

## The Runme Shaw Memorial Lecture 2000—Treating VIPs in Washington

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My lecture is about people, power, illness, and the patient-physician relationship. It is the personality of the politician or official, the ego elevation conferred by power, the repression of the thought of illness, and the combination of these factors, which leads to subversion of the patient-doctor relationship when a very important person (VIP) is involved.

Different countries have evolved a variety of systems of government; for example, the United States is a democracy. The United States Government is divided into three branches, the executive, the judicial, and the legislative branches. These three are embodied as the President with his cabinet officers, the Supreme Court, and the Congress. This is the power structure of the Federal Government of the United States.

In Washington, the politicians or officials may feel glorified by the beauty of the city, which is embellished with parks, greens, circles, trees, bodies of water, majestic memorials, and bold and beautiful governmental buildings in which they live and work. The construction regulations restrict buildings taller than the Capitol Building; therefore the effect is a city of low relief, resembling an old European city, causing the governmental buildings to stand out.

The most prominent body of water is the Potomac River, which flows along the border of Washington, D.C. The Potomac River is named after an American Indian tribe. The power that politicians wield, plus the city, gives rise to what is termed “Potomac Fever”. Potomac Fever is a psychological situation, which is contracted by the development of self-importance in a powerful, beautiful city. Upon this background information I will share information about the treatment of very important people.

### My Evolution

I will quickly dispense with the questions of how I came to Washington, D.C., and how did I get to a position to be surgeon to many VIPs. I was born in Ventura, CA and raised in Taft, CA, both small towns. My emancipation

came by attending the University of California in Berkeley, CA, my first experience in living in a cosmopolitan centre. Thereafter, I got an MD at the University of California in San Francisco. I left California for a year to be an intern at the University of Utah. Then came a major step in my career when I entered the US Navy. I did general surgery at the Naval Hospital, San Diego, and while in the navy completed a residency in colon and rectal surgery at the University of Minnesota. I served on some ships in the navy, but eventually I was stationed at the National Naval Medical Center in Bethesda, MD. Thus I was brought to the Washington D.C. area by the navy, and I have stayed in the area ever since. The navy was my introduction to care of the VIPs, which was part of my regular duties. In fact, I had a clinic once a month in the Capitol Building.

### Illnesses of VIPs

In this section, illnesses of VIPs will be used to illustrate points that make them more difficult to deal with. Not only must the physician or surgeon treat a disease, but also a set of circumstances surrounding the person’s position.

#### *Illnesses of Presidents*

James Garfield, the 20<sup>th</sup> president, was shot in July 1881. While Garfield was lingering with gunshot wound, his staff was afraid to pass the presidential power to the Vice President, Chester Arthur, for fear he would not return power when the President recovered. The problem was resolved when the President died of the infected wound. Doctors were blamed for his death in that there was probing for the bullet into the right side of his back when it had lodged harmlessly in the subcutaneous tissues of the left side of his back. Apparently the probing through his back created false tracts to his liver. These false tracks became infected and weakened him. However, the failure to transfer power to a successor planted the idea that a mechanism to pass the power of the presidency was needed.

Grover Cleveland, the 22<sup>nd</sup> and 24<sup>th</sup> president, developed

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a tumour on his jaw. To keep secrecy, the operation to remove it was performed in a boat off the Massachusetts coast in July 1893. The press was told he had removal of abscessed wisdom teeth. This points out the use of secrecy and misleading the press.

Woodrow Wilson, the 28<sup>th</sup> President of the United States, suffered a stroke in October 1919. His wife and the treating physician kept it secret from his Cabinet and Vice President for 17 months. The work of the President essentially stopped. Even with recovery, he was still a health risk; however, he still wanted to run for re-election in 1920. His aides had to reason with him to drop out of the campaign. In this scenario, the first lady wielded power based upon her husband's position and again the element of secrecy was imposed.

Franklin Delano Roosevelt, the 32<sup>nd</sup> president, had hypertension, which led to congestive heart failure. He had polio, which crippled his legs, such that he had to wear braces. He hid this disability from the public, and did not like to be pictured in a wheelchair. He was elected to four terms, but in January 1945, at his inauguration, his heart was failing. Three months later he had a stroke. His staff, who felt he was indestructible, downplayed the seriousness of his condition. His four terms led to the amendment restricting the presidency to two terms.

Dwight D. Eisenhower, the 34<sup>th</sup> president, had three crises while in office. He suffered a myocardial infarction in 1955, an operation for Crohn's disease in 1956, and a stroke in 1957. In addition, he had a cholecystectomy and an operation for a bowel obstruction which were performed by Lt. General Carl Hughes, US Army, whom I interviewed. The president's serious illness was reported, but downplayed to the press while he was campaigning for his second term.

