



## "To See or not to See..." Clinical Ethics in Contemporary Eye – Care Review Article

### KEYWORDS

ethics, ophthalmology, medical ethics, deontology, increasing importance, ophthalmology.

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**ABSTRACT** *Like all medical and paramedical practitioners, the ophthalmologist, in his daily practice, stand up to multiple ethical and forensic problems. This aspect of medical practice, considered to be minor in the past, receives a totally different nature nowadays.*

#### ETHICAL ISSUES IN MODERN OPHTHALMOLOGY

The physician must understand that currently, his daily practice involves problems and responsibilities on all levels, including in terms of forensic, even under the circumstances of a professional behavior in accordance with medical ethics and deontology.

The ophthalmologist will be faced with these issues, as a physician, a therapist, a surgeon or a medical expert participating in various evaluations (visual disability status, investigation authorities, or insurance companies, etc.).

Like all medical and paramedical practitioners, the ophthalmologist, in his daily practice, stands up to multiple ethical and forensic problems.

The increasing importance of this aspect comes from a series of social events generated by the real existing informational bombing, including the medical field, with the radical change of human and professional relationships. Thereby, the patient ended up thinking of his physician as not being the bearer of the entire medical knowledge, invested with the absolute power. The patient nowadays gained access to medical science, including ocular physiology and pathology. We are referring to some aspects, such as the access to numerous general public ophthalmology studies, the existence of some media interventions (such as TV shows approaching medical topics, including ophthalmology topics), the general progress of scientific knowledge (study of biology, all sorts of specialized magazines, seeking to deal with the variety of pathology problems, where our sphere of interest is almost always present). All of these are ways to make the future patient gain a lot of information, which seems to be too unquestionable to be clouded in doubt. [1]

He sometimes realizes and only partially, and other times he doesn't realize at all, that this limited baggage of knowledge lacks a lot of elements, acquired during many years of study and medical experience, which are required to form a medical way of thinking, so rich in shades and meanings.

The eye-care professional commitment to patient confidentiality is now more pressing than ever, given the widespread use of electronic information systems.

So called „medical power“ never existed in normal social

circumstances. A physician never had the power to impose the treatment to a sick person, even though that was the only chance to survive.[2]

In social relationships, the „medical power“ finds itself more frequently put under accusation, although this „power“ is nothing more than an illusion created and sustained by individuals willing to destroy the concepts for which they are prepared, morally or intellectually.

Therefore, the „medical power“ is about to succumb to the „power of the patient“. This „power of the patient“, respected by the physician long before Hippocrates, is brought now to public attention with ostentation. Responsible for this fact are the bureaucrats of all kinds and unfortunately, they are joined from other professional categories by all those individuals willing to make profit out of lawsuits against the medical system.

We must add the fact that the present social context has encouraged the idea that the individual, as a patient, should benefit from a series of rights, ignoring the fact that all healthcare professionals of good faith act in spirit of these rights.

In his daily activities, the ophthalmologist must obey the general rules of deontology with his colleagues (specialists and GPs or family doctors) and with the auxiliary staff (opticians, assistants, nurses) well-known rules that will not be discussed for the time being; besides, these relationships imply forensic aspects only rarely.

Furthermore, daily ophthalmology practice assumes the following items:

- Ophthalmology exam and also therapeutical and surgical strategy development;
- Medical documents;
- Small surgical interventions, in hospitals or private clinic;
- Large surgeries, done in hospitals or private clinics.

#### Ophthalmology exam

Even though it doesn't involve any kind of risk, even the simple use of an anesthetic eyewash or mydriatic eyewash can lead to legal consequences.

The patient must be informed of the necessity of an exam, such as tonometry, ophthalmoscopy, gonioscopy, which can be essential for diagnosis. This kind of attitude from the ophthalmologist is the ethically correct attitude towards the patient and at the same time is able to protect the physician against any accusation of negligence in setting the diagnostic. If these exams are refused or the patient manifests his reluctance, verbally or by an obvious lack of collaboration, it is better for the physician to hold back and encourage the patient to get a second opinion. [3]

It is possible that, sometimes, out of lack of time or lack of diagnostic equipment, we cannot perform certain exams, for instance, campimetry, orthoptic assessment, visual potential, etc.

