

# The Inevitable Challenge of Ethical Dilemmas in Optometry, Part 1: When Confidentiality is Tested

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## Abstract

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Healthcare professionals often face ethical dilemmas, which arise when two ethical principles conflict. Despite the potential for psychological consequences, no study has examined ethical dilemmas in the field of optometry.

## OBJECTIVE

This article is the first in a series of three pertaining to a joint study that aimed to identify and describe the ethical dilemmas faced by optometrists.

## METHOD

An online survey sent to 1,393 optometrists asked them about various categories of ethical dilemmas. Unlimited space was provided for explanations.

## RESULTS

Each of the 22 ethical dilemmas proposed had previously been encountered by between 3.75% and 67.9% of the 240 respondents. This first article reports that ethical dilemmas involving confidentiality are varied and those pertaining to the filling out of driver's licence forms had previously affected 40% of the participants.

## CONCLUSION

Optometrists regularly face tough ethical decisions for which knowledge of the legislation and regulations alone is insufficient. The results will be revealed in the next two articles in this series, with the last one broaching the discussion of how to optimize the management of ethical issues in the field of optometry.

## KEYWORDS:

Professional ethics; clinical ethics; optometry; ethical issues; ethical dilemmas.

## INTRODUCTION

Ethics has been a concern in healthcare since the fifth century B.C., when any physician wishing to practice in Ancient Greece had to take the Hippocratic Oath. Although some of the concepts in that oath are now outdated, it forms the basis of modern medical ethics because it draws on principles that are still applied today, such as justice and beneficence. Ethical principles serve as guidelines to justify a decision and the resulting course of action.<sup>1</sup> The four ethical principles most referenced in healthcare are beneficence (confer benefits and balance benefits against the risks), non-maleficence (do no harm), justice (equity in the distribution of benefits and risks), and respect for autonomy (respect the patient's decision-making power).<sup>2</sup> When we talk about ethical issues, we mean that an ethical principle is or has the potential to be infringed.<sup>3</sup>

Healthcare professionals provide care to a variety of patients and work with various partners. They must sometimes make decisions when facing a clash of values, while respecting ethical principles and ethical standards. Two ethical principles can sometimes conflict, and thus more than one decision is possible, each of which compromises a principle potentially bringing about problematic consequences. This is an ethical dilemma.<sup>1</sup> Dealing with an ethical dilemma can cause fatigue, frustration, disruption, and a feeling of powerlessness.<sup>4</sup> Some issues can bring about emotional pain (hurt feelings – a negative emotion caused by the feeling of being devalued by others)

and moral distress in caregivers, i.e., stress arising when the right decision from an ethical perspective is known, but that choice is prohibited due to various constraints.<sup>4-6</sup> Since these issues have effects on professionals' mental health and on public safety, they have been studied in several healthcare fields, especially among nurses<sup>4,7</sup> and occupational therapists,<sup>8</sup> and in hospital settings involving multiple professionals.<sup>6</sup> In the field of psychology, the American Psychological Association identified 703 different ethical dilemmas among its members, the most common of which involve confidentiality, conflicting relationships, and terms of payment.<sup>9</sup> More closely related to the field of optometry, ethical issues that arise in the field of ophthalmology involve advertising, co-management and optometrists' monetary compensation for referring and doing follow-up on patients having refractive surgery,<sup>10</sup> informed consent for cataract surgery performed by a resident<sup>11</sup> and informing the patient of an error.<sup>12</sup> It is conceivable that optometrists may encounter ethical dilemmas similar to those experienced by other professionals and that other ethical dilemmas would be specific to them, but no studies have yet been published on this topic.

The purpose of this study was to identify ethical dilemmas experienced by optometrists and describe some typical scenarios. This article is the first in a series of three that will present the results from this study. It describes the methodology and results pertaining to ethical dilemmas in connection with confidentiality and the filling out of forms. The second article will cover ethical dilemmas associated with conflicting professional relationships and various aspects of optometry practice, while the third will end the series with dilemmas specific to the patient-optometrist relationship, fees, and online sales. Lastly, it will look at the study's limitations, as well as its potential impact on education and practising optometrists.

