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# Ethics of optometry: Student's perspective of ethical dilemmas in our profession

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#### Ethics of optometry: Student's perspective of ethical dilemmas in our profession

#### Abstract

Introduction: Optometry has a strong history of a commitment to professional ethics. In recent years, as optometry has expanded its scope of practice and assumed a more prominent role in the health care of the nation, there has been an interest in bringing a new broader application of ethical principles to the attention of the profession and its practitioners. The current trend amongst health care professional schools is to include ethics into the curriculum. There is a need for optometry to become a part of this movement. It is the goal of this study to address the ethical attitudes of current students in optometry school, which may show a need for ethics to be included into the optometric curriculum.

Method: Surveys consisting of twelve questions were administered to students at various schools and colleges of optometry. Questions asked addressed ethical situations and dilemmas that practitioners are faced within the optometric profession. The data collected were analyzed to determine any differences in responses between gender, between those with some or no previous ethical training, and between schools and colleges of optometry.

Results: Analysis of the data showed that there were some significant differences in responses to ethical encounters by gender, but no significant differences between those with different levels of previous ethical training or between optometry schools. Males tend to respond with a more "legal" approach, while females responded more "with" a gut feeling response.

Conclusion: The results of this survey showed that current students of the optometric profession do have similar attitudes to current ethical situations and dilemmas within the profession. Nonetheless, this survey does not allow us to draw conclusions on whether or not ethics in the optometric curriculum will have an impact on the decisions that future practitioners will face.

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## **Ethics of Optometry:**

# Student's Perspective of Ethical Dilemmas in Our Profession

By

Cameron T. Deschamp Walter O. Whitley

A thesis submitted to the faculty of the
College of Optometry
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Advisor:

Dr. Paul Kohl

# Ethics of Optometry:

# Student's Perspective of Ethical Dilemmas in Our Profession

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#### Cameron T. Deschamp

Cameron completed his undergraduate education at Minot State University in Minot, North Dakota in 1996. Prior to his admission to Pacific University he was a water skier at Sea World of Florida for four years. While in school, Cameron has been very involved with both academic and extracurricular activities such as Amigos and Phi Theta Epsilon. During his fourth year of optometry, Cameron will attend externships at the Belcourt Indian Health Services in Belcourt, North Dakota, Minot Air Force Base near Minot, North Dakota, and Patrick Air Force Base near Cocoa Beach, Florida. After graduating from optometry school, Cameron plans to become a partner in a private optometric practice somewhere in the Midwestern States.

#### Walter O. Whitley

In 1997, Walter completed his undergraduate education at The University of Nevada, Reno. There he received his Bachelor of Science in the Health Sciences – Pre-Optometry.

Walter has been very involved in both academic and extracurricular activities while enrolled at Pacific University. In all four years of his graduate education, he has served in many leadership roles within his class, the student association, and the profession. Walter has been recognized as a student of the *Who's Who Among Students in American Universities and Colleges*. His fourth year of optometry school consisted of externships at The Offices of Drs. Au and Lau in Honolulu, HI and at the Honolulu VA Medical Center in Honolulu, HI. Upon graduation, Walter plans to practice in Reno, Nevada.

#### Abstract

#### Introduction

Optometry has a strong history of a commitment to professional ethics. In recent years, as optometry has expanded its scope of practice and assumed a more prominent role in the health care of the nation, there has been an interest in bringing a new broader application of ethical principles to the attention of the profession and its practitioners. The current trend amongst health care professional schools is to include ethics into the curriculum. There is a need for optometry to become a part of this movement. It is the goal of this study to address the ethical attitudes of current students in optometry school, which may show a need for ethics to be included into the optometric curriculum.

#### Method

Surveys consisting of twelve questions were administered to students at various schools and colleges of optometry. Questions asked addressed ethical situations and dilemmas that practitioners are faced within the optometric profession. The data collected were analyzed to determine any differences in responses between gender, between those with some or no previous ethical training, and between schools and colleges of optometry.

