The Inevitable Challenge of Ethical Dilemmas in Optometry, Part 3: The Optometrist, their Patient and their Fees, a Ménage à Trois

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Abstract

Some situations place healthcare professionals in a dilemma where two ethical principles are in conflict and none of the choices are optimal. Despite the potential consequences of this quandary, no previous study has examined ethical dilemmas in optometry. Objective. This article concludes a series of three articles reporting the results of a study that sought to identify the ethical dilemmas experienced by optometrists and to describe some typical scenarios. Method. Two hundred forty optometrists completed an online survey. Results. A breach of trust can present an optometrist with a dilemma as to whether or not to maintain their relationship with the patient. The most common dilemma involves the billing of professional fees on top of the basic exam. Several other ethical dilemmas were worrisome, including those involving sexual or seductive advances by patients. Conclusion. Many ethical issues have been identified and described. These results will be useful for academic and professional bodies in helping them prepare optometrists for ethical decisions that can sometimes be difficult.

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

INTRODUCTION

Healthcare professionals face a variety of ethical issues on a daily basis. These arise when an ethical principle–such as beneficence, non-maleficence, justice, and respect for autonomy[1]–is violated or at risk of being violated.[2] Specifically, an ethical dilemma involves a choice between actions that compromise an ethical principle.[3] They have been studied in several areas of healthcare, but not in optometry. This article is the last of three that present the results of a study that aimed to identify and describe the ethical dilemmas faced by optometrists. The first article described the methodology, the participants' demographic data, the frequency of occurrence of ethical dilemmas, and the outcomes related to ethical dilemmas associated with confidentiality and completion of forms,[4] while the second article presented dilemmas about conflicting professional relationships, sales pressure and various other aspects of the optometry practice.[5] This article concludes the series by describing the ethical dilemmas pertaining to the optometrist-patient relationship, professional fees and online sales.

METHODOLOGY

The methodology was detailed previously.[4] In short, 240 optometrists in Quebec responded to an online survey. Their task was to indicate whether they had ever experienced various ethical dilemmas and, if yes, to describe them. Pearson's chi-squared test for independence (χ^2) was used to determine the influence of sex and experience. Qualitative data were coded and analyzed to identify typical situations. The 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 dilemmas faced by practicing optometrists regarding the relationship with the patient (Table 1), professional fees (Table 2) and online sales (Table 3) are described below.

Optometrist-patient relationship

The results show that optometrists face dilemmas in connection with a conflicting relationship or a conflict of opinion with their patients, especially when the latter or their families question the optometrist's competence: these

include accusations of wanting to make money at the patient's expense, unjustified ophthalmology referrals, not following recommendations, etc. Other optometrists reported that they had been encouraged by their patients to commit illegal acts, such as altering receipts for insurance claims. Finally, some were faced with ethical dilemmas involving hostile or aggressive patients or patients with psychiatric disorders.

Ethnicity, culture, and religious or spiritual beliefs represented a source of ethical dilemmas for 14% of the participants. Some of these patients requested religious accommodations: no exams on certain days, religious symbols, physical contact, refusal to be examined by an optometrist of the opposite sex, eyeglass fitting in a private room, etc. Also, patients from certain cultures do not believe in the need for wearing glasses, especially for their children. Some patients also commented on the optometrist's religion or ethnicity, exhibited racism, or commented on how the optometrist was dressed.

Ethical dilemmas associated with sexual or seductive advances from patients occur more often among women (41.7%, men 12.5%; $\chi^2 = 14.074$; dl = 1; p <0.001). Some optometrists received flowers or cards, and others saw a patient waiting for them in the parking lot. Telephone and Internet contact to seduce the optometrist was also reported. Finally, close to 20% of the participants reported being the target of sexually suggestive comments during the eye exam, and 10% had experienced an inappropriate act (touching, kissing, looking at cleavage, patient masturbating, etc.). Several of the participating optometrists who described these situations acted assertively by calling the police or security, or by telling the harassing patient that their behaviour was unacceptable and that they were refusing to continue the exam and would not treat them again. Others were puzzled by a situation that made them uncomfortable, and continued their intervention, sometimes leaving the door to the examination room open.

