CME

Woman physician stalked

Personal reflection and suggested approach

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ABSTRACT

OBJECTIVE To increase awareness of the stalking and harassing behaviour physicians sometimes encounter from patients and to explore how best to approach and address this behaviour.

SOURCES OF INFORMATION A physician's personal reflection of a stalking incident is combined with a review of the literature. Few studies have addressed this subject.

MAIN MESSAGE Any family physician could be the victim of stalking. Physicians' routines and schedules are often public knowledge because of their availability to their practices; thus they are particularly vulnerable to stalkers. We rarely think of women stalking female family physicians; however, it is likely more common than we realize. Increased awareness of this phenomenon and appropriate interventions could reduce escalation of harassing behaviour. Helpful strategies could include recognizing and addressing the behaviour early, seeking assistance, and documenting all incidents in a separate file that includes tape recordings or other material.

CONCLUSION We should explore stalking and harassing behaviour openly and become aware of the risks so that we can identify appropriate strategies to avert problems and deal with stalkers.

RÉSUMÉ

OBJECTIF Sensibiliser les médecins aux situations de harcèlement dont ils sont parfois victimes de la part d'un patient et examiner les meilleures stratégies à adopter face à ces comportements.

SOURCE DE L'INFORMATION Réflexions personnelles d'un médecin à propos d'un cas de harcèlement, avec revue de la littérature. Peu d'études ont abordé ce sujet.

PRINCIPAL MESSAGE Tout médecin de famille peut être victime de harcèlement. Ses occupations journalières et ses horaires sont connus du public puisqu'il se doit d'être disponible à sa clientèle; le médecin est donc particulièrement vulnérable face à ce type de comportement. On pense rarement que certains femmes peuvent harceler des femmes médecins, mais c'est probablement plus fréquent qu'on ne le croit. Une sensibilisation à ce phénomène et des interventions appropriées pourraient freiner l'escalade des comportements de ce type. Différentes stratégies peuvent être utiles : reconnaître ce comportement et y réagir précocement, rechercher de l'aide et documenter tout incident dans un dossier séparé, incluant des enregistrements sur bande magnétique ou autre matériel.

CONCLUSION on devrait discuter ouvertement du comportement de harcèlement et se renseigner sur les risques qu'il comporte, de façon à identifier les stratégies permettant d'éviter le problème et à décourager les agresseurs.

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Case description

A female patient, new to the practice, presented with depression. A 1-week sample of antidepressants was prescribed. She decided to take all the medication at once with beer and presented to the emergency department, where computed tomography revealed brain atrophy. She thought the medication caused the atrophy and threatened her physician with death. Her care was transferred to a male associate.

The patient obtained emergency contact numbers and paged or called numerous times throughout the day and night, interrupting activities and sleep. She was seen loitering in the clinic building. She was told that her behaviour was frightening and must cease; despite this warning, the calls continued. Messages on a home answering machine disturbed and frightened family members. Relatives needed to be informed of the situation so they would be more vigilant about security. Her original physician took various routes traveling to work and felt increasingly vulnerable on late-night obstetric deliveries, nursing home calls, and home visits.

The Alberta College of Physicians and Surgeons was informed of the situation and agreed that a letter be sent indicating the authorities (police) would be notified if the harassment continued. After receiving the letter, the stalker showed up at the doctor's office and angrily told staff, "No more letters!" The police were notified, and an event number was given to the incident. Staff were told to call 911 for any abusive situations. At that time, stalking was not a criminal offence, so nothing more could be done until a violent act occurred. Each incident was documented and recordings of the harassing telephone calls were kept.

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As a woman physician, I assumed that my male colleagues were at higher risk than I of being stalked by a female patient. An experience with a disturbed patient shattered my illusions. At first I thought this situation was unique; however, during the episode I learned that two female colleagues were in similar situations.

The woman who stalked me later sought the care of another female family physician. She began loitering near that physician's office and eventually was discharged from that physician's care. I came to realize that this phenomenon might not be so rare and probably should be discussed openly to develop resources and appropriate responses.

Sources of information

There is little literature on this subject. A PubMed search using the term stalkers with no restrictions provided 43 items dating back to 1994. The research published in this area consisted of case reports, case studies, and surveys. Other searches included the terms women stalkers, female stalkers, female physicians, or women physicians with the term stalker or the term harassment.