#### Results

Analysis of the data showed that there were some significant differences in responses to ethical encounters by gender, but no significant differences between those with different levels of previous ethical training or between optometry schools. Males tend to respond with a more "legal" approach, while females responded more "with" a gut feeling response.

#### Conclusion

The results of this survey showed that current students of the optometric profession do have similar attitudes to current ethical situations and dilemmas within the profession. Nonetheless, this survey does not allow us to draw conclusions on whether or not ethics in the optometric curriculum will have an impact on the decisions that future practitioners will face.

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#### Introduction

Optometry has a strong history of a commitment to professional ethics. Much of the history of the ethics movement surrounds the American Optometric Association's efforts to establish the professional status of optometry apart from the commercial practices of its roots in the ophthalmic goods industry. In recent years, as optometry has expanded its scope of practice and assumed a more prominent role in the health care of the nation, there has been an interest in bringing a new broader application of ethical principles to the attention of the profession and its practitioners.

In the early years of our profession, there was a need to develop ethical standards to protect the public from the poorly educated and unethical practitioner. From this need, the AOA had developed their own code of ethics, which emphasized the professional and ethical values of the profession. To this day, there is still this same need to "keep the welfare of the patient uppermost at all times". The primary objective of the AOA Code of Ethics is to provide quality care to our patients in a changing environment. With this objective in mind, are schools and colleges of optometry preparing future practitioners to face these issues in their lives?

Our profession is faced with many ethical issues/dilemmas, such as comanagement, doctor/patient confidentiality, informed consent, pro bono acts, third party payers, and the business vs. professional aspect of optometry, yet there is little formalized education in the area of ethics. Many students enter into the profession with high moral and ethical standards. These standards have been instilled in them from their parents, family, religious leaders, and educators. The question that arises is how would students use their current ethical standards to address these issues, and what is their ethical attitudes to current situations that practitioners face today?

The current trend amongst health care professional school is to include ethics into the curriculum. There is a need for optometry to become a part of this movement. Due to the changing scope of practice and current trends in managed care and third party reimbursement, future optometrists will be faced with many different ethical situations. With formalized training in ethics, future optometrists will have tools to help them address and make ethical decisions.

It is the goal of this study to compare the ethical attitudes of current students in optometry school today. This study will address different ethical situations and the results will be compared to see if there is any significant differences in responses between gender, those with and without previous ethical training, and differences between schools that participated. From these results, we will develop a picture of current students today, and may help us refine the educational needs of today's optometry students.

#### Methods

A survey, consisting of twelve questions and requiring approximately ten minutes to complete was administered to students from various schools and colleges of optometry. See Appendix A.

#### Eligibility Criteria

Optometry students, ranging from 1<sup>st</sup> to 4<sup>th</sup> year, from various schools and colleges of optometry were eligible for our survey.

#### Sampling Strategy

Based on a minimum expected response rate of 35%, we drew a sample of 578 optometry students. One hundred surveys were sent to each Student Government Association (SGA) president and were randomly distributed to students within his/her institution.

#### Content of Survey

The survey included questions addressing different ethical issues/dilemmas that students will be faced within the profession. It also included ranked data regarding the frequency of encounters for such dilemmas. The surveys required no names to ensure confidentiality and anonymity.

Personal demographic data included (1) year in optometry school, (2) gender, (3) type of practice consideration, (4) specialty considerations, (5) previous ethical training/courses completed.

Ethical dilemmas presented covered issues of (1) confidentiality, (2) third party payers, (3) driving requirements, (4) informed consent, (5) pro bono acts, (6) scope of practice, (7) company perks/incentives, and (8) romantic dating.

Ranked data regarding the frequency of encounters that the students feel they will face included (1) confidentiality, (2) scope of practice, (3) informed consent, (4) third party payers, (5) pro bono acts, (6) romantic dating, (7) company perks for procedures, (8) strict adherence to state laws, (9) patient care vs. economic liability, and (10) driving requirements.