John F. Kennedy, the 35<sup>th</sup> president, had Addison's disease. This was never discussed publicly or shared with the press. The treatment is cortisone; unfortunately, cortisone has side effects of insomnia, mood swings, and mental confusion. These effects are not attributes that the public would want a president to have while conducting the business of the country. His assassination on November 22, 1963, did not let cortisone concerns ever be observed. Confusion about the transfer of power after his assassination prompted passage of the 25<sup>th</sup> amendment. This amendment gave the vice president and the cabinet the right to declare the president incompetent and then transfer power to the vice president. Also the president can transfer power temporarily while he is unable to carry out his duties. Serious illness and anaesthesia are examples of the loss of competence.

Lyndon Johnson, the 36<sup>th</sup> president, had cholecystitis, which resulted in the need for cholecystectomy in October, 1965. During this surgery, the 25<sup>th</sup> amendment was invoked

for the first time, and the vice president assumed the presidency for a day.

Richard Nixon, the 37<sup>th</sup> president, had viral pneumonia and phlebitis in one leg during his presidency. As was his method of operation, he kept this secret (with the single exception of his staff members). He resigned two months after the illness.

Jimmy Carter, the 39<sup>th</sup> president, developed acutely prolapsed and painful haemorrhoids. This is the only house call I have ever made. I offered surgery, but he elected elastic band ligation. Unfortunately, this resulted in local thrombosis and worse pain. The only day of work he missed throughout his term was the result of haemorrhoids. He was very honest in that he had his press secretary announce that he had haemorrhoids. Some of the press corps laughed, but others did not. It was clear who had previously suffered from anorectal complaints. While I was talking to the President, the phone rang and it was his mother, Miss Lillian. Miss Lillian offered me some advice: "Use a hot water bottle, it always worked for his Daddy". Contrary to the usual presidential secrecy, he felt that honesty with the public was a critical characteristic in maintaining credibility.

Ronald Reagan, the 40<sup>th</sup> president, had three crises; a gunshot in 1981, cancer of the caecum with a right colectomy in 1985, and benign prostatic hypertrophy with transurethral resection (Fig. 1). I will focus on the carcinoma of the caecum because I was one of the surgeons who performed the surgery.

The President came to the Naval Hospital, Bethesda, MD for colonoscopy in July 1985, probably because his brother underwent a colectomy for colon cancer 2 weeks before. A previous occult blood test on a stool sample revealed blood. The colonoscopy identified a sessile mass in the caecum. The biopsy was an adenoma. The President and his wife decided to go ahead with the surgery the next morning. The Chief of Surgery, Dale Oller, telephoned me at the George Washington University where I served as a Professor of Surgery, and asked me to operate with him. I met with Captain Oller and the President that night in the Presidential Suite at the Naval Hospital. The President quipped that he was intimidated because he was an old army cavalryman surrounded by the navy. On July 12, 1985, the surgery was performed and went very well. The President went home in 5 days and is still alive. One of the questions I am frequently asked is "were there secret service men in the operating room?" In fact, there were two agents in scrub suits in the room. Security was high since he had been shot in 1981. At the end of the operation, I stopped to palpate the specimen as is my custom, and I knew that there was a hard site in the middle of the presumed adenoma. While I was checking the specimen, the rest of the people left the operating room.

The operation was otherwise routine and I was at ease; however, upon leaving the operating room, I followed the others involved in his care and walked into a press conference, which was a complete surprise. At that moment I was the only person who knew that there was a cancer, but I would certainly not suggest it without pathologic proof. The entire conference was predicated upon finding the result of the pathology; thus, the press went out to learn about adenomas and colon cancer. The problems presented were second-guessing whether the President should have had colonoscopy at an earlier date. The doctors at Naval Hospital, Bethesda, previously had discovered a small polyp by sigmoidoscopy. They recommended colonoscopy, but it was not carried out, probably because of political reasons. Certainly the doctors did recommend it, as is policy for every other patient regardless of social status or rank. The White House did not recognise the problem of delay in colonoscopy. A patient cannot be ordered into the hospital, especially the President. Problems encountered were those that dealt with the family, and those that involved correct reporting by the press.

*Illnesses in the Supreme Court*

The Supreme Court is always under scrutiny because its decisions will direct whether laws are legal and enforceable. The most talked about is the decision regarding Roe Vs Wade, which gives women the right to choose about abortion. The health of the Justices is watched and calculated as to when they will go off the Court, because the President in office will appoint their successors. If conservative Justices are appointed, the pro-abortion laws may be overturned. Justice Powell was on the Court, which voted for Roe Vs Wade. I screened him for colorectal cancer and

found a mass in his sigmoid colon (Fig. 2). We removed it with a standard sigmoid colectomy, and the pathology did not reveal invasive carcinoma; he recovered uneventfully.

