Ethics in optometry: Optometrist and student perspectives on ethical dilemmas

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Ethics in optometry: Optometrist and student perspectives on ethical dilemmas

Abstract
Introduction: The optometric profession continually faces ethical dilemmas as optometrists seek to provide quality services and materials in a competitive health care environment. The ethical situations that O.D.'s participate in can have negative effects on doctor, patient, and third party provider if not handled properly.

Methods: A previous study surveyed students at schools and colleges of optometry to get an understanding of their responses to various ethical situations. These situations will be presented to practicing optometrists and will be analyzed for differences between doctors and students, and among different groups of optometrists.

Results: Among optometrists, differences in ethical responses occur most frequently between genders. A large difference in responses is seen between practicing optometrists and optometry students.

Conclusion: The largest individual factor that determines an optometrist's ethical decision is gender, whereas an even larger disparity occurs in responses between student and doctor. Ethics training in optometry schools and elsewhere may be beneficial in creating awareness of ethical situations but may not affect the ethical decisions that are made.

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ETHICS IN OPTOMETRY:

OPTOMETRIST AND STUDENT PERSPECTIVES ON ETHICAL DILEMMAS

By

CASEY ANDRUS
MICHAEL DORIUS

A thesis submitted to the faculty of the
College of Optometry
Pacific University
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Advisor: Paul Kohl, O.D.
ETHICS IN OPTOMETRY:
OPTOMETRIST AND STUDENT PERSPECTIVES
ON ETHICAL DILEMMAS

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Author Biographies

Michael Dorius

Michael attended Brigham Young University in Provo, Utah where he completed his Bachelor of Science degree in Zoology. Michael will spend his forth year of optometry school on rotations at the Air Force Academy in Colorado Springs, the Salt Lake VA in Salt Lake City, and at the Eye Foundation of Utah located in Murray, Utah. Following graduation, Michael plans to practice in Utah.

Casey Andrus

Casey completed his Bachelor's Degree in Health Science at Boise State University in 1999. Prior to this he attended Ricks College in Rexburg, Idaho and received an Associates Degree in General Studies. Casey received a Health Professions Scholarship in the U.S. Air Force and will be an optometrist in the military for three years following graduation.
Abstract

Introduction: The optometric profession continually faces ethical dilemmas as optometrists seek to provide quality services and materials in a competitive health care environment. The ethical situations that O.D.’s participate in can have negative effects on doctor, patient, and third party provider if not handled properly. Methods: A previous study surveyed students at schools and colleges of optometry to get an understanding of their responses to various ethical situations. These situations will be presented to practicing optometrists and will be analyzed for differences between doctors and students, and among different groups of optometrists. Results: Among optometrists, differences in ethical responses occur most frequently between genders. A large difference in responses is seen between practicing optometrists and optometry students. Conclusion: The largest individual factor that determines an optometrist's ethical decision is gender, whereas an even larger disparity occurs in responses between student and doctor. Ethics training in optometry schools and elsewhere may be beneficial in creating awareness of ethical situations but may not affect the ethical decisions that are made.

Introduction

Ethical decision-making in optometry has been an issue since the beginning of the profession itself. Optometry has continued to mature as a primary health care profession, and the emphasis on ethical conduct and values has paralleled its growth. Optometrists (O.D.’s) are regularly faced with a variety of issues such as patient confidentiality, informed consent, legal scope of practice, third party payers, state driving requirements, and pro bono acts. The ethical situations that O.D.’s find themselves in can have negative effects on doctor, patient, and third party provider if not handled appropriately. The importance of optometrists to gain awareness of ethics and to act responsibly led to the formation of the Committee on the Ethics and Values of Optometric Care and Services by the American Optometric Association (AOA) in 1991. An area of emphasis of this committee is to encourage and give support to structured ethical training in the schools and colleges of optometry. The question arises regarding the training of optometrists in ethical decision-making; is appropriate ethical judgment learned from clinical experience, is it gained in the classroom, or is it inherent to the individual optometrist? A study by Kohl, Deschamp, and Whitley investigated surveyed responses to ethical situations by students from many of the American colleges of optometry. They analyzed the students' responses based on school of attendance, gender, and previous ethical training. They concluded that gender was the most significant factor for differences in students' ethical choices. School of attendance and previous ethical coursework both showed minimal significance as factors to ethical decision-making among students. The need to compare these responses to those of practicing optometrists is indicated and is the basis for our study. Our goal is to gain insight into the differences of ethical decision-making among doctors, and between student and doctor. We expect to gather and analyze information that will help answer some of the following questions: What factors affect how an optometrist will respond to ethical situations? Does clinical experience outside the classroom effect how an optometrist reacts to different ethical situations, and if so, how does it differ from the student's perspective? We also wish to address the topic of ethical training in the optometric profession. Does coursework on ethical training have any effect on ethical responses, and if so, what? And
finally, we will report the frequency at which optometric practitioners face some common potential ethical dilemmas.

