

**TOP
PHYSICIANS
for
CELEBRITIES
and the
AFFLUENT**

**Your Hard Work Has Earned You
Tailored Service and Full Privacy**



You Deserve Top Healers

JAMES SCHALLER, M.D.

WITH LINDSAY GIBSON AND RANDALL BLACKWELL

Top Physicians for Celebrities and the Affluent

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To my patients,
I will always keep your secrets.

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Is This Book For You?

I am intentionally speaking to three groups at the same time. I am speaking to the famous, the affluent and to the healers who wish to serve them. Trust me, it is best for you to hear me speaking to each of you.

***I Write Below to the Affluent,
Celebrities and Physicians or Other Healers***

The famous and affluent are best served by having me talk directly ***to them.***

The famous and affluent are served by hearing me talk ***directly to healers.***

All are served by being a fly on the wall. If you do not agree with what I write, that is fine. Reading this material will provoke you to decide your ideal experience to your healers and physicians. And they can decide what options for service they can offer you as a patient.

Heads Up! Both Patients and Physicians

Patients

The material in this book is meant to save your life. You might also help some of your loved ones and yourself live healthy and long.

Physicians

If you are a healer, you have the chance to work with people who are *as driven and motivated as you*. Yes, some of these unique patients are actually as insanely driven as top healers.

If the affluent and famous can take a moment to put their health, and particularly their emotional health, *before* their money, work, success or profession, they can be exceptional patients. If they do not, they will probably experience a loss of decades of health and functionality in their lives, or the lives of their loved ones.

The Rich and Famous

For a variety of ailments, I treat many of the elite group known as the *rich and famous*. I do not think this makes me special or smart, nor does it allot me a VIP pass to the pearly gates.

Perhaps it is due to the tailored research that is the heart of the 26 books and 27 journal articles I have published. Perhaps it is due to my many creative healing innovations. Sample areas of expertise with books or papers published include “curing” Chronic Fatigue, Fibromyalgia, Treatment-Resistant Depression, Lyme disease, Babesia, Bartonella and helping those with serious indoor mold exposure. I also love to significantly improve autistic child function, fix hormonal troubles naturally and treat opioid addiction. But I enjoy caring for **many** types of problems.

I do not know how to define who is “affluent” or “ultra-affluent” and which famous people are considered “celebrities.” I consider “rich people” (in terms of wealth) to be individuals who could buy almost anything **if** they wanted to do so. Many wisely do not.

Off the top of my head, my best working definition of a famous person is an individual whom 25% of the population would recognize without a disguise in 10 seconds.

Some are famous in some select area, which I refer to as “niche fame.” Some of my family members would not know the top NASCAR driver if he collided with them in their own driveway, whereas a NASCAR fan, in select locations, might easily recognize the current top 15 drivers. If they came in to your office, they might be asked for autographs depending on your location. In areas where this sport is strong, NASCAR drivers can be more famous than a state senator.

Broadly famous people have usually had significant exposure, often for years, as actors, top musicians, highly talented sports figures, high-level politicians, highly successful billionaires or front line TV personalities. Other individuals such as top models may become particularly famous due to TV and magazine exposure.

Fame from the Internet or the “blogosphere” can be achieved mainly by putting oneself in the public eye. This has recently become much more easily attainable with tools such as the many self-broadcasting websites, blogs and social networks. I am **not** talking about these individuals.

The Basics

If you want to serve the rich and famous, you must first realize that **it is not about you, it is about them**. So here are some simple initial ground rules.

McAuley quotes a Simpson cartoon that perfectly captures the kind of misuse these patients often endure:

Lisa: *Oprah can I have your autograph?*

Oprah: *Sure Lisa ... Wait a minute, what is this?*

Lisa: *Oh, you're adopting me. It's all nice and legal ...*

Next, it is much easier to treat the rich than the famous, for many reasons. I will tell you why in later pages. Treating the very famous requires special skills, and 99.9% of physicians, therapists and other service providers do not have these skills.

Treating the rich and famous requires you to offer services that are outside your “system” or your treatment model. It is not because they are special and worth more to humanity. Modification of your services is not the equivalent of letting them abuse your lifestyle. It is necessary because *their* lives demand serious adjustments so they can *simply live*. The rich suffer attempts to use and abuse them financially, often by individuals with less skills, energy and sacrifice.

The famous suffer abuse that is hard for regular folks to imagine. Envision going to a beach after working 60 hours per week for a month, and having twenty people hiding out with \$5,000 cameras, poised to shoot a picture of your belly, breasts or butt the first chance they get. Imagine going to the mall and having 200 pictures taken of everything you touch. **The famous have their privacy routinely raped thousands of times in a manner few understand.** (It is one reason some very rich individuals dress like

slobs. They do not want to be singled out, and some do not obsess over their looks).

So you say you are willing to treat the rich and the famous? Really? Are you sure you are not romanticizing the experience? Do you have expectations that their success will heal your insecurities?

Treating them requires adjustments in services. Period. If you are unwilling to make adjustments to your practice to allow for true privacy, then you will often just be another contributor to their objectification. You are not offering a “safe place” or optimal care. Of course, if you are the best finger repair surgeon in a state, you do not *have to* do anything special for anyone. That is your decision. If you do *great repair work*, perhaps a medical mill experience is fine. But being the *very best* is rare and often entails more marketing and political tricks than reality.

Finally, let me be 500% clear. Serving the rich and famous is about treating and serving **them**. If you want to use them to your advantage—so you will make increased income or feel special and accomplished, please do not read this book. I do not want to train sociopaths. I am suggesting ways to care for a type of “ethnicity.” If you do not care about their needs and want to simply use them, you would be better served pursuing some other type of service. This does not mean you are a slave and should work for reduced fees. It means that the fee fits what is asked of you, so that they are served and you do not feel used. Treating the rich and famous has to be a win-win. They get the care, privacy and attention that will help them live long and happy lives, and you are paid for any adjustments you need to make to your practice in order to treat them.

My “Credentials”

Reading books or magazines about the rich and famous, I am often sickened by the use and abuse of their names. Service providers, who use the wealthy and especially the famous, conjure up visions of people running after dog droppings.

Those who are empty and internally barren need to use others to complete themselves. If their soul is empty, they need a famous person to endorse them.

So instead of **hiring** a celebrity (who ideally is not your patient), they simply mention that they have **sold to a celebrity or to a respected wise and affluent person**. This is referred to as “name dropping.” I know from experience, not all of these famous individuals wanted to be associated with a product, a store, a book, a salon, association, foundation or an underwear style.

So the bottom line is you do not use any patient; you offer both top quality service and private care, or refer them to someone who can provide this type of service.

So what are my credentials?

I do offer high quality personalized care tailored to some people who are highly affluent and famous. **But my greatest credential is my anonymity. In other words, you have no idea who I am!** No one has put me in any major article or book at my strong insistence. My media contact is kept limited and small. I offer a low-key private practice for those who need it and prefer privacy.

Let me give you a vivid example. Years ago when religious broadcaster Jim Baker was arrested, a psychiatrist was involved and appeared to be offering

some treatment. When he was named and surrounded by reporters, he walked straight-faced and with no alteration of speed, made no comment or gestures, and got into his car and left.

My only recollection was that he was a white male with a sport coat. I cannot recall any notable features. I cannot even recall if he wore glasses. He made himself blend into nothing and offered no hook by which to be noticed or remembered.

This person is the real deal. He had no chance to escape detection. The reporters knew his name and his role. But he did everything else right. And in a day, he was off all the networks and back to invisibility. I personally believe this is the type of physician celebrities need. Other benefits for the affluent will also be discussed.

The Rich and Famous Have Calloused Butts

I am often exposed to envious fools with IQ's below 80, or character that is filled with envy and immense ignorance, who think I am getting rich self-funding research and writing highly specific medical books. By choice, all are done at an immense loss of income, but like 5th graders, fools believe that if you write a book, the whole world must be reading it.

The point?

Similarly, such character defective people seem to assume that rich and famous people are simply **given** riches or fame. What nonsense. The minority of very affluent patients I have met, who were "given" solid seed income from relatives, as opposed to a bank, worked immensely hard to turn one company into many larger and more successful corporations.

Both the rich and the famous have usually worked incredibly hard to achieve success. One actor told me about a routine day on the set, and he made acting seem as appealing as moving large stones all day in 104-degree heat. Regardless of how the rich and famous have earned their money, most of them, at least with whom I'm familiar, do not sit at the beach all day. Indeed, they are at risk of burnout from excess work and can become workaholics. They move so they do not feel. Some burn out and try to use excess alcohol or drugs to feel "right."

Do You Cut Corners with Health Care?

Let me be blunt, because some fog heads like me need firm words to learn quickly. Some of the most affluent and famous people I know get better and more progressive health care for their pets than for themselves, their parents, their children or grandchildren. They need firm words on some issues.

First, I would never presume to tell anyone what charities to support. But as someone **looking out for them**, and not trying to take from them, I have a couple of general ideas that are modest.

OK. Get ready. I am going to be very opinionated here.

Since I feel that kids are everything, I strongly believe that the needs of any children or grandchildren should be met **first**. Sometimes that will require a little financial support. In the case of an autistic child, that might involve looking for Bartonella, Lyme disease, gentle chelation, specialized probiotics, medications, delayed vaccines, a high degree of training services initiated at a very early age, or even emerging stem cell treatment that is already being used by some patients internationally.

Here is where I get pushy.

I feel that one required “charity” is personal and family healthcare, including mental healthcare, which is the best and broadest you can find. It is the best use of anyone’s funds. The rich and famous are able to afford it, and without it, all the money in the world will not replace quality care.

It is my firm belief that you can literally die 30-45 years earlier by using junk medicine or have a markedly reduced quality of life by putting your health sixth on the “to do” list. If a physician cannot offer personalized, cutting-edge and private health care, they should defer

to someone who can. The routine seven minute medical session might be OK to check for retinal disease, but it is junk preventive medicine.

Let me give you one other example that does not involve life or death. I have briefly researched the teachings of some high quality breast restoration and augmentation surgeons, e.g., **because of new easy ways to prevent breast cancer besides simple x-ray exams and self-exams of the breast.** A few surgeons were asked to examine the work done for celebrities. First, it never occurred to me that some actresses had work done because they looked fully natural in a bathing suit or gown. I understand some feel this is a required job “skill”—to look perfect.

However, I also reviewed some breast augmentations, performed on female celebrities, which had poor outcomes. Many actresses have written about the terrible experiences they have had with implants. In some cases, upon examination, the person performing the surgery was not even board certified in the correct type of surgery. For others, they were not using someone with advanced skills. It takes research, including making the appropriate phone calls to as many as 20 other surgeons for the names of the top three breast augmentation surgeons **they recommend and whose work they have reviewed.**

If a physician or friend is referring their golf buddy or family friend—run.

There are also discreet methods of exploration, like asking a few nurses with decades in the field who they would use and why. Some feel Dr. X is best with lifts. Others feel Dr. Y is best for augmentation and nipple function preservation. Yet others report Dr. A is great at breast cancer reconstructions. This takes time and work and only a physician or savvy nurse could do it. But no doors open as easy as for a physician.

Medicine for the Rich and Famous

You are a physician who spent a fortune in the last few years on a new computer, special software, a new car, better advertising, top brand clothing, new tools, jewelry, home remodeling or furniture and a handful of other gadgets, yet you are still practicing pathetic **1970's** medicine. Brilliant. Go buy and use a 1970's computer, since that is presumably the health care some accept and even prefer.

This is why I am not impressed by modern medicine. It only involves two contact numbers—a pharmacy number and a surgeon's number. No other numbers exist. Many modern physicians only accept massive double blind studies, often poorly designed, and performed by biased or corrupt researchers with highly filtered patients who are not “regular” patients with a number of problems. This is the source of knowledge for many physicians. It certainly offers the illusion of knowledge and requires a couple hours of study. But it is simplistic.

Traditional allopathic (MD) medicine is clearly run by Pharmaceutical companies and the FDA. The former routinely hide negative data pertaining to risks, and the latter routinely approve dangerous drugs, and are not equipped to allow for better alternatives, to a degree that is bizarre. **The FDA had to be sued before it would allow a health claim for folic acid use in pregnancy. This is reminiscent of 1950's anti-intellectual medicine.**

Surgical medicine has an important place in health, but is not designed to be conducive to extra “care” and privacy for the rich and famous. Find me a surgeon that is honest about the pain of their procedures, and one that also handles the pain they created by their surgery in a carefully tailored way, and I will buy you a 100 acre organic farm. Also, some talk of recovery

in “six weeks,” and then it becomes “twelve weeks,” and then “full recovery” is a year. I have had to tell patients what the real recovery time is based on miscellaneous sources.

I also often have to handle the pain care of patients after a surgery, because most surgery mills have the one-size fits all approach to pain care. Pain care often has to be adjusted every couple days for weeks. And many surgeons have no experience with pain care other than the two medications they use on everyone. They can often give too little in the first week and often a milder agent can be effective after this that controls pain and allows for movement and a sharp mind. But you always have to tailor pain care like a tuxedo!

If the surgeon takes your insurance, it is illegal for them to charge you for specialized extra care. Therefore other staff will dispense most of the follow-up care and prescriptions. Income comes from expensive surgeries. These junior staff commonly know less than the physician about pain and other medical issues.

