WHEN THE PATIENT IS FAMOUS

WHAT IT’S LIKE FOR PHYSICIANS WHO TREAT CELEBRITIES

BY KATE LEDGER
Family physician Jon Hallberg was working at a downtown Minneapolis practice in the mid-1990s when a colleague began receiving calls from actors and crew members who were in town to film movies. Soon Hallberg was also getting those calls and found himself rubbing shoulders with the likes of some big-name Hollywood actors, including Walter Matthau, Jack Lemmon and Sophia Loren. Brushes with stars were exciting. “Those were the early days of my practice, and I had time to do house calls, or to drive to movie sets to treat bronchitis or see a performer who had a touch of laryngitis,” Hallberg recalls.

Today, as medical director of the Mill City Clinic in Minneapolis, Hallberg often finds his schedule too packed to make house—or hotel—calls for stars. Frequently, when the last-minute requests come, he sends them on to other colleagues. But his patient panel still includes many big names, including stars who are in town to do shows at the State, Orpheum and Guthrie theaters or who have connections with local performing arts organizations such as the Minnesota Orchestra. He’s also an official doctor for the Minnesota Twins. Like many who frequently treat celebrity patients, Hallberg points out that the work, although interesting, presents some challenges.

**THE NOT-SO-GLAMOROUS SIDE**

For one thing, working with celebrity patients is often fast-paced. “It’s always an emergency or an urgent issue—two days ago,” Hallberg says. And there can be added pressure. “Tens of thousands of dollars may rest on a star’s being able to perform,” he says. “The adage often applies, that the show must go on.”

Ophthalmologist Richard Lindstrom, MD, who has flown to Palm Springs to do surgery on Frank Sinatra and to the Middle East to care for royalty, and who treats Twins and Vikings players at Minnesota Eye Consultants, says caring for celebrity patients comes with additional and even onerous responsibility. Physicians know that even an unavoidable complication might make it onto the evening news, and that can be devastating for a practice. “You have to be able to handle the pressure,” he says.

The high stakes of an expensive performance, or an athlete’s contract, can add anxiety to what already might be a complicated doctor-patient relationship. A 2002 article in the *Primary Care Companion of the Journal of Clinical Psychiatry* found that celebrity patients pose many of the same problems as “difficult” patients—those who rile physicians because they are demanding, blameful, manipulative, or even try to engage the physician in a power struggle. (A University of Southern California study published in the *Journal of Research in Personality* found celebrities are 17 percent more narcissistic than average people and that, unlike in the general population, celebrity women are more narcissistic than their male counterparts.)

Lindstrom has found celebrities can have unrealistic expectations. In his case, they may fail to imagine that the typical risks of surgery apply to them, too. Some are on tight schedules and want their doctor to cut corners to speed up treatment. Where Lindstrom does not waver is in the requirements for pre- and postoperative care. In fact, he has declined to do surgery on patients who have told him they were flying out of town and wouldn’t be able to make their postop appointments.

Some journal articles have noted that fame actually can get in the way of good treatment—a phenomenon known as “VIP syndrome.” A 2012 article in the *Journal of Nervous and Mental Disease* points out that some VIPs don’t receive proper supervision or their entourage gets in the way of clinicians. Others have noted doctors may become overly deferential, even obliging, when dealing with famous patients. They may be so star-struck they lose their objectivity or feel too embarrassed to ask necessary questions while taking a history, for example. Lindstrom has steeled himself against VIP syndrome: “You have to take extra care to treat them the way you’d treat anybody else.”

**NO MONKEY BUSINESS**

What it takes to treat famous patients, according to Minnesota doctors, is an awareness of the pitfalls—and a firm stance on providing the best care possible.

Paul Rondestvedt, MD, is unyielding about what care he will provide to rock stars who come to perform in the Twin Cities. A family doctor who works in the Fairview ER in Wyoming, Minnesota, he frequently sidelines as a “rock doc.” When a band is heading into town, he often gets
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Same medicine, higher security

Some medical institutions in the state actually cater to the rich and famous. Mayo Clinic’s service for elite clientele goes back a number of years, when it began making a concerted effort to meet the needs of executives and high-profile patients seeking routine care. The service expanded over time as increasing numbers of international patients, including royalty such as King Hussein of Jordan and the Dalai Lama...
Lama, have made their way to Rochester for care. Today, a hospitality team consisting of 10 patient-relations specialists works to ensure their stays go smoothly.