Before attempting to analyze this data, we realize the difficulty in drawing conclusions based on individual ethical judgments. By definition, an ethical situation has no obvious right or wrong answer, and depends on an individual's moral beliefs and determination to follow set regulations. Often, practitioners must prioritize the conflicting points and will arrive at an ethical decision based on the "lesser of two evils" which is subjective to the decision-maker. In addition, people frequently think, feel, and act in completely opposite ways, yet have compelling arguments for arriving at their individual decisions. This forces us to view the ethical decisions that were surveyed as trends in this study’s population and not as an effort to find the correct answers to these difficult situations.

**Methods**

*Data Collection*

A survey consisting of 12 questions based on various ethical dilemmas was mailed as an insert with the fall issue of the Pacific Focus newsletter. This newsletter is sent to all Pacific Alumni currently on record at the college of optometry and to all practicing optometrists in the states of Oregon and Washington, a total of about 4000 O.D.’s. The survey required approximately ten minutes to complete, and each participant was asked to provide his or her own envelope and stamp to respond. No financial incentive was given to participate. Background information about ethics in the profession of optometry and the purpose of the study were described on the reverse side of the survey. (See Appendix A)

The survey included the exact questions asked the students in the initial study, addressing ethical issues and dilemmas that optometrists face in practice. It also included a section for indicating the frequency of actual encounters with these situations. The following table shows the categories presented in the frequency of encounter section and the question(s) relating to that subject. This connection of category to question was not indicated in the survey.

**TABLE 1. Survey question number and associated ethical topic addressed.**

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Category/Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>1B</td>
<td>Confidentiality, Strict adherence to state laws</td>
</tr>
<tr>
<td>2</td>
<td>Third-party payers</td>
</tr>
<tr>
<td>3</td>
<td>Third-party payers</td>
</tr>
<tr>
<td>4</td>
<td>Driving requirements, Strict adherence to state laws</td>
</tr>
<tr>
<td>5</td>
<td>Informed consent/disclosure</td>
</tr>
<tr>
<td>6</td>
<td>Pro bono acts</td>
</tr>
<tr>
<td>7</td>
<td>Scope of practice, Strict adherence to state laws</td>
</tr>
<tr>
<td>8</td>
<td>Company perk for procedure</td>
</tr>
<tr>
<td>9</td>
<td>Romantic dating</td>
</tr>
<tr>
<td>10</td>
<td>Third party payers</td>
</tr>
<tr>
<td>11</td>
<td>Patient care vs. economic liability</td>
</tr>
</tbody>
</table>

Demographic data included (1) age, (2) gender, (3) years in practice, (4) type of practice, (5) average annual income, (6) specialty area of practice, and (7) previous ethics training/courses.
completed. In order to ensure confidentiality and anonymity, the surveys required no names. All envelopes were discarded after the surveys were removed to ensure anonymity of the participants. In the case where no box was marked or more than one box was marked in any one category, the data from that survey was not included in the statistical analysis based on that category; when analyzing the data based on any other category, the data from that survey was included. This was most frequently a problem in the Specialty Area category, so no statistical analysis was performed with data from that category.

**Data Analysis**
The answer to each of the 12 questions was assigned a number value, based on a five-point scale as follows:

1=agree strongly
2=agree
3=unsure
4=disagree
5=disagree strongly

Statistical analysis was performed to find the mean of each question in general and also for each demographic group. ANOVA analysis using post-hoc Scheffe as the significance criteria at a level of 10% was applied to the data when comparing the responses of one category to another or between survey responses from optometry students and practicing optometrists. The following parameters were analyzed: (1) type of practice, (2) gender, (3) average annual income, (4) previous ethics training/course, (5) years in practice, (6) OD vs. Student (in general), (7) OD ethics course "yes" vs. student ethics course "yes", (8) OD ethics course "no" vs. student ethics course "no", (9) OD male vs. student male, (10) OD female vs. student female.

