



The Seductive Patient

By Bryan Bledsoe, DO, FACEP, EMT-P, Anthony Ng, MD, & Wes Ogilvie, MPA, JD

Editor's note: *This month's Grand Rounds represents a departure from our usual one-page Case of the Month format, offering a new team approach to the case discussion and allowing for a more in-depth discussion. Grand Rounds will appear quarterly. Case of the Month will return in December.*

Something about this call bothered Steve. First, although the patient complained of severe chest pain, her age made it unlikely that the pain was of a cardiac origin. The patient, an attractive 25-year-old female named Stacy, was wearing a low-cut blouse and extremely short shorts. In addition, she had on heavy makeup, and her bright red fingernails appeared to have been recently manicured.

Despite the fact that Steve felt the likelihood of cardiac disease was low, he proceeded with a full cardiac evaluation. Following his assessment, he placed the patient on oxygen at 2 Lpm via nasal cannula and placed a pulse oximetry probe on her right index finger.

During transport, Steve explained to the patient that it was necessary to place electrodes on her chest to monitor her heart rhythm. She unbuttoned her blouse, revealing her breasts and no bra. Steve immediately grabbed a towel from the squad bench and covered her breasts. He then placed the ECG electrodes, taking care not to touch her breasts in the process. As Steve was placing the last electrode, the patient grabbed his left hand and, for a moment, held it against her left breast. As soon as Steve realized what was going on, he pulled his hand back and pretended to adjust the oxygen flow meter.

By this time, Steve had become very uncomfortable and slid open the window between the cab and patient compartment. He asked Curtis, his partner, to keep an eye on things through the rearview mirror. The transport time was approximately 15 minutes. Steve had

completed all the tasks he felt were indicated. He sat back on the squad bench and made small talk with the patient from a safe distance.

As the ambulance neared the hospital, the patient complained that the nasal cannula was bothering her nose. Steve stood up and reached over to adjust the nasal cannula. At that time, the ambulance swerved, and Steve

went on to say that she had been transported in an ambulance several times and Steve was the best paramedic who had ever cared for her.

Steve and Curtis were directed to the observation area, where they moved the patient to a hospital bed. Before the patient would move to the hospital bed, she insisted on giving Steve a "thank you" hug. While they were putting fresh linen on the stretcher, Steve told Curtis the details of the episode, and they both laughed. After all, Steve was happily married with a two-month-old baby at home.

When Steve and Curtis returned to work 48 hours later, the off-going shift reported that somebody had left a package for Steve. He opened it and found a tin of homemade chocolate-chip cookies. In addition, an included note read, "I

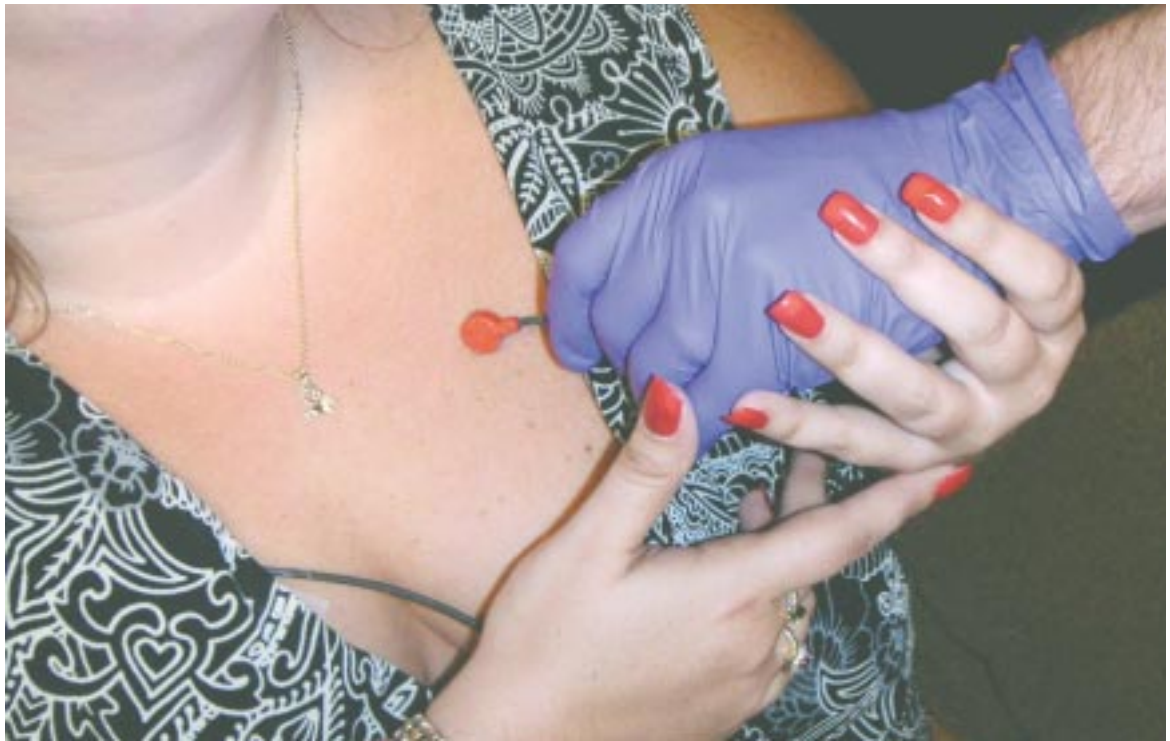
Above all, never respond to a seductive patient's advances or suggestions, no matter how easy it seems or how attractive the patient. It is never worth it, & it never ends well.

