CASE STUDY IN CLINICAL ETHICS

Corneal Infections Require Prompt and Efficient Treatment for Avoidance of Devastating Visual Impairment, as well as Ocular and Systemic Complications.

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SUMMARY

In this case study on ethics, I explore the implications of the ethical principles of *Beneficence and Nonmaleficence, Fidelity and Responsibility, Justice,* and *Respect for People's Rights and Dignity.*

PRESENTATION AND HISTORY

A 7-year-old Native American female presented with a two-day history of excruciating pain, redness, and photophobia in her left eye. The patient's mother noted ample discharge for the past day.

The child's visual acuity was pinholed to 20/50 in the affected eye with 4+ conjunctival injection, and a 1mm round paracentral corneal ulcer. Along with contiguous necrotic material, numerous adjacent sub-epithelial infiltrates were present. We performed a corneal scraping in order to acquire a culture of the infecting agent.

The treatment plan was straight forward—I would treat this patient for an infectious corneal ulcer until proven otherwise. After stressing the seriousness of the situation, and the importance of strict compliance to treatment, my patient's mother refused medical treatment on the grounds that 1) before using medicine, they always initiate treatment with one week of prayer, and 2) she has heard that some eye medicines are very painful and may not cure the underlying problem, thus, only creating more pain for her child.

Without delay I agreed that spirituality is often a healthy part of the healing process. I was also quick to stress the importance of medical management, and the consequences that were likely to arise due to poor compliance to the proposed treatment plan, or any deviation thereof. Again, the patient's mother denied medical management. My patient on the other hand was very much in pain, and begged her mother to follow my instructions.

I did everything in my power to attend to the mother's concerns and misconceptions regarding medical management. After presenting my rationale for medical treatment again (without avail), the patient's mother noted that their pastor would likely frown on *any* use of medication. The mother believed that prayer and warm compresses alone would be sufficient in returning her daughter to good health. Furthermore, she requested that I order the patient to follow her proposed treatment plan. I excused myself from the exam room, and asked my staff doctor for assistance in hopes that a second opinion from another medical professional would prove helpful. It did not. For the reason that I was working in a very small town (population ~1000) I took a wild shot and asked the patient if

their pastor would be available and willing to speak with me. The patient signed our HIPAA paperwork, and I was able to discuss the situation over the phone with the pastor and share my views, professional opinions, recommendations, and expected prognosis with and without medical treatment. A quick conversation with their pastor discussing the severity of the child's condition, and the likely ocular and systemic complications, resulted in the pastor's suggestion of augmenting their sanctified prayer with medical management. The patient's mother was now content, and medical therapy was initiated.

DISCUSSION

Three major ethical dilemmas had surfaced:

1. On the basis of one's beliefs, can a parent deny their child proper and obligatory medical care?

It is important to demonstrate your respect for the patient's beliefs while finding common ground through respectful dialogue. Through this case, I discovered the importance of recognizing the basis for the patients concerns, and the value of extending the discussion beyond the exam room. In some cases, when religion is the basis for denying care, recruiting the support of a religious leader may prove helpful[2]. Should your efforts prove fruitless in persuading a parent, it is important to remember that an optometrist may call for a court order in order to deliver appropriate treatment regardless of parental permission[4]. This process—although effective—can be timely, and virtually useless when triaging a patient. For that reason, I suggest respectfully discussing the patient's motive for denying care. You may be fortunate enough to discover the patient's grounds for denying care, and your efforts to persuade the patient's final decision will perhaps prove successful.

2. What procedures and/or treatment modalities can a parent choose to withhold from their child?

Although a parent does have the legal authority to make decisions for their children, these rights become void the moment any decisions pose a serious threat to the child's well-being. The O.D. has a duty to provide treatment to a child when denying treatment would pose a significant risk of considerable harm and/or suffering[4]. Failure to treat an infectious corneal ulcer can jeopardize vision, ocular health, systemic health, and can even threaten the life of the child. I had a medico-legal and moral obligation to provide treatment to this child; and to not provide treatment would pose a significant risk to this child's vision and life. I feel that I was very lucky in this situation due to the fact that their pastor was available and agreed to speak with me; as a corneal ulcer cannot wait for a court order.