#### Administration of Survey

Surveys were distributed to the student government association (SGA) presidents who were present at the Annual American Optometric Student Association meeting on January 12, 2001. A total of fifteen schools were present at the meeting and one packet was given to each SGA president present. Each packet consisted of a cover letter, 100 surveys and a self-addressed stamped manila envelope. The cover letter was written on

Pacific University College of Optometry letterhead and explained why the survey was being conducted, the importance of the survey, instructions for the distribution/collection of surveys and a request for their assistance. The self-addressed envelope was included to identify which school had sent in their surveys. No financial incentive was given to participate. A copy of the cover letter is included in Appendix B on page 10.

#### Interpretation of Results

Responses given to each of the twelve survey questions will be rated on a five-point scale. A rating of one will represent agreeing strongly with the question presented, two will represent agreement, three will represent unsure, four will represent disagreement, and five will represent disagreeing strongly.

The twelve ethical dilemmas presented will be analyzed in different ways. Data from the surveys will be analyzed with a t-test to compare any differences in responses by gender, and any differences between having taken a previous ethical course or not. The data from the schools for each dilemma questioned will be analyzed by using an ANOVA and post-hoc Scheffe analysis to see if there are any significant differences between various schools. All statistical analysis will be done with a significance level of 5%.

The remaining data from the frequency of encounter portion will be presented along with the descriptive statistics showing the mean and mode of the responses. Each situation was given a ranking of one for frequently encountered and a three for never encountered.

#### Results

#### Response

Responses were received from 578 optometry students, a 32% response rate. Of the eighteen packets of 100 surveys, fifteen packets were distributed to the colleges of optometry present at the annual American Optometric Student Association conference in St. Louis, MO. Nine of those packets were returned in a self-addressed stamped envelope. Of these nine, six were identifiable by school and three were mixed together (not counted for the school comparisons). The three remaining packets were distributed to students at Pacific University College of Optometry to help increase the response rate.

#### Characteristics of Respondents

Most of the surveys collected were received from third year optometry students (42.9%), followed by second year students (31.7%), first year students (24.7%) and fourth year students (.692%). See Tables 1 and 2.

Of the 578 respondents, 502 identified themselves by gender, 44% were male and 56% were female. The remaining seventy-six respondents were not included for this comparison. See Tables 3 and 4.

For the school comparisons, the majority of the respondents were students from Pacific University College of Optometry (27.5%), followed by Michigan College of Optometry (14.0%), Ohio State University College of Optometry (13.6%), Indiana University (12.5%), Southern California College of Optometry (12.1%), University of California at Berkeley College of Optometry (9.4%), and Nova Southeastern College of Optometry (8.8%). The other schools that participated did not have a sample size large enough to be statistically significant or could not be identified. Their responses were not used for these comparisons. See Tables 5 and 6.

528 respondents noted whether or not they have had previous ethical training or coursework. Of these students, 57% had no previous experience and 43% have had previous experience. See Tables 7 and 8.

#### Responses to Ethical Dilemmas

#### Gender

Of the twelve ethical questions asked, only a few showed significant differences in responses by gender. These differences were found on the questions addressing confidentiality and age of consent, informed consent, romantic dating, and third party payers.

Question 1 consists of two parts regarding confidentiality and the age of consent. On the first part, males responded with a mean of 2.149 and females responded with a mean of 2.418 for the question regarding confidentiality for a person under the legal age

of consent. The second part of this question addressed confidentiality when the patient was older than the age of consent. Males responded with a mean of 3.243 and females responded with 3.507. For both of these questions the differences were statistically significant.

There is also a significant difference on the issue of informed consent, question 5. Males answered with a mean of 3.167 and females at 3.400, p-value of .0140.

Males and females also had different views regarding romantic dating, question 9. Males responded with a mean of 2.740 and females at 3.154. The p-value was .0001.

On the issue regarding quality of care and HMOs, question 11, males responded with a mean of 3.027 and females responded at 3.391, p-value of <.0001.

#### Course of Study

Out of the twelve questions asked, the issue of driving requirements, question 4, is the only area that had a significant difference between those who had an ethics course and those who did not. Respondents with previous ethical training had a mean of 4.415 and those without had a mean of 4.274.

Analysis of frequency of encounter data indicated a significant difference only on the issues of romantic dating and patient care vs. economic liability.