Although amenities are important to high-profile patients, two issues are paramount: maintaining security and privacy, says Lindsay Norgaard, who supervises the patient-relations staff. She says the team asks a series of questions as they determine how best to meet a celebrity’s needs. For instance, is the person likely to be recognized by passers-by? Is he or she of governmental importance? Then, often in collaboration with a celebrity’s own management or security personnel, the team tailors the services they’ll provide during the visit to the person’s needs. That might include adding layers of security to already confidential electronic medical records (the most secure are not only locked and require special access codes, but also reveal who has viewed the record). Team members will escort the celebrity through the hospital, taking him or her through less-traveled halls, using staff elevators and avoiding crowded areas. If a patient’s health needs change, or doctors request a new test, the team quickly devises a new route. “Our job requires that we’re constantly thinking on our feet,” Norgaard says.

Mayo has a few special suites, hotel-like apartments with tastefully hidden medical equipment, where the well-to-do can stay if they’re there for routine visits or when they’re recovering from surgery. Occasionally, when there are security concerns, the team will request that medical staff make visits to the suite instead of having the patient in the hospital. The patient relations staff is on call to fulfill even mundane requests, whether it’s to deliver a particular type of coffee or, in the case of one international patient, live chickens. Staff members take notes so that they can replicate positive elements during subsequent visits, for instance having a preferred type of chair or furniture arrangement.

Despite all the special treatment, Norgaard emphasizes that the medical care is the same for everyone. Neurologist Ron Petersen, PhD, MD, concurs: “It’s important not to deviate from your normal diagnostic procedures and to yield the same kind of care you would provide for any patient. I try not to be influenced by their celebrity status.” And Petersen should know. Among the very high-profile patients he has treated are former President Ronald Reagan and country music singer Glen Campbell.

He says the biggest issue for doctors is knowing that the press will be interested in the diagnosis and treatment, as was the case when Peterson treated Ronald Reagan after the former president had begun to show signs of Alzheimer’s disease. In 1994, Nancy Reagan had decided it was time to make a public statement about her husband’s diagnosis. “We [doctors at Mayo] had a phone conference with Mrs. Reagan and other physicians in Washington. It was reinforced with us, this is the last time we discuss his case unless we received special dispensation by her,” he recalls. After the following day’s press conference, “10 minutes later there were media outlets calling the Mayo Clinic, asking ‘Can you fly out and be on TV tomorrow?’ The answer was ‘no,’” he says. However, several years later, Mrs. Reagan put the producers of “Larry King Live” in touch with Petersen, and he went on a show to discuss Alzheimer’s and the Reagans with her permission.

More recently, Petersen has been in the spotlight with country music superstar Glen Campbell, who told his story in the movie “Glen Campbell: I’ll Be Me.” As one of the physicians involved in Campbell’s care, he agreed to participate in the film to raise awareness about Alzheimer’s and discuss how doctors diagnose the disease.

Petersen is careful about maintaining his role as a care provider. Even though many famous patients decide to become advocates for a disease, “that’s really up to them,” he says. If patients bring up that they’d like to become an advocate, raise public awareness, or raise money for a disease, he’ll engage them in a conversation. “But that’s a secondary consideration as far as I’m concerned,” he says. “My primary responsibility is to them, caring for them and making the best recommendations for their care.”

**THE BIGGEST ISSUE FOR DOCTORS IS KNOWING THAT THE PRESS WILL BE INTERESTED IN THE DIAGNOSIS AND TREATMENT.**

**JUST LIKE EVERYBODY ELSE**

In some health care settings, celebrities receive no special treatment. Such is the case at the Hazelden Betty Ford Foundation, which sees its share of the famous and well-to-do who are undergoing treatment for addiction. (Hazelden, headquartered in Center City, Minnesota, merged with the Betty Ford Foundation in 2014.) The Minnesota treatment site has been an attractive place for stars eager to escape the pressures of New York or Hollywood. When they get to the facility, however, some bristle when they find they have to share rooms and eat meals with others in treatment. Because studies have shown that individual therapy tends to be less effective than group therapy for people who have addiction, celebrities are expected to attend group sessions.
those who have special expectations of doctors and health care settings. A team may be less likely to be swayed by unusual requests or allow an individual doctor to feel pressured.

Sometimes, to doctors’ surprise, celebrities are relieved to be treated like everyone else. They want their health care team to remain low-key, and they’ll sit in the waiting room like other patients. According to Lindstrom, most of the time, celebrity patients are “very nice, very respectful,” and he considers taking care of them a privilege. “You feel good when you know you operated on someone who’s an all-star in their specialty, and then they’re able to continue to perform around the world in their chosen profession, singing or playing sports, or whatever they do. That comes with a great deal of satisfaction.”

THE TEAM APPROACH
For doctors who treat celebrities, the ultimate goal is to provide the best care and refuse to be deterred in doing so. Some articles have suggested that health care teams accustomed to VIPs may do the best at managing celebrities, especially those who have special expectations of doctors and health care settings. A team may be less likely to be swayed by unusual requests or allow an individual doctor to feel pressured.

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Kate Ledger is a St. Paul freelance writer.