As we will discuss later, with gifts to quality stores or restaurants, you might find yourself getting a surgery scheduled **for next month offered in five days**, and you may also get special care. An old Jewish sage explained a gift opens doors. Why is that such a revelation?

What Type of Practice Offers the Best Care?

The amount of time a physician spends with you is variable, but some research reports it is now at seven minutes. I just said, “Seven minutes!” Further, we are at the start of a massive physician shortage, and this might actually get far worse.

The current time spent with a patient is based on insurance refund rates, and so the more things that can be done by other staff and the less time “wasted” on you by the physician, the more income that can be made to pay overhead staff and huge malpractice insurance bills.

This is basically fast food medicine and often profoundly unhealthy.

Some self-made rich folks like to be able to still live simply and are delighted to see a physician for a brief period and use their insurance card. Some may have assets in the hundreds of millions, and they are pleased to pay nothing with their medical card. They think, “If the physician feels seven minutes is all I needed, then that is just fine with me.” Believe me, overhead costs and the insurance company determined what you just received—**your health is only one of many factors in the time you receive.**

If you feel a brief exam and a few pills and a few tubes of blood is optimal health care you’re living in an ignorant Middle Ages dreamland, and the income you will save will look good in your coffin. This is not a business deal. It is your life.

This same person who loves “free medical care” may buy a dinner, a car, a boat, a tool set, a vacation, plastic surgery, special real estate or one of a hundred things that cost thousands. But they are happy with being part of a “mill medicine.” I personally believe that in some settings, settling for a

mill physician will lead to a shorter life expectancy. The mill office makes many mistakes. And ***their ability to learn progressive medicine to increase your life is virtually zero.*** They barely have time to read a few journals each month.

Optimal Care and Private Care

Slowly and quietly, two types of non-surgical physicians are emerging. I have experience in both styles.

Narrow Speed Medicine

When other physician's perform this type of medicine, I would be concerned about fifteen areas. Period. If THEY did any blood work, it was simply useless organ failure tests (five tubes of blood). They were offered only the most basic of care. What they were offered was so focused and the options so limited, it was pathetic. A session could last three minutes. They would jot down a past life struggle to fake concern, and ask questions such as, "Is the headache pain any better?" or "Has your mother recovered from surgery?"

Perfecting this type of speed session is taught in many settings and some are good at the art of **fake concern and meeting the requirements of the medical board—*paper documents come before people.***

It is impossible to describe my hatred of this type of modern medicine. I support those who offer it, and know some physicians who do provide a service in offering quick care. It is all some can afford, and at times all I can get from a specialist. But to me it is too cold and is simply the "patient is an object" model.

However, if you insist on using these practitioners, I suggest you bring a very good book. You will have a long wait. Also, if you are a famous person, inquire about occupying an exam room for privacy, since you will likely not be given the space you need automatically in this setting, and may be asked for autographs.

Quality Progressive Modern Medicine

Let's face it; even if you are rich and famous, you may still die well before your time. It is amazing to me how many rich and famous people are diagnosed with cancers too late or die of very preventable illnesses. I guess they did not realize that there are many ways to prevent the most common causes of death. **The once a year medical "visit" is a joke.**

Let me make it even simpler. If the "preventive medicine" offered you is what the shrinking American "Anti-Physician" Medical Society offers (AMA), perhaps you should run. Years ago, when I suggested that physicians should develop a high level of expertise in nutraceuticals, the AMA leaders felt this expertise, which would take years to cultivate, should be offered for free. Do you work for free? I generally use Vitacost, to purchase vitamins at full wholesale. I help design their cost effective quality formulas. I personally do not sell nutrients.

But many supplements in a physician's office are better than the local pharmacy and some health food stores. My point here is not what is the top three supplement corporations, but that the AMA actually **opposed** nutritional supplementation, despite thousands of supportive articles. If you want 1950's medicine, stick with an avid AMA member.

It is still quite amazing that the old dogs at the AMA prefer to **repair damage and treat disease rather than prevent it.** The level of evidence they require would take a decade, not to mention millions of dollars. And often, solid credible studies have already been done. So I suppose to them, it is more sensible to replace a knee with a massive metal insertion, than it is to use supplements to prevent damage in the first place. The World Health Organization former head of rheumatology suggested some supplements that have profound benefits over months on knee cartilage. When I mentioned this, in the **early 1990's**, the Ivy League "experts" said this was nonsense. Of course, as usual, almost twenty years later, many have changed their position.

My own father, a genius biochemist, Obstetrician and Gynecologist, was a master at natural hormone replacement. He was doing 50 years ago what some claim to have recently “discovered” about bio-identical hormones. While he did graduate from an Ivy League School, and was sickened by the Ivy games and inner politics, he was an independent and an avid learner. To his credit he still learns with a passion. He retired due to insane malpractice premiums and the anti-MD actions of Pennsylvania.

But the point is that he was doing what is now commonplace “anti-aging” medicine in the 1960’s. And I doubt that few, if any, AMA official could match him on grades or academic awards during his education. The AMA and many respected medical monstrosities seem to oppose much anti-aging medicine. One can only conclude that, if a product is not a synthetic drug or artificial replacement device, made by a pharmaceutical company, it has no use. Their small minds seem to chant, “Synthetic patented drug or surgeon’s knife.” Sad. They offer only two foods to eat at the diner. How boring.

What is the point of this story? It is hardly my annoyance with the “experts” or “gods” at respected medical centers. I am saying that **prevention of disease** is an unofficial specialty. I am also saying that some of the least useful people work for big name institutions. If you want to be treated by a big name for a disease, check Google for the top download. Do you see that this is silly? The top downloads on the Internet are porn sites. So I guess this is the best place to find an expert physician? Sorry so blunt. But better to be very clear than to have you die early.

As I write this, I have walked with many people through the dot.com economic disaster, the real estate disaster and the bank disaster in the United States. During these economic disasters I have been treating the rich and famous, and I have watched as their financial “experts” with big names at big and famous institutions, have screwed these individuals out of vast millions. What does this have to do with medicine? Sometimes physicians with big names at big institutions are useless. And it takes a

very well rounded medical consultant or consultants to know the skill set of another physician.

On the other hand, I know that a solid expert on headaches and another top hip surgeon both work at respected medical centers. So rejecting someone because they are not independent is also unwise. **It is just that I am amused at the assumption top “experts” are at Ivy League or Famous Medical Centers.** Sometimes this just means they like to waste time in meetings, give away their patents to their center, have cheap labor assistants, get free expensive equipment, free malpractice coverage, and get paid to do a little teaching. Personally, I have passionately rejected every national and international request to join any respected facility and/or medical center. If I want to deal with political nonsense and black time holes, there are better options.

So my point is simple. Forget the glamour of a big name center and accept that most physicians have **specific areas of expertise**, and most are modestly current in twenty areas.

The problem is partly time and passion. Improving your knowledge base takes **at least fifteen hours a week. Few physicians have time to study at this capacity. Most state licenses require 30-45 minutes of study a week.** And most of these hours of educational “CME’s” are simply drug-company sponsored thinking. Really advanced medicine, in many specialties, will not have CME’s on cutting-edge medical topics for 5-20 years.

Finding Real Specialists

Like finding any other key relationship, such as a spouse or best friend, finding the right attorney to assist you is also a serious undertaking. I have many attorney specialists as friends, because if anyone causes me trouble, the legal blowback to defend my work will be so powerful and complex, it will stun the other side. Simply, they cannot imagine the diversity of the counter attack. Since we offer top care, it is never an issue.

But I have just left you in a state of suspended animation. So let me just say that finding the best health care is like **finding a really skilled top lawyer**. To find such a legal expert to find the best lawyer, or in this case a health care worker with:

- 1) Openness to a wide range of legitimate solutions.
- 2) You will not be handed over to other junior physicians and staff.
- 3) They need to try to give you what you want, but tell you **once** if they disagree. If you have a tumor and the best treatments only work 5% it is **your** decision what options to pursue.
- 4) If you are going to be seriously and clearly hurt by a treatment, a physician has to oppose the treatment. Michael Jackson's plastic surgeon simply could not say, "No." Why not!?
- 5) They need to have the skills to find experts. I cannot communicate how hard this can be at times, especially in non-surgical medicine. And many cutting-edge innovators do not want to have any attention. And they hide well. For example, I have published more books on tick-borne infections than anyone alive and until recently tried to prevent any meaningful marketing of my new books—of course then I got annoyed at the junk medicine used for Lyme,

Babesia, Bartonella and other tick infections applied to untold hundreds of thousands, and I wanted to help save 1,000 instead of helping 20. I also feel we have invented the best and safest bio-identical anti-depressant in existence. But you will not find any information on it for various reasons. Pearls do not float to the surface.

Let me give you one final example that is not about me. I was treating a man that had blood leaks in his urine every few months. Of course his physicians knew zip about Babesia which he likely had inside his blood cells since his home was surrounded by deer and Babesia can explode red blood cells. But perhaps I am wrong. His Ivy League physician told him he had a rare blood disease. Let us assume this is true. I had never heard of the disease. This physician also told him the expert in the world was an older man in another Ivy League institution and that only 16 papers existed on this disease.

Being a super library research geek, I was hired by the patient to do a skim for new research on the illness. Despite the fact this had almost killed him about six times, he told me to limit the time to “30 minutes.”

So what did we find on the illness I had never heard about? First, there were 1700 articles on this exact medical problem. The number of people with over 20 articles was about 40 individuals. The “expert” had no paper in the last eight years and only three. There were also about six new treatments that showed promise that were in active use and unknown to the local physician.

What is the point of these stories?

For the best care, you need someone who is an investigator with a very broad medical mind that can find the creative mole and the best surgeons. And sometimes the “best” surgeon is actually chief of a 15-year “junior” associate. Some physicians are fair in business, and yet are far better

surgically or medically then the person who founded the center. My father's first senior partner could not do any major surgery and constantly called my father during his days off to come in and assist, which meant my father did most of the surgery. Yet the senior scam artist would tell patients he did the work and take all the credit.

Some “top docs” are simply seen more in large hospital staff lunchrooms or are in small communities and are reasonably friendly. Some are anal and simplistic clinicians fused to “guidelines” written by a mere 15 people who read a few hundred articles and their edicts are meant to control 800,000 physicians and limit insurance coverage.

Perhaps the role of one type of physician to the affluent and famous is finding the best physician outside their field. Can you offer this service?

If a rich or famous patient were your sibling who required specialized care, you would be on the computer and calling all over the planet. Nevertheless, no one can do it all. But the smart affluent and famous will have at least one type of physician of this type in their life.

This type of option also matters as we begin the severe shortage of physicians in the USA. No one will be able to stop it. Medicine has been destroyed by the FDA attacking advanced non-pharmaceutical compounding creations, who invent many new treatments, state medical boards set “standards” when no such thing exists since patients are all unique, and massive school costs and decades lost, look unappealing—the current applicants are fair and will not keep up with retiring fed up physicians and the huge aging population.

A KEY CONCLUSION

Find top personal service physicians as soon as possible who can be “part of the family.” However, having a good rapport does not mean you abuse them or yourself, by seeking medications or “escape” level dosing that decrease your ability to function.

Please stick to them like super glue for future decades. Let them help you navigate the new and changing face of medicine so you get the top care.

Like emergency money, you should never get down to your last dollar. In the same way, have at least some occasional contact with any key physician with broad possible services.

Never end the relationship. You may not be able to replace them with falling numbers of physicians and falling numbers of creative passionate exploring healers that feel medicine is more than a job.

No Physician Extenders

In mill medicine, most of your time is spent with other staff, and not the health care provider. This system is set up to allow the health care provider to spend **the least amount of time with you.**

Recently, some have discovered what we have always known—that dealing with insurance companies committed to anti-care and anti-service usually leads to poor service and errors. I have never taken insurance for my fees and never will. Indeed, because I order more than the standard 2-6 tubes of blood in my testing, I would eventually be fired from any insurance contract. It is a shame that most lab testing is so limited. This level of simplicity is a complete joke and detects almost nothing other than major organ failure. Many people are stunned to discover the serious fixable things that we find with *thorough* lab evaluations.

Increasingly, non-surgical physicians are returning to the ‘good old days’ of fee-for-service practices, rejecting pathetic insurance company “customary and reasonable” fees that are better suited to the 1940’s, when gasoline was 18 cents a gallon. It was a “reasonable and customary” fee at the gas station in 1947.

Why does all this matter to you? Because medical mills are not set up to offer you personalized care! They are designed to handle one problem per visit. And often that one problem is handled incompletely. It is handled in a manner that wastes your time and is the cheapest route for the insurance company—they hold the puppet strings for you and the physician. In some areas, only one to three large insurance providers exist, and they all share a similar philosophy—less is best. If you are a physician fired from one insurance contract for excess lab use, you will have just lost 33% of your income. This is why most physicians stick to the basic labs and basic testing.

'Concierge' Medicine is 1950's Personal Medicine

Since I started my private practice, we have always simply charged for the time that was used. We have offered emergency availability for an additional fee, because I am not getting out of the shower for nothing.

Recently, some physicians fed-up with the medical mill experience have offered a **one fee per year per person service**. They are available for anything. Call it the *all you can eat buffet* of modern medicine. This is something many folks have found desirable.

