be valuable to increased demand. Caring for very important persons (VIPs), including celebrities and royalty, presents medical, organizational, and administrative challenges, often referred to collectively as the “VIP syndrome. The situation often pressures the health care team to bend the rules by which they usually practice medicine. Caring for VIP patients requires innovative solutions so that their VIP status does not adversely affect the care they receive.

Objective: Caring for very important persons (VIPs), including celebrities and royalty, presents medical, organizational, and administrative challenges, often referred to collectively as the “VIP syndrome”.

Methods: Literature Review method from relevant database such as Google Scholar search engine until 2018. Total document selected by full text is 6 articles as literature review and total 12 article as references.

Result: Nine guiding principles in caring VIP patients is Don't bend the rules, work as a team, communicate, Carefully manage communication with media, resist chairpersons syndrome, care should occur where it is most appropriate, protect the patients security, be carefull about accepting or declining gifts and working with the patients personal physicians. Particularly when dealing with a VIP, the hospital's communications or public relations (PR) officer becomes an integral member of the rehabilitation team. Although staff members will always be tempted to treat VIPs in special ways, the temptation should be avoided. The needs and problems of our patients, not their status or influence, should drive our response to them in the ED.

Conclusion: VIP patient need treat more respectfully, see them more quickly, and pay more attention to them.

Keywords: Very Important Person (VIP), Patient, Healthcare, VIP syndrome

Background

In Marketing analysis, patient is a important stakeholder of hospital. And VIP patient can be valuable to increased demand. Much has been written about the particular challenges of caring for VIP (very important person) patients in health care. It is difficult to find a commonly agreed upon definition for Very Important Persons (VIPs) or VIP patients as the concept has minimal representation in the medical literature. Caring for VIP patients, however, can challenge standard professional routines and approaches to healthcare delivery, can affect staff 's professionalism, and may be disorienting for a health care system. This scoping review aims to explore the terminology in use in relation to health care delivery to VIP patients in hospitals, as well as to elicit how particular terms are used, by whom and for what purpose. (Guzman JA et al. 2011)

Persons of VIP status commonly receive special treatment when they present to the ED. Caretakers may treat them more respectfully, see them more quickly, and pay more attention to them. ED staff may bypass usual protocols, and the most experienced physician often cares for the VIP patient. Occasionally non-ED physicians or administrators may become involved in the patient's visit. Several commentators have described this phenomenon for the celebrity patient who seeks psychiatric care. Only a few articles, however, have addressed the issue of how best to accommodate VIPs in the busy ED. (Diekema SD, 1995)

The media pose another set of challenges for health care providers in caring for high-profile patients. For people who live in the public eye, the media's desire for information can be insatiable. Yet, patients have a fundamental right to privacy. Trying to ensure that right and protect from leakage of information when health care institutions literally have hundreds of employees who have potential access to patient information is daunting. Legitimate questions about whether there are limits to the right to privacy have also been raised when the patient, such as an elected official, has a fiduciary interest to the public. (Abdoljavad Khajavi,et al, 2017)

Caring for VIPs creates pressures to change usual clinical wisdom and practices. But it is essential to resist changing time-honored, effective clinical practices and overriding one's clinical judgment. Designating a chairperson to head the care of a VIP patient is appropriate only if the chairperson is the best clinician for the case. Although in some cases placing a VIP patient in a more private and remote setting may be appropriate, the patient is generally best served by receiving critical care services in the intensive care unit. (Schenkenberg T et al, 2007)

Medical tourism is on the rise and since medical tourists are often very important persons (VIPs), hospital-based physicians may be more likely to care for celebrities, royalty, and political leaders. But even in hospitals that do not see medical tourists, physicians will often care for VIP patients such as hospital trustees and board members, prominent physicians, and community leaders. However, caring for VIPs raises special issues and challenges. In a situation often referred to as the “VIP syndrome,” a patient’s special social or political status—or our perceptions of it—induces changes in behaviors and clinical practice that create a “vicious circle of VIP pressure and staff withdrawal”⁹ that can lead to poor outcomes. (Adshead G, 2005)

In this article, researcher want to explore the practice of providing VIPs with special care and suggest that when such care becomes favoritism it is ethically inappropriate in the healthcare setting.

Methods

The preferred reporting items of literature review guidelines was adhered to when conducting this review. Article was collected from google scholar search engine until 2018.

Search strategy and study selection

Databases searched included google scholar as electronic data sources. This study using (1) Very Important Person (VIP), (2) Patient, (3) Healthcare, (4) VIP syndrome, (5) Marketing, (6) research methods qualitative, quantitative, literature review and systematic review research in english language until 2018.