Main message

Prevalence of stalking. Stalking is not uncommon and, based upon estimates and survey results, could be increasing.[1-3] A US survey[2] and an Australian survey[3] documented that 13% and 11% of stalking perpetrators, respectively, are women. Forensic studies report higher proportions of female stalkers.[4,5] A case study of 190 stalkers referred to a forensic mental health clinic in Australia found 21% were women; 40% of these women focused their attention on professional contacts, such as psychiatrists, psychologists, and family physicians.[4] In 45% of these women, an axis I disorder was diagnosed; 50% were diagnosed with personality disorder; and 5% had no diagnosis assigned.[4] Another study evaluated 223 victim-stalker pairs managed by the Los Angeles Police Department; 23% of these stalkers were women.[5] Reviews and case studies show the most common motive for stalking was the hope of

developing an unattainable intimate relationship with the victim,[1,4,6,7] although some sought revenge for a perceived wrong done to them.[1,4,6-8] The incidence and prevalence of stalking among physicians is unknown; however, an unpublished survey of clinicians attending the 1994 meeting of the Oregon Psychiatric Society found that 26 of 90 members had experienced stalking.[8]

Given the nature of family practice, it is unsurprising that female physicians would be at risk. Ill patients sometimes seek out female caregivers. With the shortage of mental health care providers, family physicians have become an important contact for more and more of these patients. A case study of stalkers indicates that professionals in contact with these patients are at risk because medical attention is sometimes misinterpreted as a way to develop an intimate relationship.[9] Also, during provision of care, patients can misinterpret therapy as the cause of harm. Reviews reveal that homosexuality is rarely a motivator, but is often assumed to be by uninformed people.[6,7]

A case study of victims found the most frequent method of harassment was through the telephone; usually more than one method was used.[10] Other methods included letters, e-mail messages, unsolicited gifts, following, surveillance, property damage, threats, and violence.[10] Case reports on clinicians who have been stalked describe complaints of professional misconduct[8]; a review indicated that stalkers sometimes initiate spurious legal action against victims, and order or cancel services on victims' behalf.[1]

Any threat of violence should be taken seriously. A case study found no significant difference in the incidence of violence and property damage between same-sex and opposite-sex stalkers[6]; surveys found threats of violence were associated with greater risks for victims.[3,11] Victims of same-sex stalkers can experience the same level of distress and disruption as victims of opposite-sex stalkers, yet case studies show their fears unfortunately might not be taken as seriously.[6]

How to stop it. **Table 1** provides suggestions on what to do when targeted by a stalker. Protecting private information is important. Reviews suggest that physicians avoid listing private numbers, addresses, and personal information in media the public can access, such as telephone books and webpages. In some cases a post office box number can also protect privacy.[1,7]

Early recognition and intervention is important. Literature reviews indicate that physicians might cope by denying or by refusing to acknowledge the problem.[1,7] Minimizing the severity of the criminal behaviour can contribute to the problem.[1,7] Inappropriate behaviour is easily recognized when it emerges suddenly with death threats; however, case studies describe how boundaries can be gradually encroached upon through health-seeking behaviour, such as requesting telephone advice. Reviews and case studies indicate that setting clear boundaries by addressing intrusions in a firm limit-setting manner can avert problems.[1,7,8] One survey of college students found harassing behaviour was more likely to stop when stalkers were specifically asked to stop.[11]

Stalking is a criminal offence. Section 264 of Canada's criminal code defines stalking as criminal harassment. The code prohibits conduct that causes people to reasonably fear for their safety or the safety of those known to them. Harassing behaviour can consist of repeatedly following, communicating with, watching, or threatening the person or his or her family. While the legal system does not specify time frames, some authors define clinically significant stalking as harassing behaviour that extends beyond a 2-week period.[1]

Some patients lack the social skills to understand appropriate boundaries. Case studies suggest that it is important to let patients know close friendships or intimate relationships will not be formed.[8] Relationships should be terminated if, despite warnings, the behaviour persists.[1] Terminating a relationship can be difficult, can have medical and legal implications, and incurs the hardship of finding a physician willing to accept such a patient. Reviews suggest that, once a relationship with a patient has been terminated, any further correspondence should be avoided, as it could be misinterpreted and could perpetuate the problem.[1,7]

Table 1. Suggestions on how to deal with stalking

SUGGESTED ACTION	SOURCE OF INFORMATION
Protect personal information	
• Avoid listing private numbers in media the public can access (telephone books, webpages, professional organizations)	Reviews[1,7]
• Use post office boxes or answering machines (resources that can protect personal information)	Reviews[1,7]
• Become familiar with the services of your telephone provider (prevent your personal phone number from being displayed on telephones with call display, document harassing calls)	Telus *67 will block your number from being displayed; Telus *57 call trace provides legal evidence of harassing calls
Assess personal security: Review security at home and at work (deadbolts, alarm systems, motion sensors, window locks, peepholes, lighting, parking safety, staff, and chaperones)	Review[1]
Set clear boundaries and confront behaviour early	
• Set clear boundaries (develop and consider advertising policies of zero tolerance for intimidation)	Reviews[1,7]
• Address intrusions early (tell the patient to cease specific behaviour, including specific distressing health-seeking behaviour)	Reviews, case studies, and surveys[1,7,8,11]
Document, document, and document: Document every incident in a separate file (include date, time, recordings, gifts, fear about safety, and any discussions regarding the case)	Reviews[1,7] and advice received from the Canadian Medical Protective Association
Terminate the relationship	
• Terminate doctor-patient relationships (when behaviour creates fear or persists despite warnings)	Reviews, case studies[1,7,8]
• Cease any correspondence once the relationship is terminated	Reviews,[1,7] advice from psychiatrists in the case
Notify others	
• For advice, consult those with experience in stalking cases (psychiatrists, Canadian Medical Protective Association, College of Physicians and Surgeons, legal resources)	Reviews, case studies[1,7,8]
• Inform those who could be affected (inform staff—especially receptionists—family members, and others who might be contacted)	Reviews, case studies[1,7,8]
• Seek support (share experience with trusted colleagues, friends, and family)	Reviews, case studies[1,7,8]
• If necessary, notify police early (remember stalking is a criminal offence and warrants a police report if behaviour creates fear or persists despite warnings)	Review[1]