We do not have a set yearly fee. We prefer that folks simply pay for the time they use. If this payment style is good enough for the purchase of lettuce, it is good enough for me. We have avoided the insurance model, and **everyone pays the same hourly rate, regardless of affluence**. If you charge an affluent person more than others, you are abusing them.

I was amused that many years ago, an immensely successful celebrity was furious at my rates. I had helped him and his family in ways other smarter practitioners had not, so he was very thankful. He used to scream at me that he was fed up paying me the same "cheap rate as a typical lawyer" when I was "so good." He also believed that treating 10% of my patients for free was not being appreciated. He would say things like, "I suppose you find a retirement account immoral?!"

He was obviously a great delight to be around, even when annoyed. He even demanded that I at least charge him more than my average rate. "This feels so wrong!" he would say. "I feel sick paying so little."

Of course I charged him the same, and was highly amused with the entire drama, but as years passed and we had to self-fund immense studies and research, I did have to increase my rates significantly. "Finally!" he said a few years ago.

Working with Executive Assistants

Some affluent or famous people have staff that run their lives and organize their schedule. If you are going to serve affluent and famous people, you must get a full medical release to discuss all medical matters with the “assistant,” but keep the discussion to a bare minimum, and work with that person to get things done. Usually this involves scheduling sessions, tests or consults with other health care providers. Sometimes assistants have privacy clauses in their contracts, and these can be broken.

So do not discuss lab results or medical findings with an assistant, and limit his or her involvement to scheduling a time to talk with your patient.

Do not affirm or joke about some defect of your patient with the assistant. In other words, respect must be maintained. While this might sound like the most obvious thing in the world to you, it’s remarkable how many physicians do not follow this unwritten ‘rule.’

Pain Care

If a person has surgery, they can **sometimes** be given too little pain medication. Pain physicians should know various direct and indirect ways of knowing how much is enough. And as a rule, reports of severe pain occurring within 14 days of a surgery, I tend to believe, are legitimate.

However, some individuals have emotional pain, anxiety, boredom, burnout or depressed feelings and are tempted to use pain medications for an extended period. If this occurs, perhaps a pain specialist and a follow up with the surgeon might be useful. The only problem with some surgeons is they tend to trivialize pain and over-state the speed of recovery.

If someone is using pain medications and no longer has real pain, they may need to be placed on Suboxone. I have the most thorough up-to-date textbook on this medication, and it allows for a stunningly effective out-patient detoxification. It must, however, be tailored four to five times on day one and a few times on days two and three. So the patient must be willing to answer their cell phone. If they are in meetings or performing a job that requires them to turn off their cell or give it to an assistant, they need to call back promptly after the meeting to remain comfortable.

The key issue with tailoring this amazing medicine is that the physician should be asking, "How much have you taken today in total milligrams. When was your last dose and how much did you take? How do you feel?" With this information, the physician can tailor you into a smooth, soft landing.

If you have been hooked on pain medicines, I would recommend staying on the Suboxone for a period of at least three months. If decreasing the dose causes cravings, something medical like Bartonella or masochistic work hours may need to be examined. Never stop this level and useful medication if the alternative is jail and the abuse of a narcotic. Some rush

you off this medication, before allowing your brain to return to normal. This is like expecting a broken leg to heal with scotch tape in a week.

If you hate the sublingual taste, a compounding pharmacist can make it into a transdermal cream, a suppository or a better-flavored sublingual tablet.

Health Education and Options

Currently physicians are going in two directions. Surgeons are doing surgery, and they are typically not involved in the issue I want to mention. The issue is preventive medicine. Some feel that breast exams, ovary exams, with a mammogram and a pap smear are enough for women. Likewise, they believe that men only need is a prostate exam and a quick physical with perhaps a blood pressure medication and a cholesterol pill. And both genders merely need a few tubes of blood drawn for useful preventive medicine testing. While I agree that these exams are crucial components, I have a different belief about aging. If you look at many older physicians, some of them look terrible. They are aging far worse than their peers are, and they do not know much about preventing illness in ways other than **synthetic, over-priced pills with mixed safety records and joint replacements.**

Another prevention model involves **aggressive disease prevention by many means.** Some of these include nutrients above useless one a day dosing and the replacement of bio-identical hormones, which significantly increase bone growth, when taken at high physiological doses. Other techniques exist to naturally decrease cancer risks, heart attacks, high blood pressure and to control obesity-related diabetes.

My point here is not to write a book on a topic that already has a thousand texts. But to ask physicians, and the affluent and famous patients seeking their guidance, *in which direction do you want to go? Traditional preventive medicine or more advanced integrative anti-aging medicine?*

Perhaps it is something that you should make a decision about because, as a patient, it may determine your life span. As a physician, it defines your career.

Whichever role you play, you both should be on the same page. My opinion is very clear. You should add to any traditional medicine option, all other preventive options.

For example, sublingual magnesium, which is absorbed under the tongue and is vastly superior to junk oral forms decreases excess blood pressure, inflammation and may lower diabetes cravings. We have no one on blood pressure medicines. Why use drugs when this mineral helps 200 enzymes function. Also, the American diet has vastly more calcium than magnesium. This potentially can cause an increase in brain irritation, headaches and muscle spasms.

Another progressive medicine example is from my happily retired OB/GYN physician father. He treated my grandmother with natural progesterone for 40 years. My grandmother fell down an entire flight of steps. She was 92 years old at the time and weighed 99 pounds. Guess how many bones she broke? None! My father's belief is that she would have broken her hip and other bones without high normal levels of progesterone. Since she did have massive bowl-sized bruising, it is clear she really slammed her joints repeatedly.

He did not use weak trivial cream products. The goal is to have progesterone at a **high normal dose**, and not merely one that makes you sleep better or modestly reduces your hormonal symptoms.

Physicians, family or friends who mock this type of treatment, or twenty others that are not mere synthetic drugs, do not understand why my patients have exceptional bone density, fewer heart attacks, better blood sugar and less cancer. And if you do not listen to my healthy patients the first time, they will often not discuss it again.

A Word on Depression and Anxiety

A good personal physician and therapist will keep an eye on your mood and anxiety level. Some depression is caused by extreme demands—the very same demands that have made you a success. You might want to look at that issue. I know personally. I have hurt myself in many ways pushing myself while completing many of my books. In retrospect, some could have been done a month slower, and this would have removed 50% of the suffering. I was acting as if my mental well-being did not matter as much as other patients' health concerns mattered. You do matter. Try not to burn out, or you are at risk for depression, increased restlessness, immense boredom, alcohol or drug abuse, and potential affairs.

I recall one precious famous actor who was **burning out with the immense work** associated with a film. He called to discuss his increased use of alcohol. What a class act he was to call before problems emerged. This was a matter of concern, considering the fact that a mere four glasses of alcohol dissolves brain tissue over time. So we did something that may appear to be weird or excessive. We arranged for him to get a 90-minute, high quality deep tissue massage every day. I do mean every day. After three treatments, his drinking was minimal. **We treated his binge work habits with solid binge nurture.**

Anxiety is often a result of burn out, but biological anxiety is quite common. Forgive me, but I will have to disagree with many in my profession who insist that anxiety can always be treated in non-medical ways. Granted, sometimes biological anxiety can be treated in non-medical ways—a hundred different ways. Some people swim laps in the morning to squelch their fears. Others pray or meditate. Some sit in a portable, hot dry sauna for 10 minutes each morning. I know someone who takes a high dose of a Japanese food extract to calm his baseline restlessness. In some settings, and for some people, these methods *do* work.

However, there are a myriad of differences between one person and another, from biologically inherited traits to socially adapted ones. I know of at least one symphony in which a majority of its musicians require anti-anxiety medications to perform. It works. They do not abuse it. And as long as a person is not abusing alcohol, these medications are some of the safest in existence. They are safer than many **medicinal** herbs and less harmful than routine pain relievers sold over the counter.

Here is one final quick example. A man comes to me who has a very powerful position in an internationally known organization. He is uncomfortable talking to his own employees. He shakes my hand with a nervous tremor. He is prescribed an anti-anxiety medication. I have to adjust it twice in the first year due to an increase in his liver enzymes, but overall it's a fairly simple process.

He is now the sought after speaker and MC for all of his organization's major events. This is a success story. Anyone who feels he is a "loser" because he takes this type of medication (which, incidentally, makes his **brain SPECT or PET functional exam scan look normal**) is throwing out the baby with the bath water.

The Waiting Room

Both the rich and the famous **hate** to hang about the waiting room for prolonged periods. Business leaders and other wealthy professionals feel it is useless, unproductive time. Some get angry and become alienated from the physician before even meeting face to face.

So what can be done to avoid this type of outcome?

We usually schedule affluent folks (or patients with very ill children) as the first patients of the day. At times I am running late because I am responding to patient emails, but it is not for any great length of time. Also if this is the case, I try to let them know when they will be seen, which allows them to plan accordingly for maximum comfort and time efficiency. If I am going to be 30 minutes late, for example, they may want to go to their cars to discuss a case with their lawyers (since almost all business owners are relentlessly being sued) and be alerted by mobile phone about five minutes prior to being seen.

For obvious reasons, some famous individuals are reluctant to sit with others in a waiting room. However, we have tried to prevent people from asking for autographs or engaging in conversations. Of course no patient is the same, and this applies to the famous. We feel it is important to ask a famous person how much privacy they want. Some want complete and total privacy and others are happy to chat with **a few** people in our waiting room. Like all patients, they should feel safe and cared for and allowed to have privacy if they want it.

If a famous person wants complete privacy, we have to block out time before and after their session. We keep a credit card or a retainer on file so they can simply leave when the session is completed.

Some like waiting in their car for a call. Other patients like waiting in their hotel with a 15-minute reminder to leave, e.g., “Mr. Jones, Dr. Schaller will see you in 15 minutes.” Like marriage, this requires communication, and the famous know what they want, but you need to ask, and modify your schedule accordingly.

The Rich Are Not Usually Famous

Forbes and the media have assisted in making public knowledge of who has vast fortunes. Since I live each week as if it might be my last, I really do not care about money beyond my modest needs. So treating a rich person simply means that their credit card will not bounce or they will be paying with cash.

As a trend, if the 500 richest men were in a stadium watching a sporting event, perhaps 490 of them would go unnoticed.

What I am getting at is that treating the rich is far easier than treating the famous. The rich can go to restaurants and eat in peace, and virtually no one will know that their net worth is \$300 million. Yet a famous person with \$2 million in the bank might have to sign ten autographs and handle ten paparazzi as they leave. This is what I call **the privacy rape of the famous**. I hate to be brutal about it, but after a period of time in which many people are passionately trying to catch any error or poor image—fame is commonly a type of suffering. If you think it is not suffering, have ten friends stand outside your garage with cameras. Then have them follow you all over the mall, the grocery store and the beach. You hug your mechanic for fixing your troubled car—a tabloid states that you are now sleeping with him. You try on some pretty lingerie, and they say you are trying to rescue your failing marriage. You hug a friend when your team scores, and they report you are a closet homosexual.

Are you starting to get a glimpse of the hell of being famous? You think fame means people praise you, respect you and give you attention. Yep. But it also means the wolves have your scent. There is a reason hunters seek out the bucks with the biggest racks or horns. The famous are “hunted.” If you were not recognized as famous in the last five stores you visited, then you have no idea what this is like.

So this has to be taken into account when treating celebrities. The rich can usually come to your office for an intake and others will not know them. Indeed, I live in a county with more top CEO's than any place in the world. I have treated many local affluent rich executives, and no one has ever recognized them. But I leave that decision up to the patient. If they suspect they have enough local fame, perhaps merely due to a few newspaper articles, **a house call should be offered.** However **some of the richest people I know are so cheap with their healthcare I simply cannot treat them.** I actually do not treat fools so it would not work. And I do not rush for anyone, and that includes anyone in the world. Fast, rushed, medical thinking is sadistic, and folks can always find an idiot who thinks they are greater than dust. If they think I work for them and not with them we cannot work together. If they expect I should have their entire life, labs and medications memorized, and any perceived waste of two minutes is considered a rip off, I can only wish them well. Often they die too early.

House Call Rules

The rich want full and fast high quality service. In other words, they want the type of attention to detail they offer to others in their field. The famous want the same thing, but also want to have privacy and avoid gossip rags.

If the physician is not licensed in the state, the visit cannot be associated with ANY direct care such as labs, prescriptions or medical notes. **It is an informal visit.**

However, often the presence of a knowledgeable physician helps in dealing with other local physicians or hospitals and speaking medical lingo with them. However, physicians like me who do not have a license in all 50 states, cannot tell them what to do.

Further, my direct medical care will happen only when **I return to my state office, briefly review your situation by phone, and make notes for the formal record.** It is as if your uncle, who is a physician, came for a chat. So be sure this is worth your time. A quick plane ride to the physician might be a better use of time depending on the situation.

We have found that the best way to offer this service is to follow a Billy Graham approach. Meaning, no one has ever written in a slander magazine that Billy Graham has engaged in adultery. Part of the reason is that he never travels alone, is surrounded by pro-marriage men, and his hotel room is always checked out by an elderly women for “plants” before he enters it.

So if you are making a house call or a very rare airplane flight call, you are not going alone. You need to bring an assistant to offer top and fast-speed service, and to serve as a witness that nothing shady is going on, including private medical talk, and everything is above board in terms of no direct treatment approaches. The latter may just serve to save your

practice someday, in the face of vicious hacks and slanderous speech. Rich and famous people have to deal with messy divorces and custody battles from hell, and they have little choice when it comes to trusting select staff, though many such staff persons, unfortunately, have abused that trust. Accusations can be utterly amazing. So be beyond suspicion.