stumbled, partially falling across the ambulance stretcher. Out of the corner of his eye, Steve saw the patient reach up to stop his fall. As he stood up, he felt the patient's left hand slide down the front of his uniform and stop on his groin. Reflexively, he grabbed her hand and placed it on her abdomen. Steve was glad when they arrived at the hospital emergency department.

While waiting at the triage station, the patient began to tell the triage nurse what a good paramedic Steve was. She

think you are very sexy. Call me. Stacy," with a phone number written below her name. Curtis teased Steve a little. The note bothered Steve, but he shared the cookies with the other paramedics.

While on a call that afternoon, Steve received a message to call dispatch immediately. Fearing something was wrong at home, he called as soon as he had completed the case. When he contacted the communications center, the dispatcher said a woman named Stacy had called, saying that it was an



emergency and she needed Steve to call back. After a few minutes, Steve decided to call her on his cell phone and tell her to leave him alone.

Stacy picked up the phone on the first ring. Before Steve could say a word, she began to compliment him and tell him that he was by far the best paramedic she had ever met. Also, she said she found him attractive and wanted him to come over the next evening for dinner and “whatever.”

By this time, Steve had become very uncomfortable & slid open the window between the cab & patient compartment. He asked Curtis, his partner, to keep an eye on things through the rearview mirror.

Steve said, “Look. Thanks for the compliments. But I’m happily married and not interested.” Stacy started crying and hung up.

A week went by with no word from Stacy. However, halfway through a shift the following week, the dispatcher told Steve’s crew that their ambulance had been removed from service and they should imme-

diately return to headquarters. Once there, Steve was ushered into the executive director’s office, where a police detective was waiting.

The detective said a female patient had filed a complaint against Steve saying that he had fondled her breast during a call and had been “stalking her” since then. Steve denied the allegations and told the true story.

The investigator separately interviewed Curtis, who verified Steve’s story. The detective contacted the local Mental Health and Mental Retardation program and found that Stacy was a patient of theirs and had a long history of accusing people of sexual assault. The case was dropped, and Steve was exonerated.

Case discussion

Dr. Bledsoe: If you’re in EMS long enough, you’ll encounter a seductive patient—either male or female. Many such patients suffer from *personality disorders*—an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture.

Unfortunately, these disorders are pervasive and inflexible, and typical-

ly have an onset in adolescence or early adulthood. They can lead to significant patient distress and impairment. In addition, they can make people who have contact with the patient very uncomfortable.

Types of personality disorders:

1. *Paranoid*—a pattern of distrust and suspicion in which others’ motives are interpreted as malevolent.
2. *Schizoid*—a pattern of detachment from social relationships and a restricted range of emotional expression.
3. *Schizotypal*—a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and behavioral eccentricities.
4. *Antisocial*—a pattern of disregard for, and violation of, the rights of others.
5. *Borderline*—a pattern of instability in interpersonal relationships, self-image and affect, and marked impulsivity.
6. *Histrionic*—a pattern of excessive emotionality and attention-seeking conduct.
7. *Narcissistic*—a pattern of

grandiosity, need for admiration and lack of empathy.

