

## How Possible Is Ethical Nursing Care in the Presence of VIP Patients?

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### ABSTRACT:

VIP patient means a very important person or a very influential patient from the perspective of health professionals. Among all health professionals, nurses are more exposed to ethical problems in nursing care of VIP patients. The number of studies examining the nursing care of VIP patients from an ethical perspective is very limited. The aim of this review is to critically analyze the ethical issues of VIP patients in nursing care according to ethical principles. When ethical principles are analyzed, VIP patients are disadvantaged compared to other patients in terms of the principle of privacy, but they are very advantageous in terms of the principles of autonomy, equality, nonmaleficence, beneficence and justice, and this situation may harm other patients. Nurses are under great moral distress due to the endless demands and compulsions from VIP patients and their relatives, managers, superiors and other health professionals. In this situation, nurses may allocate their resources and time to VIP patients unethically and to the detriment of other patients. In conclusion, VIP nursing care is inconsistent with nursing ethics, values and philosophy. Ethical nursing care of VIP patients is not possible except to treat a serious illness of an important public figure without guaranteeing the public interest or the benefit of other patients.

**Keywords:** Nursing care; nursing ethics; principle based ethics; recommended patient; VIP patients

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### INTRODUCTION

VIP refers to a very important, intimidating and very influential patient in a medical setting (Pourmand et al., 2017). VIP patients have a really big influence on healthcare professionals thanks to their individual qualities and characteristics and are influential patients who have the potential to significantly influence a healthcare professional's decisions (Alfandre et al., 2016). VIP patients could be heads of state, politicians, professors, health professionals, the rich and celebrities such as movie personalities and rock stars (Schenkenberg, Kochenour and Botkin, 2007; Geiderman et al., 2018). VIP patients are divided into two categories in terms of their characteristics. In the first group, VIP patients stand out in terms of social status, profession, position,

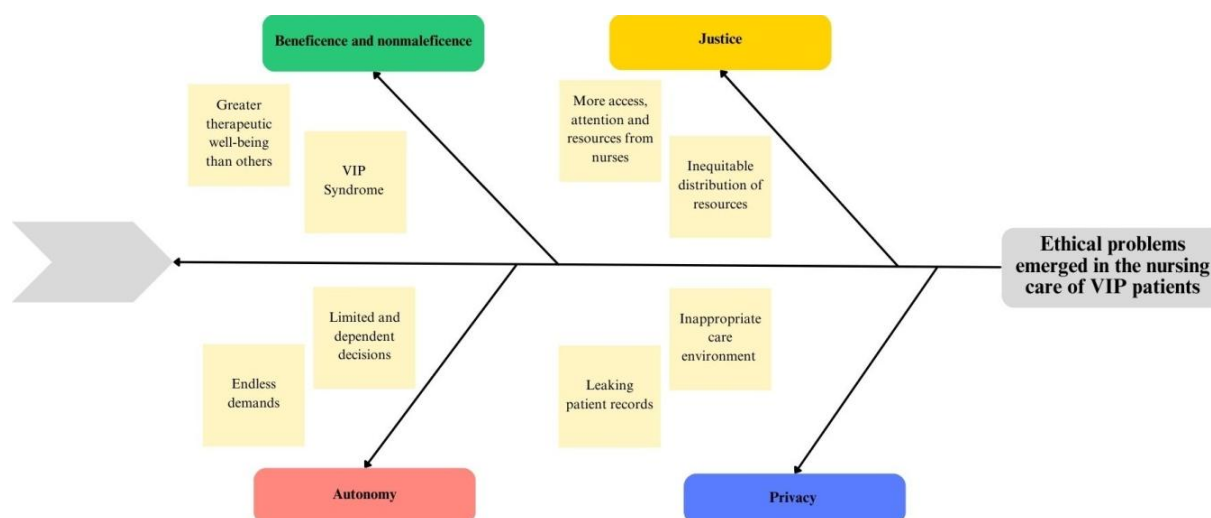
while others are guided by an official, manager or even an acquaintance (Alfandre et al., 2016). The first group defines patients who have more endogenous drive in the association than other patients, while the others define patients who see themselves as well-networked and worthy of special treatment and care (Gainer and Cowan, 2019).

