

The Inevitable Challenge of Ethical Dilemmas in Optometry, Part 2: Professional Relationships and Practices in the Spotlight

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Abstract

Health care professionals sometimes have to choose between options that are each less than optimal, and thereby risk compromising an ethical principle. Despite the impact they can have on these professionals and the population they serve, ethical dilemmas have never been studied in optometry.

OBJECTIVE

This article is the second in a series of three reporting the results of a study that aimed to identify and describe the ethical dilemmas faced by optometrists.

METHOD

A total of 240 optometrists completed an online questionnaire concerning ethical dilemmas encountered during their career. Results. A major source of ethical dilemmas for optometrists is conflicts with other optometrists, as well as with opticians and ophthalmologists. Other situations, such as being confronted with cases at the limit of one's competency and the disclosure of personal information, are also important ethical issues.

CONCLUSION

Optometrists experience ethical questioning that is likely to cause them stress and compromise the well-being of the public. The next and final article in this series will reveal ethical dilemmas concerning the optometrist/patient relationship and offer suggestions for optometrists to be better prepared for dealing with the various ethical issues related to the practice of their profession.

KEY WORDS:

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

INTRODUCTION

The practice of optometry is constantly evolving. Optometrists encounter a multitude of complex and diverse situations and are increasingly working in collaboration with other professionals. This reality means that they are likely to encounter many ethical issues. This article is the second in a series of three presenting the results of a study that was performed to identify and describe the ethical dilemmas faced by optometrists. The first article described the methodology and the results obtained concerning ethical dilemmas related to confidentiality and the completion of forms.¹ This paper will address those related to conflicting professional relationships, sales pressure, and various other aspects of the optometry practice.

METHODOLOGY

The methodology was described in detail previously.¹ In summary, an online survey hosted by the *Hosted in Canada Surveys* platform was conducted among Quebec optometrists to identify whether they had experienced ethical dilemmas in different categories and, if so, to describe them. It defined an ethical dilemma as a sensitive situation experienced during an optometrist's career, where there was hesitation between two or more possible actions, with each of them compromising an ethical principle or having potentially detrimental consequences.

The frequency of occurrence of each ethical dilemma was compiled. Pearson’s Chi-squared test for independence (χ^2) was used to determine whether the participant’s sex and experience influenced the results. Qualitative data were coded and analyzed to form a picture of the ethical dilemmas experienced by the participants. This project was approved by the *Comité d’éthique de la recherche en santé* of the Université de Montréal (certificate # 17-090-CERES-D).

RESULTS

The demographic data of the 240 participants and the occurrence of ethical dilemmas were presented in the first article.¹ The following paragraphs present scenarios described by the participants to illustrate the dilemmas faced by optometrists with respect to conflicting professional relationships (Table 1), sales pressure (Table 2), and various other aspects in the practice of the profession (Table 3).

Conflicting relationships

More than one in five participants reported having experienced a dilemma related to a conflict of opinion with another optometrist. An example is when one optometrist prescribes glasses while another does not consider glasses to be necessary. It can be difficult to give patients an objective opinion, and many wonder if such differences of opinion should be discussed with the optometrist in question. Optometrists also come into conflict for other reasons, such as administration, schedule management, repeated delays, negative attitude, exam fees, etc.

Conflicts with opticians were reported by one-quarter of the participants. Opticians may not be aware of optometrists’ recommendations in terms of frame selection, type of glass, preferred material or contact lenses. Opticians also put pressure on optometrists to sell eyeglasses (see below) or interfere with schedule management (duration of an eye exam, which patients to prioritize, proportion of pupil dilation and emergency appointments, etc.).

