



# THE S T A L K E R PATIENT

What do you do when a patient crosses the line?



BY IVAN MAC, MD, MBA

In 2011, I performed cataract surgery on a 45-year-old woman. I implanted monofocal IOLs during a perfect surgery and achieved a great outcome. The problems began after that. They lasted more than 2 years and were difficult for my family and me.

The patient had visited the office on numerous occasions for reasons that I would call insignificant events. I expect a certain number of visits in the postoperative period, but what this patient was doing was excessive. She would come in with vague complaints of dry eye, ocular discomfort, or something that did not feel right. We would bring her back to the examination room and take a look, and there would be nothing there—no inflammation. The visits continued over the course of about 1 year. During that time, she began to make inappropriate comments. It started fairly innocently (“You look good today” or “How is my favorite doctor doing?”) but progressed to remarks beyond what I consider to be suitable banter with a patient. She also called the office several times to talk to whoever was working at the front

desk and ask how I was. The staff notified me each time she called.

## HITTING CLOSE TO HOME

Eventually, she started calling me at home. I do not know how she obtained the number, but she would call every day. At first, I would answer the phone, and the line would go dead. In time, when my wife would pick up, the patient would ask, “Can I speak to Dr. Mac?” My wife did not know who this woman was, so she would hand

the phone to me. Once I was on the phone, the woman would start speaking inappropriately. My wife and I had to teach our children that, if they saw the woman’s number on the caller ID, they should not answer.

She also sent letters and cards I estimate she spent hours writing. I received birthday cards, Valentine’s Day cards, *Saturday cards*—you name it. Things got really scary when she attempted contact outside the office. She would “conveniently” run into me

## AT A GLANCE

- ▶ Over the course of 1 year, a patient gradually made more and more inappropriate comments to her physician.
- ▶ These comments eventually progressed to inappropriate contact outside of the office, including phone calls and letters sent to the physician’s private residence.
- ▶ Health care providers should have a system in place to set boundaries for patients and to prevent such inappropriate behavior from continuing.

at the supermarket or the hardware store. It became obvious that she was following me.

### CUTTING OFF

My practice quickly discharged this patient, and we no longer see her. Unfortunately, after the discharge, her calls continued. I contacted law enforcement officers and was basically told there was nothing they could do until she made a verbal or physical threat against me.

I called in a favor. I contacted the county sheriff, on whom I had performed cataract surgery. He sent two of his officers over to talk with her, and the incidents diminished over time. I guess she was scared off by the police officers, lost interest, or found somebody else.

Although it was over, the experience affected me on a personal level. My family and I relocated during the 2-year ordeal. We had been planning to move anyway, but this experience was an incentive to choose a gated neighborhood.

### LESSONS LEARNED

I have made several changes because of this experience. First, I reconsidered my practice's processes for seeing patients. Early in my career, I did not use scribes because my practice was small. I would leave the door to the examination room cracked when seeing patients. Because of my experience with this patient, I now always have a female staff member with me in the room. Second, I quickly address inappropriate comments or behavior. Third, I actively discourage inappropriate contact with patients. I stress that it is inappropriate to contact me outside of office hours, and I let patients know that there are boundaries they should not cross.

Health care providers must protect their privacy and set appropriate boundaries for patients. They should put thought into what they share on social media. Whether you realize it or not, your patients are stalking you through your social media presence. Be hesitant about what you publish publicly on Facebook or other social media platforms. Patients may be looking beyond

reviews and looking at your social media to get to know you or judge you. I never share pictures of my family on my practice's social media accounts.

Stalking is more commonplace than many people would imagine. Stalkers can be motivated by love or hate. For example, George H.W. Bush's cardiologist was shot 20 years after the shooter's mother had an unfavorable outcome. Physicians who suspect they are being stalked should notify their colleagues and staff. I also involved my medical defense organization to let them know what was happening. They did not offer any advice, but they documented everything. The best things any of us can do are to put an end to inappropriate behavior at its first sign and to have a plan in place to report such behavior. ■

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