8. *Avoidant*—a pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation.
9. *Dependent*—a pattern of submissive and clinging behavior related to an excessive need to be taken care of.
10. *Obsessive-Compulsive*—a pattern of preoccupation with orderliness, perfection and control.

Consequences of a criminal trial could have included a possible loss of job, negative media attention &, definitely, thousands of dollars in legal fees.

As an emergency physician, I'd need additional information to determine exactly which disorder Stacy suffers from. However, she exhibits many features of Histrionic Personality Disorder, which is indicated by five or more of the following:

1. Is uncomfortable in situations in which he or she is not the center of attention.
2. Interaction with others is often characterized by inappropriate, sexually seductive or provocative behavior.
3. Displays rapidly shifting and shallow expressions of emotion.
4. Constantly uses physical appearance to draw attention to self.
5. Has a style of speech that is excessively impressionistic and lacking in detail.
6. Shows self-dramatization and theatricity, and exaggerates expression of emotion.
7. Is suggestible (i.e., easily influenced by others or circumstances.)
8. Considers relationships to be more intimate than they actually are.¹

Perhaps Dr. Ng. can address Stacy's likely psychiatric diagnosis.

Psychiatric diagnosis

Dr. Ng: It's important to point out that there may be several psychiatric etiologies for Stacy's behavior, but I generally agree with Dr. Bledsoe that the patient exhibits many features of Histrionic Personality Disorder; however, she also exhibits several features of Borderline Personality Disorder.

Patients with this disorder share several features with those who suffer from Histrionic Personality Disorder. In fact, both are categorized in the same cluster of personality disorders (Cluster B).

Symptoms of Borderline Personality Disorder begin by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment;
2. A pattern of unstable, intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation;
3. Identity disturbance—markedly and persistently unstable self-image or sense of self;
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating);
5. Recurrent suicidal behavior, gestures or threats, or self-mutilating behavior;
6. Affective instability due to marked reactivity of mood;
7. Chronic feelings of emptiness;
8. Inappropriate, intense anger or difficulty controlling anger; and
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.¹

Legal ramifications

Dr. Bledsoe: Do patients such as Stacy place EMS personnel at increased legal risk?

Mr. Ogilvie: Stacy's mental problems could easily lead to legal problems for Steve. My goal in this case study is not to provide legal advice, but to examine the various legal hurdles involved in the scenario. Had the investigating detective not dismissed Stacy's allegations after his cursory investigation, Steve could have faced a prosecuting attorney referring charges of sexual assault and/or stalking to a grand jury. (His cell phone records would have shown that he called her.) As an old legal saying goes, "A grand jury will indict a ham sandwich."

Steve might well have faced the prospect of a full-blown criminal trial, which would have been disastrous for him financially and emotionally, even if he had been acquitted. The consequences could have included a possible loss of job, negative media attention and, definitely, thousands of dollars in legal fees to fight the charges.

What Steve should have done *immediately* after he found out a police officer wanted his statement was to say nothing at all and contact a lawyer. Contacting a lawyer doesn't mean that you're guilty of anything. It only means that you want (and, quite honestly, need) someone well-versed in the law when the police speak with you. The few hundred dollars that Steve might have paid for an attorney to prepare for and attend the interview is pocket change in comparison to the thousands of dollars a trial would have cost.

Steve could also face a civil lawsuit, probably alleging *battery*. In civil law, a battery is defined as "intentional and wrongful physical contact with a person without his or her consent that entails some injury or offensive touching."²

The legal theory of *technical battery* might also apply. Black's Law Dictionary defines a technical bat-

tery as occurring “when a physician or dentist, in the course of treatment, exceeds the consent given by a patient. Although no wrongful intent is present, and in fact there may be a sincere purpose to aid the patient, recovery is permitted unless there is an emergency. However, if the patient benefits from the battery, only nominal damages may be recovered.²”

In this instance, Stacy could allege that the battery was so offensive as not to be a technical battery, thus obviating the award of nominal damages and leading to the award of actual damages. Because battery is considered an intentional tort, the trend in common law is to award both actual and punitive damages.

Finally, if criminal and/or civil cases went far enough, Steve’s state paramedic license would be at risk of suspension by the state or local EMS system.

Had the investigating detective not dismissed Stacy’s allegations after his cursory investigation, Steve could have faced a prosecuting attorney referring charges of sexual assault to a grand jury.