All patients are important, equal and valued in nursing care. However, VIP patients benefit from greater access to health resources, special attention from staff and luxury amenities. Despite these benefits, caring for VIP patients can also have negative impacts. Caring for VIP patients promotes inequalities and injustices in healthcare and can create ethical dilemmas for healthcare professionals. Nurses are the healthcare professionals most

affected by the demands of VIP patients, their families and administrators to provide specialized care and attention. The nursing care of VIP patients can become overwhelming, challenging, stressful and confusing, causing moral distress in nurses (Rooddehghan, Yekta and Nasrabadi, 2018; McIntosh, 2020).

There are many existing studies evaluating the ethical approaches of other healthcare professionals, especially physicians, towards VIP patients (Schenkenberg, Kochenour and Botkin, 2007; Vincent, Mariano and McLeod, 2007; Guzman, Sasidhar and Stoller, 2011; Georges, Anzia and Dinwiddie, 2012; Marcangelo, 2012; Alfandre et al., 2016; Geiderman et al., 2018; Alkhawaldeh et al.,

2024) whereas there are few studies in the field of nursing evaluating the care of VIP patients from an ethical perspective (Rooddehghan, Yekta and Nasrabadi, 2018; McIntosh, 2020). Therefore, it is necessary to analyze the ethical problems that arise as a result of the care provided by nurses to VIP patients. The aim of this review is to critically analyze the ethical problems that arise in the nursing care of VIP patients according to the ethical principles of beneficence, nonmaleficence, justice, autonomy and privacy to facilitate nurses manage ethical concerns that arise when caring for VIP patients in an effective way. Ethical problems arising in the nursing care of VIP patients are presented in Figure 1 with a fishbone diagram according to ethical principles.



**Figure 1.** Fish bone diagram of ethical problems emerged in the nursing care of VIP patients.

In Figure 1, under the principle of beneficence and nonmaleficence, VIP patients could have greater therapeutic well-being compared to other patients. Even though healthcare professionals try to provide better care to VIP patients, patients may be harmed as a result of VIP syndrome. According to the principle of justice, allocating health resources to VIP patients and not equally to all patients creates a great injustice in nursing care. In the principle of privacy, ethical problems arise such as failure to provide VIP patients with an appropriate care environment and leakage of patient information. In the principle of autonomy, while the autonomy of

VIP patients in nursing care increases to a very high point by trying to meet the endless requests of patients, at the same time, VIP patients may have to make limited and dependent decisions, and their autonomy could decrease.

### 1. Beneficence and nonmaleficence

Beneficence means doing what is best for the patient, taking into account harms. The principle of beneficence encourages not only avoiding harm, but also benefiting patients and positive enhancing their well-being through research or active therapeutic interventions. The principle of non-maleficence

focuses on not harming the patient, intentionally or otherwise. According to this principle, nurses should ensure that benefits exceed risks and harms in nursing care (Varkey, 2021; Cheraghi et al., 2023; Zhou et al., 2024).

VIP patients are less likely to be harmed than other patients because they receive nursing care provided by qualified and experienced nurses rather than inexperienced nurses who have just started working. At the same time, the fact that the patient's room is for one person, the environment is organized and the patient has many facilities allows the patient to recover in a shorter time compared to other patients (Rooddehghan, Yekta and Nasrabadi, 2018; Alkhawaldeh et al., 2024). Even if this is the undescribed purpose of VIP care, it is unethical for nurses to provide VIP patients with "greater therapeutic well-being" than others. Providing "greater well-being" to some patients than others may limit resources and care for the general patient population (McIntosh, 2020).

Nurses spending more time with VIP patients and paying more attention to their care may have the negative consequence that these patients benefit while other patients are neglected and harmed. The nursing care provided to VIP patients should be based on their needs, not their status. Nursing care should avoid treating VIP patients differently or being motivated by fear and should aim to benefit them in the same way as other patients (McIntosh, 2020). Therefore nurses need to be constantly vigilant about whether their clinical judgment is clouded by circumstances so that other patients are not harmed by VIP patient care (Guzman, Sasidhar and Stoller, 2011).