Finally, the relationship with some patients can be so problematic that the optometrist must decide between continuing or ending the relationship. This is the only ethical dilemma category for which there is a significant relationship between its occurrence and the participant's experience as an optometrist. Among those who answered this question, 24% of the participants with 0 to 9 years of experience, 42% of those with between 10 to 19 years and 20 to 29 years of experience, and 50% of those with 30 or more years of experience, previously experienced this type of dilemma ($\chi^2 = 10.006$; dl = 3, p = 0.019).

Table 1: *Ethical Dilemmas Related to the Optometrist-Patient Relationship*

	Yes	No	No response	Examples provided by the participants (number)
Conflict of opinion with a patient	107 (44.6%)	117 (48.8%)	16 (6.7%)	- Lack of trust toward the optometrist (42) - Lack of adherence or refusal of tests (17) - Hostile, aggressive patient (13) - Recommendations for contact lenses (6) - Online sales (6) - Patient with a problematic personality (4) - Poor relationship with patient (3) - Illegal acts (3) - Unjustified absence from an appointment (1)
Termination of the relationship	85 (35.4%)	135 (56.3%)	20 (8.3%)	- Dissatisfied patient, lack of a trust relationship (33) - Poor attitude with the optometrist (10) - Poor attitude with the staff (9) - Hostile, aggressive patient (9) - Unjustified absence and delays (5) - Driver's licence (3) - Fees for exams and glasses (3) - Behavioural problems (3) - Illegal acts (2)
Ethnicity, culture, religious/ spiritual beliefs	34 (14.2%)	199 (82.9%)	7 (2.9%)	- Religion (7) - Beliefs about glasses (5) - Optical services and the Islamic veil (4) - Ethnicity, religion of the optometrist and staff (4) - Gender (4) - Dress code (1) - Language barrier (1) - Indigenous people (1)
Sexual or seductive advances	82 (34.2%)	148 (61.7%)	10 (4.2%)	- Inappropriate Comments (45) - Inappropriate Action (24) - Contact via Internet or telephone after the exam (10)
Other dilemma related to the optometrist-patient relationship	20 (8.3%)	192 (80.0%)	28 (11.7%)	- Therapeutic education of an anxious patient (1) - Patients with a criminal record (1)

Professional fees

When faced with patients who don't have the financial means to cover the full cost of the service, the dilemma is to choose between favouring the patient's well-being at the expense of part of the professional fees, or equally billing all their patients, regardless of their means, thereby potentially limiting access to care. This type of dilemma was experienced by 63.3% of participants, some of whom reported offering free and discounted eye exams and glasses, or monthly instalments, resulting in a perceived inequality of services between patients.

Ethical dilemmas related to performing additional tests, which were considered to be non-essential, at additional cost were reported more often by women (72.6%; men 57%; $\chi^2 = 4.349$; $p = 0.037$). When faced with a patient who is frustrated with having to spend more (for a follow-up, cycloplegia, imaging, etc.), many optometrists are reluctant to suggest certain procedures, at the expense of quality of care. Others refer patients to ophthalmology because the procedures are then covered by the *Régie de l'assurance maladie du Québec* (RAMQ). Some optometrists also feel pressure from the clinic where they practice to offer certain exams to everyone, against their clinical judgement.

Billing the RAMQ also poses a problem for optometrists, who often have to justify certain procedures. Out of fear of being wrong and having to pay back later, several optometrists mentioned charging less for procedures, to the detriment of their income. Others admitted to over-billing. Some participants who considered the RAMQ's compensation to be insufficient were tempted to favour patients not covered by this plan. Finally, others felt uncomfortable asking the patient for both their health card and payment for an uninsured service.

