

It is deeply distressing to feel targeted by the administration of a hospital, an institution designed to provide care. When a CEO or executive team appears to "persecute" a patient—meaning they systematically target, harass, or disadvantage them—it is almost always a defensive maneuver designed to protect the institution, its finances, or its leadership from a perceived threat.

In the context of a public hospital, where politics and public funding are key factors, the motivations for such unethical behavior typically fall into four distinct categories:

1. Reputation Management & Political Damage Control

Public hospitals are government-funded entities. The CEO answers to a Board and, ultimately, to government health ministers.

- **Silencing a Whistleblower:** If a patient is exposing systemic failures (e.g., unsafe hygiene, dangerously long wait times, medical negligence), they become a political liability. The CEO may target the patient to discredit their story before it reaches the media or politicians.
- **The "Vexatious" Label:** To invalidate legitimate complaints, administration may label a vocal patient as "vexatious" or "delusional." By framing the patient as mentally unstable or impossible to satisfy, the CEO can justify ignoring their grievances to the hospital board.

2. Legal and Financial Risk Mitigation

If a patient has suffered harm due to medical error, the hospital faces potential lawsuits and payouts.

- **Aggressive Defense:** Instead of admitting fault, the hospital's legal and risk management teams (directed by the CEO) may adopt a "deny and defend" strategy. This can feel like persecution because they might withhold medical records, delay processes, or use legal threats to intimidate the patient into dropping a claim.
- **Protecting Accreditation:** Public hospitals rely on accreditation for funding. If a specific patient's case highlights a failure that could threaten this status, the administration may try to bury the case or intimidate the patient into silence.

3. "Gaming" Key Performance Indicators (KPIs)

Public hospital CEOs are often judged by strict metrics (e.g., emergency department wait times, discharge rates).

- **Patient Off-loading:** A patient with complex, chronic needs who "clogs" the system and hurts the hospital's throughput statistics might be pressured to leave. This can involve "granny dumping" (pressuring families to take elderly patients home unsafe) or transferring the patient to a lower-quality facility against their will.
- **Banning Orders:** In extreme cases, administration may utilize "Behavioral contracts" or

"Code Black" (threat to personal safety) protocols to ban a patient from the premises, ostensibly for staff safety, but sometimes as a tool to remove a "difficult" consumer of resources.

4. Toxic Institutional Culture & Ego

Sometimes the persecution is personal or cultural rather than strategic.

- **God Complex/Narcissism:** In hierarchical medical cultures, a CEO or senior doctor may perceive a knowledgeable or questioning patient as a challenge to their authority. "Persecution" becomes a way to reassert dominance.
- **Closing Ranks:** If a patient complains about a senior, revenue-generating doctor (a "rainmaker"), the CEO may protect the doctor to maintain staff morale or revenue, turning the machinery of the hospital against the accuser.

The Mechanism of Persecution

When administration targets a patient, they rarely do it openly. It often manifests as:

- **Gaslighting:** Telling the patient the events didn't happen as they recall.
- **stonewalling:** Deliberately losing paperwork or failing to return calls.
- **Weaponizing Security:** calling security guards or police on a patient who is merely frustrated or crying, to create a police record that justifies future refusal of care.
- **Medical Blacklisting:** "Flagging" a patient's file so that every doctor they see treats them with suspicion or disdain before even speaking to them.

What can you do?

If you are experiencing this, direct confrontation with the CEO often fails because they hold the institutional power.