## METHODOLOGY

### Data collection

A mixed survey approach was chosen. Participants had to be licensed to practice optometry in Quebec. A questionnaire was designed in keeping with the Publication Manual of the American Psychological Association.<sup>13</sup> Several questions were drawn from similar studies in various healthcare professions (confidentiality, conflicts, economic interests, etc.).<sup>6,9,14</sup> Others were developed from optometry-specific contexts. Six optometrists had previously tested a draft version of the questionnaire to estimate the time required to complete it, increase the likelihood of reliable responses, and identify potential problems.

The final questionnaire contained 38 questions, including demographic information. In it, an ethical dilemma was defined as a sensitive situation experienced during an optometrist's career, where there was hesitation in choosing between two or more possible actions, since each compromised an ethical principle or had potentially detrimental consequences. Twenty-two categories of ethical dilemmas were proposed and divided into seven themes: confidentiality, filling out of forms, conflicting relationships, profession, sales incentive, patient-optometrist relationship, and fees. For each category, the participants had to indicate whether they had ever experienced such a dilemma during their career. If the response was "Yes", they had unlimited space to describe the situation. Free space at the end of the questionnaire was provided for reporting any ethical dilemma not covered by the predetermined categories. Lastly, the participants had to estimate how often they have to resolve an ethical dilemma in the context of their practice. The questionnaire was administered online using the Hosted in Canada Surveys platform, which stores the data in Canada and complies with the *Personal Information Protection and Electronic Documents Act*. In October 2017, a participation invitation was emailed to the 1,393 optometrists for whom the *Ordre des optométristes du Québec* had an email address, which represented 92.6% of its members. The project was also announced on two Facebook groups for Quebec optometrists.

### Quantitative analysis

The responses were compiled to determine the frequency of occurrence of each ethical dilemma. Pearson's chi-squared test for independence ( $\chi^2$ ) was used to determine whether there was a difference based on the participants' sex and experience. Due to the limited number of participants and the disparity in the number of optometrists practising in the province's various regions, and to protect the participants' anonymity, no comparisons could be made among practice regions or among practice types.

### Coding and analysis of the qualitative data

The ethical dilemma situations described by the participants were coded for qualitative analysis purposes. Two of the authors (AV and MR) shared this data and used it to create sub-categories of dilemmas. The coding done by each author was verified by the other to maximize its reliability. In the event of a discrepancy in coding, discussions were held to reach a consensus.

This study was approved by the Research Ethics Board in Health of the Université de Montréal (certificate # 17-090-CERES-D). The questionnaire was designed to protect the participants' anonymity.

**RESULTS**

Of the 1,393 optometrists who were sent the questionnaire, 240 completed the survey and submitted their responses (participation rate of 17.2%). The proportion of women in the sample (77.5%) was higher than that reported in the 2017/2018 annual report by the *Ordre des optométristes du Québec* (70%).<sup>15</sup> Participants from all years-of-experience groups completed the survey. The distribution of participants across Québec’s regions follows a distribution similar to that for Québec optometrists.<sup>15</sup> The demographic data are shown in Table 1.

**Table 1:** *Demographics of the participants*

| Sex  | Number | %    |
|--|--------|------|
| Female   | 186    | 77.5 |
| Male   | 50     | 20.8 |
| No response  | 4      | 1.7  |
| Experience (years)                                     |        |      |
| 0-4  | 39     | 16.3 |
| 5-9  | 34     | 14.2 |
| 10-14  | 19     | 7.9  |
| 15-19  | 27     | 11.3 |
| 20-24  | 24     | 10.0 |
| 25-29  | 31     | 12.9 |
| 30-34  | 17     | 7.1  |
| 35-39  | 20     | 8.3  |
| 40 or more   | 27     | 11.3 |
| No response  | 2      | 0.8  |
| Primary practice setting (multiple responses possible) |        |      |
| Banner   | 111    | 46.3 |
| Independent private office                             | 92     | 38.3 |
| Self-employed worker                                   | 81     | 33.8 |
| Private practice with other optometrists               | 66     | 27.5 |
| Academic/teaching setting                              | 10     | 4.2  |
| Private practice with ophthalmologists                 | 9      | 3.8  |
| Vision rehabilitation centre                           | 7      | 2.9  |
| Solo private practice                                  | 4      | 1.7  |
| Corrective laser eye surgery centre                    | 3      | 1.3  |
| Employee   | 3      | 1.3  |
| Private medical centre                                 | 2      | 0.8  |
| Home visits  | 2      | 0.8  |
| Canadian Armed Forces                                  | 1      | 0.4  |
| Community medical centre                               | 0      | 0.0  |
| Weekly schedule (hours/week)                           |        |      |
| < 10   | 3      | 1.3  |
| 10-19  | 15     | 6.3  |
| 20-29  | 67     | 27.9 |
| 30-39  | 121    | 50.4 |
| > 40   | 33     | 13.8 |
| No response  | 1      | 0.4  |

