



Guest editorial

Ethical issues in ophthalmic practice and the ways to monitor ethics

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Ethics are inspirational model standards of exemplary professional conduct for all medical doctors - general practitioners and specialists of any category. Ethics addresses conduct and relates to what behaviour is appropriate or inappropriate, as reasonably determined by a committee of experienced and qualified doctors of the specialty.

The ethical principles that apply in clinical practice are autonomy, beneficence, non-maleficence and justice (Tay and Au Eong, 2010). Autonomy or self-determination is the right of the individuals to make their own decisions regarding their medical treatment on the basis of informed consent (e.g: wearing contact lenses or undergoing refractive corneal surgery). The principle of beneficence obliges a doctor to abstain from injuring others, and to help their legitimate interests by preventing or removing harms. The principle of non-maleficence is the doctor's duty to do no harm to their patients. Justice means the notions of equity and the fair distribution of benefits and burdens (e.g: services designed to help people of a certain class must be made available to all other people). An ethical doctor with the following qualities would gain the trust and confidence of patients, thereby maintaining effective relationships and avoiding breaches of ethical responsibilities: privacy and confidentiality, veracity (truthfulness and honesty), fidelity (trustworthiness and integrity), compassion (sensitivity to a patient needs, humaneness), and good communication to patients and relatives (Tay and Au Eong, 2010).

A set of standards including general principles (patient care, professional practice, professional community, research, social and commercial standards) have been published by the International Council of Ophthalmology (2006), from which the related standards evolve. The standards are intended to represent comprehensive guidelines to which practitioners might refer to when confronted with professional or ethical dilemmas, and these act as a benchmark by which to judge the ophthalmologists' behaviour in professional matters. In order to practice the general principles of standards, the ophthalmologist ought (1) to ensure that the patients are treated with dignity, honesty and integrity, and act in the best interests of the patient at all times; (2) to ensure that ophthalmic care is the highest quality possible; (3) to be a responsible member of their professional community by maintaining standards, avoiding conduct that would bring the community and its members into dispute; (4) to be conscious of and observe the ethical, legal and scientific criteria for medical research; (5) to ensure that communications to the public reflect their social responsibilities, and reflect the highest level of probity; (6) to ensure that fees for ophthalmological services do not exploit patients or others who pay for the services, that economic and non-economic conflicts of interest do not interfere with the delivery of the highest quality care; and that the advertising should reflect information and not commercial criteria.

Ethical issues concern the competence of the doctor, evaluation and communication to the patient, treatment and informed consent, confidentiality of information, relationship with colleagues, information to the public, expert testimony, clinical research and conflict of interest, etc. (American



Academy of Ophthalmology). Civil, or criminal, or disciplinary action may be taken by patients, colleagues, employers or professional associations against the doctors who breach ethical principles with unprofessional conduct.

Ethical issues will arise when an ophthalmologist does the following act/s during her/his daily practice.

1. Does not provide life saving measures when endangered by the disease.
2. Treats a patient with prejudice based on race, religion, gender, age, or political beliefs.
3. Does not maintain the confidentiality in all aspects of the patient's disease (diagnosis, treatment or complications).
4. Performs a procedure in which she/he is not competent by virtue of specific training or experience.
5. Practices surgery when she/he is physically, or mentally impaired.
6. Does not do complete evaluation of a patient and the findings are not accurately documented.
7. Recommends unnecessary treatment or withholds necessary treatment.
8. Orders unnecessary laboratory investigations/procedures/optical devices or withholds necessary procedures or materials.
9. Does not inform the pros and cons of a procedure properly before taking an informed consent for an operation.
10. Delegates to the auxillary staff (not qualified or adequately supervised) the aspects of eye care which is not permitted by law (e.g: post-operative care following cataract surgery).
11. Does not oblige the request of the patient for referral to another ophthalmologist for a second opinion, when the patient is not improving with the treatment given by the doctor.
12. Does not respect the referring colleague and criticises about his /her knowledge or experience in front of the patient.
13. Communicates to the colleagues with inaccurate/false findings in the referral letter.
14. Conveys false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics or other means to the community.
15. Misrepresents the credentials, training, experience, or results.
16. Advertises the services available in her/his clinic or hospital with criticism of other techniques/ machines or of fellow colleagues.
17. Advertises the available services for marketing purposes and not for the patient's information.
18. Does not follow the law and ethical guidelines in the use of donor cornea.
19. Gives false, deceptive or misleading expert testimony in court.
20. Accepts compensation that is contingent upon the outcome of litigation.
21. Does not disclose the conflicts of interest to the ethics committee in research projects.
22. Does not inform the research subjects about the nature of the investigations or treatments in



the research project and does not obtain a special informed consent.

23. Reports false and inaccurate results of the research done.
24. Does not allow appropriate review mechanisms of clinical research in view of his academic or professional position and financial interest following the outcome of the research.

All the codes of ethics have to be respected by all the practicing ophthalmologists in any country. As long as there is no complaint against a particular doctor by patients or colleagues or employer to the professional association, the doctor escapes even if she/he has done something wrong. The ophthalmological society of the country should take steps to make all the practicing ophthalmologists irrespective of their seniority in the profession aware of the code of ethics. In order to prepare the code of ethics, the ophthalmology society of the country should form a “National Ethics Committee” comprising of practitioners, academic persons of all levels (senior, intermediate and junior) and finalise the code of ethics taking into considerations the expectations of eye care services by the public or community. The printed copy of this should be communicated to all the members of the society and a copy of the same should be made available on the web site of the society.

If an incident occurs, this committee should thoroughly investigate all the relevant aspects of the incident and render professional help to the doctor if the findings of the investigation lead to the conclusion that the doctor had taken all the necessary steps and that the incident was unavoidable. If there are any incidents about disciplinary action or court cases, they should be communicated to all the members of the society with the outcomes so that they will form the guidelines for not committing the same mistakes in future by the other members. A seminar/symposium can be conducted by the experts in this field during the annual conference of the national ophthalmic society or state ophthalmic society for the benefit of the members. The code of ethics can also be introduced into the training program of the ophthalmology residents so that they will be thoroughly aware of it before they begin their practice in the future.

References

- American Academy of Ophthalmology. Code of ethics.
http://www.aao.org/about/ethics/code_ethics.cfm (accessed on 20th December 2013).
- International Council of Ophthalmology (2006). An ethical code for ophthalmologists: Ethical principles and professional standards.
<http://www.icoph.org/downloads/icoethicalcode.pdf> (accessed on 14th December 2013)
- Tay C, Au Eong KG (2010). Medico-legal and ethical issues in eye care. Mc Graw Hill, Singapore.

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