It is not always possible for VIP patients to receive better care than other patients. The concept of VIP syndrome in the literature explains that in trying to meet the unrealistic demands of VIP patients, the real problem is overlooked, negatively impacting clinical decision-making and resulting in harmful patient outcomes, including death. VIP Syndrome occurs when healthcare professionals are pressured to give special treatment, bend rules and alter clinical practices (Guzman, Sasidhar and Stoller, 2011; McIntosh, 2020). Furthermore, patients are subjected to unnecessary tests by the treatment

team, time is wasted and patients can be harmed by these repeated tests. The team focus is no longer on protecting the patient's best interests, but on fulfilling the wishes and addressing the concerns of the patient and their relatives (Caruso Brown et al., 2019; Alkhawaldeh et al., 2024).

The pressure exerted on nurses by VIP patients, their families and hospital administrators, and differences in their goals can lead to nurses withdrawing from patient care, disruption of care and therapeutic failure (Georges, Anzia and Dinwiddie, 2012). For instance, while caring for VIP health professionals, the difficulties for nurses and doctors in avoiding the usual medical and administrative routines and caring for their colleagues led to poor medical care and outcomes, as well as hostility (Guzman, Sasidhar and Stoller, 2011). Moreover, when nurses do not ask VIP patients some of the questions they should ask in patient care (e.g. harmful addictions and sexuality) and fail to establish a reciprocal relationship, the quality of care may decrease and VIP patients may suffer (Georges, Anzia and Dinwiddie, 2012; Marcangelo, 2012).

## 2. Justice

Justice is treating people appropriately and fairly. Patients and healthy individuals should be given equal nursing care under equal conditions without categorization. It is a requirement of the ethical principle of justice that nurses distribute resources equally to patients or healthy individuals in the same situation and provides care under equal conditions (Boluktas, Ozer and Yildirim 2018; Kaya and Boz, 2019; Evrenol Ocal et al., 2020). Nurses should be aware that all individuals have equal rights and should perform the act of providing care equally and fairly according to the needs of individuals in terms of time, labor and resources without discrimination and interest between individuals (Keskin, 2020).

VIP patients do not have more needs than others, nevertheless they are considered more important and receive better quality care because they have more access, attention and resources from health staff. VIP patients' care reinforces disparities and unfairness in health care and may create ethical dilemmas for health professionals (McIntosh, 2020). According to the results of a qualitative study, nurses

tend to give VIP patients more attention, respond faster, allocate more time, and provide accurate and timely priority care compared to other patients (Rooddehghan, Yekta and Nasrabadi, 2018). The privileged treatment of VIPs can be related to nurses need for recognition and respect while refraining from being criticized for undesirable consequences (Georges, Anzia and Dinwiddie, 2012).

In general hospitals, rather than private hospitals that offer VIP services, limited resources may be compromised as a result of providing preferential care to the VIP patient. Nursing staff and resources may be diverted to the VIP patient to the detriment of other patients. In emergency departments, VIP patients place increased demands on staff, such as accelerated triage, elimination of waiting times, faster turnaround for tests, special requests for more privacy and expedited room placement, impeding the care of other patients and causing inequity in care. On the other hand, nurses' concerns and fears about disturbing VIP patients may lead to underutilization of resources during care (McIntosh, 2020). The potential financial benefits of VIP patients should not outweigh the quality and safety of care for the general population and professional standards. All patients are "very important". The provision of medical treatment should be based solely on medical needs rather than financial considerations. The principle of distributive justice, which emphasizes equitable distribution of resources, may be undermined if the care of VIP patients provides different levels of benefits and care based on factors unrelated to their health needs (Beauchamp and Childress, 2013; McIntosh, 2020). In the communitarian principle, the common social good takes precedence over individual welfare or societal well-being. For example, providing advanced care to VIPs who may be a national leader, such as the president of a country, may be appropriate under the communitarian principle, as their well-being may be an important part of society (Beauchamp and Childress, 2013). On the other hand, neoliberalism does not support a fair and equitable distribution of health resources. This ideology is opposed to the right to health care and the just demands of justice, welfare provision and the right to health (Labonté and Stuckler, 2016).

Neoliberalism leads to deepening inequalities and the normalization of VIP care (Sakellariou and Rotarou, 2017; Baru and Mohan, 2018). Under such circumstances, only those with money could afford to buy health services, particularly preventing children, women, disabled individuals, individuals from different ethnic identities, individuals with mental disorders, the homeless, LGBTQIA+ individuals, migrants and elders, who are characterized as disadvantaged groups in society particularly economically disadvantaged with have high health needs, from receiving health services (Barnett and Bagshaw, 2020; Sonmez and Cevik, 2021).