#### Schools

Analysis of data using an ANOVA with Scheffe post-hoc analysis at a 0.5 level showed very few significant differences between the responses of students from the different schools. The issue of third party payers was the only question with a significant difference between them. The University of California at Berkeley had the most difference as compared to the other schools.

#### Discussion

It is interesting to note that there were significant differences in responses given to the ethical issues/decisions when comparing responses by gender. Of the twelve questions asked, one third of them were significantly different. Males tend to answer questions in a more legal manner and go by the rules of the law. Females tend to answer similar questions based more on a gut feeling. An example would be regarding the age of consent and confidentiality. If the age of adult confidentiality is 16 years and the patient is 15 years old, males responded with a tendency to tell the parent the patients condition. Females did agree that it was their responsibility to tell the parent, yet answered closer to the unsure side. Other issues that showed similar differences were informed consent, romantic dating, and third party payers.

One interesting fact is that previous ethical coursework and training did not produce any significant differences. We felt that the students who have had previous experience with the topic of ethics would have answered differently than those who had no experience. Our survey showed that respondents tend to answer questions in the same manner, which may mean that their ethical attitudes came from their upbringing or that coursework didn't alter previous beliefs. The question this poses is, what impact does ethical training have on the student and how would it be beneficial to add ethics into the optometric curriculum. This would be difficult to answer from this survey.

When comparisons were done between different schools and colleges of optometry, the results were again alike. Students from all the school answered similarly to almost all questions. The exception was regarding the issues of insurance companies and billing. One school did differ significantly than other schools. Although there was a difference noted, this is the only ethical dilemma out of the twelve questions. Overall, students from all schools responded in the same manner.

The strengths of our survey were the sample size of our respondents, the high response rate, and the thoroughness of the comparisons between gender, previous training, and schools. This gave us the ability to show that students within the profession do have the same ethical attitudes toward optometric issues.

The short coming of this survey is it does not allow us to draw conclusions on whether or not ethics in the optometric curriculum will have an impact on the decisions that future practitioners will face. Nonetheless, if ethics were added to the student's coursework, it would give the student exposure to different situations that he/she may be faced with in the future. The student will practice and receive tools that will aid in their future ethical decisions that they make in their practices and lives.

#### Conclusion

This study has answered the question of whether there is a difference in responses to ethical dilemmas between students at different Optometry schools, between students with different backgrounds of formal ethics coursework, and between genders. It is obvious that only gender differences produce statistically significant but in reality clinically very small differences in attitudes, with women tending to "disregard" the rules more so then men. More interesting results will follow when future studies will compare these student results to those of practicing O.D.s responding to the same scenarios. This data is presently being collected. While there were no differences between those with or without ethical training, and one may argue that such training adds nothing to ethical development, these authors feel that exposure to the process of dissecting and discussing issues of ethical types can only help these future O.D.s handle the situations when forced with them in practice.

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# Appendix A

Student Profile:  Year in Optometry School: □1st □2nd □3rd □4th Gender: □M □F  Previous Ethical Training/Courses: □Y □N				
girl's diagnosis?	onjunctivitis. The mo	other is sitting in the vey.  years, do you tell her	waiting room mother of the	
girl's diagnosis?	confidentiality is 14 y  □ Agree □ Unsure			
2. Your new patient is a 68 You are very concerned thead appearance. Her insidiagnosed as a glaucoma glaucoma. Her insurance order to be considered as glaucoma in order to get □Agree Strongly □Agree	hat she may have glausurance will not pay for suspect, but only if she also states that pressurance a glaucoma suspect. If the visual fields paid?	or automated visual fine is diagnosed as have ares must be at least 2 Do you diagnose her	optic nerve ields if she is ving 22mmHg in with	
3. A 76 year old long-time p +2 nuclear sclerosis catar 20/40, needs her good vis be decreased to 20/50 bet under different illuminati coverage?  □Agree Strongly □Agre	acts. This patient, who sion for needlework. If ore they will pay for son conditions in order	to always saw 20/10, Her insurance require surgery. Do you rete to alter VA findings	and now sees is that acuities st her Vas to qualify for	
4. Your patient is an 82 year failed the vision screening be 20/100 OU, as well as town to have coffee with longer legal to drive in your driving? □ Agree Strongly □ Agree	g at the DMV. Upon of ARMD OU. The pati friends. He is still ver our state. Do you adju	examination you find ient still drives 2 mile ry sharp mentally, bu est his VAs so that he	his BVA to es/day into t he is no can remain	

