

The Health of Political Leaders: The Medical Angle

The Health of Leaders: Information, Interpretation and the Media

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On 18 December 2005, Prime Minister Ariel Sharon was hospitalized at the Hadassah University Hospital (Ein Kerem Campus) in Jerusalem, after becoming disoriented during a telephone conversation with his son. The diagnosis upon hospitalization was a minor, temporary stroke, from which he completely recovered. Following this episode, Sharon was placed on anticoagulative treatment in order to prevent additional blood clots. About 2 weeks later, on the evening of Wednesday, 4 January 2006, Mr. Sharon was again rushed to the hospital after his condition rapidly deteriorated and he suffered a massive hemorrhagic stroke. Sharon lost consciousness on the way to the hospital.

From this moment on, top specialists in the relevant fields mobilized to provide Mr. Sharon with the best possible treatment; naturally those from Hadassah, but also specialists from other Israeli, as well as foreign, hospitals. Sharon survived the acute stage of his illness and the concomitant operations, but unfortunately did not recover, and, as of the publication of this article, is in a deep coma from which his chances of recovering are slim. A number of questions arise in conjunction with the prime minister's illness, among them: the relationship between the media and the treating staff, the provision of information and interpretation of the prime minister's medical condition vs. criticism regarding his treatment, the public's right to know about the medical status of their leaders vs. those leaders' rights to privacy, the implications of the media's coverage on the status of physicians and their perception among the public, especially with regard to physician-patient relations. Among its other functions, the media serves as the public's watchdog, ensuring transparency and full reporting to the public, but no less important to the media are financial considerations, better known as "ratings."

Against the backdrop of the prime minister's illness, and the dramatic turn of events that accompanied it, began a marathon of reporting in both the national and international media. In contrast to multi-casualty events, where there are diverse broadcasts from several locations, in the case of Sharon all information was released from a single source, and it was therefore necessary to vary the information. In view of the far-reaching implications of the prime minister's situation for the running of the state and the fate of its citizens, there was an obvious need for information that

would clarify the situation. Thus, we were witnesses to a media free-for-all, taking place with the participation and cooperation of different doctors. Here, one must distinguish between substantive medical commentary, which aims to explain the different terminology, the medical significance of the event and the diagnosis and prognosis – and speculative criticism, which lacks any knowledge of the facts. Whereas, assuming the commentary is provided by medical authorities in the relevant fields, the former is legitimate and serves the purpose of helping the public understand the implications of Sharon's illness on his functioning and his future, the speculative criticism offered by physicians not connected with Hadassah is unwarranted and causes great harm.

Criticism and introspection are cornerstones of the medical profession and are based on the assumption that information, as detailed as possible, must be available to the one providing the oversight [1]. In the case of Sharon, many physicians – in many media outlets – offered criticism of the medical decisions, treatment, medications and diagnostic process, without having even the slightest bit of actual information regarding the facts, the decision-making process or the medical discretion that led to the treatment decision. Several even engaged in the reprehensible practice of providing this criticism anonymously. In fact, during the period of media reporting it became clear that the criticism was based on incorrect information and speculation that led to false claims of substandard care. In addition to the injustice and offense to the medical staff that worked tirelessly in caring for Sharon, baseless criticism carries with it a high potential of harm to the delicate fabric of the physician-patient relationship, for if someone with the status of prime minister does not receive the appropriate care, what will happen to the ordinary patient? Statements such as "Sharon had no protection at the hospital" or "Sharon's medical care since his first stroke was not reasonable" are not only venomous, they are baseless. One newspaper reported that the diagnosis of cerebral amyloid angiopathy was previously unknown – a report later proved untrue, since the underlying vascular problem in Sharon's brain was diagnosed upon his first hospitalization. Subsequently, continuing the trend of unjustified and baseless criticism, this item appeared: "Sharon received anticoagulants although his neurovascular illness was diagnosed already during

his first hospitalization..." These statements thrust the public into unnecessary concern and confusion over what treatment their prime minister received, and why.