You also need someone in your office or who has access to materials that might be of use. I can keep one or two people busy during some house calls, designating one to tasks involving full Internet availability, and the other to a computer containing the practice materials, documents, privacy statements, etc.

In this way, the time is utilized both **efficiently and effectively**. One needs to find the balance between employing good listening skills, and during or after the session, preparing for provisions for the patient's post-treatment needs when you return home.

Are You Willing to Try to Fix a Medical Emergency Even if it is not Your Exact Specialty?

Currently the average medical practice directs you to the emergency room if you have an emergency—another example of how malpractice lawyers have burned the entire nation. So now tens of millions of people sit in noisy and crowded ER's for hours because of some lawsuits. So most physicians will do no medicine outside their scheduled hours and risk their careers doing medicine over the phone.

Many years ago, I had a patient who had a family physician put up with her avoidance of basic lab testing for many years. When I tested her, she had a hemoglobin level so low that she should have been dead. Somehow she had neglected to mention that this was a thirty-year-old issue until days later. So after many calls to all her many phone numbers, I had to send a police car to get her to call me. I have only had to do this once in my entire career. How many physicians would send the police to get you off the phone because of a life and death lab result?

If you do this to the rich and famous, you may be fired, unless you have a very good reason. The bottom line: I can always find other patients, I cannot live with an unnecessary death.

I have had to get emergency care for patients in deep danger. They had other meetings and obligations scheduled, but I was 70% confident that they were in danger. For example, I have had three individuals who were having heart attacks in my office as I was meeting with them. Two had actually just been to a "mill" physician and had a heart examination, and one had just had an EKG that was normal ninety minutes earlier.

I ended the sessions after asking three minutes of questions, sent them to the closest ER after calling to see who was the least busy, and unknown

to them, I followed them in my car to make sure they did not get lost or lose alertness. (I probably should have driven them.) All three were having **massive** heart attacks and all three had immediate bypass surgery within 24 hours. They lived for many years afterwards.

Disasters and Fees

One sign of a true friend is what they do when you are faced with a disaster. Do they make time for you? Do they call? Do they visit? Do they help? I once heard someone say that a good measure of true friendship, if you want to know who is more loyal between your best friend and your dog, lock both of them in the trunk in the morning. At the end of the day, open the trunk, and the one who is still happy to see you is your winner. Clearly this is a joke, but it is a comical truth nonetheless!

In terms of loyalty, the same basic principals of friendship can be applied to a physician.

Medical disasters come in many forms.

I often find all types of patients who are not treated well after surgery. Some surgeons believe the only thing that matters is the surgical cutting. Some physicians fear the famous are more prone to addictions, especially famous musicians and actors. So they do not treat new surgical pain.

Usually this can be handled with a phone call.

What is important is that your patient signs a full release for all aspects of care so you can talk to the treating physicians fully. If they fear addiction will present after performing surgery, you can fax a note reporting that **the current pain medication dosing lasts 3 1/2 hours and not 4-6 hours.** The faxed note should report that the patient is well known to you, and that they have no slurred speech, no sedation and have severe and significant pain on the current doses. This covers the physician who fears the manifestation of addiction in narcotic-treated patients and prevents your patient from going crazy with agony.

If a medical matter is not handled well, try to resolve it with the treating physician(s). As a last resort, contact the hospital administrators, because they do not want “their business” to appear disreputable.

Another common disaster is the occurrence of a **family death**. Usually such an occurrence can be handled without a trip, yet it does require a degree of personal contact to make sure the patient suffering a loss is being supported. Two areas of weakness with a death is depression and addiction relapse, so ask about both if they apply.

Medical disasters sometimes require making a trip to see the patient. The most common in my experience is a **severe car accident** with multiple family members. Many rich and famous patients drive themselves or enjoy an escape in a speed car. If you are a local physician, I would suggest simply driving to the hospital, home, or both to make sure all is being handled and the family does not need help getting optimal care. If you are not local, do not fly unless asked, but call at least every two days and get right to the point, “Is there anything you folks need?”

American medicine has many weaknesses, but in trauma care, we are probably offering the best care in human history. ICU physicians, ICU nurses, and trauma surgeons are fantastic. So if you are not a trauma surgeon or an ICU hospitalist, the family often has no need for your services. Indeed, your best role might be in translating medical terms into simple terms **or** offering emotional support. Ask if this is needed. If it is not needed, leave them alone.

Another common disaster is a **cancer diagnosis**. We have found ourselves the most useful in offering presence and care and finding treatment options. Be ready to offer a wide range of options, but only ones with some credibility.

I have routinely been hired to learn about a cancer, read all the latest journal articles and to try to find the best experts on the treatment of the cancer. Being able to tell a patient that you have read over 400 abstracts on their cancer, and six people seem to be quoted the most, saves them 4-12 months of self-education. Knowing who to call on a short list may save a life.

Amazingly, on one occasion, I was asked to find a functional blood cancer cure, and we invented one! But a more common role is family support and finding every treatment option that fits with their goals.

One final tricky area is the use of alternative medicine in cancer. Presently, I suspect there might be about 1,000 alternative medicine options, with about twenty treatments with the most chance of utility.

Friend or Personal Health Advocate

Part of offering personal care is not assuming that the life of a celebrity patient revolves around you. Affluent and famous people are typically busy with many people trying to grab their time. We have to respect their wishes, even if we do not particularly prefer their approach, as long as life and death is not an **immediate** issue. One reason I have always been involved in “alternative” medicine approaches, which are usually not new or exotic, is because so many patients favor this option.

With these issues in mind, it’s easy to see why a **modern** physician really has to either be familiar with the basics, or master a wide position on twenty other medical approaches. Surgeons could probably get away with five. The position that synthetic drugs and surgery are the entirety of healing is, quite frankly, one of stupidity. It gives the impression that we as a unified medical entity are operating as a cult. While *some* of these medications and surgeries are fantastic miracles, it doesn’t change the axiom that a mechanic with two tools is “sad.” If you have no idea what “other medical approaches” means, it could be a sign that your thinking is a by-product of a massive industry and ideology, which have conveniently narrowed all healing options down to the synthetic chemicals and the knife. At this point, some might make a mocking comment about some other model of healing.

What is sad is that they do not know **anything** about the model they mock. They appear to insult O.J. Simpson as if he were the central model for all Black men in the world. It is also obvious that they have to work to even think of any other serious form of treatment. I have reached a point where I do not even respond to them. You cannot create love for broad learning in a healer. And you cannot create a drive for new learning in a highly burnout physician who fears losing a lifetime of work being lost because he or she went outside “the line” of some dubious guideline.

What is my point here? As we develop an affection and concern for a private patient, partly due to time spent actually getting to know them, we can turn a two-year health goal into a four-month goal. We must also master many types of progressive health treatment protections that decrease their long-term risks if they have health vulnerabilities—the solution should not automatically be synthetic drugs!

At this point, let me give some solid examples, to be clear for those who equate healing with synthetic drugs and surgery. What can you do to grow bone without drugs, exercise and basic calcium? What can you do to reduce cancer without basic PAP, mammograms, PSA levels and prostate exams? What can you do to help a smoker cut down by 80%, and thus decrease further lung damage, in two weeks? How can you decrease diabetes risk, or a breast or prostate cancer risk, in an obese person?

If you do not already have an answer, your data stream is limited to simplistic and dubious “evidence-based” guidelines, written by small minded individuals. Many of these guideline writers treat all people as one clone and are titanic skeptics of anything that is not an FDA approved treatment. Non-surgical guidelines sometimes come from a small group, many of whom are cognitively controlled at various levels by multinational pharmaceutical corporations and their questionable studies, with an FDA approach to clinical decisions. These two groups are the ones that keep approving dangerous medications as they attack the advances of brilliant compounding pharmacists, such as natural hormone replacement (which my Gynecologist father utilized to immensely help over 10,000 patients). These corporations and the FDA also attack nutrition companies and creative practitioners who are using treatments that are backed by hundreds of solid articles to support their actions.

What is pathetic is that many brilliant people in medicine do not know how to think for themselves, and are therefore totally blind to the complex factors undermining their sources of broad medical knowledge. I have received many grants to publish special new findings associated with

synthetic medications. Some are amazing. I believe that some of the best and worst synthetic medications will be coming out in the next twenty years. But if this is your only source of “prevention,” you are a one trick magician.

We began this section by saying we must accept finite and reasonable goals for each affluent or celebrity patient, and to accomplish them, we as physicians must take care not to use nagging or criticism in our approach. I understand the goal of being a “success” with them. But you are not breeding horses for the Kentucky derby. Some want to take five years to reach the goals they could reach in one—please embrace their wishes and accommodate their individual pace.

Keep in mind, however, that I have had some extremely rich and famous patients with a couple of **very serious medical issues, for whom the above rule does not apply.** Specifically, testing had uncovered things that might cause death in the next few months or years. Of course I could never know the projected duration of anyone’s life, but some things warrant serious concern. They are not simply part of the goal to help a person live to be a healthy 90 year’s old.

When such serious issues arise, you must decide whether your role is as a friend or a physician. You also have to know how to approach the patient and use discretion in terms of timing. Delay is risky, but no one involved in professional sports will hear you during the championship week. You also have to ask yourself, “Am I OK with being fired because I was concerned?” If you are more concerned with the relationship than with the health of your patient—fire yourself.

Private Full Personal Medicine and Emergency Involvement

Thankfully, I have very rarely needed to act in an emergency manner such as the situations I will mention. If someone does not want this type of help, that is fine. I cannot help those who reject help. But some have asked me to “cover their backs” because they know that few people care about them, and sometimes I can replace unavailable physicians in a matter of hours. I certainly cannot replace their plastic surgeon, but I can fill in and help in a number of ways—**at 3 a.m. any day of the week.** I care for them because I respect their work ethic and motivation and, perhaps most importantly, the abuse they suffer due to “fame.”

Samples of *Very Rare* and Hypothetical *Extreme Medical Service*

Many families have medical, marital, legal or addiction related problems that they do not want to share with many people. Each family is unique, so the problem can often not be predicted or imagined. Some feel it is good to have a broad-minded medical advocate around when such issues arise. Do you?

A common dangerous medical problem is *active and significant substance abuse in a family member.*

Do you want your private physician to help with this problem? Merely asking around for the “best rehab” is hardly complete help.

What if your client and their family have a seriously alcoholic family member who is driving drunk? If you drive drunk, you can kill people. If even our brave, precious soldiers or top policemen with the highest levels of integrity, struggle with guilt defending their lives from criminals who are trying to kill them, do you really think that killing a family while intoxicated will be something that is easy to brush off?

Also, a vehicular manslaughter charge carries severe criminal and civil penalties.

What I would consider doing, if all else fails, is to simply suggest that all family members use a limousine or other type of vehicle driven by others, and the keys are gone. Some fool and his wife, whose son almost killed a bunch of people on a road rage tear, assured me that they “had hidden the keys.” 90% of all six-year-olds could find Christmas presents hidden in the house. Do you think a 25 year-old man could not find the car keys?

If keys might be taken after alcohol or drug use, they should be put in a safe or high quality **combination** gun box. If the addict could use a crowbar to open the Fort Knox of home safes, keys to any car cannot be in the home, unless a locksmith reinforces the box to beat a crowbar. Another solution is to keep the key around your neck or in your pocket 24/7—not in a purse. If this fails, the whole family will need limo drivers. Since this book is for the affluent and famous, I am offering specific options for them, and not every option.

The aforementioned limo drivers must be mature, happy and with perfect references. If one of you has a bad feeling about a driver, trust your gut feeling. Other options usually exist. Some patients request that I interview the driver and even provide special psychological testing to detect whether or not they are prone to abuse of their private observations—this testing can detect self-centeredness, sadistic tendencies and anti-social traits. The media knows how to flip limo drivers for money, and people love to read of the struggles of the affluent and famous. They resent them and envy them because they presume that your success came easily.

I would like to further add to the driving risk issue. In one situation, I have heard that a worried husband hired a private investigator to videotape his affluent wife driving. The husband was so upset with her dangerous driving after seeing the tape, he threw all the keys to all the family cars, **including his own**, in the lake and put nails in the ignition keyholes. The wife hired a locksmith a few days later, so the husband had many of the removable engine electronics, belts and hoses stripped so the cars were non-functional. He threatened to have all the cars donated to charity or stored in secret garages if they were touched again. He was not kidding.

Extreme? Excessive? Do you want a good life with liberty and contentment? Or do you want to dance on the edge of a cliff? No one was arrested in the time it took to help his wife recover. They used limousines for quite some time, however, just to be sure.

The following year an acquaintance of this worried husband killed a few people while driving drunk. He had seen this person drunk at a social function months before he tossed the family car keys. This husband was aware if an affluent drunk harms someone, the victim might need daily nursing home care and live in a wheel chair for the rest of their life. The intoxicated driver may be sued, and if they have any assets, will have to pay for decades of complex care. For the recovering substance abuser, the image of a nice person, who now has all the functional mobility of the late Chris Reeves (Superman), will be very painful.