Table 2: *Ethical Dilemmas Related to Professional Fees*

	Yes	No	No response	Examples provided by the participants (number)
Patients' lack of financial resources	152 (63.3%)	81 (33.8%)	7 (2.9%)	- Lack of financial resources vs. patient's well-being (77) - Patients requiring additional tests with fees (39) - Lack of communication regarding fees (18) - Lack of financial resources for emergencies (12) - Price of glasses (6) - Inconsistency or injustice among patients (4)
Additional tests performed at additional costs	163 (67.9%)	74 (30.8%)	3 (1.3%)	- Patient declines necessary tests not covered by the RAMQ (88) - Lack of financial resources vs. patient's well-being (53) - Patients frustrated with the price of additional tests (12) - Optometrists uncomfortable with offering the tests (10) - OCT fee vs. ophthalmology referral (9) - Patients who receive ophthalmology and optometry follow-up (2) - Pressure from the clinic (1)
RAMQ billing	78 (32.5%)	149 (62.1%)	13 (5.4%)	- Lack of consistency and clarity in billing (31) - Additional charges billed to the patient (19) - Insufficient compensation from the RAMQ (9) - Eye emergencies (5) - Pupil dilation (5) - Patient profiling (2)
Other professional fees-related dilemma	51 (21.3%)	163 (67.9%)	26 (10.8%)	- Difference in fees among optometrists at the same office (11) - Patients frustrated with emergency costs (8) - Remuneration (6) - Disagreement between the clinic and the optometrist (3) - Difference in the fees among offices (2) - Distribution of the fees paid among colleagues for co-management (2) - Contact lens management fee (2) - Sale of glasses (1) - Patient profiling (1)

Competition with online sales

This theme was originally a category under another theme in the questionnaire. However, it is covered here because of its connection to the optometrist-patient relationship. The sale of ophthalmic products online was a source of ethical dilemmas for almost half the participants. Should the optometrist provide their patient with the necessary information to purchase online? Should they take the time to explain to their patient the potential consequences, especially for specific cases (heavy ametropia, amblyopia, prisms)? Do we devalue the profession if we do so? How do we ensure follow-up in the event of a poor fit or a complication? Several participants considered that this raised difficult ethical issues.

Tableau 3 : *Dilemmes éthiques en lien avec la vente en ligne*

	Oui	Non	Sans réponse	Exemples fournis par les participants (nombre)
Compétition avec la vente en ligne	111 (46,3 %)	112 (46,7 %)	17 (7,1 %)	- Mesures nécessaires à l'achat en ligne (24) - Vente de lunettes (23) - Vente de lentilles cornéennes (21) - Frais de suivis pour complication de produits achetés en ligne (15) - Justification des honoraires (14) - Manque de suivis (3) - Rentabilité du patient qui achète en ligne (2)

DISCUSSION

Optometrists regularly encounter situations where ethical principles are compromised. The focal point of the ethical dilemmas described in this article is the relationship between optometrists and their patients. The doctor-patient relationship involves expectations of 1) the healthcare provider regarding themselves as a high-level care provider, 2) the patient toward the professional, whom they hope is dedicated and faultless, and 3) the professional toward the patient as being a grateful, loyal, and kind person. Any gap between these mutual expectations is likely to lead to stress, emotional distress[6] and dissatisfaction on both sides.[7] Many participants were affected by some patients' lack of confidence, dissatisfaction, and poor attitude towards them. Good communication is essential for fully understanding the patient's expectations, but especially for managing or modulating expectations that are too high or unacceptable.[6-8] A patient with realistic expectations is more likely to be satisfied and trusting and is less likely to ask for a second opinion.[8]

Ethical dilemmas related to ethnicity, culture or beliefs seem to be relatively rare among Quebec optometrists, but are likely to become more frequent with the increase in immigration. The main cross-cultural barriers in the healthcare field are usually a language difference, a different view of health and illness, and a difference in expectations and the perception of the respective roles of the health professional and the patient.[9-11]