3. Can a parent demand that I provide their child with a treatment modality that I am uncomfortable with or one that I have little faith in?

An optometrist is not obligated—morally or professionally—to recommend or support a plan which they believe may harm the patient[6]. Furthermore, the O.D. certainly has no obligation to provide care, or be supportive of such care, which they believe does not offer a benefit to the patient. Despite any discrepancy that may exist between your recommended treatment modality and that of your patient's, it is important to acknowledge the patient's request, and if possible, put forward a treatment plan that is gratifying to both the O.D. and the patient. In our case, medical management with adjunct prayer therapy was the ticket to both a healthy doctor-patient relationship, and a healthy patient.

ETHICAL PRINCIPLES AT PLAY

In this case study, I summon the ethical principles of *Beneficence and Nonmaleficence*, *Fidelity and Responsibility*, *Justice*, and *Respect for People's Rights and Dignity*. Every day, these ethical principles are used by healthcare professionals to make important decisions in patient care.

Beneficence and Nonmaleficence

In a way, our profession is grounded on the principles of Beneficence and Nonmaleficence. We strive to benefit those who seek care from us. In the professional realm, it becomes our goal to safeguard the welfare and rights of the patients we serve. We believe that by doing so, potential harm and conflict will be minimized, and high quality care will be delivered.

I will hold as privileged and inviolable all information entrusted to me in confidence by my patients.[3]

Fidelity and Responsibility

With every patient we see, a confidential relationship is formed between the doctor and patient. It is important to establish a relationship based on trust and confidence. In my conversation with the pastor, my patient's name was not mentioned; nevertheless, all HIPAA formalities were completed before I proceeded to consult with outside professionals[5]. As a healthcare provider, it is my responsibility to consult and cooperate with other professionals for the best interest of my patient.

I will share information cordially and unselfishly with my fellow optometrists and other professionals for the benefit of patients and the advancement of human knowledge and welfare.[3]

Justice

As a healthcare provider, it is imperative that you appreciate those principles which permit all persons to access and benefit from your services.

I will place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care.[3]

Respect for People's Rights and Dignity

It is vital to understand and recognize the value of safeguards, which are necessary to protect your patient's rights and welfare. Although imperative to respect cultural differences, it is essential to recognize vulnerabilities that may impair your patient's ability to make important healthcare decisions.[1]

I will advise my patients full and honestly of all which may serve to restore, maintain or enhance their vision and general health.[3]

CONCLUSIONS

Although we did not know the cause of our 7-year-old patient's ulceration at the time, prompt medical therapy was critical in order to prevent/minimize potential visual impairment. As a healthcare provider, adhering to the standard of care is paramount. Allow no substitutes in your treatment plan if they stray from this standard. Consider including the patient's input only when their contribution does not increase risk or decrease the efficacy of your prescribed treatment. This approach can strengthen the doctor-patient relationship by acknowledging beliefs that are important to the patient; and you might just increase compliance by including their beliefs in the decision making process.

Lab results confirmed our tentative impression of a bacterial corneal ulcer.

REFERENCES

1. Ethical Principles. American Psychological Association, 2003. Accessed February 7, 2009. Available at: http://www.apa.org/ethics/code2002.html#principle_a

2. Ethics In Medicine. University of Washington School of Medicine, 1998. Accessed February 7, 2009. Available at: http://depts.washington.edu/bioethx

3. The Optometric Oath. American Optometric Association, 2009. Accessed February 7, 2009. Available at: http://www.aoa.org/x4881.xml

4. Pozgar, GD. Patient Consent. Legal and Ethical Issues for Health Professionals. Massachusetts: Jones and Bartlett Publishers; 2005. p. 308.

5. Veatch, RM. The Physician-Patient Relationship. In: Brody H. Medical Ethics. Jones and Bartlett Publishers; 1997. p. 89.

6. Optometric laws, statutes, rules, regulations, and scope of practice vary from state to state.

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