



ILLINOIS COLLEGE
of OPTOMETRY



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INSTITUTE

Clinical Ethics: More Than Meets the Eye

ASCO Student Award in Clinical Ethics

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Case Report

History

A 14-year-old white female presented to the clinic accompanied by her mother. Her chief complaint was blurred vision at distance and near which had progressively worsened over the course of a week. Her last eye exam 3 years ago was unremarkable and she had never worn glasses. She was currently in 8th grade and doing well in school, earning A's and B's according to her mother. All childhood milestones were reached within a normal time frame and she had an uneventful birth. Patient medical history was unremarkable as was family ocular history. The patient was currently taking no medications and had no known medical or drug allergies. It was observed that the patient was reluctantly interactive, minimally vocal and made little eye contact.

Clinical Findings

On examination best corrected distance visual acuities were 20/70 in the right eye and 20/60 in the left. Pinhole showed no improvement. Near visual acuities were 20/40 in both the left and right eye. Pupils were equal, round, reactive to light revealing no afferent pupillary defect. Red cap desaturation showed a 50% reduction in the left eye compared to the right eye. Extraocular muscles showed full range of motion in both eyes. Stereopsis was reduced to 40" of arc and Ishihara color vision testing revealed a deficit yielding 9/12 color plates correct in the right eye and 8/12 color plates correct in the left eye. Bilateral constricted visual fields were evident on confrontation visual fields. Goldmann applanation

tonometry indicated pressures of 16mmHg in the right eye and 15mmHg in the left eye.

Retinoscopy: OD: +0.50 DS

OS: +0.25 -0.25 X 175

Manifest: OD: +0.25 DS 20/60

OS: +0.25 -0.25 X170 20/60

Both anterior and posterior segment exam were unremarkable. Given the patients decreased visual fields, a Humphrey 24-2 SITA Fast visual field was performed on both eyes. Results showed a reliable test confirming bilateral constricted visual fields. The visual deficit which included decreased vision and bilateral constricted visual fields could not be attributed to any ocular etiology, indicating additional workup.

The tentative diagnosis at this point was hysterical versus malingering vision loss. Since both are diagnoses of exclusion, other etiologies such as retrobulbar optic neuritis, substance abuse, as well as systemic disease of a cerebral, vascular, infectious, or neoplastic origin had to be ruled out. The clinical findings were discussed with both the mother and patient where it was explained that there was no ocular abnormalities that correlated with the clinical findings. The patient was scheduled to return to clinic in 2 days for follow-up and a tangent screen visual field.

Additional historical information was obtained from the mother in a private discussion following the exam. The mother revealed a marked change in her daughter's demeanor coinciding with her "vision loss." She reported her daughter was a popular and outgoing teenager who had become quiet and withdrawn during the past few weeks. The mother was unable to attribute the behavioral change to any specific cause.

The patient returned for follow up two days later where I closely observed the patient as she entered the exam room. For someone with drastically constricted visual fields and reduced acuities she moved through the waiting area to the exam room flawlessly. At this visit the patient requested that the mother not be present in the exam room. The patient stated her vision was unchanged. Visual acuities at distance were 20/100 in the right eye and 20/80 in the left eye and 20/40 at near in both eyes. All other ocular findings were the same as the previous visit.

On tangent screen testing, the patient was seated at one meter using a white test stimulus of 3mm. The patient was then moved to a 2-meter test distance and the test was repeated with a target size of 6mm. If the field had been normal or a pathology-induced deficit was present, the size of the isopter plotted on the tangent screen should have doubled at the second distance. Instead the field was approximately the same at both distances. This tubular visual field confirmed our diagnosis of hysterical versus malingering vision loss.

During this exam, the patient was notably more conversational and interactive. I wondered if this was because her mother was not in the room. While I was setting up the tangent screen test the patient asked me if she could tell me something in confidence. I answered, “of course” wanting to help this girl any way I could. However, what she told me left me confused not only in my role as an optometry student, but also as a human being.

What had not occurred to me prior to that moment was that every time I put on my clinic coat I maintain the same morals, values, and belief system that I do in my every day life. As I set up the tangent screen I felt confused by an ethical dilemma. Should I breach my patient’s confidence and tell someone that she had been raped at a party two weeks earlier? If I did, who would I tell; the police, my attending, or her mother? Did I now have legal responsibilities? Was she telling me the truth? The questions seemed endless.

I finished the exam and then met with my attending doctor and her mother in private to discuss the results. I sat there and listened as my attending discussed nature, causes and treatment options for hysterical and malingering vision loss. He began to question the mother about any significant changes in her daughter’s life that could contribute to a condition of this magnitude. He continued, suggesting co-management with an occupational counselor, psychologist or other health care provider.

I sat there contemplating my moral dilemma. I wanted to tell them, but would this be a breach of my patient's trust? I had never been put in a situation like this before and I had no idea what to do. Rape was a crime and I could not even begin to imagine what this girl was going through. Ultimately, my instincts told me that my patient needed help and that hiding her secret could only lead to more harm. So I decided the ethical decision was to inform both the attending doctor and the parent of what the patient told me in the exam room. I believed that breaching her trust could be justified in light of the circumstances.

Discussion

Some of the documents that govern ethics in optometry include the American Optometric Association Code of Ethics and the Optometric Oath. Both speak of values, but do not give answers on how to handle particular situations such as the one I was in. The AOA Code of Ethics, states that "optometrists hold in professional confidence all information concerning a patient, and to use such data only for the benefit of the patient." The Optometric Oath indicates "I will hold as privileged and inviolable all information entrusted to me in confidence by my patients." It is clear that doctor patient confidentiality is held in high ethical regard.

An additional consideration is Illinois's mandatory reporting law under the Abuse and Neglected Child Reporting Act. This law requires that medical and other

personnel must report cases of child abuse which would include rape.

Furthermore, failure to report can be considered a misdemeanor on the first violation and a felony on subsequent violations. An ethical person strives to obey reasonable laws such as this. However, one can easily conceive of the conflict with issues of patient confidentiality. Ultimately being ethical is not the same as following the law; however, there is overlap. The law often incorporates ethical standards to which most citizens subscribe.

Conclusion

I do not know why this patient chose to reveal her secret to me. I do know is that she needed someone, and laws and ethics aside, what matters most is that someone was available to hear her. Currently the patient is undergoing psychological treatment and has regular eye exams. At her recent visit her vision had returned to 20/20 in both eyes and she demonstrated full visual fields. At this last exam the patient thanked me for helping her in this situation.

This case report presents an ethical dilemma where the ethics that govern our profession contradict that of the law, a situation that is not unique to rape or to the profession of optometry. It is a reminder that a clinic coat does not separate one from the responsibility to be a human being. As individuals we all have our own set of values and beliefs, which are added to by our profession and carried with us in to the exam room. What matters most at the end of each day is that we are there for our patients anyway we know how.

References

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