

## **Rehabilitation of the Ethical Issues in Low Vision**

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ASCO Ethics Essay

### **Case Report**

A 57 year old Caucasian female presented to a community clinic for a general eye exam with the chief complaint of being “unable to see anything.” This patient was also being followed by an outside ophthalmologist, whose previous records revealed a history of dense panretinal photocoagulation for proliferative diabetic retinopathy OU, a macular hole OD, and macular scarring OS. Her medical history was significant for diabetes mellitus type II and hypertension. On observation of the patient from the waiting area to the exam room, she displayed difficulty ambulating down hallways and expressed trouble distinguishing clinicians.

During the exam, her entering visual acuities were found to be counting fingers at 40 cm OD, 20/50 OS. Pinhole and manifest refraction showed no improvement in VAs. A threshold visual field was performed, which revealed constricted visual fields OU. The right eye’s widest diameter of visual field was 15 degrees; the left eye’s visual field was constricted superiorly and inferiorly, but subtended a full 54 degrees horizontally. Dilated ocular health exam confirmed her history of PRP, macular hole OD, and macular scarring OS. We informed the patient that a spectacle correction would not improve her vision and advised her to schedule an appointment to be seen in our low vision clinic. The patient then requested a diagnosis of legal blindness and stated that she had received benefits through being legally blind in the past. She provided physical documentation of this diagnosis in the form of a letter from her previous ophthalmologist, which stated that she was legally blind. Although she desired the benefits she had previously received, it was clear that she did not qualify as “legally blind” per the U.S. Social Security Administration’s definition.

### **Ethical Dilemma**

As optometrists, we encounter situations in which we need to appropriately draw the line between patients with low vision and patients who can be defined as legally blind. The law defines legal blindness for public safety reasons (driving) as well as determining eligibility for disability benefits funded by the government. Legal blindness is defined by the U.S. Social Security Administration as: 1) best corrected visual acuity of 20/200 or worse in the better eye, or 2) visual field subtending an angle of 20 degrees or less in the better eye<sup>5</sup>. In addition to monetary assistance, the government-funded programs for people with legal blindness (the Social Security Disability Insurance program and the Supplemental Security Income program) can also provide services including audio, large-print, or Braille resources<sup>4</sup>. The Americans with Disabilities Act allows reasonable accommodations by employers to allow for equal

employment opportunity, such as closed-circuit televisions, screen magnifiers, etc<sup>5</sup>. While these benefits are of great assistance to legally blind patients, there are many additional factors that factor into a patient's visual functionality aside from visual acuity and visual field (e.g. contrast sensitivity). While a patient may not qualify under the U.S. SSA's guidelines, use of their low vision can still be equally as challenging if these additional hindrances are present.

As stated in the AOA Code of Ethics, one of our duties is "to advance professional knowledge and proficiency to maintain and expand competence to benefit our patients<sup>3</sup>." Our job as optometrists is to ensure that patients who qualify for these services are diagnosed and directed to the appropriate resources that would allow for beneficial services, providing the highest quality of life possible. According to *An Optometrist's Guide to Clinical Ethics*, "optometrists must serve as patient advocates and help their patients receive the best available care<sup>2</sup>." This means we must be up-to-date with requirements through the U.S. SSA and how to direct patients towards receiving disability benefits.

While we are to be advocates for the well being of our patients, we must also recognize that these benefits are not to be abused. We have an "obligation to protect the health and welfare of society<sup>3</sup>," including appropriate allocation of resources to those who are in serious need. Patients may desire the benefits of being classified as legally blind, especially if they have been granted these benefits in the past - as with the patient in this case report. While one of our ethical principles is to help others (beneficence), it is necessary to be truthful of our exam findings in order to uphold the code of ethics<sup>2</sup>.

Additionally, we should consider rehabilitation of these patients in the way of low vision services and aides. If we do not have the means to provide these services ourselves, we must follow the Code of Ethics which states our responsibility to "advise our patients whenever consultation with, or referral to another optometrist or other health professional is appropriate<sup>3</sup>." This goes along with being an advocate for our low vision patients, especially those who feel overwhelmed or helpless in their daily functioning because of their reduced vision. The U.S. SSA states that even if a patient is not "legally blind" per their definition, a visual impairment may still make them eligible for Social Security benefits on the basis of disability<sup>1</sup>. For these cases, directing our patients to a Social Security Disability attorney or advocate may be the best option to help them benefit from necessary services.

## **Management**

Considering that this patient's visual acuity and the extent of visual field were both better than the definition of legal blindness per the U.S. Social Security Administration, we determined that we could not diagnose her with legal blindness, despite her previous documentation and receipt of benefits. We consulted thoroughly with our patient and advised her of all of her

options for low vision rehabilitation. Another aspect of our code of ethics is to strive to ensure that all patients have access to eye and vision care, regardless of transportation or financial limitations<sup>2</sup>. We connected her to the local Department of Rehabilitation, which would be able to help set her up with services through our low vision clinic. We also advised her that despite not qualifying as legally blind, her visual impairment could still allow her to gain services through the SSA and that an advocate could help her determine the appropriate options. After discussing at length the potential benefits of low vision services to improve her employment opportunities and quality of life, our patient was greatly thankful for our advocacy and was optimistic about maximizing functionality of her vision.

## References

1. Administration, Social Security. *If You're Blind Or Have Low Vision—How We Can Help* (n.d.): n. pag. Web.
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3. "Code of Ethics." *Code of Ethics*. N.p., n.d. Web. 29 Jan. 2016.
4. "Legally Blind: What Does It Mean?" *All About Vision*. N.p., n.d. Web. 29 Jan. 2016.
5. "Questions & Answers about Blindness and Vision Impairments in the Workplace and the Americans with Disabilities Act (ADA)." *Questions & Answers about Blindness and Vision Impairments in the Workplace and the Americans with Disabilities Act (ADA)*. N.p., n.d. Web. 29 Jan. 2016.