Table 1: Ethical Dilemmas Related to Conflicting Relationships

	Yes	No	No response	Examples provided by the participants (number)
Conflict of opinion with an optometrist colleague	52 (21.7%)	181 (75.4%)	7 (2.9%)	- Difference of opinion about treatment (16) - Difficult relationship (10) - Work deemed inadequate (9) - Examination fee (7) - Difficult relationship with owner (4)
Conflict of opinion with an optician colleague	60 (25.0%)	172 (71.7%)	8 (3.3%)	- Poor collaboration in relation to the optometrist’s recommendations (12) - Pressure to sell glasses (6) - Illegal acts (5) - Schedule management (4) - Optician who goes beyond the scope of their competence (4) - Examination fee (3) - Comments demeaning the optometry practice (2)
Conflict of opinion with an ophthalmologist	88 (36.7%)	146 (60.8%)	6 (2.5%)	- Difference of opinion (42) - Lack of service and competence (23) - Ophthalmologist shows little trust in optometrists (14) - Appointment duration (6) - Examination fee (3)
Other dilemma pertaining to conflicting relationships	19 (7.9%)	183 (76.25%)	38 (15.8%)	- Support staff (10) - Chain policies (1) - Physician, emergency staff (1)

Dilemmas related to conflicts with ophthalmologists appear to be more common, particularly regarding a difference of opinion on certain diagnoses or treatments. For example, several participants reported that ophthalmologists refused to perform cataract surgery despite reduced visual acuities and lack of contraindications. Conversely, an ophthalmologist may want to operate on a patient for cataracts when it isn’t deemed necessary by the optometrist. Several participants admitted facing a dilemma when they believed that the ophthalmologist wasn’t making the best decision for the patient: should the patient be referred for a second opinion at the risk of compromising their

inter-professional relationship with the ophthalmologist? Or should the optometrist respect their colleague's opinion to preserve their reputation and maintain a good relationship? The ophthalmologist may also make themselves unavailable for referrals, downplay their severity, or offer overly long times. Other participants reported that some ophthalmologists will refuse to treat certain patients if the optometrist doesn't refer enough cataract surgery cases. Finally, some mentioned that ophthalmologists demeaned their qualifications in front of their patients.

Sales incentives

Twenty percent of the participants had experienced pressure to sell glasses, contact lenses and other products, and this proportion was significantly higher in women (24%; men 10%; $\chi^2 = 4.486$; $df = 1$; $p = 0.034$). Optometrists feel pressured to increase sales by prescribing optional refractive changes. They're torn between being honest with the patient and being loyal to those in charge of the clinic who emphasize their sales performance. Some may give in to temptation when bonuses are offered for selling eyeglasses. Some companies also offer incentives to encourage the sale of their products.

Dilemmas in connection with refractive surgery were reported by 3.75% of the participants. Some mentioned that refractive surgery centres had previously offered them a financial incentive for referrals, which could cloud their decisions regarding the patient's best interests. Conversely, one optometrist was previously threatened with dismissal if he referred the patient for refractive surgery. Finally, patient management can be an issue, particularly when annual follow-ups are provided by refractive surgical centres, which causes the optometrist to essentially lose their patient.

Table 2: Ethical Dilemmas Related to Sales Incentives

	Yes	No	No response	Examples provided by the participants (number)
Pressure for laser surgery referrals	9 (3.8%)	220 (91.7%)	11 (4.6%)	- Financial incentives (2) - Pressure from optometry clinics (1) - Referrals pressure with conflict of interest (1) - Taking on a patient (1)
Pressure to sell glasses, CL, and other products	48 (20.0%)	181 (75.4%)	11 (4.6%)	- Sale of glasses (29) - Types of contact lenses (4) - Sale of vitamins (1) - Influence from pharmaceutical representatives (1)
Other dilemma pertaining to sales incentives	14 (5.8%)	203 (84.6%)	23 (9.6%)	- Pressure to sell glasses not justified by refraction (3) - Conflict of interest between profession and sale of products (2) - Sales pressure from colleagues (1) - Bonuses for eyeglasses sales (1) - Free exams with purchase of glasses (1)

Practice of the profession

Several issues were raised about managing the time allotted for a consultation and administrative tasks. First, there can be instances where the time allotted for an eye exam is insufficient, such as for seniors, vulnerable patients and complex cases. It then becomes difficult to strike a balance between professional responsibility toward the patient and respect for the next patient on the schedule. In addition, conflicts arise when the clinic's staff accept emergencies when the schedule is already full. In this respect, some participants reported feeling some professional obligation to accept eye emergencies and feeling guilty when there wasn't enough time to do so.