Reviews and case studies indicate that early assistance and consultation with police, legal, and forensic resources is wise.[1,7,8] Any threats should be taken seriously, and a police report is warranted when patients' behaviour causes fear or persists despite warnings.[1] Interventions can be discussed with such resources as the Canadian Medical Protective Association, provincial Colleges of Physicians and Surgeons, and other local medical associations. Office staff—receptionists in particular—should be aware of the situation and be notified to call 911 if there is any concern of danger. Family members might need to be apprised of the situation for their own protection and to safeguard a physician's personal information.

There are resources to deal with unwanted telephone calls. Some telephone providers can assist with a service that can document harassing telephone calls. One review also suggested using an answering machine to record and document unwanted calls.[7]

Restraining orders can be useful in certain circumstances but are not universally effective. One survey found 70% of restraining orders were violated. In the case described, a restraining order was thought likely to escalate the problem, based on the stalker's response to other interventions.

It is worthwhile to keep a separate file or record for these cases because the situation could escalate to court and because clear medical and legal documentation is helpful. Each event should be clearly recorded, including the time of the event, date it happened, and names of any witnesses. Discussions with colleagues and organizations should be documented. Any correspondence received from the stalker and materials, such as gifts, pictures, and

tape recordings, should be kept in this file or record. A review suggests that returning an item to the stalker can inadvertently gratify the stalker's need for contact and perpetuate the cycle; also these items are evidence that might be needed if the situation escalates to court.[7]

Case wrap-up

The stalking continued. Further contact was attempted through psychologists, who would telephone the physician and claim that the stalker was sorry and a meeting would help her to heal. The physician indicated that any contact perpetuated delusions of an unattainable relationship and the request was perceived as another form of harassment. The stalker then attempted to use the police and the College of Physicians and Surgeons as an instrument of harassment. False complaints of sexual assault were alleged. The Canadian Medical Protective Association provided assistance. Responding to the complaints was time-consuming, a financial burden, and emotionally difficult. Ultimately, both the police and the College assisted with establishing firm boundaries. This action resulted in a dramatic decrease in the harassment.

Social support was helpful; by sharing experiences with colleagues, the physician felt less isolated. Some victims have described skepticism or indifference from supports and law enforcement or have had their own sexual orientation questioned[6]; despite these unfortunate cases, however, the positive responses probably outweigh the negative.

Conclusion

There is little research in this area, and we are all at risk of stalking, regardless of our patients' sex. Better understanding of this phenomenon and early recognition of potential problems can help physicians safeguard themselves and identify inappropriate behaviour earlier in the doctor-patient relationship. Awareness of potential resources for protection and emotional support might be helpful.

EDITOR'S KEY POINTS

- Any family physician could become the target of stalking. Women might be more vulnerable, but men are still at risk, and both can be stalked by the same- or opposite-sex patients. More women than men are stalkers.
- A large proportion of stalkers have psychiatric diagnoses, and their most common motive is the hope of developing an unobtainable intimate relationship with the victim.
- The most common forms of harassment are through the telephone, letters, e-mail messages, unsolicited gifts, surveillance, and (less often) complaints to professional bodies, property damage, threats, and violence.
- Early recognition and intervention are the best management strategies. Take the threat seriously. Set clear boundaries when early signs appear, and do not hesitate to involve the police. Stalking is a criminal offence. Get support from peers.

POINTS DE REPÈRE DU RÉDACTEUR

- Tout médecin de famille peut être victime de harcèlement. Les femmes sont peut-être plus vulnérables, mais les hommes sont aussi à risque, car tous les médecins sont susceptibles de devenir la cible de patients du même sexe ou du sexe opposé. Les responsables de harcèlement sont en majorité des femmes.
- Une forte proportion des agresseurs ont un passé psychiatrique et la principale raison de leur comportement est l'espoir de développer une relation intime non probable avec la victime.
- La plupart du temps, le harcèlement prend la forme d'appels téléphoniques, de lettres, de courriels, de cadeaux non sollicités, de surveillance et, moins souvent, de plaintes auprès des corps professionnels, de dommages à la propriété, de menaces ou de violence.
- Reconnaissance et intervention précoces sont les meilleures stratégies à adopter. Les menaces doivent être prises au sérieux. Délimitez clairement les limites dès l'apparition des premiers signes et n'hésitez pas à faire appel à la police. Le harcèlement est un acte criminel. Obtenez l'appui de vos collègues.

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Competing interests

None declared

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