If we consider them to be necessary, it is ethical towards the patient to inform him and to guide him towards making those additional exams in a hospital or at an ophthalmologist colleague, having in mind the goal to improve access to uniform and adequate standard of care. Of course, this aim would have to face to requirement of cost-effective management. The limited clinical resources are sometimes a real challenge in providing cost effective care for healthy eyes.[4]

Regarding the therapeutically or surgical decision, an ethical attitude towards the patient imposes to discuss this decision with him! He must be informed, on his power of understanding, of the essential aspects, the risks, and the potential evolution. A good presentation of all medical information is essential. [5] If we are dealing with a reluctant patient, unjustifiably fearful, the eye specialist must take in consideration a domain inclined to suffer unpredictable complications, embracing an additional precautions conduct.

In all these situations, the ophthalmologist would make his best to work collaboratively in order to maximize patient care, being respectful of one another.

The noncompliant behavior has to be documented in the medical record. In noncompliance is a willful act, it is a legitimate reason for dismissing the patient from the practice. [6] If the decision is put in the hands of the patient, the physician is relieved from any ethical dilemma.[7]

### Medical documents

The over-flooding administrative formalities constantly put the ophthalmologist in the case of writing certificates, attestations, medical letters.

In this context, besides our ethical conduct regarding the patient, the forensic responsibility is obvious, but it cannot create problems unless the physician misspells those datas.

For instance, the examination of an accident resulting in an eye trauma, must meet four imperatives: to be precise, complete, measured and loyal!

These features will make the actions of the ophthalmologist ethical regarding the patient, but also flawless for the physician.

### Small surgical interventions

For a long time, it has been considered to be ordinary to carry out several maneuvers, such as subconjunctival injections, retrobulbar injections, lachrymal pathways lavages

and sounding.

Sure enough, if these maneuvers are carried out in a hospital environment, there we have the infrastructure that allows fixing any kind of incident, a totally different state in comparison with the case of the outpatient's clinics.

Given the risks associated with this maneuvers (syncope, infections, aggravation, tearing, even acute glaucoma after subconjunctival adrenaline injection), it is better to make these maneuvers in a surgical environment.

### Large surgical interventions

These interventions represent the undeniable starting point of most patient complaints against the ophthalmologist, with or without legal consequences.

The ophthalmologist's behavior towards the patient is crucial in this case. In order for our attitude to be ethical and deontological, but most of all, human, must take into account two stages: pre-op and post-op.

Thus, pre-op, once set the indications for operation, the patient must be informed of the inevitable risks in any surgery (always present in functional surgery of the cataracts, retinal detachment, corneal graft). If it's possible, a pre-op discussion between the patient and the anesthetist is recommended.

Post-op, especially in case of complications, the ophthalmologist must not refuse a meeting with the patient or the caregivers, but to explain the cause of the complications with the greatest patience. Most of the times, these discussions manage to release the pressure and the anxiety of the sick person and his family and to reestablish the trust in the physician and the therapy, and a good psychological tonus can only have a good influence on the local medical evolution.

The ophthalmologist has a set of professional responsibilities: commitment to professional competence, requiring lifelong learning and improving clinical skills, and also a commitment to honesty with patients.[8] These last ones have to be completely and honestly informed in all circumstances. Confidentiality is also important and usually preferred by the patient.[9]

Out of all the above aspects comes a definite conclusion: the necessity for the ophthalmologist to adopt a rigorous personal and professional conduct in relation with the patient, a conduct capable of satisfying all the requirements of medical ethics, but also to protect the worthiness of our profession.

A legendary northern prince was saying once: "To be, or not to be, that is the question", bemoaning the pain and unhappiness of life. For worldwide eye-suffering people and eye-care practitioners, "to see" means a great deal of "to be". Seeing our environment means a lot in living a normal life. Keeping a high eye-care practice standard, in most fair conditions, represents an ethical obligation.

Respecting all good practice commitments could help keeping ophthalmologic patients away from "not being" by "not seeing".

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