About one-third of the participants admitted to having experienced an ethical dilemma related to taking on cases beyond their skill level, with a higher proportion among women (36%, men 18%; $\chi^2 = 5.457$; $df = 1$; $p = 0.019$). For almost half of the examples provided, the optometrist cited the patient's best interests due to difficulty accessing ophthalmology. A typical example is an emergency that occurs at a time when ophthalmology clinics are less accessible (end of day, weekend) and for which the optometrist feels comfortable taking action: can they do it for the patient's well-being even if it is beyond their therapeutic privilege? Or do they let the patient wait in the emergency room for several hours? Seven participants also gave the example where the optometrist takes on a case beyond their abilities and where the patient doesn't respond well to the treatment. Because of the sensitivity of the situation, the optometrist may be tempted to not disclose all the information to the patient or to the ophthalmologist to whom the patient will be referred. Furthermore, sometimes patients refuse an ophthalmology consultation. In such cases, the optometrist is then faced with the dilemma of providing care to the best of their ability or leaving the patient untreated.

Almost a quarter of the participants indicated that they had previously encountered practices by others that warranted being reported: e.g., omitted tests, lack of information on file, and pathologies that may have serious consequences for vision or life but which had slipped under the radar. Some participants had also witnessed illegal practices, such as falsifying records or billing for exams that had not been performed, prescribing medication without the required licence, selling used contact lenses, modifying a prescription or issuing prescriptions by an optician based on the results from an electronic refractometer, filling an invalid medical prescription, measures taken by unqualified staff, diagnosis and recommendations made over the phone by an optician regarding an eye emergency, etc. The dilemma that arises here for the witnessing optometrist is whether or not to report the situation, especially when they are on good terms with the professional at fault or if the latter is the owner of the clinic.

Table 3: Ethical Dilemmas Related to the Practice of the Profession

	Yes	No	No response	Examples provided by the participants (number)
Time management for consultation and administrative tasks	50 (20.8%)	169 (70.4%)	21 (8.8%)	<ul style="list-style-type: none"> - Lack of time for the exam (13) - Conflicts about schedule management (8) - Time for administrative tasks (7) - Patients unhappy with the exam duration and delays (5) - Taking on unscheduled patients / emergencies (4) - Distribution of administrative tasks (2) - Delays due to an external cause (1)
Taking on a case beyond one's competence	73 (30.4%)	153 (63.8%)	14 (5.8%)	<ul style="list-style-type: none"> - Absence of ophthalmologist in the region, refusal from ophthalmologist, appointment lengths (34) - Case worsened after being taken on (7) - Patient's refusal to see an ophthalmologist (6) - Examination fee for referral purposes (2) - Sharing of responsibilities between optometrists (2)
Reporting of others	51 (21.3%)	181 (75.4%)	8 (3.3%)	<ul style="list-style-type: none"> - Doubt about a colleague's competence (17) - Illegal practice (8) - Incomplete record-keeping (7) - Billing for exams not performed, unjustified rates (6) - Patient profiling and the clinic's support staff (4) - Action taken by unqualified staff (4) - Falsification of records (3) - Practising without a licence in Quebec (2) - Ophthalmologist who refers a patient from the public to their private practice (1) - Ordering glasses based on record extracts (1) - Lack of respect towards other professions (1) - Incidental expenses in ophthalmology (1)
Other dilemma pertaining to the profession	12 (5.0%)	197 (82.1%)	31 (12.9%)	<ul style="list-style-type: none"> - An eyeglasses sales office opened by a person who is neither an optician nor an optometrist (2) - Pharmacist selling ophthalmic anti-inflammatory drugs without a prescription (1) - Illegal sale of contact lenses (1) - Unhappy with glasses purchased elsewhere (1)

DISCUSSION

In both Canada and the United States, optometry is well supported. The limited literature on ethics in optometry deals mainly with the legal and ethical framework for the practice of the profession.^{2,3} The results of this study demonstrate that making decisions in the patient's best interests cannot be guided solely through legislation and regulations. The purpose of this discussion is not to elaborate on what should be done from a legal perspective, but rather to demonstrate the questioning optometrists face in light of the published studies on the subject.

