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Harassment of GPs

Case histories are based on actual medical negligence claims or medicolegal referrals; however certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

The maintenance of clear professional boundaries is an essential part of general practice. Boundary violations are usually considered to be the result of the exploitation of a patient by their doctor, but they can also occur as a result of the behaviour of a patient. This article discusses harassment and stalking of doctors by patients, and outlines some strategies on how to manage this situation.

Case study

The patient, 55 years of age, presented to the general practitioner with a history of recent discomfort in one of his testes. After obtaining a detailed history, the GP asked the patient to get onto the examination table so that she could perform a physical examination. The GP was quite shocked when she turned around and discovered the patient standing completely naked behind her chair. She asked the patient to get onto the table and quickly covered him with a sheet. She performed a brief examination of the patient's abdomen and genitalia. She felt very uncomfortable during the physical examination. The GP could not identify any abnormality on examination. She informed the patient that she would refer him for an ultrasound and asked him to get dressed. The patient said that he would like her to examine him again, offering to guide the GP's hand to the 'correct' position. The GP declined and said she would wait until the results of the ultrasound were available. The patient replied that he thought she would 'enjoy examining him again'. The GP told the patient that his comment was inappropriate and she asked him again to get dressed. The patient then said that while he had his clothes off he would like her to perform a full skin check. By this time, the GP was becoming quite flustered. She informed the patient that he should immediately get dressed. The GP then left the consultation room.

Later that day, the general practitioner discussed the consultation with one of her colleagues. She noted that the patient had presented a few months earlier to another female GP in the practice with a similar history. She told the colleague that she felt the patient's request for an examination of his genital area was designed to make her feel uncomfortable and vulnerable. Her colleague offered to see the patient when he returned for review of his ultrasound. The GP decided that she would not see the patient again, and sought advice from her medical defence organisation on how best to terminate the doctor patient relationship.

Discussion

The practice of medicine has become less formal, with a more collaborative relationship with patients. However, the maintenance of clear professional boundaries is an essential part of patient care. When considering the possibility of professional boundary violations, the emphasis is generally on the doctor exploiting the patient, with the implication that the power imbalance in the doctor patient relationship precludes the patient from victimising the doctor. However, in this case, the patient's behaviour was interpreted by the GP as a form of sexual harassment; that is, an unwelcome and undesirable verbal, physical and/or written sexual contact that interfered with the person's ability to carry out their role. Harassment and even stalking of medical practitioners by patients can and does occur. Although the extent of the problem has not been quantified, experience suggests that harassment and stalking behaviours are becoming more prolific. Medical practitioners are at greater risk of being stalked than the general population, and the vulnerability of medical practitioners to this type of behaviour by their patients is one legacy of a profession that regularly comes into contact with disordered and lonely people.[1] The literature suggests that the most common motivations for stalking of doctors by patients are the development of a romantic attachment, either due to delusional beliefs (such as in erotomania) or misplaced expectations (often socially inept patients), and patients developing a resentment for some supposed injury or dereliction of duty on the part of the doctor.

Denial and minimisation are common reactions of doctors to harassment and stalking by patients. Denial allows doctors to ignore the threats and continue to work. Some doctors fear that their victimisation may be seen to be the consequence of their own actions, and that the patient's behaviour was in response to something that the doctor said or did during the consultation. In view of the perceived power imbalance in the doctor patient relationship, doctors may be concerned that a suggestion of being harassed by a patient will be met with disbelief or possibly even contempt. As a result, doctors can be left feeling alone, fearful, anxious, helpless and disenchanted. However, any doctor can become the victim of harassment and stalking by a patient. Early advice should be sought from a trusted colleague, or other adviser. Staff and family should also be informed about the situation. In some circumstances professional counselling for the doctor (and their family) may also be required.

Risk management strategies

Strategies for GPs to minimise the possibility of harassment and victimisation by patients include:

- ensure that patients are aware that the relationship will always be professional and never be otherwise
- set limits on proximity seeking behaviours by patients and outline what the boundaries of the professional relationship are
- take care to preserve your privacy, including minimising the disclosure of personal details to patients
- seek advice from colleagues and other third parties, such as your medical defence organisation
- consider transferring the patient's care to another GP, and
- if the behaviour persists, consider legal action (eg. an intervention/restraining order).

In 2009, the RACGP released a booklet *General practice – a safe place* which focuses on the prevention and management of patient initiated threats to the personal safety of GPs and their staff.[2] Sexual harassment and the stalking of doctors are considered to form part of the wide spectrum of patient initiated violence. Younger female GPs appear most at risk of physical violence, including sexual violence, and have been shown to experience greater fear and implement more changes to the way they practice due to their apprehension of violence. *General practice – a safe place* contains a number of useful strategies on how to manage patient initiated violence, including how to de-escalate a situation in which the GP is not in immediate danger, how to respond to stalking and warning others about the risk of patient initiated violence.

Hopefully, a greater awareness and knowledge about harassment and stalking by patients will ensure that GPs are less inclined to attribute these experiences to their own shortcomings, and more likely to obtain assistance to minimise the possibility of their professional and personal lives being adversely affected.

Conflict of interest: none declared.

References

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