The newest member of the Supreme Court, Justice Ruth Bader-Ginsburg, perforated her sigmoid colon while in Crete (Fig. 3). She was believed to have perforated diverticulitis until I performed sigmoidoscopy for her and saw a carcinoma in the upper rectum. During her surgery, I removed the rectum, two loops of small bowel, and the uterus to assure an en bloc resection, and then constructed a stapled end to end anastomosis. Her health is watched carefully because she is one of the more liberal Justices. During the next presidential election, one of the issues which will be discussed is abortion and the appointment of the next Justices. The Republican, George Bush, favours conservatives and the Democrat, Albert Gore, prefers liberals. Justice Ginsburg’s husband wrote a press release, which I proofread, for medical accuracy, and it saved me the tribulations of dealing with the press. This experience points out that forethought regarding the press allows the VIP to control the press.

*Illness of a Congresswoman*

The case of Congresswoman, Sala Burton, from San Francisco, illustrates both the problems of holding onto power and secrecy. She was appointed when her Congressman husband died while in office. This very nice lady had carcinoma of the distal rectum and underwent an abdominoperineal resection. Unfortunately, she had multiple metastases to both lobes of the liver, which made her incurable. In spite of knowing she would not survive long, she ran for office again, won, and promptly died. The public should be informed about the health of people

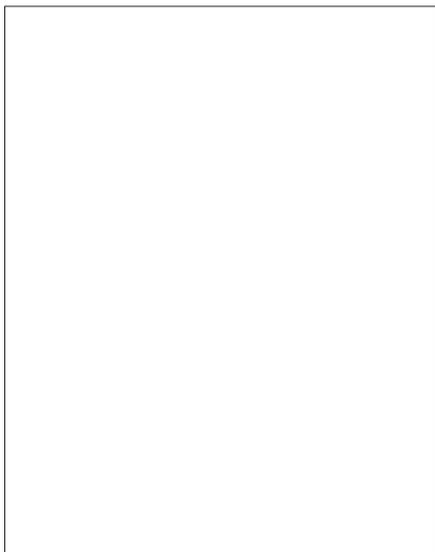


Fig. 1. Ronald Reagan.

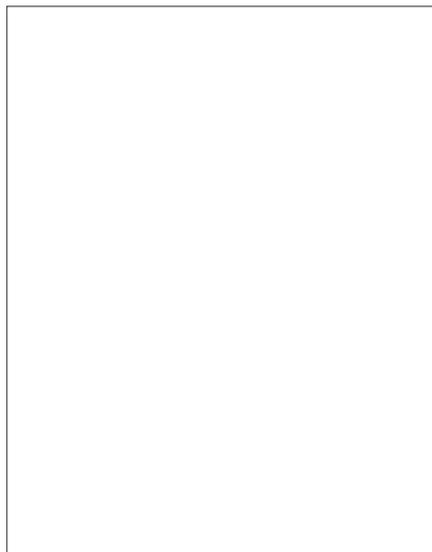


Fig. 2. Lewis Powell.

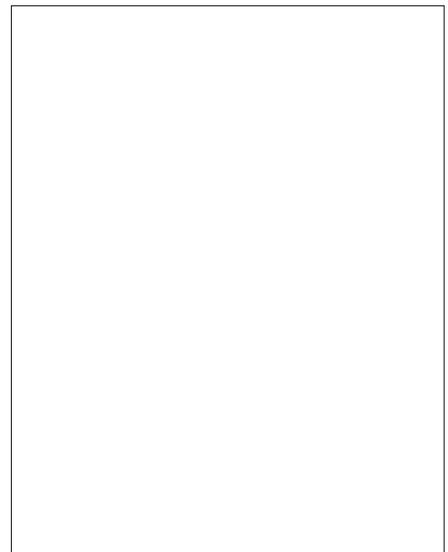


Fig. 3. Ruth Bader-Ginsburg.

running for governmental offices in order to feel that they will be served as well as possible.

### **Lessons Learned about Treating the VIP**

Several lessons have been learned about treating the VIP. First, the basic relationship between a doctor and a patient must be preserved. Second, practise good medicine. Third, be certain the VIP receives a complete informed consent. Fourth, preserve the VIP patient's confidentiality. Fifth, we must be thorough in our approach to caring for the VIP and anticipate problems with logistics, assistance, and communications. Sixth, the family must be kept informed as well. These are the same principles that a physician would employ with any patient. The differences for the VIP patient are his need for control, the security issues, communications, and family demands. These differences in the VIP require devotion of more time.

The VIP is fearful of giving up power. Generally, the VIP has many people working for him, but the VIP does not want to give up the control. For presidents, the 25<sup>th</sup> amendment to the U.S. Constitution provides for passing the authority of the President to the next person in the line of command. The next order of power is the Vice President. The VIP must come to terms with temporarily or permanently transferring power because of illness.