To begin, the goals of health care professionals, the patient's condition and preferences, the resources available and the decision-making hierarchy means that the health care setting is conducive to conflict.⁴ Several participants stated that they had not agreed with the treatment prescribed by an optometrist colleague. The literature does show a wide variation in the prescribing of ophthalmic lenses.^{5,6} Although this may seem trivial at first glance, an optometrist may be faced with an ethical dilemma when the colleague in question owns the clinic. This issue is related to the power

relationship or hierarchical position, which is known to be a factor of conflict.⁴ In addition, one in five participants said they had experienced an ethical dilemma in relation to sales pressure. This potential conflict of interest is nothing new.⁷ Optometrist-owners are both health care providers and merchants; their clients are both patients and consumers. Optometrists can thus face ethical temptations: the patient's best interests, which should take precedence, come into conflict with those of the clinic. Optometrists must be aware of this potential conflict of interest, which can also extend to other staff members.⁸ This type of temptation has been documented in other private-practice health care settings, including occupational therapy,⁹ dentistry,¹⁰ and pharmacy.¹¹

Overlapping scopes of practice is also a common source of conflict in the health sector.^{4,12} As seen in this study, conflicts with ophthalmologists and opticians are concrete examples of this. Given the scope of expertise of the professionals involved, the situation is often difficult. Optometrists must make a decision that best serves the interests of their patients without interfering with their inter-professional relationships. To prevent or minimize the impact of conflicts in the workplace, professionals need to understand how their personality and needs affect these conflicts. Communication is also essential, as is the establishment of structures to promote collaboration, all while clarifying each person's roles and responsibilities.¹²

With respect to time-management issues, the number of patients that an optometrist sees in a day clearly influences both their professional fees and the revenue of the clinic where they work. This inevitably leads to questions concerning the optimal duration of an eye exam. Increasing an optometrist's patient volume can increase their mental load and undermine the quality of the care and services provided. Larkin¹³ considers that an optometrist's maximum workload is reached if they fear that the quality of patient care will be affected by a task increase, if they feel that they are at the limit of their mental or physical abilities, if they already tend to neglect certain tests to speed up or rush with certain patients, or if they are unhappy with their profession, their patients or themselves because of a work overload.

Ethical dilemmas regarding the taking on of a case that was deemed beyond the acts authorized by the *Optometry Act* were most often caused by difficulty in accessing an ophthalmologist. The literature on this topic pertains mainly to rural and remote nursing. Acting beyond one's skills or scope of practice is a known source of stress.^{14,15} About 10% of nurses say they do this, and men are three times more likely than women to do so.¹⁶ This seems contrary to the results of this study, where female optometrists faced dilemmas more often than males. The questions, however, were different. The participants in this study had to indicate whether they had ever experienced an ethical dilemma about taking on a case beyond their competency, not whether they had actually done so.

Additionally, optometrists sometimes have doubts about their colleagues' skills and find that some don't practise according to recognized standards or commit illegal acts. Thomas and Bailey are of the opinion that, while concerns with legal consequences can be addressed in a collegial manner with the colleague in question, optometrists who witness illegal practices still have a duty to report them.¹⁷ However, the results of the present study show that this is not a given. In fact, although reporting to the *Ordre* is a confidential and necessary process for protecting the public, the optometrist witness hesitates, for fear of being uncovered by the faulty optometrist, and possibly adversely affecting their own working conditions or their career. This puts us in a situation of ethical silence: an ethical principle is compromised, but it goes unnoticed.¹⁸

CONCLUSION

This study shows that optometrists face many ethical issues related to conflicting inter-professional relationships, pressure to sell ophthalmic products, and various aspects of their practice, such as time management, the limits of one's own competencies or the reporting of another professional. An upcoming article will conclude this series with ethical dilemmas more specific to the relationship with the patient, professional fees, and online sales. It will also look at the study's limitations and its impacts on initial and continuing education in optometry. ●

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