

## Problems and Questions Regarding the Treatment of Political Leaders

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Throughout the course of history, the medical problems of political leaders have been the subject of closed-door discussions. Since the public generally did not have any solid data as to the medical condition of their political leaders, discussions were relegated to the world of gossip. In recent years, heads of state and leaders of the western world, including Israel, have kept their medical conditions secret, including hospitalizations, and have not shared many details with the public.

With the hospitalization this year of Prime Minister Ariel Sharon, the Hadassah Medical Center was compelled to deal with many issues related to the hospitalization of a political leader in a climate demanding public transparency and in the midst of a national election campaign. With no similar precedent to guide us, we did so under stressful conditions and with great uncertainty. There are no straightforward answers to the issues and dilemmas raised in this paper; issues with which we were compelled to grapple and, in similar situations in the future, issues with which other hospital management's will need to contend. In many respects we have now set a standard in Israel for dealing with these complex matters.

### The medical team

When a political leader arrives at the hospital for the first time as a patient, hospital management must decide who is going to be part of the medical team that will treat the patient. Should the physician, or physicians, who are familiar with his or her medical history be responsible for his/her care, or should specialists in the particular field be responsible? A political leader is treated by an interdisciplinary team of senior physicians, whose opinions may or may not be in agreement with one another. Therefore, first and foremost, a coordinating physician, preferably a department head, must be appointed to oversee the case.

Following the initial assessment, certain immediate decisions should be made, such as whether experts from other hospitals should be included in the medical team or whether, at an early stage, the political leader should be transferred to another hospital. The decision must be based on the political leader's specific medical needs – such as special equipment or a subspecialty that does not exist in the admitting hospital – or on the fact that another hospital is familiar with the political leader's medical history. Additionally, logistical and security considerations need to be taken into account.

### Physical location

In Israel, unlike some other countries, we do not have a medical institute designated for the treatment of political leaders. A dilemma may arise as to whether to hospitalize such a patient in the department relevant to his disease or in an area of the hospital that will allow for greater logistic convenience such as security considerations and "hotel level" accommodations.

While the first priority must be the medical needs of the patient and the need for minimal interference with the daily activities of the hospital, security considerations cannot be ignored. The need to provide the political leader with suitable hospitalization conditions has to be dealt with within the framework of a public healthcare system that operates with an average occupancy rate of around 100% and a chronic shortage of intensive care beds. Hospital management must ensure that the special services provided to the political leader will not be at the expense of other patients. Treatments and surgical procedures in other patients should not be cancelled due to the extra attention the political leader may receive, and the need for maximum security should not interfere with the routine activities of the hospital.

Medical monitoring should be balanced between the need to provide the leader with appropriate observation and care, such as private nurses and a private room, and what is acceptable within the system.

The free movement of patients and their family members within the hospital cannot be restrained and the hospital staff must be allowed to move freely in most areas of the hospital. One has to remember that in a medical center such as Hadassah there are not only Israeli and Jewish patients and staff members. Every person entering the medical center should be allowed the same freedom of movement to which he or she is entitled under ordinary circumstances.

### Treatment protocols

When treating public figures (and incidentally, medical personnel as well) there is a tendency to deviate from the routine and from established protocols and guidelines and grant them "special" treatment. It is our opinion that when treating dignitaries we need to adhere, as much as possible, to conventional and acceptable medical treatment while being careful not to overtreat "just to be on the safe side." There is no doubt that the political leader will be treated by the best physicians in the hospital, among other reasons due to their ability to resist pressure from

various parties and interest groups that request and sometimes even insist that the political leader receive a particular treatment that may not be necessary and in some cases may be detrimental or not evidence-based.

The high professional level of the medical treatment team may result in setting a standard of care that will then have to be met when dealing with 'ordinary' patients. Medical management has a role to play in keeping the discussions and decisions within the boundaries of evidence-based medicine.

## **Information and the media**

### **Communication of information**

There is no law or regulation in Israel addressing the type and amount of information that a hospital is required to share with the public. Tension is created between the media and the public's desire to receive detailed information and the medical team's desire to protect their patient's privacy. Therefore, the decision regarding what information should be released is at the discretion of the political leader himself. We need to know what he has consented to: Into how much detail should we go regarding the current illness? Are we releasing information with regard to his entire medical history or are we only releasing information related to the current hospitalization? The political leader's decision can of course change due to public demand, pressure from the media, or at the advice of his staff. It is critical to receive the political leader's personal consent, unless of course he is unable to express his wishes. The decision then generally rests with his family.