### 3. Autonomy

Autonomy is the principle that patients mostly have the right to decide on medical choices regarding their own bodies, with the right to make medical decisions of their own choosing, within agreed boundaries. The principle of autonomy emphasizes the individuals' independence and ability to act of their own self-determination. This right does not cover any preferential care over another person or selection for treatments that are not indicated, not beneficiary or detrimental (Geiderman et al., 2018; Hedman et al., 2019).

Autonomy in VIP patients can be seen at two extremes. VIP patients can impose their demands (e.g. prioritization, tests and treatments) nurses during nursing care, so they can be very autonomous. On the other hand, when VIP patients are with other people, such as family members, intermediaries and bodyguards, they feel less free and can make more limited and dependent decisions in care (Geiderman et al., 2018). Nurses should understand that VIP patients have physical and psychological needs and their requests should be accepted and respected without resentment if they do not harm other patients or themselves. If the patient is unable to make decisions on their own, they should be spoken to privately and facilitated to make decisions autonomously (McIntosh, 2020).

VIP patients may be cared for by senior doctors from another hospital who are not directly involved in the patient's needs and may come to the emergency department to intervene and assist with the

patient's emergency care. The VIP patient's visit by a non-team physician is referred to in the literature as "Chief Syndrome" and disrupts the functioning of the emergency care team and the patient may be harmed. In addition, the patient's autonomy in determining which physician is making the right decision may be adversely affected (Guzman, Sasidhar and Stoller, 2011; Pourmand et al., 2017).

#### 4. Privacy

Privacy includes the state or condition of limited access and the right of the perpetrator to control access (Beauchamp and Childress, 2013). Confidentiality is an extension of privacy and basically refers to the protection of information, especially sensitive clinical data (Bani Issa et al., 2020). Protecting privacy and maintaining confidentiality in nursing care also forms the basis of the ethical obligation to respect the dignity and autonomy of individuals (ANA, 2015). Nurses are obliged not to disclose confidential information provided by the patient to any other thirdparty without the patient's consent (Varkey, 2021; Conlon, Raeburn and Wand, 2024).

The privacy of all patients is ethically required to remain confidential, but for celebrities in the VIP patient group, this information can be leaked. The media may seek access to their protected health information and healthcare professionals may be tempted to violate privacy policies and legal norms to access a celebrity's records (Alkhawaldeh et al., 2024). In addition, in some services, especially in emergency departments where privacy is not ensured in terms of environmental characteristics, the privacy of VIP patients, especially celebrities, is also more likely to be violated than that of the general population (Geiderman et al., 2018). Ethically justifiable to take special measures to ensure the privacy of at risk VIP patients in order to provide equivalent care to other patients without compromising the privacy of the general patient population (McIntosh, 2020). The ethically appropriate care environment for VIP patients should be based on the patient's needs and not on the patient's desire for more privacy. In addition, the number of visitors who may affect the patient's privacy should be limited and the presence of media

personnel should be controlled (Alkhawaldeh et al., 2024).

#### DISCUSSION

In this review article, nursing care of VIP patients is examined in terms of ethical principles. Nursing care of VIP patients makes it very difficult to provide ethical care. VIP patients have more facilities and attentiveness than other patients (Alkhawaldeh et al., 2024). In a qualitative study by Rooddehghan, Yekta and Nasrabadi (2018) it was found that nurses provided more time, prompt care VIP patients and the best quality of care particularly provided for these patients (Rooddehghan, Yekta and Nasrabadi, 2018). Therefore, VIP patients have an advantage over other patients in terms of the principles of autonomy, equality, non-maleficence, beneficence and justice, which may cause harm to other patients in nursing care (McIntosh, 2020). Although the situation seems to be in favor of VIP patients, VIP patients can also be damaged in case of VIP syndrome (Gershengoren, 2016; Pourmand et al., 2017). Nurses may bend the rules, may not provide the necessary care to the patient and may cause harm to the patient as a result of VIP syndrome and the wishes of patients, relatives and administrators (McIntosh, 2020). In a qualitative study by Rooddehghan, Yekta and Nasrabadi (2018) a nursing manager challenged nurses to provide better care to VIP patients (Rooddehghan, Yekta and Nasrabadi, 2018). This unethical approach which makes nursing care no more rely on ethical and scientific principles causes nurses to follow the untrue words of some authorities even though they know it is not true and they could feel forced and live moral distress in terms of violation of the ethical principles of justice, beneficence and nonmaleficence (Campbell et al., 2018; Morley et al., 2019).

