



Winston Churchill's trouble for healthcare providers

Hamed Mortazavi¹ 

¹Department of Oral Medicine, Dental School, Shahid Beheshti University of Medical Sciences, Tehran, Iran

*Corresponding Author: Hamed Mortazavi, Email: hamedmortazavi2013@gmail.com

Citation: Mortazavi H. Winston Churchill's trouble for healthcare providers. *J Oral Health Oral Epidemiol.* 2025;14:2505.1741. doi:10.34172/johoe.2505.1741

Received: May 18, 2025, **Accepted:** October 21, 2025, **ePublished:** November 5, 2025

To the Editor,

It is believed that the term "very important person (VIP)" was coined by Winston Churchill to refer to individuals who possess notable prestige, influence, or access to privileges within specific contexts.¹ In 1964, Walter Weintraub described the "VIP syndrome", or "recommended patient syndrome", and extended the use of this concept into healthcare.^{2,3} This condition highlights a paradox in which patients with social or political connections, or with personal relations to physicians may receive special treatment, which can compromise optimum care and sometimes result in unnecessary or even unfavorable medical intervention.¹⁻³ In clinical settings, the factors contributing to this syndrome are diverse. According to Sanz Rubiales et al the causes include: A) patients' desire to be treated by a reputable physician; B) limited time and space for consultation; C) incomplete medical records; D) inappropriate or unnecessary testing for diagnosis; and E) the tendency toward overtreatment under the assumption that "more is better than less".⁴ In this regard, Allen-Dicker et al demonstrated that about 67% of the physicians caring for such patients felt pressured to have favorable treatment outcomes and did not practice logically.⁵ Moreover, more than 55% of the physicians submitted to what the patients wanted, regardless of its relevance to the treatment.⁵ The potential results of this syndrome can have many aspects that can influence patients, healthcare teams, and the healthcare system. These effects have been summarized as follows: unnecessary tests, unnecessary follow-ups, disrupted healthcare system, increased costs of healthcare services, higher risks of adverse events, premature discharge and isolation, and erosion of trust within the healthcare system.^{2,6} In addition, there is a specific form of recommended patient syndrome where the patients are physicians themselves; these patients are referred to as physician-patients. It is noted that doctors treating physician-patients experience significantly higher rates of negative feelings, as more than half of doctors

interviewed report stress and feeling judged when treating these types of patients. The fear that the physician-patient may have a different opinion in relation to the treatment course creates more tension for the treating doctor.^{5,7}

Finally, to avoid these problems, Guzman et al. proposed nine principles to follow when caring for recommended patients: 1) adhering to established rules and professional roles; 2) engaging in effective teamwork; 3) establishing clear and effective communication with patients and coworkers; 4) managing communication carefully to prevent the leakage of private patient data onto social media; 5) preventing inappropriate intervention by hospital authorities in care procedures; 6) providing care in settings where it is most appropriate and necessary; 7) safeguarding patient confidentiality and safety; 8) exercising caution regarding the acceptance of gifts; and 9) collaborating with the patient's personal physicians.⁸

Competing Interests

None.

Ethical Approval

None.

References

1. Groves JE, Dunderdale BA, Stern TA. Celebrity patients, VIPs, and potentates. *Prim Care Companion J Clin Psychiatry.* 2002;4(6):215-23. doi: 10.4088/pcc.v04n0602.
2. Alkhalaf IM, Jaradat JH, Amro R, Hamad AA, Serhan HA. The recommended patient syndrome: charting new frontiers. *Qatar Med J.* 2024;2024(4):68. doi: 10.5339/qmj.2024.68.
3. Nuñez Campos DM, Villamil Núñez L, Gómez Acevedo OL, Peña Pineda MC. The VIP patient syndrome in Latin America is known as "the recommended patient syndrome" a tale of unfortunate decisions and complications. *Rev Cuarzo.* 2019;25(1):16-20. doi: 10.26752/cuarzo.v25.n1.391.
4. Sanz Rubiales A, del Valle Rivero ML, Flores Pérez LA, Hernansanz de la Calle S, García Recio C, López-Lara Martín F. [Syndrome of recommended patient]. *An Med Interna.* 2002;19(8):430-3. [Spanish].
5. Allen-Dicker J, Auerbach A, Herzig SJ. Perceived safety and



- value of inpatient “very important person” services. *J Hosp Med.* 2017;12(3):177-9. doi: [10.12788/jhm.2701](https://doi.org/10.12788/jhm.2701).
6. Alfandre D, Clever S, Farber NJ, Hughes MT, Redstone P, Lehmann LS. Caring for ‘very important patients’--ethical dilemmas and suggestions for practical management. *Am J Med.* 2016;129(2):143-7. doi: [10.1016/j.amjmed.2015.09.019](https://doi.org/10.1016/j.amjmed.2015.09.019).
 7. Avinger AM, McClary T, Dixon M, Pentz RD. Evaluation of standard-of-care practices among physicians who treat other physicians: a qualitative study. *JAMA Netw Open.* 2022;5(10):e2236914. doi: [10.1001/jamanetworkopen.2022.36914](https://doi.org/10.1001/jamanetworkopen.2022.36914).
 8. Guzman JA, Sasidhar M, Stoller JK. Caring for VIPs: nine principles. *Cleve Clin J Med.* 2011;78(2):90-4. doi: [10.3949/ccjm.78a.10113](https://doi.org/10.3949/ccjm.78a.10113).