Another dilemma that must be faced is whether to provide information together with an analysis, or only release the facts. Each approach has its pros and cons. If only factual information is released then interpretation is left to outsiders who obviously do not have all the information that the hospital medical team has. The analysis produced under such circumstances may be problematic, once again creating tension and a lack of trust between the medical team and the public, and between the medical team and the media.

Information released to the public, which includes the medical team's analysis, may be exposed to criticism, for example, that the analysis is tendentious and reflects too much optimism or pessimism.

One of the medical team's most difficult challenges is to adhere to the medical facts while at the same time presenting the information to the public in a manner that is clear to all, using language that is neither too simple nor heavy with complex medical terms.

### **The frequency and manner in which information is released**

This question must also be addressed. The determining factors are the political leader's medical condition and its dynamics. In our opinion, medical bulletins should be issued once a day, at the same hour, to all media personnel, by a single spokesperson from the hospital, and preferably by a physician who can also answer medical questions. The more dynamic and more critical the situation, the more important it is for the spokesperson to

be a key medical figure in the hospital and preferably the same person for the entire dynamic period of the hospitalization.

In very dynamic situations there may be a need to update the public more frequently, e.g., when there is a change in the political leader's condition, be it an improvement or deterioration; or when there is a need to perform unplanned surgical procedures, special treatments or examinations. Under chronic conditions information can be released on a less frequent basis.

This protocol can only be successful when there is full cooperation and total involvement of the medical team. During the chronic stage of hospitalization, information can be provided in writing or electronically via the professionals who routinely deal with public relations and the media.

### **Modus operandi vis-à-vis the media**

The hospitalization of a political leader causes great media interest, especially when the hospitalization is unexpected and dramatic. In such situations there is a need to establish a policy on how to deal with the press. Is the press allowed to enter the hospital? What areas, if any, is the press allowed to photograph? Who is the press allowed to interview? To which subjects and issues raised by the press will we respond? Who provides the press with background information, on what subjects, and at what point during the hospitalization? Is information released to the press individually or collectively at one time? The answers to these questions as well as the entire issue of public relations and press-hospital relations, including policies regarding the release of information, must be managed by the individual whose responsibility it is during normal times of calm. As such, he/she recognizes and understands the needs of the press while personally knowing the hospital's staff, and the routines of both.

### **Medical information and privacy**

The members of the press corps are known for their aggressiveness in seeking additional information over and above what has been provided; they attempt to find new facts or even gossip related to the political leader's medical treatment. Therefore, there is a need for special precautions to prevent information from being leaked from the hospital's written and computerized medical records. The staff should be instructed regarding the importance of medical privacy and the need to stand firm in the face of outside pressures or temptations.

### **Medicine and politics**

The hospitalization of a political figure is not only a medical event but a political one as well. It is the task of the medical staff treating the patient to keep its comments exclusively within a medical framework, since there are various individuals from across the political spectrum who may attempt to exploit the medical event and the medical team's words for political purposes. One should also consider the risk that in some circumstances an attempt may be made to influence the medical team's reports.

### **Coping with medical criticism**

As a result of the exposure to a political leader's hospitalization, there is a tendency by some in the press corps and in the medical community to evaluate the content and quality of the medical treatment, finding fault, and suggesting alternative treatments. This is particularly true when the treatment results do not meet expectations. The first decision to be made in such circumstances is to decide to what extent the hospital and the medical team are interested in taking part in this dialogue during the time that the political leader is hospitalized. The second decision to be made is to what extent are we free to divulge relevant medical information to this public medical dialogue. There is no doubt that this dialogue should take place, but timing and venue are crucial.

In our opinion, the proper venue for this medical dialogue is within appropriate medical frameworks such as medical meetings or relevant professional journals. This public discussion should take place following the culmination of the political leader's treatment and not during the acute phase of his illness when therapeutic decisions are continuously being made on a round-the-clock basis.

### **Conclusions**

The emergency hospitalization of a senior political leader such as a prime minister raises many medical and non-medical dilem-

mas. In our case, unexpected circumstances put us in uncharted territory. Our approach to the issues and dilemmas raised in this paper evolved during the first hours and days of the hospitalization of Prime Minister Sharon.

We strongly felt that only one spokesperson should appear before the public, but the content and tone of the medical statements were discussed in advance in a larger forum, thus allowing for input from all key medical personnel involved in the treatment of Mr. Sharon.

It is imperative that one senior physician be designated to coordinate and oversee the medical issues of the case. A member of the hospital's management, preferably the Hospital Director, should be charged with the responsibility of coordinating the non-medical administrative issues that arise and a senior staff person should be appointed to determine policy with regard to dealing with the media.

The issues and dilemmas we have raised should form the basis of a checklist that every hospital should prepare, so that if and when the need arises the issues can be properly dealt with during the course of a political leader's hospitalization.

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