

# Patient Care: Management Beyond the Textbooks

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*"A physician is obligated to consider more than a diseased organ, more even than the whole man - he must view the man in his world,"*

*-Harvey Cushing*

## **Introduction**

As health care providers, optometrists are expected to follow a code of ethics as they provide care for their patients. However, how regularly do we actually consider what this actually entails? Earlier this year, I encountered a patient's case which brought up a series of ethical issues.

## **Presentation and History**

A 47-year-old white male reported to a Florida eye clinic with a complaint of blurred vision. Although he had no insurance and limited funds to cover the exam fees, he opted to pay cash for an exam because of the serious nature of his condition. The following is the findings of his complete eye exam.

Patient J.R.'s main complaint was blur in the superior aspect of his vision in his right eye. He also noted a black spot in the superior field of vision in his right eye which became apparent when he was using a computer. The patient reported no ocular pain. The onset of his condition was 2-3 weeks prior to the exam. He had not noticed any floaters or flashes of light and reported that he had not experienced any trauma to the eye or head. The patient's medical history was unremarkable and the patient was not currently taking any medications.

J.R.'s entering corrected visual acuity as measured by projected Snellen chart was 20/25<sup>-</sup> in the right eye and 20/25<sup>+</sup> in the left eye, with his best corrected acuity being 20/25 in the right eye and 20/20 in the left eye. Pupils were round and reactive to light with no afferent pupillary defect. Gross confrontational visual fields and extra-ocular motility were both normal in each eye. Examination of the anterior segment revealed normal findings and the patient's intraocular pressure by Goldmann tonometry was 8 mmHg in both the right and left eyes. During the fundus exam, the right eye was found to have significant hemorrhages and cotton wool spots in the inferior hemisphere of the posterior pole, with the absence of macular edema. The overall fundus findings were indicative of a branched retinal vein occlusion (BRVO) and the patient's condition was diagnosed as such. Knowing the potential systemic implications of his condition, we also checked for bruits in his carotid arteries, which resulted in normal findings.

## **Management/Discussion**

My attending optometrist and I had to decide what the proper treatment and management of patient J.R. should include, keeping in mind his limited financial resources. In this situation, we could not forget what we as optometrists have pledged to do. The very oath we pledge upon graduation from optometry school states, "I will

provide professional care for those who seek my services, with concern, with compassion and with due regard for their human rights and dignity. 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.”<sup>2</sup> I believe we proceeded in such a manner which honored and fulfilled this oath.

Part of what is included in providing professional care with concern and compassion is providing good patient education. In health care it is key to provide patients with a clear understanding of their conditions and treatment options so they can make the most informed choice possible. In J.R.’s case, we opted to take fundus photos to document the vein occlusion as we felt it would be useful to provide an accurate baseline of the retina and constructive for patient education. We were concerned about the serious nature of any possible underlying systemic health risks associated with the vascular occlusion and found the fundus photos useful in this education. We decided not to charge the patient for these photos because they were not indispensable for the care of his BRVO and we were lucky enough to have the discretion to do so.

The next step we took in providing the best possible care for our patient was consulting a retinal specialist in our clinic. We sought his advice as to whether our patient needed laser treatment based upon our clinical assessment and the fundus photos. He agreed to provide his expertise pro bono and evaluated the case for the benefit of the patient. We all agreed that no immediate treatment was necessary due to the patient’s good visual acuity and lack of macular edema.

We contacted J.R.’s primary care physician, set up an appointment for him as soon as possible and sent a letter explaining our findings and recommendations to run blood tests to evaluate possible underlying disorders that may optometric standards of practice, which include; “A licensed practitioner shall advise or

assist her or his patient in obtaining further care when the service of another health care practitioner is required.”<sup>3</sup> Not only are we ethically called to take interest in our patients’ systemic concerns, in Florida we are legally bound to do so as well. We then proceeded to set up a 1 month follow-up appointment for J.R.

The legal issue discussed above serves as an interesting ethical consideration in itself. Certainly not all laws are ethical, but health care providers do have an obligation to adhere to the laws which pertain to the practice of their professions, particularly when these laws are clear, in the patient’s best interest, and unarguably ethical.

Despite our patient being of limited financial means, we managed J.R.’s condition as indicated, as we would for all patients and was our ethical duty. We were able to provide a high level of care that included fundus photos and a retinal specialist’s evaluation at no additional cost to the visit. We made decisions along the way to place our patient’s medical welfare above the financial gain of the optometric practice. Understanding that some of our clinic population have significantly low incomes, our clinic has allocated a percentage of the budget for pro bono cases, enabling us to provide care to all who are in need, regardless of their ability to pay. Providing equal care to all patients regardless of socioeconomic status would be a major ethical underpinning in any ideal health-care system.

We received our patient’s blood work one week after his initial visit with us. It revealed high levels of total cholesterol and triglycerides, the probable culprits that caused his venous occlusion. As a result of our evaluation and management, J.R. is now working closely with his primary care physician to control his hypercholesterolemia properly before he has any more serious complications. He is scheduled to see us for a six week follow-up exam.

## Conclusion

This case illustrates that providing ideal patient care can often be a multi-faceted challenge. Our final plan for management of J.R.'s condition was based upon a blend of our optometric knowledge, our ethical duties, state legislation and perhaps just plain compassion for others. In our optometric oath, we are called to strive to see that none shall lack for proper care, which encompasses much more than performing an exam. We must see that our patients receive care no matter what their financial situation. We also need to provide frank and understandable patient education with multidisciplinary referrals when appropriate.

Optometrists are frequently the gatekeepers for our patients' health. Optometrists are in a unique situation because often patients are more willing to come to us for their visual needs before visiting other health care providers. We have a responsibility to use our knowledge and training to not only address our patients' ocular concerns, but to also address systemic conditions when they manifest through our testing. To best care for our patients, we must remember that we are one part of a large team of health care providers who are responsible for caring for the total health and well-being of our patients.

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## References

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2. "Optometric Oath." 2010. American Optometric Association. 20 January 2010. <<http://www.aoa.org/x4881.xml>>
3. "Standards of Practice." The 2009 Florida Statutes. Title XXXII, chapter 463.0135. 2010. The Florida Legislature. 20 January 2010. <[http://www.leg.state.fl.us/STATUTES/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=Ch0463/SEC0135.HTM&Title=-%3E2009-%3ECh0463-%3ESection%200135#0463.0135](http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0463/SEC0135.HTM&Title=-%3E2009-%3ECh0463-%3ESection%200135#0463.0135)> have led to the BRVO. This was in accordance with what the Florida Statutes states regarding