Honesty is the physician's best friend in gaining the confidence of the VIP as with any other patient. By being forthright and clear in discussions, trust is gained. Life and death decisions are well known to the VIP but it is a different experience for them to be the person whose life and death is under consideration. The VIP is thinking of how his illness will affect his constituency, as well as his family. This creates anxiety for the VIP and additional questions will be raised or what has been said may need be repeated. Thus, the physician or surgeon must be available for these consultations.

Good medicine must prevail. Follow the same principles that are correct for any human being. Reassure the VIP that you know the problem and advise the best choice in management. Provide the best consultants and nursing staff that is available. If the patient is suddenly overwhelmed with anxiety, clear reasoning generally overcomes the anxiety and helps the VIP meet the personal health challenge. Political responsibilities must be completed around the person's health. For example, President Reagan initially did not comply with the recommendations for colonoscopy. When his brother contracted colon cancer, he changed his mind.

Informed consent is an every day activity for the surgeon. The patient must understand the alternatives of treatment, the risks and benefits and the complications that may

ensue. Some people have unrealistic expectations. Even though amazing medical progress has been achieved in this century, people still get sick and die. Mortality may not have been in the plan of a VIP, but ultimately a disease or injury brings them into reality. The VIP must have a clear understanding that pain may be a consequence of surgery. Furthermore, recovery from a procedure takes days to weeks, and generally they are anxious to resume their role in a powerful position; so they must be restrained from hurting themselves and allow proper healing.

Confidentiality is difficult to maintain, because the press follows VIPs on a daily basis. Therefore, the VIP must be prepared to tell the public their health status. The public needs to know how "fit" are the people who are representing them. The most senior executives must make their health reports known. If any hint of illness is mentioned, the press will dissect it in the media. The journalists will immediately be calling the doctor to find out "first hand" information. First, the doctor must protect the patient's confidentiality. Thus, it is the VIP that must determine how news would be disseminated. Generally, someone is appointed as a spokesman, and the physician or surgeon should defer to them. Sometimes the doctor is brought to a press conference where reporting must be very direct, and guessing must not be part of the discussion. If something is unknown, this must be expressed as an unknown. If there is a press secretary, the doctor must educate the secretary about the diagnosis, treatment, and risks. Then we can only hope the press does not misquote or misunderstand us.

Anticipation of the political needs of the VIP becomes a factor in achieving a satisfactory outcome. Times needed for visits and testing are extended. Problems with parking and routing around a hospital need be brought to the attention of administrators who will need to find escorts for them. When hospitalised, the VIP needs privacy and the ability to carry out business of the country, which requires additional telephones, fax machines, etc. in their rooms for immediate communications. To protect patients, it is often a help to the VIP to deny visitors for medical reasons, such as simple rest. Security for high-ranking officials is something that has become a necessity because of fear of assassination. Five presidents have been shot, and the Secret Service is constantly in attendance. Yes, they are also in scrub suits in the operating room. When the President is to appear in a previously announced site, medical personnel are alerted that in case of emergency the President may be evacuated to a specific emergency room. When the President is to be in an exposed, announced site, a surgical team is in immediate attendance. For example, I was nearby with an operating team at President Gerald Ford's State of the Union Address, and at President Reagan's Inauguration, to attend emergency trauma. Our operating

room was set up in a room adjacent to the site of their speeches.

Both the National Naval Medical Center in Bethesda and the Walter Reed Army Hospital in the District of Columbia have presidential suites. These suites have built-in communications and security for the President. The President chooses which one to go to by their past military affiliations, i.e. army or navy. The suites have large rooms for meetings, and they are furnished with gifts received from foreign governments. Needless to say, the rooms are elegant. They are kept locked unless the President authorises its use for someone such as a family member, the Vice President or a Cabinet member.

The family of the VIP must be kept informed also. When speaking to physicians and surgeons about their experiences in dealing with the wives of the presidents, uniformly it was more difficult than dealing with the president himself. Again, explanations must be clear and simple, not because the wives are not bright, but because they are not educated in medicine, and they may have misconceptions about

medicine and surgery.

In conclusion, the history of illnesses of VIPs, direct experience with VIPs and discussions with doctors who care for VIPs, have led to several themes that are relatively uniform, regardless of the position. The VIP wants confidentiality, but would prefer secrecy. However, an active press corps keeps the issues before the public. The family has many ideas about what to do for the VIP; often they respond to reason, but often they do something counter to reason, although trying to help. Both the VIP and their spouse are reluctant to give up power and they devise methods to minimise the amount of time they are out of direct power. Finally, the press in their zeal to get a story will find and perhaps misrepresent the truth. Therefore, it is important to educate the family and spokesmen so that the correct information is released. It is best to speak to the press corps only at the request of the VIP. Good medicine, plus attention to these details for VIPs, has led to successful outcomes for their health and their office.