**Results**
Responses were received from November 2001 though March 2002 from 161 optometrists, a 4% response rate. The demographics of the participants are charted in detail in Figures 1-6.

**FIGURE 1.** Percentage of survey respondents by year of age.
FIGURE 2. Percentage of survey respondents by gender.

FIGURE 3. Percentage of survey respondents by history of previous ethics coursework.

FIGURE 4. Percentage of survey respondents by number of years in optometric practice.

FIGURE 5. Percentage of survey respondents by type of current optometric practice.
Question 1A:  
This question addressed the issue of confidentiality, specifically dealing with a patient who is under the age of adult confidentiality. There was a statistically significant difference in how males and females responded to this question. There was also a difference between the responses of practicing optometrists and students.

Question 1B:  
This question was a follow up to question 1A changing the parameters so that the patient was below above the age of adult confidentiality. This factor eliminated any statistical significance in responses of all of the groups compared.

Question 2:  
This item presented a situation of assigning a glaucoma diagnosis to a patient in order to get the insurance to pay for the visual fields. No statistical significance was found among all groups.

Question 3:  
This is another third-party payer issue dealing with cataract surgery. The responses to this question showed a significant difference between the answers of males and females and also between O.D.'s who had not completed an ethics course and students who also had not had any previous ethics coursework.

Question 4:  
The issue of driving requirements was at the heart of question 4 and there were significant differences when comparing the practicing doctors' responses to those of the students. This question also showed significance when comparing O.D.'s with previous ethics classes to students with previous ethics classes and when comparing O.D.'s with no previous ethics classes to students who had never taken any ethics courses. The differences also appeared when comparing male O.D.'s to male students and female O.D.'s to female students.

Question 5:  
This question dealt with informed consent when performing Goldmann applanation tonometry. Practicing O.D.'s responded differently than the students. This difference carried through when comparing O.D.'s and students who had not completed an ethics course, but there was no significant difference between O.D.'s and students who had completed an ethics course. O.D. males vs. student males and O.D. females vs. student females also showed a statistically significant difference in their responses to this question.
Question 6: Mean: 2.669

This question presented a situation where a practitioner was to decide whether or not an exam fee would be adjusted based on the patient's ability to pay, even though there was no sliding scale in the office. There were no statistically significant differences in responses to this question.

Question 7: Mean: 1.820

Question 7 involved the issue of scope of practice in light of state laws. There were no statistically significant differences in responses to this question.

Question 8: Mean: 4.615

This question presented a situation where a lens rep offered a financial incentive to carry only their contact lens products. Considering practicing O.D.'s responses only, there were no significant responses. There was, however, a significant difference in every category analyzed when comparing O.D.'s to the students.

Question 9: Mean: 3.093

The ethical dilemma of dating a patient was presented in this question. There was a significant difference in the Type of Practice category between those who marked Solo Practice and those who work in an HMO or Multi-Disciplinary practice. There was also a difference between how males and females responded to this question. The only other significant difference for this question came when comparing O.D.'s who had not had an ethics course to students who had not had an ethics course.

Question 10: Mean: 4.000

Question 10 was another third-party payer issue asking the practitioner if it was ethical to postdate an insurance form in a special circumstance. As with question 8, there were no significant differences among the practicing O.D.'s responses, but when comparing O.D.'s to students, there was a significant difference in every category analyzed.

Question 11: Mean: 3.245

This question presented a standard of care issue and giving complete care under time constraints. The only significant difference appeared when comparing optometrists and students who have never taken courses in ethics.

FIGURE 7. Mean responses and standard deviation range for each survey question as answered by optometrists. Answers of 1=agree strongly, 2=agree, 3=unsure, 4=disagree, 5=disagree strongly.
TABLE 2. Data categories and the survey questions showing significant response differences.

<table>
<thead>
<tr>
<th>Category</th>
<th>Statistical Significance (Question #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Practice</td>
<td>9</td>
</tr>
<tr>
<td>Gender</td>
<td>1A, 3, 9</td>
</tr>
<tr>
<td>Income Level</td>
<td>None</td>
</tr>
<tr>
<td>Ethics Course</td>
<td>None</td>
</tr>
<tr>
<td>Year in Practice</td>
<td>None</td>
</tr>
<tr>
<td>O.D.’s vs. Students</td>
<td>1A, 4, 5, 8, 10</td>
</tr>
<tr>
<td>O.D.’s Ethics Course “yes” vs. Students Ethics Course “yes”</td>
<td>4, 8, 10</td>
</tr>
<tr>
<td>O.D.’s Ethics Course “no” vs. Students Ethics Course “no”</td>
<td>3, 4, 5, 8, 9, 10, 11</td>
</tr>
<tr>
<td>O.D. Males vs. Student Males</td>
<td>4, 5, 8, 10</td>
</tr>
<tr>
<td>O.D. Females vs. Student Females</td>
<td>4, 5, 8, 10</td>
</tr>
</tbody>
</table>