Having said that, it's important as a physician for you to ask yourself about your own heart. Are you a helper, a healer and, *very rarely, a potential protector before being a "friend?"* Do you need another professional to help you achieve this goal? Will your patient accept a second person? Discuss all these issues as you define your relationship **after significant time spent working together.**

It takes about 15-20 hours to really start to get a sense of the capacity and definition of the relationship. So do not imagine the service options need to be defined fast. Further, the affluent and famous often experience betrayals of trust. You will have to earn it. Not because they are paranoid, but because they have a working memory that recalls the abuse of past supporters. Just saying you are not going to do fast medical mill sessions, does not define the relationship. Every one could use something different.

And if you are a famous or affluent person, do you want a healer to be someone you see once a year for an hour, or someone that actually knows you and is involved enough to meet all your major goals? Some physicians would never offer some of the services I have mentioned, and others would need others to fill in the limits of their enhanced services. And most do not believe in pursuing you for anything. If you want their help, you will need to call them. Most would not travel after they have lost the "thrill" of treating someone famous or affluent. Most would fly to help defend you in a court of law.

Your physician cannot tell you what media job to accept or what political office to seek. They cannot tell you how to invest your income. But they can help you be at the peak of your mental, emotional and physical functioning. And they definitely can sometimes save your life, and help you live to be a happy active person into your 90's. But not with canned 10-minute cliché medical visits.

If you are looking for a top-gun health team leader or member you might want a few more quick examples to help both of you decide the definition of this more meaningful relationship.

For example, clients in my practice are **not asked to go** to AA meetings if they drink too much and want to stop. Wrong! **I always take them privately** to an AA or very high quality NA meeting. Leaders in these meetings must have many members fully sober at least ten years. Other physicians or therapists who work with the famous or affluent have colleagues that will do this. But will your patient trust this totally new stranger? If they are not able to afford this service, I try to set up a reliable person to pick them up and take them—this can take a mere 5 minutes in some areas with solid community service AA groups.

If they are not local patients, I offer to fly out and spend a week finding them activities that are fun and nurturing experiences, and taking them to meetings. 14 meetings in 7 days and some fun outlets to replace the high is a start. Nothing is as fun as the addictive substance for quite some time, but finding a number of lesser comforts adds up. This does not replace a rehab, and many other tailored treatments, but it is sure better than a one size fits all half way house, even if these can be useful.

AA/NA meetings presume openness to publicity, which requires timing that fits the celebrity. Many other options exist to offer quality serious help without having the rape of their private life, if they feel embarrassed.

Some clients have thick heads and need a firm word when I discover dangerous lab findings. I have called extremely wealthy men on their personal cell—the phone only six people have-- and asked them stone sober if they “want a coffin or prefer to be cremated.” Would you ever do this? Would your client fire you if you did this? Perhaps you need to be on the same page after a year, since short term relationships are not as rewarding as long-term ones. They usually smile—the first three times. I might do this every 2-6 weeks depending on my findings. No one has ever fired me, and we can usually decrease that risk sooner if I am calling. This has definitely saved some lives. They begin to think, “This really should not be ignored too long if he keeps calling.” If I did this to some other patients, however, they would be hurt and offended. One person’s insult is another person’s sign of care. Let’s face it—98% of physicians would not call you anyway. They would have their staff call and pencil you in. In my experience, the few physicians who do call personally do so once, at best.

Quarterback Michael Vick was caught up in a culture of dog fighting. This “sport” actually has long and royal roots. But it is not a routine medical, legal or gambling addiction issue—except in some areas. This illustration is not meant to help you identify with this issue, but to define the outer limits of mental health care and a lifestyle emergency. Impaired insight is a psychiatric issue at times.

What if you learned that this was a problem. Perhaps one of the dogs bit him.

Would you tell him to stop immediately, because his career would be destroyed?

Would you call him daily if he ignored you?

Would you mail him a lawyer's review of the law on dog owner abuse and dog fighting, **without** using his name?

He is not a fool. Part of his problem was possibly a lack of insight into the full magnitude of the law. Animal fighting is part of many current cultures all over the world. But I do not like it. If he read the savage consequences of the law that would apply to him, mailed once a month for four months, it might have created insight. Or at least moved him from an owner to a spectator.

Would you drop it if your first three steps to save him failed? This is the issue you need to determine as a private and personal patient advocate. Are you just around to put out medical fires three times a year, or are you part of the patients trusted inner circle? If you are part of the inner circle, you have to ponder creative ways to protect them from destruction without violating their privacy.

If he said to me that I could be a "full hands on person" in his life, I would be quite involved. So I would push the issue since the issue is jail and the loss of his career. This is not routine medicine. This means a fusion between a trusted friend or uncle and a **full professional. It does mean one has to consider being creative in super rare emergencies that are not my routine work. So would you go the "5th mile?"** This means serious pursuit to protect him from jail. We all have ethical blind spots. But depending on the century, decade and country, some of these are ignored and some are felonies. So I would push it....

Could you playfully ask him which jail he preferred?

Could you make a fake newspaper headline with a profoundly blurred image of another person and send it confidentially with a header, "Top Athlete Destroys His Life. Next Stop is Riker's Island!" Of course, this is all billed time. I am serious.

In conclusion, the drive that makes many people successful, is often the drive that causes them to isolate, act-out and to put their health last. If they really just want a 1960's quick yearly check-up, and then back to "more important" matters, I believe they will have more troubles.

The Diet and Exercise Cliché and Your Private Physician

One cliché of modern health is all things on the earth can be fixed with a quality diet and exercise. While both are generally good, perhaps this is an area of immense delicateness. If you suggest it and the person is not in a really great place, you usually hurt them and make them feel like ugly losers. A patient's body self is a big one. Also, one usually needs to look at things that promote bad eating and poor exercise, **before** even raising this issue. This is usually a long-term issue.

Some individuals with merely a certification, and no real education in human physiology, are referred to as "trainers." They can be useful for exhorting individuals to exercise and eat better. However, as a physician, I find it intrusive to call someone and badger them into things like exercise and better eating, which are **long-term issues** and not emergency material. The point is, let's not intrude on our patient's private lives with inane banter, if someone else can do it safely. I do prefer to check out the training and education of trainers. Acting like you are on speed does not make you an ideal trainer. It might help motivate, but they need to know signs of catabolism, dehydration, etc. It is also good to use a trainer with no eating disorder in the last fifteen years or signs of "doping."

Privacy Contracts

One of the ugly things the famous and sometimes the affluent have to deal with is the betrayal of the people that they trust in their private lives.

You cannot allow yourself to have any staff or contacts to be given the slightest ounce of forgiveness in this area. If they discuss any aspect of the patient to anyone outside the required staff, they should know your response will be as brutal as the law allows, and should include prohibitions against mentioning the patient's name to ***any spouse, romantic interest, relative, friends, or other entities***. Public people in my opinion have the full right to expect privacy from medical offices, so the nonsense that they are “public figures” and privacy rights do not apply, is sociopathic. I would respond in complete and highly creative ways that extend far beyond firing anyone that violates our privacy rules. We have never had an issue. I suspect it is because we have hired people with character and paid over market value and treated them like family.

Before I mention these things, most affluent could care less about being seen getting medical care. Even some famous people could care less about select privacy. They may be profoundly open about their medical care and simply want privacy for their child, sibling or a parent. Sometimes the only privacy they wish involves their romantic life. However, we prefer to err on the side of privacy with everyone. Therefore, I will completely ignore any patient in any setting unless *they* approach *me*. I will only say a warm hello and move on. In ten years, they may want the privacy they are giving up. No healer should be a Hollywood groupie that needs to be seen with someone to feel whole.

Here are some routine things we suggest:

- 1) The receptionist and any staff nurse(s) must sign a strongly worded privacy contract. The attorney designing the privacy contract must research every way there can be consequences. Such an agreement is required to have any job in your office and to offer anyone, including those we are discussing, routine private care. If they refuse, perhaps they can search the classifieds for a gossip job. (Any person you hire or agency you might use can be tested with a fake famous person's agent. If word gets out, they are fired).
- 2) If a patient is not having lab work done at your office, and the famous person is sent to the local lab, you can have the lab send out a drawing tech to have testing done in the office. Remind the local director of the lab, for each blood draw of a famous person that you expect PERFECT privacy. Also consider having them enter through the back if they offer a back exit.

I have told single techs that are assigned to my patients that I am confident they will not abuse their job by chatting with their friends. Anyone who discusses lab tests can expect to be fired and sued. We explain we are confident they will not "rape my patient's privacy." It is amazing how much a combination of a strong appeal and a gentle threat works. It only requires one minute. On a different note, folks involved in my practice know I am very playful and silly. But I do not play about privacy violations.

Let me be blunt. If I ever see a man **clearly** raping a woman or a child I will instantaneously inflict massive damage. I will not risk my life to examine him for twenty different possible weapons. I will not risk another punch of the victim or the emergence of a hostage death threat to allow their escape. No investigation. No discussion. Is this dramatic? Read about the

public abuse of famous people, and it is far worse than I would wish for any enemy.

- 3) We also suggest giving the lab tech a “gift” for their good service such as a gift certificate to popular large stores, nice restaurants or cash. If they do a good job, get the message to be professional, why not honor that respect? After leaving my office they will now spend 2-3 hours setting up the processing of our extensive testing. This is an extra incentive to do such complex processing in the most careful manner.
- 4) Some patients like to have their care under another name or an alias. I have no comment on this practice. If you have an alias or a privacy name, some might require that you sign that you use an alias. A 10-minute chat with a lawyer could let you know if you can pick your own name for medical care. I suspect the AMA and state medical boards oppose it, but no one cares who they are except their own small closed circle or the state political machines that give them their candy reward appointments. **I certainly doubt they care about you personally.**
- 5) If a lab tech cannot come to the office, make sure the local lab, or the one that will do follow up lab testing in another state, is already set up to do advanced testing. Assume a faxed order will be lost. Assume a lab tech will file in some strange drawer. So you must talk to a local director and find out where the smartest tech is located near your patient, *if* this is not the first lab testing done at or near your office. Our experience is the smartest tech is also the best at privacy. We let them know we will write strongly positive references, and support them any way possible if they are kind to our patients.
- 6) The physician and you should fill out any forms that would delay the initiation of setting up your account for the blood draw. The absence of a mere address and phone sheet might make you wait

two hours! So the physician and you should send by fax your insurance card (if using insurance), the labs he or she is ordering, and the basic sheet asking for your address (consider a P.O. BOX), name and phone number. The phone section should include the physician's personal cell phone—if the lab is calling, it is because some lab is unclear and they need to talk **“medical.” I have found we can handle lab confusion in 45-120 seconds.**

- 7) Have your staff talk to the lab techs to determine what is the best time to come in that same day or the next day. This should already be done before any patient arrives one to two days before a workday. If you are doing advanced medicine, you will **not** be ordering eight tubes of blood. So you want the tubes set up and ready for the patient.
- 8) If someone is well known, either locally or nationally, I would ask that they might be brought right into the private draw room. This is not special treatment. It is what we already do for folks in stretchers, wheelchairs, the frail elderly or children. We adjust to make them comfortable.
- 9) Finally, give the celebrity or affluent person some type of modest gift to take to the draw station such as the store gift card already mentioned. The famous or affluent have the option of paying for it, but if they are smart they will understand the goal. The reward is incentive to work harder for you, and it aids in protecting your privacy.

Legal Hell and Prevention

The famous John Ritter case involved the death of this talented comedian and actor due to a tear in his major blood vessel coming off the heart. I agree with the jury who found no malpractice. The tearing of the upper aorta is not a routine event, and when someone has chest pain, you need to rule out other more common causes of death quickly.

This is one example of the need for **very aggressive preventive care**. **For example, if during a consultation John mentioned occasional mild chest aches, I would have run at least six tests including a full and complete cardiac work up. If the ER physicians had known three months earlier that John had a complete cardiac work-up that was perfectly normal, they would think more broadly. His dear wife was right**—a basic X-ray would have shown this aorta problem. But in his case the chest pain was appearing as a new heart attack—one of the top two causes of death. It takes time to evaluate a possible heart attack.

I respect his wife for trying to bring attention to this illness. But the problem is that many things cause chest pain, and in the first hours, you can only run so many tests, and most Emergency Rooms are flooded with all sorts of highly ill and complex patients. The ER has also become the source of **routine** medical care for a large part of America—they call it an “emergency room” for a reason. It is **not** set up to play the role of covering every physician in the county after office hours. Trash defensive medicine has created this destructive reality. Despite all my contacts and medical buddies, I can only reach one physician after hours from 7-9 PM. That is because he lives on my street. Every other physician who treats all of my family and relatives have no availability after their office hours.

But let us get back to the legal issues with Mr. Ritter. His widow sued to **recover his potential earnings for the rest of his life**. Since he was both affluent and famous, this would be more income than the best

malpractice policy could offer. I do not know who was supposed to come up with the uncovered malpractice money, but this case requires another short agreement.

Explore the possibility of an agreement with all your patients, particularly those who are of celebrity stature or are in a position of wealth. This agreement should state that, in the event of alleged malpractice, *the patient and/or the patient's family can not receive an amount higher than that of your malpractice policy.* Of course, one should always have the top available malpractice coverage, if it is affordable.

My concern is that if physicians lose to wealthy people and have to pay amounts **over** their insurance coverage, in two years **no one will accept a patient who is rich or famous into their practice.** Think I am kidding?