Study Inclusion criteria

Article that included and assessed for eligibility in this review was an article that show how to maintenance VIP patients in healthcare marketing strategy. This article including VIP, VIP syndrome, Healthcare, Caring patient, Eergency Departement, Public Departement, and article in English language.

Study exclusion criteria

Article that excluded from this literature review was an article that nonfull paper, doesn’t have result to relationship between big data and new products development in title and abstract, primary discussion about nonnew products development, duplicate article, ect.

Table 1. Literature Review

NO	Author	Title	Method	Result
1.	Guzman AJ, et al	Caring for VIPs: Nine Principle	Narrative review	Caring for very important persons (VIPs), including celebrities and royalty, presents medical, organizational, and administrative challenges, often referred to collectively as the “VIP syndrome”. Nine guiding principles in caring VIP patients is Don’t bend the rules, work as a team, communicate, Carefully manage communication with media, resist chairpersons syndrome, care should occur where it is most appropriate, protect the patients security, be carefull about accepting or declining gifts and working with the patients personal physicians.
2.	Kristi LK	Ethical Challenges of Caring for VIPs in The Rehabilitation Setting	Narrative review	Particularly when dealing with a VIP, the hospital’s communications or public relations (PR) officer becomes an integral member of the rehabilitation team. This is the individual responsible for maintaining the often delicate balance between protecting patient privacy as dictated by both HIPAA (Health Insurance Portability and Accountability Act of 1996) and hospital policy, and providing access to information on

				matters of public record or individuals who are considered newsworthy.
3.	Abdoljavad Khajavi,etal	Mapping The Concept of VIP Related To Delivery of Healthcare in Hospital: A Scoping Review	Scoping study	This scoping review of the literature demonstrates little peer-reviewed evidence on the opportunities and threats of VIP policy implementation in hospitals. Besides, the emergent themes together indicate a number of important directions for future research.
4.	Diekema SD	The Preferential Treatment of VIPs In The Emergency Departement	Narrative review	Although staff members will always be tempted to treat VIPs in special ways, the temptation should be avoided. The needs and problems of our patients, not their status or influence, should drive our response to them in the ED. Status should only affect care when it creates special needs, like the protection of a celebrity's confidentiality. Even then,however, special care should be limited to the area of need.
5.	Freenklach Anna, Reincheter Daryn	The Treatment of VIP in Academic Teaching Setting: Applying th “Difficult Patient Framework” to Guide Therapeutic Response	Perspective narative	Recognize who is, or may become, a so-called difficult patient, Identify the specific clinical and ethical challenges that may arise in the care of VIP patients, respond therapeutically, Openly discuss the clinical rationale for this treatment approach with trainees to avoid sending unintended though ethically problematic

				messages.
6.	Ching Soong Khoo	To Pace or Not To Pace? A Narrative Review for VIP Syndrome	Narrative review	this pacemaker case, VIP syndrome is an exigent issue and needs to be managed appropriately. Clinicians should be well-conversant with handling this issue in order to not compromise care by simply bending the rules for VIPs. Remember, primum non nocere—first, do no harm—is always our fundamental guiding principle in our daily clinical practice.

Discussion

Several considerations underlie the provision of special care to celebrities in the ED. Staff members may desire recognition by the VIP. Persons may experience feelings of respect, awe, and envy when confronted with a VIP's accomplishments, power, or celebrity status. Many providers secretly hope that influential VIPs will later recognize their efforts--through a thank you or a letter or perhaps by using their influence to benefit the provider. By remaining attentive to the desires of the rich and famous, some of their influence, wealth, and power may come our way. While this may be a cynical view, undoubtedly much preferential treatment originates in the desire to "be smiled upon" by those more powerful than ourselves. Waiting time is minimized, staff provide unusually attentive care, and the attending physician spends more time in the room taking history, performing an exam, and discussing options to assure that, for example, the department chair has an agreeable ED visit. If this person can be provided with a favorable experience, he or she may look more kindly on your future requests and needs. (Diekema SD, 1995)

Because many VIPs possess considerable influence and access to the media, staff members may be motivated by fear of the consequences of failing to comply with the requests surrounding the visit of a celebrity. 3 The status of VIPs within an ED is often related to the influence they carry within the larger institution. Thus, some VIPs presenting to the ED possess the ability to harm individual staff members through their complaint. (Diekema SD, 1995)

VIP having to wait 3 hours in a crowded ED with other sick and injured patients might leave somewhat unhappily. And they might complain. Those complaints, coming from influential people, will more likely be acted on. If the person experiencing the crowding and waiting happens to be a hospital board member, chief of staff, or department chairperson, changes might be forthcoming to improve the ED experience. While the hospital may benefit from good public relations when a local celebrity gets treated promptly, and staff may benefit when they provide their superiors with an optimal ED experience, the average patient does not benefit when those who are most influential do not see the problems in the system. (Diekema SD, 1995)

Do Not Bend The Rules. Caring for VIPs creates pressures to change usual clinical wisdom and practices. But it is essential to resist changing time-honored, effective clinical judgment and practices. We recommend discussing these issues explicitly with the VIP patient and family at the outset so that everyone can appreciate the importance of usual care.