Steve’s employer could be found liable, as well, under the theory of *respondet superior*, which holds an employer legally responsible for an employee’s actions committed in the scope of their employment. A plaintiff’s attorney would explain that Steve came into contact with Stacy as a result of his employment. As such, the employer would be liable for Steve’s actions.

Action steps

Dr. Ng: Seductive patients pose a particular risk for health-care personnel. If you encounter a seductive patient, it’s essential that you document all interactions with that patient. After the call, should you feel the patient is attempting to contact you inappropriately, it’s impor-

tant to firmly state to the patient the inappropriateness of such contact and then to notify your supervisor. Repeated attempts to tell the patient to stop will often fuel the patient’s unwanted behavior.

Don’t give the patient any personal information, such as phone numbers or your e-mail address. Additional tactics may be warranted if the patient exhibits compounding factors, such as a psychotic disorder, a history of substance abuse or the potential for violence. In these instances, mental health personnel and even law enforcement may have to be consulted.

Dr. Bledsoe: Unfortunately, EMS personnel, both male and female, will be put in positions that some might interpret as sexual. If you are in EMS long enough, you’ll encounter a seductive patient. It may be a heterosexual patient acting seductively to an EMT or a paramedic of the opposite sex, or a homosexual patient acting seductively to an EMT or paramedic of the same sex.

If you encounter a seductive patient, try and find a chaperone, preferably of the opposite sex, to assist you with care and transport. Document your care and actions well. If necessary, fill out an addendum to the patient report form, and give it to your supervisor or medical director. If you return a call to ask an unwanted suitor to stop calling you, do it from your supervisor’s phone, with the supervisor as your witness.

Proactive measures are much better than retroactive measures in preventing problems with seductive patients. Above all, never respond to a seductive patient’s advances or suggestions, no matter how easy it seems or how attractive the patient. It is *never* worth it, and it *never* ends well. In addition to crossing an ethical EMS boundary, you may encounter criminal charges if you cannot defend your position. However, in the case in question, I

don’t see that Steve erred in his care of Stacy.

Mr. Ogilvie: I agree. Steve has committed neither a criminal act nor a civil tort. However, the expenses of defending either a civil lawsuit or a criminal prosecution might lead him to make some form of settlement or plea bargain to “cut losses.” The situation described is a clear case of “He said, she said.” Hence, when dealing with patients who might present such a situation, the best solution is to get witnesses.

When Steve began to feel uncomfortable with Stacy’s aggressive behavior, he took immediate steps to have Curtis witness his contacts with Stacy. For future dealings with Stacy or other such patients, the department should mandate the presence of a witness and notification of the employee’s supervisor. It might even be appropriate to “flag” Stacy’s name and/or address with dispatch personnel so that precautions can be taken well in advance of a crew’s arrival on scene.

The old saying, “If you don’t document it, it didn’t happen,” is a ready guide to dealing with this type of situation. Dr. Bledsoe provides good practical advice by suggesting that Steve write an incident report and forward it to his supervisors and medical director.

Copious documentation will serve several goals. First, it provides a complete record of Steve’s actions and observations. This documentation will refresh Steve’s memory should he be called upon to explain his actions.

Further, good documentation, whether justified or not, makes the paramedic appear competent and professional.

Finally, having a thorough, written record of the incident minimizes the “swearing match” between two competing stories.

Although HIPAA and other privacy regulations probably prohibit the disclosure of Stacy’s identity, it may be useful to contact local law

enforcement and mental health authorities to determine how their resources might assist with a person who exhibits her type of behavior. In addition to being a good mechanism to “cover oneself,” those other agencies may have dealt with Stacy before, and they might have recommendations for dealing with her.

On another note, if Steve’s wife is less than understanding, Steve could conceivably face large bills

from a family law practitioner in a divorce proceeding. And that might lead to higher costs in the form of child support and/or alimony, depending on individual state laws.

Plan ahead

Dr. Bledsoe: This has been a fascinating case. Mr. Ogilvie, do you have any parting advice?

Mr. Ogilvie: As always, the best

advice for these situations is to plan ahead, ensure thorough documentation and consult regularly with your attorney. Prior planning and use of legal counsel early in the process will go a long ways toward preventing the negative publicity that could easily result from the filing of criminal charges, administrative procedures or a civil lawsuit. JEMS



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