3.	that the instrument will touch their eye and inform them of the risks associated with the test?
	□ Agree Strongly □ Agree □ Unsure □ Disagree □ Disagree Strongly
6.	You are an employee in a group practice. A single, 27 year-old mother of three, presents with a red eye of unknown origin. You perform a lengthy history and exam. The patient doesn't have insurance and is unable to afford the more expensive exam fee. Yesterday, a patient with insurance presented with a similar case and was charged accordingly. Your office does not have a sliding scale plan. Do you charge her for a shorter, simpler exam?    Agree Strongly   Agree   Unsure   Disagree Strongly
7.	You have a patient who you have diagnosed with obvious mild glaucoma. Your state requires all optometrists to consult with a medical doctor before initiating treatment in glaucoma cases. However, you have just completed a year long glaucoma residency. Do you still consult with an M.D. for each glaucoma case?
8.	You just had a meeting with a contact lens rep who offered you an attractive financial incentive if you carry only their contact lens products and solutions. The companies' products are of moderate quality and prior to this, you've had more success with another company's product. Do you accept their offer?    Agree Strongly   Agree   Unsure   Disagree Strongly
9.	You are a single doctor in a small town with the nearest town 50 miles away. You are the only O.D. in town and after one of your examinations with a patient, your patient asks you to go out on a date with him/her. Your patient has all of the same interests as you and is very attractive. Do you accept the offer?    Agree Strongly   Agree   Unsure   Disagree Strongly
10.	A patient comes into your office with broken glasses. Their current prescription is a -8.00 OU. Their insurance covers a new pair of frames and lenses every two years. The two years is not up until next month, but he needs new glasses today. The patient asks you to postdate the insurance forms so he can get his new glasses now. Do you comply with the patient's request? $\Box \text{Agree Strongly } \Box \text{Agree } \Box \text{Unsure } \Box \text{Disagree Strongly}$
11.	You have been taught in optometry school to perform a dilated fundus examination on every patient in order to provide them with the best care possible. The HMO that you work for allots you 18 minutes for a full exam and recommends a DFE for only those with signs and symptoms of retinal diseases/conditions. Do you follow your HMO's standard of care, although it may not be the best care for your patient's?  □Agree Strongly □Agree □Unsure □Disagree □Disagree Strongly

#### Appendix B

Fellow SGA Presidents,

We are currently working on a thesis project at PUCO and your help is needed. Enclosed is a survey that we are conducting at Pacific University College of Optometry. This survey is in regards to ethics in the optometric profession, and the need for optometry schools to include ethical decision making into their respective curriculum. The current trend amongst health care professional schools is to include ethics into the curriculum, and there is a need for optometry to become a part of this movement. Our profession is currently faced with expanding scopes of practice and new ethical issues/dilemmas, yet there is no formalized education in the area of ethic.

Please distribute the enclosed 100 surveys to various students (any year) within your school and return the surveys in the self-addressed stamped envelope to us by February 15<sup>th</sup>, 2001. All surveys will be anonymous and the results will be submitted to the Journal of the American Optometric Association for publication. Thank you for your help!