The former democratic Presidential candidate was a highly successful trial lawyer who used flawed junk science to win many cases against physicians who delivered babies. Guess what? Try to find an obstetrician in the entire massive region Mr. Edwards practiced. So now women have to drive **immense distances** because the obstetricians fled the reach of Edwards and the use of his junk experts. The loss of one case is discussed nationally among physicians in days to weeks. The only reason it is mentioned here is due to **one person—the tragic loss of John Ritter.**

Clients who are required to have a special contract should be made aware of your current coverage via a clause in that contract. An attorney should revise your rough draft. Make the goal that it be as short and as clear as possible. You should pay for this contract. (You might consider adding it to all your informed consents for procedures). Most rich and famous patients have no idea about modern medicine and the many anti-physician forces you have to deal with every day. If they decide to go

elsewhere, perhaps that is best. Perhaps you did not connect well enough one to one to overcome this shared annoyance. If they do not realize the thousands of hours you have put in to be able to offer advanced and broad medicine, perhaps they prefer an HMO approach or physicians that are as ignorant about medicine as they are about medical law.

Custody battles among the rich and famous can make the American civil war look like a game of cops and robbers. You do not want to be involved. Always assume that your notes will someday be used in court, so keep this in mind when preparing treatment notations. In some very rare instances, one of two parents is allowed no contact with the children. If you find yourself with this situation, your position is to always side with the children. If you have alternate thoughts on this, you are in the wrong field. But most divorces have children that benefit from some contact with both parents. Even if a man kills someone in a bar fight and is in jail. As a general trend, taking calls, sharing letters or cards or a visit is useful to the child. It means they are loved. A father or mother can have done a bad thing or a series of bad things, they can admit to doing wrong actions, in a manner appropriate for the child's age, and still show an interest in the child. Being ignored by the child is fine. As long as you are making steps for contact that feels comfortable to the child. It is actually very easy, if one is creative, to find a safe way for communication. (I will not address the issue of a parent that is sexually abusive or a clear severe sociopath).

Some have **a records privacy agreement drawn up by a lawyer**, stating that medical notes can never be used in a custody battle. It is unknown whether a court order would trump this type of agreement. We are exploring contracts that allow us to be held harmless from all malpractice and medical board attacks in the event of a nasty custody battle, which would allow us to destroy all medical files in order to avoid **possible public breeches of medical privacy and *damage to the well being of the children in later years.* We have no position yet. So keep medical notes boring and sterile.**

Medical records should be as private as a priest's confessional. Period. It is a shame that fascist government agencies, sociopathic insurance companies and many others believe they possess the right to your personal medical records. Bearing this in mind, it is wise to consider having a contract presented **at the beginning of a separation of a couple** stating that 1) no malpractice in any form has been performed in the service of any family members, 2) patients have no plans to report the physician to any medical board and oppose strongly any such action, and 3) the patients request that their charts be destroyed due to potential misuse/abuse of such personal medical files. **It is unknown if such a contract would work.**

I am not a lawyer, but it's no secret that a good legal professional can help frame the protection you need for yourself and the treating physician. State medical boards have edicts on how long records are to be kept. But I would imagine a talented lawyer would make sure their concerns and yours are fully addressed, such as making it clear that the chart's destruction is *not* an attempt on your part to hide harmful practices.

In many situations all of this is a non-issue, but if during the physician-patient relationship, it becomes clear that a marital or common law marriage separation is going to occur, and the possibility of a custody battle is possible, it is essential to get an attorney involved in removing the records from the debate. Amusingly, **I have found some areas of medical or mental health weakness in both parents and they were helped, but since both lawyers could not understand my labs, etc., they rapidly agreed to take me off the table—they did not want to introduce someone with information they could not master.**

Because the divorce rate is huge, a physician should warn patients who are in divorce proceedings against rebound relationships, especially **during the first two years after a separation.** Let me avoid percentages and simply say, despite the narcotic feelings of "falling in love" and "connecting,"

assume you will divorce anyone you marry in the 24 months after the start of a separation. One or both parties are going to feel primitive pain, and some will fall in love with a tree to avoid the inevitable anger, despair, numbness or mourning following a divorce. But in a few years—or months-- they will not care for the “tree.” Others will develop a hardened heart that prevents future intimacy—sometimes for decades.

I am **not** particularly a big fan of prenuptial agreements. But I actually have become a convert to some degree. If you are affluent or famous, and a realist, and both feel that marriage is a risk, consider it. I am particularly concerned when folks say they have a “deep commitment,” and have certain lines in the sand. For example, if “he ever did x, we are done.” Or “If she ever did, I would never forgive her.” If you have no forgiveness, do not bother getting married. Of course if your wife ends up being a hit woman or your husband is a cocaine addict and after five years refuses all help—forgiveness is not insanity. But the reflex should be to forgive and fix the hole in the relationship--even the best and most loving people are weak. We all are mere sand.

In this situation, one is simply setting up insurance to decrease hatred **if you get divorced in the next ten years, and that could be a good thing. However, if you get remarried within two years after a separation, I would very strongly urge you to get a pre-nuptial agreement.** Marriage, like any good business, has failure rates, plain and simple. And remarriage within 24 months after a separation has a high divorce rate.

Further, in terms of rebound marriages, if both parties do not agree to get counseling if an impasse emerges, do not walk away—run away. It is a sign of titanic ignorance. All marriages have impasses. So go see a solid marital counselor when the **first brick of alienation emerges.** You do not go to counseling a few months before calling the divorce lawyer. You go when a fight is not resolved in 48 hours.

Travel and Marriage

Unless you have a very open marriage, most people do not want their spouse having sex with strangers. This can be prevented or forgiven. It takes work for the affluent and the famous to reduce time spent apart on business trips or other types of travel. The Bible actually warns that time away from making love is a risk.

While some older folks have a reduced libido, my father asked an older priest who was over 90 years old, “When does sexual temptation stop?” He looked at him with a look of surprise and said, “Who said it ever stops.”

Making love is the best and the most dangerous act around. I do not want to be overly moralistic here, but if you put work before a relationship, and cannot be romantically creative with the duties of raising a child or children, you are at risk. One famous actress was on the set every day for a movie with her husband was filming that had some romantic scenes with another pretty actress. It is no surprise her IQ is hardly average.

Some never consider hiring two-three folks to handle child care, school and sports drop-offs for the two weeks a parent will be away, and imagine there is no temptation for either spouse.

Ethical Fees

In the past millennia I have offered a system that would allow patients in a medicine mill to get optimal service. Their insurance companies, of course, rewarded speedy treatment models and hid their trash care behind the “board certification” of their running gerbils on a medical wheel. I wanted to put in a couple settings, a system that would decrease errors and offer the best, most comprehensive care possible. I would say that we offered a mill medical system that moved D- minus care to a solid C+.

But what I have discussed above is trash medicine. The AMA would say it is medicine, but they are increasingly seen as deaf to the needs of physicians. And most patients have rejected physicians as their first source of health knowledge, and the AMA seems to be stuck with twenty-year old computers and decades behind modern health issues. The fact they are even discussing an association with Medical Boards shows they are clueless to the fact that progressive, forward thinking physicians, are attacked by medical boards routinely. Medical board appointees, who are in place as a reward for political agendas, are fused with old world medicine—charming.

So how does this effect fees?

The current social structure of medicine suggests that someone is only supposed to know a narrow area of medicine. Expertise is for specialists. If you are a generalist, you should know basic care in many areas, but only have an expertise in a small number of areas. Many new forces are saying to physicians that they should make a modest living and should be happy being part of the **upper middle class**. Basically this is the French model. According to one amusing morbidly obese and ill filmmaker, if you have a nice car and a nice TV, you should be a content physician. What does he know about health?

In any event, most good jobs can offer this, so why live in hell for 15 years to be a physician?

It is no surprise we now find ourselves with a physician shortage, physicians are retiring for many reasons, and the brightest students are avoiding medicine. I have never met a physician who would ever consider going back through premed, medical school and a residency and a fellowship. "Once almost killed me" is the most common comment I hear on this topic.

"Content" physicians are sometimes mere employees **without** a passion to create, learn and advance. Currently I make in the top 0.01% of my areas of medical specialty. Why? Perhaps because I have published in ten areas of medicine, have published 25 books, 27 peer-reviewed papers and I invent many types of medical treatments. I care for patients 19 hours a week, work 60-80 hours a week **simply studying, reading and writing**, and try to develop an expertise in important under served illnesses. The rich and famous understand good pay for very hard work since they have already done it in their world.

The point of all this is simple.

First, very few get rich or famous easily. Wealth due to inheritance is the exception. And adding to any inherited wealth takes serious work and energy. So both physicians and the rich and famous understand what it is like to pay dues to get where they are in terms of success. When a profoundly affluent person talks about their struggles with repeatedly failed businesses, and the pain and hours and years involved, I get it. The result of all my degrees and extra years of college, graduate school, and extra fellowship training yielded a million in debt for my self-funded education. We share something. The flavor is different, but it is close enough. Success is not an accident, and those who assume that it is are fools. Many top entertainers lived on the street or in severe poverty. Few

seem to know this and that is the point of the trouble with envy. They do not understand the bad miserable years—a physician generally does get it.

Secondly, the rich and famous pay for your time. They do not pay more than would an average Joe for anything. If you resent them or any patient, you had better take a good hard look at your life and medical practice yesterday.

However, it is not that simple if you want to offer flexible personalized service. Some physicians treat the rich and famous the same way they treat every patient—as one part of a large healthcare mill. They leave them to sit and wait in the waiting room and the exam room--they are just patient number 43.

Of course, they do not stop their staff or other patients from requesting autographs from celebrity patients. This is an abuse of privacy.

So how does one set a fee and offer personal care in an ethical manner? Suppose someone wants a private session on a day I do not work. It is also a day I do not *want* to work. We then find ourselves in the realm of **fee negotiation**.

For example, if driving to and opening my office in order to see someone on what would normally be a research day, and I do not want to do it, what is the price that will make me willing to serve this person without any frustration?

You should offer that price. The fact they are famous or affluent is of no consequence. It is about what is fair to each of you.

Also, if I have to clear an hour before and after their time, on a day I work, to add to their privacy, they will have to pay for that time. If it is a highly affluent person who looks like a relaxed regular mechanic and

is unknown locally, usually they could care less—as long as none of their friends or employees are present.

But everyone wants to be treated fully, so if anyone is taking the time to fly in, this person can come in at the end of the day, and we call him or her when the last person has left the office. This allows them to work from their car or hotel if they have serious business obligations or do not want to be gawked at by others in the waiting area.

Further, if someone has to go to a local professional laboratory, another testing facility or to some other physicians office, we often suggest allowing us to hire a staff to escort them to the lab so they do not get lost, and to make sure all the staff involved in testing are prepared. While a limo is nice, the driver has no knowledge of the lab or the other health care facility, and if something is not working out, the staff can call the physician or a physician extender, like a physician's assistant, to fix any issue promptly.

For example, we had a lab report that the person who specializes in doing our labs was “out that day.” The patient would need to return the following day. I called a senior official as my staff went out and got them a gift basket, and we were right back on track. The lab staff took an unnecessary 30 minutes to set up the labs, and had to stay late, but we sent two more gift baskets over the next week. They actually asked us to stop because they felt we were overdoing our appreciation. That is the type of flaw we like. The point? Wasting time due to lab ignorance is not an option. Advocate.

We had another patient who was scheduled for a double consult. They were going to do a consult with me and a consult with another highly skilled physician in another local city. We called the other physician to make sure they would be ready for our patient, and they reported that the patient was not **on the schedule!** Since we assume mistakes are inevitable in medical mills, we informed them the minute the session was scheduled and also the date it was confirmed by us. We reminded them of

the staff who had made the appointments by full names. Amazingly, they refused to see the patient. So what do you do? Do you give up?

I do not know what you do in each special situation, but in this situation, a very famous and expensive restaurant was close to this physician's office. We immediately paid for a \$400.00 gift certificate for the scheduling staff, the functional top nurse coordinator and the physician, and paid to have them couriered to the office **immediately**. The physician agreed to stay late or squeeze them in and miss his dinner, and we sent a warm appreciative thank you fax in five minutes to all three. The patient later reported that the attention offered was utterly exceptional. Who paid for the meals? The patient paid for them, but I used my credit card for privacy.

I shoot from the hip, so I told them flat out, "This is not your company. You cannot simply fire the staff for their obvious error or this physician. This is a very good top dog physician. Work the system. Is it a waste of money for the diners? Who knows? But you need to be seen, and if the shortage of physicians and the mill of modern medicine require some tricks, do what it takes to get seen **on your "Schedule."**

Further, some staff practice what is called, "pushing back." They suspect that you are some type of VIP because we take extra measures to call to be sure no error is made, or they are familiar with you as a celebrity or affluent person, and they do not like you for some reason. Perhaps their sister was laid off from one of your companies. But as you know, great responsibility or being a celebrity obviously means some people dislike you, and the affluent are viewed as having money trees that magically allow them to live well. Showing respect, warmth, appreciation, and thoughtfulness opens doors in medical care.