Ensuring the privacy of VIP patients is not as easy as other patients. If the patient is famous or well-known, the patient's information could be leaked to the media (Alkhawaldeh et al., 2024). Lack of privacy threatens the autonomy of VIP patients and the patient cannot make autonomous decisions due to environmental conditions (McIntosh, 2020). Failure to provide healthcare workers with accurate information about VIP patients can lead to harm in

such settings. Furthermore, failure to carry out certain interventions could harm the VIP patient and lead to a decrease in the quality of nursing care (Georges, Anzia and Dinwiddie, 2012; Marcangelo, 2012). From these perspectives, it may seem impossible for VIP patients to receive ethical care.

Neoliberalism brought about by global capitalism has affected the field of health as it has privatized every field. The capitalist idea that those with more money should receive better quality health care commodifies health and causes people to lose sight of the fact that health is a basic need and should be provided equally to all (Simsek and Kilic, 2012; Tekingunduz, Kurtuldu and Isik Erer, 2016). VIP care also privatizes and segregates some people and deepens existing inequalities in health. In nursing care, all patients are special, valuable and equal and they have right to equal, quality and safe care (ICN, 2021). Another review article on nursing care for VIP patients similarly advocates equality of care among all patients (McIntosh, 2020). Consuming resources to provide specialized care for VIP patients is unethical and unfair. According to Watson, nursing care cannot be bought and sold, and the concepts of care and economy cannot be used together (Watson, 2009). Furthermore, the dramatic and chaotic medical, technological, economic, bureaucratic, managerial and institutional constraints of the postmodern era seriously threaten human care (Watson, 2012). Therefore, the care of VIP patients is diametrically opposed to the nursing philosophy and ethical values that constitute the essence of nursing care.

The fact that VIP patients receive care with a limited number of health workers, especially nurses, in public hospitals and emergency services, increases the likelihood of harm to other patients and worsens the overall situation (Geiderman et al., 2018). In such situations, nurses have to take great care to balance the special needs of the VIP patient while continuing to care for other patients. Addressing this problem could include adding extra nurses to services where VIP patients are admitted, managers refraining from pressuring nurses to treat VIP patients differently, and creating an overall organizational culture that respects and values all people (Pourmand et al., 2017; McIntosh, 2020). On the other hand, VIP care

can be justified for important societal leaders, such as the president of a country, whose well-being can be crucial and vital to the common good of society (Beauchamp and Childress, 2013). However, this cannot be achieved at the expense of quality of care and the safety of other patients. VIP care provided in luxury units specifically designed to meet the needs of this group can be justified as long as it does not interfere with care for the general patient population. VIP care provided in specialized service sectors where individuals have the option to pay for private VIP care can also be justified (McIntosh, 2020).

## CONCLUSION

In this review study, the nursing care of VIP patients, which is a result of inequalities in health and deepens inequalities that are increasing day by day as a result of neoliberal influence, is discussed according to ethical principles and a general framework is presented to researchers and nurses. The care of VIP patients needs to be examined in detail from an ethical point of view as it can be very difficult, confusing and cause moral problems for nurses. For this reason, VIP care should be restricted to some private hospitals and abolished altogether, especially in public institutions, for more ethical and equitable care on a wider scale. Health needs to be prevented from becoming a commodity and an economic tool as a result of capitalism and should be treated as a universal and permanent need of all people. International nursing and health organizations and countries should develop policies to reduce the global impact of neoliberalism on health and ensure health equity. Furthermore, there are not enough studies in the literature on ethical nursing care for VIP patients. More studies should be conducted on this subject in order to provide quality and ethical care to VIP and all other patients and to minimize the negative effects on patients.

## Conflict of Interest

The authors declared no conflict of interest.

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No conflict of interest



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