An early conversation can communicate the clinician's experience in the care of such patients and can be reassuring. As Smith and Shesser noted, "Usually, the VIP is relieved if the physician states explicitly, 'I am going to treat you as I would any other patient."

Work As Team, Not In Silos. Teamwork is essential for good clinical outcomes, especially when the clinical problem is complex, as is often the case when people travel long distances to receive care. All consultants involved in the patient's care must not only attend to their own clinical issues but also communicate amply with their colleagues.

Important Thing of Communication. Communication should include the patient, the family, visiting physicians who accompany the patient, and the physicians providing care. Communicating with the media and with other uninvolved individuals is addressed in.

Carefully Manage Communication With The Media. demand medical information about patients who are celebrities, political luminaries, or royalty, the confidentiality of the physician-patient relationship must be protected. The release of health information is at the sole discretion of the patient or a designated surrogate. Early implementation of an explicit and structured media communication plan is advisable, especially when the VIP patient is a political or royal figure for whom public clamor for information will be vigorous. A successful communication strategy balances the public's demand for information with the need to protect the patient's confidentiality.

Resist "Chairperson Syndrome". "Chairperson's syndrome"⁵ is pressure for the VIP patient to be cared for by the department chairperson. The pressure may come from the patient, family, or attendants, who may assume that the chairperson is the best doctor for the clinical circumstance. The pressure may also come from the chairperson, who feels the need to "take command" in a situation with high visibility. Nevertheless, designation of a chairperson to care for a VIP patient is appropriate only when the chairperson is indeed the clinician who has the most expertise in the patient's clinical issues.

Care Should Occur Where It Is Most Appropriate. Decisions about where to place the VIP patient during the medical visit can fall victim to the VIP syndrome if the expectations of the patient or family conflict with usual clinical practice and judgment about the optimal care venue. Critical care services and monitoring are best provided in the intensive care unit, and attempts to relocate the patient away from the intensive care unit should be resisted.

Protect The Patient's Security. Providing security is another essential part of caring for VIPs, especially celebrities, political figures, and royalty. Protecting the patient from bodily harm requires special attention to the patient's location, caregiver access, and other logistic matters.

Be Carefull About Accepting or Declining Gifts. VIP patients often present gifts to physicians, and giving gifts to doctors is a common and long-standing practice. Patients offer gifts out of gratitude, affection, desperation, or the desire to garner special treatment or indebtedness. VIP patients from gifting cultures may be especially likely to offer gifts to their providers, and the gifts can be lavish.

Working With The Patient's Personal Physician. VIP patients, perhaps especially royalty, may be accompanied by their own physicians and may also wish to bring in consultants from other institutions. Though this outside involvement poses challenges (eg, providing access to medical records, arranging briefings, attending bedside rounds), we believe it should be encouraged when the issue is raised. Furthermore, institutions and caregivers should anticipate these requests and identify potential outside consultants whose names can be volunteered if the issue arises.

Limitation

This literature review has limitations, since using a key word How to maintenance VIP is new, there is few literature journal or article to build in hospital or healthcare. Other limitation in this literature review is that search engine for journal literature about how to maintenance VIP in Marketing Strategy at healthcare is too rare, so researcher just can get a literature from google scholar.

Conclusion

Caring for very important persons (VIPs), including celebrities and royalty, presents medical, organizational, and administrative challenges, often referred to collectively as the "VIP syndrome". Nine guiding principles in caring VIP patients is Don't bend the rules, work as a team, communicate, Carefully manage communication with media, resist chairpersons syndrome, care should occur where it is most appropriate, protect the patients security, be carefull about accepting or declining gifts and working with the patients personal physicians. Particularly when dealing with a VIP, the hospital's communications or public relations (PR) officer becomes an integral member of the rehabilitation team.

Although staff members will always be tempted to treat VIPs in special ways, the temptation should be avoided. The needs and problems of our patients, not their status or influence, should drive our response to them in the ED. Status should only affect care when it creates special needs, like the protection of a celebrity's confidentiality. Even then, however, special care should be limited to the area of need.

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