When comparing the responses of practicing optometrists, factors such as income, years in practice, and previous ethical training did not affect the response significantly. Some differences among optometrists occurred when comparing males to females, but the greatest difference in responses appeared when comparing practicing O.D.’s to students.

FIGURE 8. Mean responses to each survey question given by optometrists and students.

Discussion
Because of the complex nature of ethical dilemmas and issues, it is difficult to arrive at any concrete conclusions based on this data; questions that are ethical dilemmas by definition have no "right" or "wrong" answers and so we cannot declare that any one group is more ethically sound than another. The majority of the questions had a mean response close to 3, which corresponds to unsure. The most notable exceptions to that trend appeared in questions 4 and 8 where the mean responses were 4.6 and 4.615, respectively. These more opinionated responses may have been due to how the questions were worded. For example, question 4 used the phrase, "adjust his visual acuities," a clause that may not sit well with those surveyed. Mentioning the state law or the legality of the issue may have also caused more respondents to take a stand on the disagree side of unsure. Question 7 also mentioned the state laws and again
the mean was shifted away from "unsure" to 1.82. It seems, then, that when a state law is involved, many respondents use the law as their ethical standard. But once again, it is difficult to eliminate all of the variables that may be affecting the results of this survey, and drawing conclusions from the data requires speculation.

As with the initial study using this survey, the main weakness of this research is that there is no control group; thus, it is difficult to make any solid conclusions, particularly in answer to the original question as to whether or not an ethics course ought to be added to the optometry curriculum for the purpose of making students "more ethical." Significant differences were found most often when comparing practicing O.D.'s to the students — whether or not they had taken an ethics course appeared irrelevant. We agree with the authors of the initial survey, however, that ethics courses may be useful in exposing students to some of the situations they will be faced with, so they can prepare themselves to respond. This does not imply that an ethics course makes one more "ethical" or changes how one will respond to a given situation; this survey showed that there is no significant difference in responses between those who have and those who have not completed an ethics course.

The strengths of our project were the high variation in demographics among the practicing optometrists who responded to our survey, and our thorough statistical analysis based on these different groups. Access to the data from the previous survey of optometry students allowed us to statistically compare ethical responses of students to practicing O.D.'s. In addition, the significant number of survey respondents allowed our data analysis to be reliable.

FIGURE 9. Distribution of responses to the frequency of encounter portion of the survey.
Optometrists estimated how often certain ethical situations are encountered in optometric practice.

Conclusion
This study shows that an optometrist's income level, number of years in practice, and previous ethical training make no statistical difference in how they respond to our surveyed ethical questions. Gender was the factor that showed the most differences in responses among
optometrists, just as it did among students. However, the greatest differences emerged when comparing optometrists to optometry students. In each of the significant situations, the optometrists answered more strongly toward the "agree" or "disagree" side, whereas students answered more toward "unsure." These results imply that professional experience does change how an optometrist responds to some ethical situations. On the other hand, previous ethical coursework does not change how an optometrist will respond to ethical dilemmas. Thus, professional ethics training in optometry schools and elsewhere may be beneficial to prepare individuals for future ethical situations, but it will not necessarily change the actual responses to these situations. Even if ethical judgment cannot be taught, ethics-based discussions can help create awareness of our serious responsibilities as health care professionals — to always put the needs of patients before the interests of doctors or third party payers.
References


APPENDIX A: Background Ethics Information Included With Survey

Students & Faculty Investigate Ethics

"Ethics in the health professions is not about catching people in various acts of moral turpitude in order to embarrass or punish them ... It is instead a method for dealing with the moral dilemmas which we all deal with in our roles as primary health care practitioners."

