

# SAY ANYTHING

HAVE YOU EVER DEALT WITH A POTENTIALLY DANGEROUS PATIENT? IF SO, HOW DID YOU HANDLE IT?

SHOULD OPHTHALMIC PRACTICES CONSIDER HAVING SECURITY ON STAFF?



**MICHAEL LAWLESS,  
MBBS, FRANZCO, FRACS**

■ Vision Eye Institute,  
New South Wales, Australia

“ A few years ago, I had a stalker. It was a woman in her early 40s who had come to my practice for a third opinion. She previously had LASIK from another physician and had some mild irregular astigmatism, which would improve with time. I saw her on three occasions to try and help her manage the issues she had without needing to intervene.

She became fixated on me, and it is not clear how, but she obtained my personal mobile phone number. She called me at all hours of the night, sometimes 10 times in an hour, occasionally identifying herself but mostly not. I was not too concerned for my safety—I am over 6 feet tall and have black belts in karate and aikido—but it was unsettling, particularly for my family. This continued for several months.

Around the same time, the woman saw a colleague in my practice for another opinion and did not agree with his assessment that she would improve. He received shredded, unidentifiable correspondence in the mail shortly after their conversation.

The police were called in, and I had to get a new mobile phone number, but the patient was never charged with any crime. Thankfully, we eventually stopped hearing from her.”



**KARL G. STONECIPHER, MD**

■ TLC Vision, Greensboro,  
North Carolina

“ When I was a resident, I was working in an emergency room when they brought in an individual who had just shot 11 of his coworkers. The life lessons learned from this encounter are now well ingrained into my thought processes for dealing with unhappy or mentally challenged patients.

Although we have never been physically assaulted, we have had a few tense moments with patients interacting with our staff. These encounters are best handled by the physician or office manager. I believe it is best to remove the individual from common areas. At all costs, the person dealing with the situation must remain calm and should give the individual plenty of space, with an exit easily accessed by both parties.

Always maintain a healthy level of paranoia when dealing with these patients. If you feel physically threatened, it is best to call 911 to deal with the challenge. I have found in all of our encounters that the situation was easily handled when all parties were as calm and quiet as possible. There seems to always be a solution to avoid disaster. Having a plan with staff is imperative if the situation were to escalate, and we have rehearsed these situations just like a fire drill. It is always better to be prepared than sorry later for lack of preparation.” ■