Medicine is a profession of science and the element of debate lies at the core of the academic culture. But medicine is not an exact science; there are those who treat it as a form of "art," as opposed to exact sciences such as mathematics and physics. There have always been and always will be different approaches to similar problems. Each of these approaches will be based on data, analysis and scientific appraisals that support it, and not others, equally supported by different scientific proofs. Therefore, medical discretion is the keyword of any medical decision. Medical discretion is "celebrated" when the medical diagnosis and treatment are successful, especially when the patient recovers entirely, but must also be safeguarded when, despite reasoned, established and correct discretion, based upon the knowledge and experience of many specialists, the result is not successful. Even when, sadly, the patient dies, the treatment may have been correct. In such cases, the medical episode will be followed by an investigation where all the facts – including physical examinations, laboratory tests and imaging – are placed before the investigators, who will conduct their investigation and analysis, draw conclusions and make their recommendations in order to improve the clinical result next time.

The media can be compared to a hungry predator, which, if not fed with information, will prey upon anything in its path. Many doctors have fallen prey to this "beast" for various reasons, ranging from a desire for public exposure to an inflated ego, from a desire to prove their superior knowledge, to the pursuit of personal or institutional prestige and reputation, or the settling of personal accounts. Some of the media's actions can perhaps be explained by the lack of clear rules and reporting conventions, such as a daily medical bulletin on the condition of the nation's leader – Prime Minister Ariel Sharon.

The question of the public's right to know about the health of their leaders versus the leaders' right to privacy received intense scrutiny in the United States. The question of the president's health, including that of presidential candidates, was raised more than ten years ago [2,3]. In addition, the American Medical Association formulated a position in 1977, most recently updated in 1996 [4] that emphasizes the supreme right of a patient to privacy as outweighing the media's desire for details, and conditions the provision of information on the explicit consent of the patient. If and when consent is provided, the physician is expected to fully cooperate with the media. The position of the AMA does not relate specifically to the president or other leaders, and the above rule applies to them as well.

There are many examples of the public's lack of knowledge regarding the health of its leaders. In the U.S. for instance, President Woodrow Wilson hid the fact that he suffered from heart disease and high blood pressure, and suffered a major stroke during his term in office. His condition was not disclosed

to the American public, and his wife, along with his advisors, essentially ran the country. President Franklin Roosevelt, who for many years hid his polio, also concealed hypertension and heart failure from which he suffered during his third term. During his fourth term in office, he also suffered from mental impairment, including during his participation in the Yalta conference where many global decisions were reached; apparently Roosevelt's mental decline led to less than optimal results as far as the U.S. was concerned. President John F. Kennedy suffered from Addison's disease, which he covered up, and his personal physician even went so far as to lie about it. Because of serious spinal problems, Kennedy also needed to take large doses of drugs that likely had an effect on his functioning in certain situations.

Israel, too, has examples of politicians' health problems that were kept secret, such as those of Golda Meir and Menachem Begin. In retrospect, it is always possible to plant fear in the hearts of the public, whether in Israel or the United States, that certain medical conditions from which their leaders suffered and which were hidden from the public affected their ability to function as heads of state and to make appropriate and correct decisions of great importance.

The significance of a politician's illness as weighed against the public's right to know is especially important today, when we are faced with the question of the prime minister's ability to make decisions of national importance. This question emphasizes the public's right to know. While in office, the prime minister does not have a right to full privacy, as does an ordinary citizen. Instead, the extent of the privacy afforded an individual is commensurate with the importance and significance of the position he or she holds; the more important and central the position, the more limited the extent of privacy to which he or she will be entitled.

In today's legal setting there is no legislated way to deal with the problem. Both the Privacy Protection Law and the Patients' Rights Act dictate the reality by which the transfer of information, including its scope and depth, are contingent solely on the consent of the patient and his family. In the absence of legislation and clear rules, the information provided to the public is influenced also by political figures and parties, and this reality must be changed immediately.

The dilemmas raised by this issue have not yet been settled either here or in the United States [5], but the need to formulate national policy in the matter is urgent. In May of this year, Israeli member of parliament Danny Naveh proposed a law entitled "Reporting on the Medical Condition of the Prime Minister." The proposed law relates to the reporting of any medical episode requiring hospitalization, as well as medical checkups, and the candidate's health prior to being elected. Regulation of the matter will hopefully prevent a situation where partial, non-specific reports and speculative interpretations and commentary are given regarding the health of a leader. This will help ensure a fair balance of the public's right to know with an individual's right to privacy. Only then can we hope to achieve our aim of an open, yet just, society.

AMA = American Medical Association

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