If a physician can do all your labs in his or her office, they are **not** offering extensive testing. The more labs done, the more that can be found, and the more likely you are able to receive optimal care. Of course, if you want your labs run through your insurance card, privacy is inevitably

compromised, and the insurance company may want justification for more than six “useless” tubes of blood. The number of critical and useful lab tests not found in one to six tubes of blood would take too long to discuss. Let us not waste the time. Meager lab testing is partly due to insurance companies that would fire and terminate the contract of any “heavy user” of medical labs. It is also due to medical training in place to decrease errors and of course save money.

I recall decades ago being in a VA hospital, and the chief physician was telling us to refrain from ordering certain labs, because “if they come back abnormal, then we have to figure out why, and we will never get this patient out of here!”

Flying House Calls

What if you are asked to fly out to someone's home to perform his or her intake session? First, if you do not have a license to practice medicine in that state, you just lost your medical license. If you do have a license and your malpractice insurer can list this state on your policy, you can probably go. In addition to the assistant, and someone in the office to handle additional service during or right after the session, I have a problem. I hate to fly. Let me be clear. I do not dislike flying--I hate flying. So if you want me to leave my family and the eternal sun of my home state, you are going to pay for my "distaste fee." **This fee is the fee that will allow me to make the trip or perform some service I do not usually offer, and allow me to do it gladly.**

Any fee less than this fee leads to burnout. It will allow me to do something to recover or be rewarded for the misery of packing up 500 things to offer you personal home service. If you make more per hour than I do, and you do, this is likely a wise business move. Of course I do better work with staff and lab staff that are used to highly technical labs which literally no one near you can handle.

If you send a private jet to pick me up, the cost will be less. If I stand in your local airport security line sweating for forty minutes, and have to endure a strip search because someone thinks my niece's finger painted T-shirt is Arabic, that's on your tab. While I am generally kidding, and I have yet to have any trips that were disasters, having a full-time research clinician come for a house call is not like going to your local medical mill.

Simply put, I believe that if you are willing to offer **optimal care** to the rich and famous, you should consider offering almost any service. Having said that, it is important to make it clear that the service will be at a negotiated rate if it is outside standard patient care. If they are happy to fly to your office on a routine workday, they do not pay a penny more. I honestly

feel physicians work best in their own space and where they also have a license. Further, many physicians require an abundance of specialized instruments, and this means that you will go to them, not vice versa.

Is This Person a Patient or a Friend?

First, if this relationship has a potential sexual backdrop, you cannot be friends. Any slip will end your career. You did not work for years and years to throw your career away on a sexual liaison.

If you are too isolated and have limited resources emotionally, you can be prone to falling in love with someone, and that would be a disaster. If you are thinking about it, get a therapist promptly.

A subtler, less obvious danger is a friendship. Should you even be friends with an affluent and famous patient? I would suggest this also indicates that you are too isolated and with limited resources emotionally. Is there no one on all the earth whom you can befriend? If your potential friends are only patients, you need to aggressively seek out people that share your view of the world. They exist but might take some time to find.

Further, time spent with your new “friend” is unclear in terms of fees. If someone is a patient-friend, when is it friendship time? If you are a friend, you will be spending time together that will be counted as “off the clock.” You will be often expected to offer mixed time—time when you are offering services, and time when you are just shooting the breeze as “friends.” If you bill for this chitchat time, it sets you up to be viewed as greedy and a “user.”

Be a friendly and kind physician, but do not blur your roles. You are a warm professional, offering medical services, you are NOT some groupie. This does not mean you have to be cold, sterile and a bore. You can be playful. But boundaries can be lost easily and lead to alienation in the heart of a patient or the physician.

All I Think About Is This Patient's Fame or Affluence

A very long time ago, when I was taking advanced classes to improve my skills as a therapist, we had a round table of eight therapists and physicians.

We were asked if anything was hindering our goal to offer exceptional service.

I was horribly embarrassed, but I mentioned that one patient was hard for me to treat.

Simply, she was not a super model or a "10," but she had a type of beauty that was distracting me. It made me mechanical at times. I would not allow myself to surround her with my intuition. In other words, the best interpersonal therapists can feel what you feel, because they try to listen and hear you at a **very connected level**.

But not with Mrs. Smith, I was guarding my words and intuition.

The problem?

I was "star struck."

Her looks were distracting me. I was terribly embarrassed to not be thinking "professionally."

Yet the senior veteran physician explained that the exact same thing had happened to him years ago. And that I should "not be worried. It will wear off."

After about two more sessions, in which I was professional and helpful, but still distracted, suddenly she had no effect on me. She could have been a tree. The star struck feeling had been fleeting, and the negative influence on me as a professional was gone.

What is the point?

The first person you treat that is profoundly affluent or well known in the media might make you slightly nervous. Just do your job and block it out. Soon it will go away. Since I have had rich and famous people come to me since the beginning of my practice, it now has no effect on me. We are all made of dust, and I am happy for their success. My only concern is making sure they get the best care with the least privacy violation. I also want to be sure they set themselves up for long-term health and physical, emotional and relational success, and not cut corners.

Their drive behind success can be a good thing, unless they put health last and die early, or go through divorce. Some fear poverty, failure, the loss of success, and try to heal these fears and do not attend to their health, children, friendships or spouse.

A Final Word on Medical Records and Labs

Some famous individuals ask if their chart can have a “dummy name,” and others ask if their chart can have an additional lock placed on it. It is amazing what little protection surrounds medical files. Drug company reps walk around them like staff nurses and have been known to see private patients in examination rooms with open doors.

I believe in a keyless option for ultra private charts which require a code. A consult with a veteran locksmith is a good idea.

Finally, be careful about what is written in a chart. For example, it does not matter if a patient is a homosexual or had an extra-marital affair. It matters if they understand **the risks involved medically**, emotionally and publically. It also matters what tests you order. Since I find that many patients should be tested for sexually transmitted diseases anyway, that is not an issue. Our lab staff are used to such tests. People have no idea that genital herpes is extremely common in our experience, and that it usually causes no lesions in positive patients. (Some treatment options exist for some infections like herpes that are not commonly known).

We also advise our sexually active famous patients to never allow themselves to be photographed or videotaped for **any reason** engaging in any serious sexual actions with anyone. If you want to hug, kiss or hold hands with **a public romance or spouse** that is your decision. However, perhaps it is best to be cool outside and hot inside your living structures. Your public kisses may just encourage photographers to look for sneak shots that are not flattering the following week. There is a reason we have hundreds of millions of doors in this country.

For those who are affluent, most people could care less what you do, unless it is not with your spouse. Then you might find yourself in some Internet post, or discover you are the subject of a private investigation

report with pictures sent to your spouse or children, or exposed in some other location you do not want to appear. Some hate the rich as a result of envy. You could become a victim of extortion.

A spouse can hate an affluent partner who cheats, and if the cheating partner is caught on tape, and they hate you, it will not help your health. You might have some very stressful years ahead.

You might feel many of the comments above are not really medicine. But in this world, few individuals are legally obligated to try to protect you and also protect your privacy. Due to my proven care in helping ill people, some have turned to me for more than two aspirin, in challenging relational times and during times of loss.

Emotional and mental health has been part of medicine for over a century.

The Court Room and Patient Care

If you treat a “complicated” affluent family or a number of famous patients, you are going to have to ask yourself if you would be willing to testify for them. We have more laws than molecules these days. So this is not as rare as some might think. If you are treating people with modest means they cannot afford to use you, and so this might be a new issue. Before I went into research and lost significant income, I could afford to treat people for low costs, and yet was rarely asked to testify for any current patient. But the affluent and famous can sometimes have unique legal troubles.

First, be clear with the patient and their attorney, you cannot perjure yourself and make things up. If you feel you can make a supportive series of comments that will be toned down by the opposing lawyer, great. You can tell your client’s lawyer what you can say, the lawyer will likely tell you the routine refutation question expected by the other side, and as long as the patient’s lawyer feels it is supportive, it probably will be of use. Of course, explain this to your patient. I find that an honest supportive baseball “double” adds to the case, and the other side is OK with this support, because I am not a liar trying to hit a “homerun.”

I was referred a patient who is both affluent and quite famous. She had gone hiking some years ago and developed “a flu.” She was told she was fine, but over seasons she seemed to go up and down, but mostly down in terms of her functioning.

She had new occasional headaches, some increased weight, increased fatigue, decreased memory and other symptoms. She was told she was fine by dozens of physicians, and finally told she needed to see a psychiatrist. She was started on an insane high “routine” starting dose because the

physician missed the fact her inflammation system was on overdrive. Then she was told she had five different illnesses from the five physicians just before me.

In summary, she had indoor mold in her home that was hidden but easily fixed in three weeks, and she also had Babesia, Bartonella **and** Lyme disease from her hiking tick bite which was never noticed—the norm. The notion Lyme disease is alone is 1980's medicine. Such a belief that tiny period-sized deer ticks have one mere infection in their saliva and gut is partly due to useless labs, that have poor testing. They test for a single species when many can infect humans. I have books and articles on these topics.

What is the point of the story?

She was pulled over for drunk driving. She failed a field sobriety test and was unable to aggressively breath into a police high-quality alcohol measuring machine. The problem was not that the police were trying to be physicians or cook the report or make impossible field sobriety testing harder. The problem was her Lyme bacteria infection was in her brain. **She could not do field sobriety tests sober in my office.** That, in combination with the other two infection treatments, can slow reaction time, which is why we heavily recommend using the highest level of caution in increasing the doses of tick infection medications and other new medications, lest the patient may appear sedated in a fashion similar to that of a drunk driver.

She had started a malaria medicine, to kill the Babesia parasites, the day before, and as a result of the treatment, she was worn out physically, her fatigue appearing as sedation. Her inability to breath deeply had already been documented a few days earlier, and was believed to be associated with the common, atypical form of Bartonella (often trivialized as “cat-scratch fever”). It can cause chest pain with deep breathing. I had already asked her to ask her internist for inhalers, and to see a pulmonologist to

make sure these infections or other issues were not a problem, and these details were well documented in her chart even before the incident had occurred.

She won the case.

She had a solid defense.

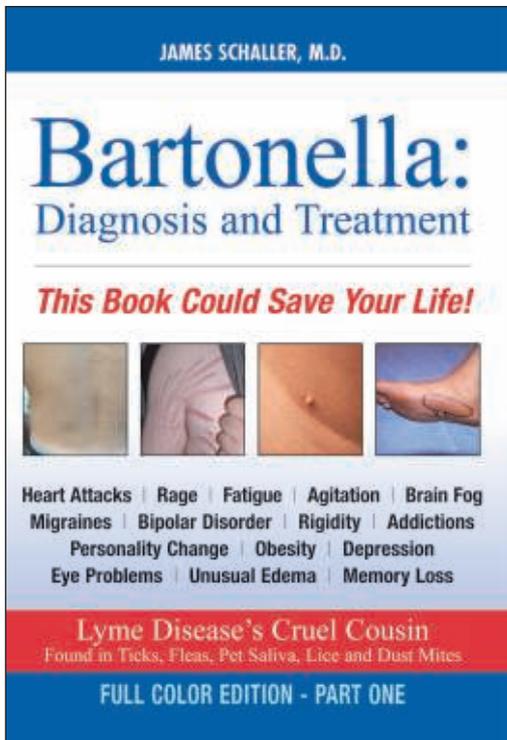
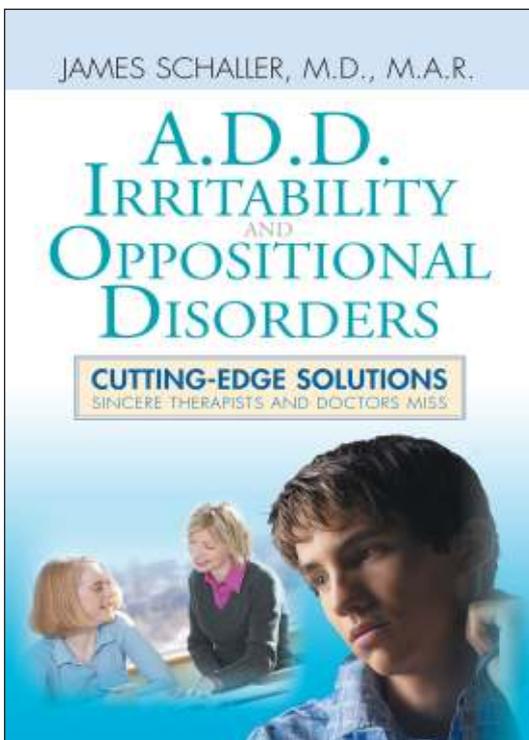
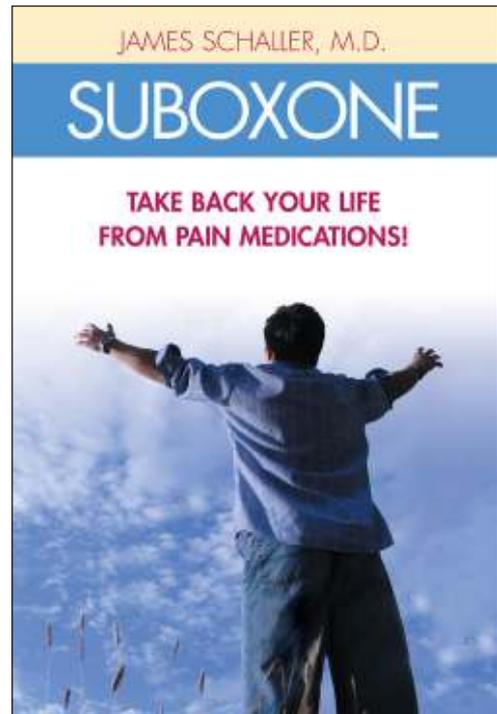
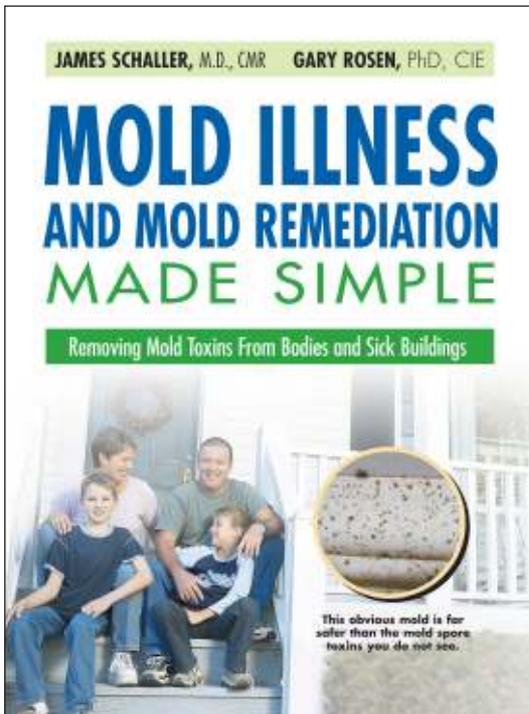
But are you willing to defend a patient and put your name and reputation on the line? If you do defend a celebrity, you **might** be attacked, and this is one very good reason why many do not run for public office--your naked baby pictures become public fodder. Every flaw in your personal and professional life, beginning at conception, might come out.