One worrisome result from this study involves sexual or seductive advances by patients, which affected more than one-third of the participants. The phenomenon of inappropriate sexual behaviour by patients toward healthcare professionals has been studied mainly in medicine[12-14] and nursing,[15-17] but is also a problem in other fields such as chiropractic care[18] and physiotherapy.[19] These behaviours bring about emotional reactions; first shock and fear, and then feelings of insecurity and helplessness. Victims feel ashamed and guilty, wondering what they could have done differently or if they were the cause.[14,20] Some react to the situation by withdrawing, for example by changing the subject quickly, using humour, by pushing the patient's hand away, leaving the room, and through avoidance by wearing more conventional clothing,[14] by refraining from bending over the patient or turning their back to them.[20] These reactions were actually expressed by the optometrists who took part in this study. Although it's clear that victims of inappropriate sexual behaviour in healthcare professions have to stand up to the situation and say no to the offending patient,[21] this is often difficult. More experienced professionals apparently have less trouble with this issue than their younger counterparts.[20] It is no surprise that female optometrists have experienced significantly more problems associated with sexual or seductive advances than their male colleagues. This type of situation, unfortunately, is common in the healthcare professions, and most often involves women being victims of men, as in society in general.[14,19] The questionnaire did not ask about sexual or seductive advances between optometrists or those initiated by an optometrist toward a patient. Different ethical issues could apparently arise depending on the roles of the parties involved.

Professional fees and remuneration were a major source of ethical dilemmas in optometry. In fact, there is a dichotomy between taking care of the patient's health and well-being on one hand, and the patient's financial resources on the other. The reluctance that most of the participants felt in charging fees not included in the basic eye exam was a salient finding in this study. Their dilemma mainly involves drawing the line between whether or not an additional exam is required. Omitting an investigation or required treatment is obviously unethical, since that negligence runs counter to the principle of beneficence. However, providing care that isn't necessary is also not in the patient's best interests[22] because the costs involved and the risk of complications or undesirable side effects can violate the principle of non-maleficence. Since the risks are minimal, and even absent for most of the tests involved in optometry, the reluctance to bill for these tests appears to be primarily a response to patients' reluctance to pay for them.

For several years, optometrists have been debating how to handle the online sale of ophthalmic products. The main dilemma involves deciding whether the optometrist should or should not provide information to patients who want to purchase products online. Although spectacles purchased online tend to be less compliant with prescriptions

than those obtained from professional practices,[23,24] optometrists must respect the patient's choice regarding where they wish to do business. Optometrists have a responsibility to inform the patient about the pros and cons of the options available so they can make an informed choice.

For the entire study, the participant's gender was associated with the occurrence of 4 of the 22 ethical dilemma categories proposed, and these affected women more often than men. These results are consistent with those of Saarni et al.[25], who found that female physicians were more likely to have had to make a difficult ethical decision than male physicians. Similarly, Forde and Aasland[26] found that female physicians experienced more moral distress associated with ethical dilemmas than their male colleagues. A similar result was noted among female nurses, who had higher moral distress scores than male nurses.[27]

Finally, contrary to what might have been thought, the number of years of experience as an optometrist was significantly related to only one category of ethical dilemmas: ending the relationship with a patient. Therefore, optometrists experience ethical issues in all of the other categories throughout their careers.

Limitations

The results of this study must be interpreted with caution. First, there were a few technical problems with the platform used to administer the questionnaire. Second, this study looked at dilemmas experienced throughout the participants' entire practice. The events described span several decades, and some of the participants may have forgotten or omitted certain scenarios. Each situation can also be interpreted differently. The definition of ethical dilemma was clarified in the survey. However, it's likely that some participants answered "yes" to situations they had experienced that hadn't really posed a dilemma for them, whether because the decision to be made seemed obvious to them right away or because they were situations that didn't necessarily compromise an ethical principle. It was impossible to detect those situations. Finally, a few of the dilemma categories overlap, with the result that some situations could have been counted more than once. While the objectives of this study were to identify ethical dilemmas experienced by optometrists and to describe typical scenarios, the quantitative aspect is less important than the qualitative aspect.

