

# **Ethical Principles and Optometric Patient Care**

## **The Principle of Patient Advocacy**

By Kristopher Hubbard

“How far you go in life depends on you being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday your life will have been all of these.”

–George Washington Carver

### **Patient Case Study**

On a warm Southern day an elderly patient presented to a large optometric clinic with the complaint of decreased vision. The patient was a 96 year-old feeble gentleman who was assisted by his 72 year-old son. The man was a previous patient at our clinic a little over ten years earlier and had been to another eye care provider in the inner city since we had last seen him. He commented that he didn't think his other eye doctor was doing a good job for him and so he was trying someone new. His entering best-corrected visual acuity was OD: 20/80 OS: 20/100+1 at distance and his near vision showed similar decrease. The pinhole was used to confirm that his problem could not be corrected using spectacle lenses. The chair skills part of the exam revealed that his visual fields were restricted to about 15 degrees in each eye. A Goldman tonometry was performed and showed that his ocular pressure was elevated to 32mmHg OD and 36mmHg OS. Gonioscopy was performed and the anterior chamber angle was evaluated and graded as a 4. A direct view of the optic nerve heads revealed cup/disc ratios of 0.90. Appropriate measures were taken in the exam lane to lower the patient's eye pressures. With the current data collected and the anterior chamber angle open, a tentative diagnosis of Primary Open Angle Glaucoma was made. The man was then sent down the hall to the area of the clinic containing the technical equipment to have further testing performed.

### **The Ethical Dilemma**

As part of the testing requested, I was asked to run a visual field. The specific visual field requested by the attending staff optometrist was a Humphrey's 24-2. The previous extensive treatment had taken a lot of exam time and the already frail 96 year-old was exhausted. I prepared the visual field machine as instructed and placed the man as comfortably as possible in the chin rest. I watched as the patient did his best to fixate, but his poor vision made the test run longer than usual. As the test continued the man commented to me with a hoarse voice that he couldn't really see anything. I could tell that he was very tired and his body language showed it. He tried his best but began to struggle with the task. As I saw the 12:51 minute mark on the visual field I decided to end the test. One eye had not yet been completed, but this elderly man was obviously tired, and fidgety. He was frustrated that he couldn't see and expressed that to me. I printed the unfinished visual field to document what work had been done and told the man that I was not going to run the test on other eye. From the entering visual acuities I knew that his left eye was going to show even worse results and that the visual field

would take much longer than it did on the better seeing eye. The man then looked up at me with a sigh of relief and in a fatigued voice said, “thank you”. He was grateful that I was not going to subject him to any further testing for the day. I reasoned within myself that this specific test would not change the current treatment planned for the patient and that his visual acuity was not good enough to run the visual field test. He had struggled through the portion that I had done, and according to previous research a person must have a visual acuity at or better than 20/80 to perform a Humphrey visual field. I understood that the attending staff doctor would be displeased with me for not finishing the testing but I really thought the frail man would not be able to give any worthwhile results. The staff doctor wanted bilateral visual fields for billing purposes and needed both eyes tested to document it in the chart. I understand that visual fields are required to document field loss in Primary Open Angle Glaucoma but also considered the ethical principle of patient advocacy and the importance of caring for the patient’s real needs. Based on the previous data gathered, the man had lost much of his eyesight to glaucoma and was currently in the end stages of the disease. Being so feeble, he probably was going to pass away in the near future. I certainly didn’t think it was necessary to subject him to this test any longer.

## **Ethical Principles Contained in the Case Study**

This case example looks at the ethical principles of beneficence, nonmaleficence, justice, and patient advocacy. These principles are taken into consideration each day by health care providers as they make decisions on how to best meet the needs of their patients.

### **Principle of Beneficence**

The principle of beneficence is centered on the idea of helping and doing good to others. It encompasses the qualities of compassion and showing kindness to everyone despite circumstances. This quality is shown in the optometric settings as practitioners provide health care benefits to their patients in the form of treatment protocols. It is also seen in the decision making of balancing good versus the potential side effects that can come from treatments. Within the principle of beneficence is the related principle of paternalism. This idea centers on the practitioner trying to make decisions for the patient that they believe will best help the patient. This is seen most commonly among elderly and disabled patients.

### **Principle of Nonmaleficence**

Nonmaleficence is probably the most mentioned ethical principle regarding health care. It teaches us about not bringing harm to our patients. It is based on the avoidance of causing pain and discomfort to those whom we treat. Harm to a patient can be physical, emotional, or psychological. In the case study, I didn’t want to subject or force this elderly patient to complete a very lengthy test that had no immediate benefits. It would be an over exaggeration to say he could have died performing this test, but geriatric patients are often more fragile than we think.

## **Justice**

All patients should be treated fairly and be given an equal value of care when in the same circumstance. In the case above, this principle can be seen by the fact that the staff doctor sent the man to receive a visual field--the same treatment any patient would receive with Primary Open Angle Glaucoma. A diagnosis of Primary Open Angle Glaucoma is one that can warrant other special optometric tests to be performed. Most of these tests can be billed individually and increase the profit margin of the patient encounter. Many of these additional tests can only be billed for bilaterally which means both eyes must be tested and documented in the patient record.

## **Principle of Patient Advocacy**

This principle involves the idea that many people do not have a voice in their own health care and clinicians should look out for the well being of the patient. We all have a great responsibility to be an advocate for our patients. In the case above this principle had an overwhelming influence on the decision made to relieve the patient of further testing.

“The ability to show strength of character through compassion leads the list of employee responsibilities. It is health care workers that hold in their hands the gift to be instruments in the healing process. Compassionate caregivers make the difference in the life of both patients and co-workers. It is the compassionate caregiver who guides the patient as he or she struggles through illness, pain, and suffering. It is the compassionate caregiver that provides hope when there seems to be no hope.” (Pozgar, 2005)

## **Conclusion**

When I received this patient, and was told to perform a visual field test, I then received the responsibility to act in a professional and ethical manner. I treated him with kindness, and found after some testing that he was in no condition to finish the test. I made the choice to act at the patient's advocate and protect him from any physical, emotional or physiological damage. It is important for health care practitioners to have humanity. It is also important to remember that these are people in our exam chairs and they need compassionate care more than an arsenal battery of tests that can be individually billed to insurance companies. In this case the man would have most likely needed to return for follow up care at which time the more appropriate Goldman visual field could have been run. I felt good within myself for showing compassion and being an advocate for the patient. Many patients in health care don't have a voice in the procedures run on them and trust that doctors are doing those things that will benefit them. It is our ethical responsibility to show beneficence and be advocates for our patients.

## References

1. Pozgar, George D. (2005). Legal and Ethical Issues for Health Professionals. Massachusetts: Jones and Bartlett Publishers.
2. Jonsen, Albert R.; Siegler, Mark; Winslade, William J. (2002). Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine, Fifth Edition. USA: McGraw-Hill Companies.

### Information:

Kristopher Hubbard  
Southern College of Optometry  
1245 Madison Ave. Box #301  
Memphis, TN 38104  
khubbard@sco.edu