

The High Road or the Highway: An Essay on the Ethical Responsibility of the Primary Care Optometrist

ASCO Student Award in Clinical Ethics

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Introduction

Every so often a headline such as the following appears in the newspaper, "An 80-year-old woman caused three accidents while driving down the highway in the wrong direction." Stories such as this continue to spark national debate about the aging population and the appropriate measures to prevent such tragedies from being repeated. This essay will examine the ethical role of the primary care optometrist when faced with the decision to report a patient, as required by law, for not meeting the legal driving requirement of the state in which he or she is licensed.

Case History and Presentation

A 76-year-old female reports to the optometry clinic in Philadelphia, Pa., with a chief complaint of blurry vision in both eyes. The patient reports glare and difficulties driving. She reports that she can no longer read road signs. She also states that she tries to drive during the day because when she drives at night she feels that she cannot see the road and feels disoriented if she is on an unfamiliar road.

Examination Results

Systemic history was remarkable for hypertension, hyperlipidemia and arthritis. Ocular history was remarkable for dry eye syndrome and bifocal spectacle correction. Uncorrected visual acuities were 20/80 OD and 20/100 OS. Pinhole testing did not show improve-

ment. Best-corrected visual acuities were 20/70 OD, 20/80 OS and 20/70+ OU. Slit lamp examination revealed dense cataracts OU and moderate tear film insufficiency. Views of the retina were hazy but appeared unremarkable.

Patient Education

I educated the patient about cataracts and explained that her cataracts were the primary cause of her vision loss. I also discussed cataract surgery as an option to improve her vision. Furthermore, I advised the patient that her existing vision did not meet the legal requirement in Pennsylvania for evening driving privileges. The patient did not agree and felt that she could see well enough for evening driving if she was familiar with the road. After a lengthy discussion about the dangers involved, it became apparent that the patient was not willing to stop driving in the evening.

Discussion

The scenario presented above demonstrates the dilemma that many optometrists face when it comes to care of a patient with decreased vision who wishes to retain a license to drive. In 2007, there were 31 million licensed drivers aged 65 and older in the United States. Motor vehicle crash deaths per capita among males and females begin to increase markedly starting at ages 70-74.⁵ Age-related declines in vision and cognitive functioning, as well as physical changes, may affect some older adults' driving abilities.⁸

The Pennsylvania Vehicle Code requires that all physicians and other providers authorized to treat disorders and disabilities must report to the Pennsylvania Department of Transportation any patient 15 years of age or older who has been diagnosed as having a condition that could impair his/her ability to safely operate a motor vehicle. Approximately 22% of reported cases have medical impairments significant enough to merit recall of driving privileges. The Health Insurance Portability and Accountability Act does not restrict healthcare personnel from disclosing protected health information when disclosure to a state agency is required by law. Therefore, no individual consent to release of health information is necessary in these cases.²

Providers are immune from any civil or criminal liability if they report the suspected impaired ability to safely operate motor vehicles. However, failure to report may subject the provider to civil and criminal liability if one is held responsible as a proximate cause of a vehicle accident.²

The state of Pennsylvania requires that driver's license applicants meet a 20/40 acuity standard. If they fail to meet the requirement, they are required to have an eye examination by a licensed professional and must wear corrective lenses to meet the standard. If certain conditions are met, an individual with visual acuity that is poorer than 20/40 with both eyes may drive with a daylight-only restriction. In the state of Penn-

sylvania, the patient in this case is able to drive with a daylight-only restriction because her combined vision is less than 20/60 but at least 20/70, as long as a recommendation is obtained by a licensed optometrist or physician who has the equipment to properly evaluate visual acuity.¹

Ethical Dilemma

On one hand, as stated in the American Optometric Association Code of Ethics, the optometrist has an obligation to the patient to maintain confidentiality and “to hold in professional confidence all information concerning a patient and to use such data only for the benefit of the patient.” Additionally, the Optometric Oath states that the optometrist also has the responsibility to “hold as privileged and inviolable all information entrusted to me in confidence by my patients.”³

On the other hand, the Oath contends that the optometrist has a responsibility “to serve my community ... as a citizen as well as an optometrist.” As a good citizen, an optometrist must strive not only to do what is best for his or her patients but must also take into account the safety of the public. Many states have laws that require healthcare practitioners to provide information about persons at risk for injuring themselves or others when operating a motor vehicle. It is not the intent of these laws to place the healthcare practitioner in a position to stop the patient from driving or to decide who should be permitted to drive.³

As healthcare providers, we are bound to protect all information placed by our patient in our trust. Conflict may arise when our patient’s wishes are in opposition to our recommendations. The optometrist must accept that protecting the patient may result in the patient feeling displeased about being reported. Mandatory reporting requirements place the practitioner in the position of serving as both the agent of individual patients and as an agent to society.⁷ To protect the relationship with these patients, optometrists should inform patients that reporting is required by law, that their case is being reported, and that they will have a chance to demonstrate their ability to drive. The

optometrist’s decision on how to proceed must recognize his or her moral obligation to both patient and society, together with an assessment of the relative risk of harm from breaching confidentiality vs. the harm of maintaining it.³ In this patient’s case, I felt conflicted as to whether we should report the patient given her resistance to discontinue driving at night. Ultimately, the attending optometrist opted not to report the case. We referred the patient for a cataract surgery consult and documented in her record that it was advised that she refrain from driving at night until vision met the required acuity.

The Optometric Oath also states, “I will place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care.”⁴ Optometrists are ethically and morally bound to place the patient’s needs above their own personal gain. That may include taking the chance of losing a patient if he or she becomes angry about being reported.

The ethical principle of respect for autonomy requires a practitioner to respect the choices and decisions that a patient makes about his or her own health.³ In order to provide patients with the respect and care they deserve, an important part of the patient education process is listening. It is a natural reaction for a person of any age to feel multiple emotions upon hearing that they are no longer able to drive. They may feel frustrated, isolated and/or depressed. Give patients an opportunity to voice their concerns and frustration. Discuss the issues of health and safety. Place yourself in your patient’s position. How would you feel if you were told you would no longer be able to drive? How would you get to work, to social engagements or to the grocery store? How would you feel if this were a member of your family or a close friend?⁶ The patient may now be reliant upon family, friends and public transportation to travel. In some cases, patients will listen to the recommendation of the optometrist and their family and cease driving. However, in cases such as the one discussed here, patients may be resistant to the loss of their independence in the form of their driver’s license, posing an ethical dilemma for the optometrist.

Conclusion

As healthcare providers, optometrists must balance patients’ decisions about their own health with their duty to the community and legal obligations to the state they are practicing in. If I fail to report a patient with poor vision, I am subsequently placing him or her and the community at risk. Aside from my legal obligations, I feel that ethically I would have failed to protect my patient if I opened up the newspaper one day and realized that my patient was in an accident after my failure to report her inability to drive safely.

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Dr. Ramos, a 2011 graduate of the Pennsylvania College of Optometry at Salus University, is the winner of the 2011 ASCO Student Award in Clinical Ethics. The award, which is funded by Ciba Vision, was begun by ASCO's Ethics Educators Special Interest Group to develop greater interest in ethics among optometry students.

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