Lastly, although the distribution of the participants across the regions of Quebec follow a distribution similar to that of optometrists in Quebec as a whole,[28] the results cannot be generalized. Furthermore, this is not a static picture. Since the legislation, regulations, code of ethics, fees, RAMQ rates, technology and scope of practice have changed over the years, several situations may now be less likely to arise, while others may become more frequent.

Benefits

Considering the lack of ethics research regarding the field of optometry and the expansion of the scope of practice, which promises to increase the impact of ethical issues, this study of ethical dilemmas experienced by optometrists was considered to be necessary. As in other healthcare professions, ethical dilemmas are inevitable in optometry and involve multiple aspects of the practice. It would be utopian to try eliminating them. Instead, optometrists need to be better prepared to deal with them when they arise. Teaching ethics in optometry has long been limited to the study of the code of ethics, laws and regulations, which were taught separately from basic ethical concepts. Monrouxe and Rees[29] suggest four pillars of training to promote ethical practice in professional environments. The first pillar is the explicit teaching of resistance strategies when facing ethical dilemmas, for example through role-playing. Second, equipping students and professionals so that they can better regulate their emotions can improve their resilience and help them better cope with stressful situations. The new optometry undergraduate OD curriculum at the Université de Montréal, which has been gradually introduced since 2018, includes workshops and role-playing that gradually incorporate some concepts from these two pillars at different times during training. The results of this study should help enhance the situation database used in preparing those sessions. Third, Monrouxe and Rees[29] suggest interprofessional education in small groups made up of students from multiple healthcare fields to better understand the perspectives of others, prevent the stereotypes associated with the various professions, and better prepare for dilemmas associated with overlapping roles. For this purpose, the Université de Montréal has been offering collaborative education in health science[30] for several years, bringing together students from 13 different fields, including optometry. Fourth, the involvement of leaders who are specifically dedicated to preserving dignity and human rights within the practice and teaching settings can facilitate the development of a healthy ethical environment where learners can ask questions without fear of reprisal. This fourth pillar is yet to be explored in optometry. It could help to incorporate and solidify the learning obtained through other pedagogical interventions. Other authors have also suggested reference frameworks to support ethical decision-making.[2,31] For example, the American College of Dentistry has developed a free interactive learning and assessment tool for dentistry students and practitioners with the aim of improving the ethical environment in this field.[32] Academic and continuing education establishments, as well as professional bodies, could join forces to promote initiatives such as workshops or counselling sessions to enhance optometrists' awareness of ethical issues as well as their ability and independence in dealing with these issues.[33]

CONCLUSION

This study is the first to identify and describe ethical dilemmas in the field of optometry. The results confirmed that optometrists experience many ethical issues throughout their careers. Most of the dilemmas presented in the three articles in this series are multi-faceted and can straddle several categories. Those most commonly encountered by optometrists pertain to professional fees, especially the billing of additional tests that are not part of the basic exam. Several other dilemmas are worrisome, including those involving safety issues, sexual or seductive advances, and the performance of procedures beyond the provider's competence. Lastly, some ethical dilemmas are reported more often by women. These findings should help professional organizations support optometrists and thereby reduce their mental health risks, which are sometimes associated with difficult ethical decisions. Educational institutions will also be able to draw on these results when training future optometrists. Now that these dilemmas have been identified, it would be relevant in future research to explore the strategies that optometrists use to manage ethical dilemmas, as well as the philosophical perspectives (deontology, consequentialism, utilitarianism, etc.) that guide their thinking.

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ERRATUM

The acknowledgement of Part 2 of this series should have read, "We also thank the company Alcon for issuing an award of excellence to Marina Rezk and Ariana Verni for their communication in basic and applied research, at the undergraduate level in optometry, during the School of Optometry's 15th Science Day – Vision Science Research Group."

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