Walt Whitley

Cameron Deschamp

## Year in School

Table 1

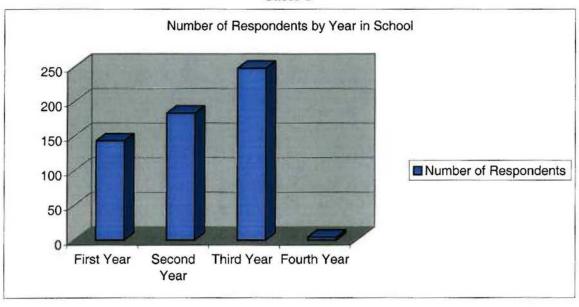
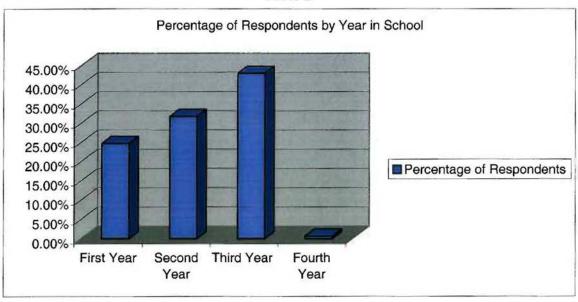


Table 2



# Gender

Table 3

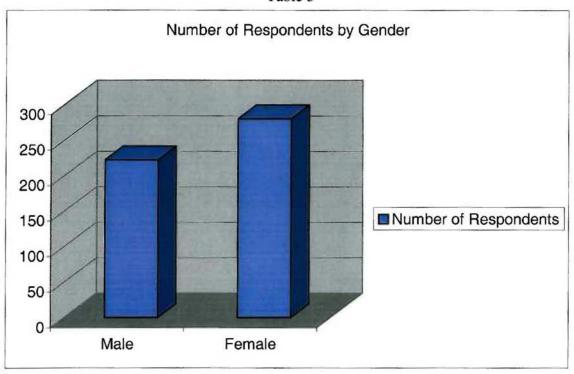
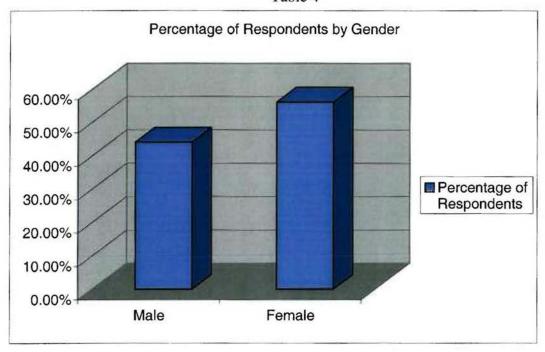


Table 4



# **Schools**

Table 5

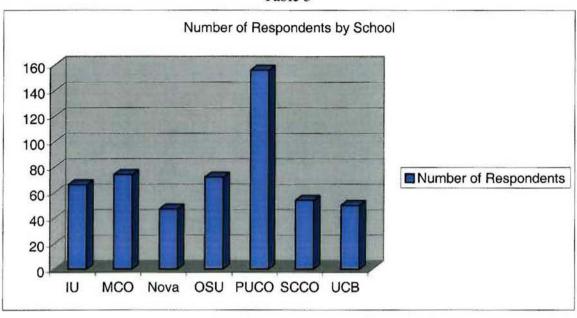
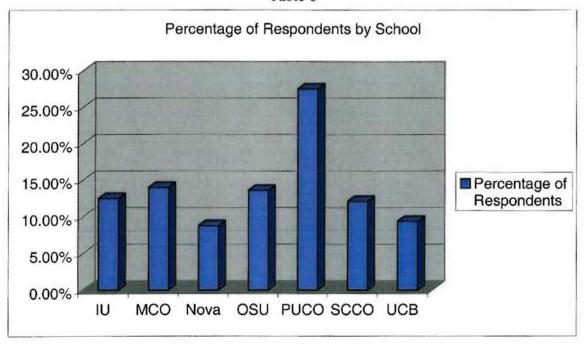


Table 6



# **Ethical Training**

Table 7

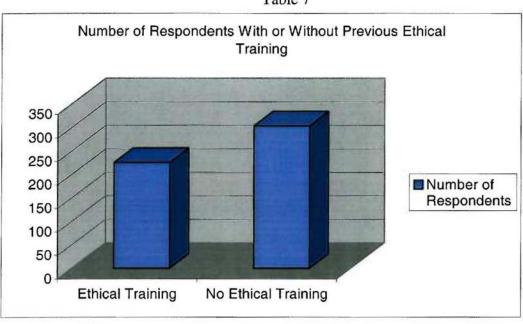


Table 8