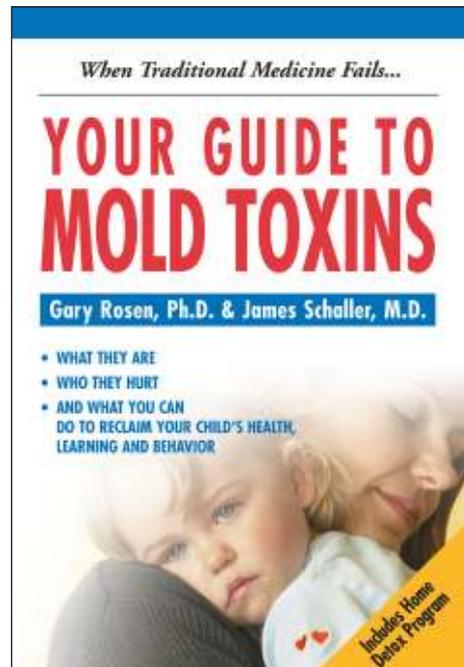
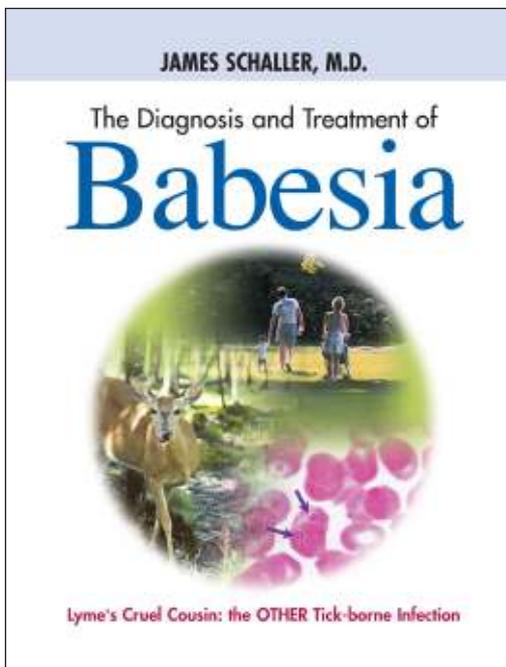
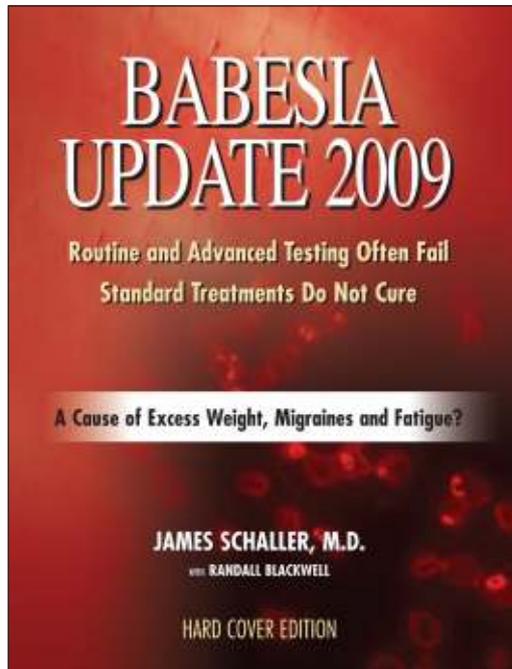
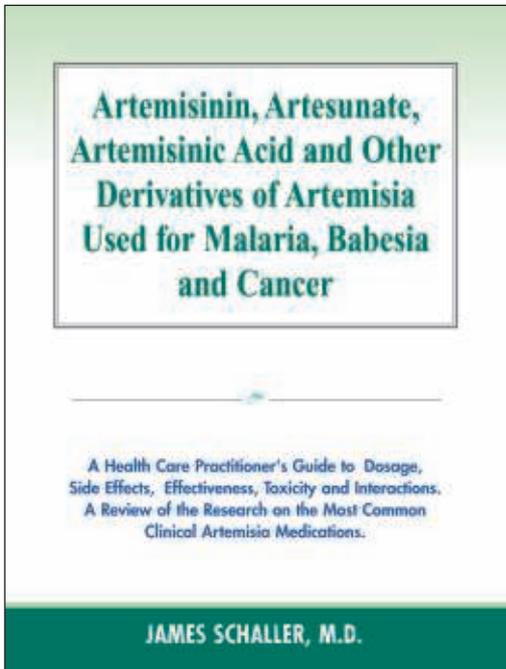
Are you willing to spend a serious amount of time working with the lawyer to defend you patient? Or are you going to show up with very clear solid research, or merely skim the chart. The cost for me to research, study and attend this trial mentioned above was quite expensive. However, she did not deserve to be convicted. So I researched every aspect of her case that I could. Her gifted attorney said that I won her case. Part of the reason was I was determined to do my very best and to treat her case like intense research for a book. This means extra time and mastering every aspect and learning the top 3-10 issues of the case that relate to your testimony. I also did not feel that her one drink, documented on the restaurant bill, in combination with her health history, warranted extensive legal punishment.

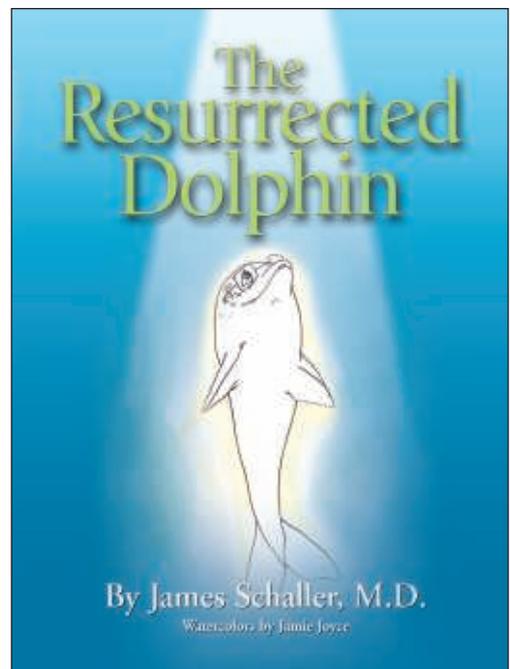
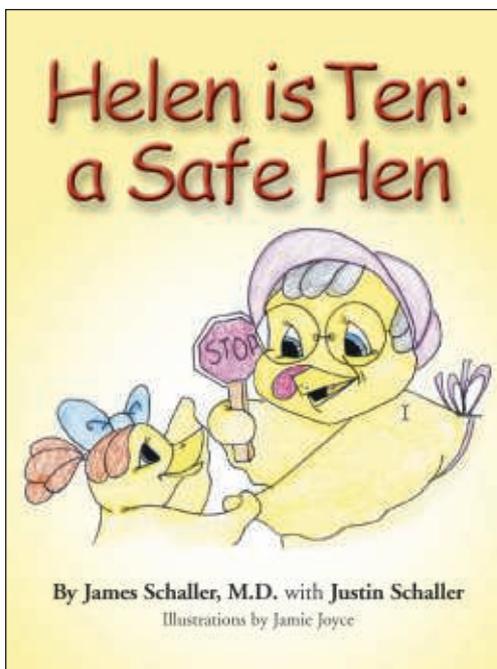
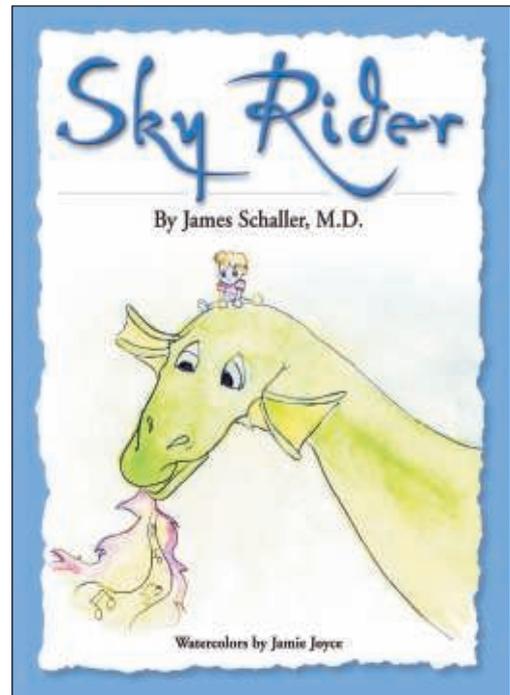
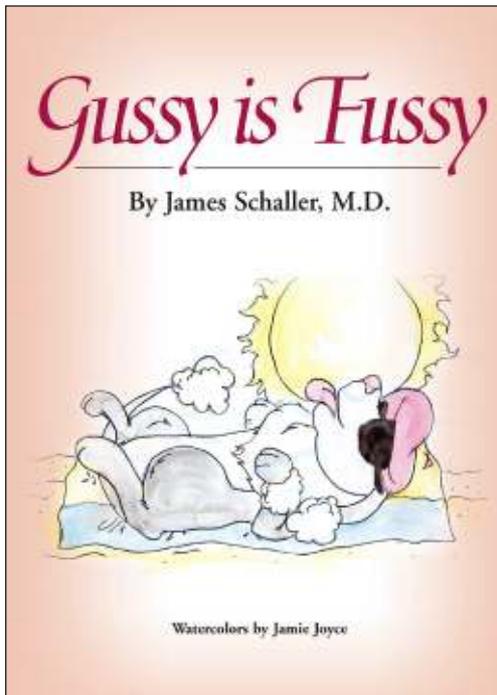
Conclusion

The issues discussed in this book make routine care of the affluent and famous seem hard. It is not hard. It merely requires some basic thoughtfulness. The relationships presented have nothing to do with the relationship you will have with a medical “team leader,” or many physicians. You and your physicians will determine together a clear and limited relationship, or over time, a broader one. What you and your healers will create should be unique to you.

Samples of Dr. Schaller's Many Books







Contacting Dr. Schaller

Should you wish to talk to Dr. Schaller he offers individualized education consults, which can be arranged by calling 239-263-0133. Please leave all your phone numbers, a working email and a fax number. These are typically in 15 minute units and can last as long as you wish. All that is required is the completion of a short informed consent form.

If you would like a full diagnostic consult or to see Dr. Schaller as a patient, know he treats patients from all over the USA and from outside the country. He meets with you first and then does follow up care with you by phone. He does require you to have a family doctor, internist or pediatrician, since he is only a consultant.

If you would like to fly in to see Dr. Schaller, his staff are very familiar with all the closest airports, and we have special hotel discounts.

I wish you the very best health!

Warm Regards,

Rona C. MBA
Office Manager



Dr. Schaller is a stunningly prolific and creative physician with **25 books, 27 medical journal papers**, and many diverse health inventions in 10 areas of medicine.

He is a full-time researcher who also offers private medical care to individuals who want a real and meaningful relationship with a healer. He offers state of the art medicine with a 1950's touch.

WHAT IS DR. SCHALLER'S QUALIFICATION TO WRITE THIS BOOK?

HE TREATS FAMOUS AND AFFLUENT PEOPLE AND IS ANONYMOUS.

HE DOES NOT USE PATIENTS FOR FAME.

Dr. Schaller can speak about progressive, alternative and traditional medicine with great literacy. He has researched and used different healing options for many years.

He specializes in treating individuals with complex medical troubles, chronic fatigue, fibromyalgia, depression, anxiety, tick-borne infections, mold toxin illness, addictions, chronic pain, autism and many other troubles, as well as finding other experts when necessary.

He invented a "cancer cure" which simply blocks a cancer replication enzyme. This is now a standard treatment for many other cancers worldwide. This is simply one example of his immense range of tailored services. "Dr. J." does not run a medical mill, but offers personal 24/7 service to meet your needs.