Each of the 22 ethical dilemmas proposed in the questionnaire had been previously encountered by between 3.75% and 67.9% of the participants. Eleven participants (4.5%) reported that they had not experienced any of the proposed ethical dilemmas. Seven percent of the participants stated that they face an ethical dilemma more than once a week, 5.8% about once a week, 12.8% about 2 or 3 times a month, 9.4% about once a month, and 31.8% of the respondents admitted facing an ethical dilemma between 7 and 11 times per year. The distribution of the responses did not allow for establishing a relationship between the frequency of ethical dilemmas and the participants gender or work experience.

In addition to the quantitative data, it is worth pointing out the many situations described by the participants to illustrate the questions that optometrists face. The following paragraphs describe ethical dilemmas pertaining to confidentiality and the filling out of forms.

### Confidentiality

The participants described many dilemma situations associated with disclosing confidential information (Table 2). Several of them involve patients who are minors, especially those whose parents are not on good terms with each other. Others arise with minor patients who are of legal age to consent to care: parents who ask to be present at or want to know the results of a vision test; disagreement between parents and children about wearing contact lenses; false statements regarding obtaining parental consent; and high-risk behaviour. Three participants reported an example of a young person with chronic conjunctivitis, likely related to a sexually transmitted infection.

**Table 2:** Ethical dilemmas involving confidentiality

|  | Yes            | No             | No response   | Examples provided by the participants (number)  |
|--|----------------|----------------|---------------|---|
| Parental consent/disclosure of information about a minor patient | 37<br>(15.4%)  | 195<br>(81.3%) | 8<br>(3.3%)   | - Separated parents (10)<br>- Minor capable of giving consent to care (8)<br>- High-risk behaviour (7)<br>- Parental consent contrary to the child's welfare (5)<br>- Contact lenses (3)      |
| Precarious family situation/abuse                                | 41<br>(17.1%)  | 193<br>(80.4%) | 6<br>(2.5%)   | - Physical or mental abuse by the parent (16)<br>- Parental neglect (13)<br>- Disadvantaged situation (4)   |
| Illicit substance abuse  | 62<br>(25.8%)  | 172<br>(71.7%) | 6<br>(2.5%)   | - Intoxicated presence (45)<br>- Unlawful conduct (13)  |
| Compromised safety or danger to the safety of others             | 100<br>(41.7%) | 135<br>(56.3%) | 5<br>(2.1%)   | - Visual, physical or psychological standards for safe driving (69)<br>- Suicidal ideation (20)<br>- Depression, precarious psychological state (17)<br>- Aggressive, threatening patient (4) |
| Other confidentiality-related dilemma                            | 33<br>(13.8%)  | 178<br>(74.2%) | 29<br>(12.1%) | - Sharing confidential information with the family (16)<br>- Unlawful conduct (fraud, crime) (3)  |

There are also situations where the need for parental consent is detrimental to the child's well-being (denial of cycloplegia or wearing glasses, absence from appointments); it can be difficult to determine whether this is reportable neglect. Also to be noted are cases where an optometrist suspects that a minor patient is being physically or psychologically abused. Does the optometrist have to ignore the situation, seek additional information, or report what little they know to the Youth Protection Branch?

Drug and alcohol abuse also leads to questioning, such as when the optometrist is faced with the issue of a patient using illicit substances while exercising certain responsibilities, including child care.

About 100 participants stated that they had experienced a dilemma when dealing with a patient whose behaviour may have jeopardized his/her own safety or that of others. The most common example was a patient who drives without meeting the required vision standards. Several participants had difficulty deciding between which value should prevail: protection of the public or professional confidentiality. The same dilemma arises with patients who

do not seem to have the psychological capacity to drive safely, are depressed, aggressive, make death threats, appear to be victims of violence or threaten to commit suicide.

**Filling out forms**

Filling out the driver’s licence form often creates problematic situations, as experienced by 40% of the participants (Table 3). Several of them reported the difficulty of honestly filling out the Société de l’assurance automobile du Québec (SAAQ) form when the patient is at risk of losing his/her driver’s licence, even more so when his/her job is at stake. Some patients are aggressive and pressure the optometrist into falsifying the data by offering money in return. An ethical issue also arises with patients who need glasses or eye surgery to drive, but refuse to obtain them or see an ophthalmologist. The ethical dilemmas pertaining to the filling out of forms for some jobs are similar. However, patients who cheat, such as on the colour vision evaluation, appear to be more frequent. Lastly, some patients ask for certification for an unjustified leave of absence from work. Should the optometrist provide such certification, or refuse and alienate their client?

**Table 3:** Ethical dilemmas involving filling out forms.

|   | Yes           | No             | No response  | Examples provided by the participants (number)   |
|---|---------------|----------------|--------------|--|
| Driver’s license                          | 96<br>(40.0%) | 132<br>(55%)   | 12<br>(5%)   | <ul style="list-style-type: none"> <li>- Patient not meeting the criteria (36)</li> <li>- Borderline cases in terms of standards (13)</li> <li>- Refusal to wear or change glasses (10)</li> <li>- Money offered to the optometrist for falsifying the form (9)</li> <li>- Cognitively or physically unfit to drive (7)</li> </ul> |
| Performance of certain jobs               | 22<br>(9.2%)  | 210<br>(87.5%) | 8<br>(3.3%)  | <ul style="list-style-type: none"> <li>- Colour-blindness (4)</li> <li>- Money offered to the optometrist for falsifying the form (3)</li> <li>- Patient not meeting the criteria (3)</li> <li>- Borderline cases in terms of standards (2)</li> <li>- Patient lying or cheating (2)</li> </ul>                                    |
| Other dilemma involving filling out forms | 24<br>(10.0%) | 198<br>(82.5%) | 18<br>(1.5%) | <ul style="list-style-type: none"> <li>- Request for unjustified leave of absence from work (12)</li> <li>- Request for reports/forms without any ocular condition (7)</li> <li>- Incentive to commit fraud for claims (2)</li> </ul>  |

**DISCUSSION**

Ethical dilemmas associated with confidentiality are ubiquitous in the healthcare professions. Some are more difficult for an optometrist to identify, such as when a child whose parents are separated is examined in the presence of the custodial parent and the other parent wants to receive the examination results. A breach of confidentiality can have detrimental consequences. However, it may be necessary to ensure the well-being or safety of the patient, a third party or society in general.<sup>16</sup> A good example of this is with children who are suspected of being neglected or victims of abuse. The decision to breach professional confidentiality depends on various issues such as the ability to differentiate between concern for the child’s well-being and actual abuse. Support for the professional from his/her peers and social services are crucial for a professional facing such a decision.<sup>17</sup> Regardless of the situation, the important thing is being knowledgeable about the legal and ethical framework around confidentiality issues.<sup>16</sup> Care must also be taken before coming to a conclusion leading to a breach of confidentiality because an error in judgement is likely to do irreparable harm to the reputation or quality of life of the parties involved.<sup>18</sup>

As for filling out various forms, this can bring about an ethical dilemma that is likely to jeopardize the relationship between the optometrist and his/her patient. Optometrists who are offered money to falsify clinical results are faced with ethical temptation, not an ethical dilemma, because the “right” decision to make is obvious.<sup>3</sup> The issue of vehicle driving is documented in multiple healthcare professions.<sup>8,19,20</sup> Professionals are torn between, on one hand, reporting to the authorities a patient who does not meet the criteria required for driving a vehicle out of concern for protecting the patient and the public and, on the other hand, refraining from reporting the patient out of concern for confidentiality or to preserve one’s relationship of trust with the patient.<sup>19</sup>

**CONCLUSION**

Ethical dilemmas involving confidentiality and the filling out of forms are varied and sometimes delicate. Knowledge of the legislation and regulations alone is insufficient for guiding an optometrist in his/her decision-making.

The next two articles in this series will reveal the results and continue by opening a discussion on ways to optimize the management of ethical issues in the field of optometry.

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