The discussions of ethics in our profession have received much press lately. The June 1994 AOA Journal celebrated the 50th anniversary of our Optometric Code of Ethics, by publishing a wonderful series of articles illuminating this document, and tracing the history to codify a set of rules for us to practice by. In 1993 the ad hoc committee of Optometry Ethics Educators developed a set of curricular guidelines for the teaching of ethics and professionalism in optometry schools. These were published in the Journal of Optometric Education (JOE) in the summer of 1996. Dr. Marc Marenco, of Pacific University's Department of Philosophy, participated in both of these projects. Articles targeting professional practice dilemmas made it to the AOA Journal in February 1996. A series of articles on teaching professional ethics appeared in Journal of Optometric Education's summer 1997 issue. Why this sudden great interest?

Twenty years ago the big ethical issue was whether you were going to practice "professionally or commercially?" You were even questioned by State Boards of examiners as to your future mode of practice. Twenty years later the pressure of government run health plans, managed health care, capitated care, and consumer groups make our conundrum seem insignificant. We find ourselves being paid less for our professional services by the various third party payers, while consumerism and advertising keep us from being able to shift fees from professional to material services. OD's working for HMO's see 25 patients per day. As our economic viability becomes threatened, as the pressures to see more patients increase, we are more frequently asked to make decisions which are not just related to patient care but are in fact of an ethical nature.

Dr. Marenco and Dr. Paul Kohl, of the College of Optometry, have been working for the past four years with the students in the College of Optometry preparing them to face the dilemmas of optometric practice. Using a case centered approach they have challenged students to develop a thinking process to work through the ethical dilemmas they are sure to face. Pacific University has committed itself to the education of health profession students in the areas of ethics. Dr. Kohl recently completed a sabbatical in bio-medical ethics under the supervision of Dr. Marenco. In 1999, Drs. Kohl and Marenco received a Hewlett Foundation grant which was used to train other Pacific health professions faculty in the art and science of conducting discussions of ethical dilemmas, as part of their regularly taught classes. The principles that they use to develop their model for ethics education tend to challenge traditional assumptions about the way biomedical ethics is generally taught. These principles are:

1. Ethics should not be treated as a stand-alone subject. It is, rather, a meta-subject; a subject, which permeates all other subjects, and therefore should be vertically integrated into the curriculum.
2. Faculty development is crucial to the long-term success of any truly effective biomedical ethics program.
3. Development strategy must focus on vertically integrated modules spanning the entire career of the student. This is in contrast to strategies, which focus on formal ethics course.
4. The content of ethics modules should focus on discussions of professional self-understanding and critical moral reasoning rather than moral theory.

Dr. Marenco is also very active in teaching ethics in the Schools of Physical Therapy, Occupational Therapy, Physicians Assistant Studies, and the School of Professional Psychology. He has just been named the director of the newly formed Pacific Institute for Ethics and Social Policy. Drs. Marenco and Kohl through this Center will be glad to provide programs on ethics to any groups so wishing.

Not only have faculty been involved with the growth of the ethics center at Pacific, but also so have a number of students. Walt Whitley, Jessica Lynch, Ara Sudtelgte, and Cameron DesChamp, students at the College of Optometry, as senior projects, are seeking to gather information on the responses to practice dilemmas from both optometry students and practicing OD's. Little is known how both OD's and students are reacting to the dilemmas they are either facing or hearing about.

As of this mailing over 1,200 optometry students from around the US have responded to a survey on ethics in optometry. We are hoping that Pacific alumni can help them out. Enclosed is a short survey to fill out and send back to us. All data collected will remain anonymous, and no names are required. This information will be invaluable as we develop our programs at Pacific and allow us to better meet our students needs as they prepare for optometric practice.

Please complete the survey on the reverse side of this letter and send to: Forest Grove, Oregon 97116. Thank you for the time, envelope, and stamp.

Jessica, Ara, Walt, and Cameron
APPENDIX B: Ethics Survey

OPTOMETRIST PROFILE: Please complete entire form. All information will remain confidential.

Age: _ < 30 _ 30-40 _ 41-50 _ 51-60 _ 61-70 _ 70 & older
Gender: __ M __ F
Years in Practice: _ < 10 _ 10-15 _ 16-20 _ 21-30 _ > 30
Type of Practice: _ Solo Practice _ Partnership/Group Practice _ Franchise _ HMO or Multi-Disciplinary
Average annual income: _ < $50,000 _ $50,000-75,000 _ $75,000-90,000 _ $90,000-110,000 _ $110,000-
130,000 _ $130,000-150,000 _ > $150,000
Specialty Area: _ Low Vision _ Vision Therapy _ Contact Lens _ Primary Care _ Ocular Disease _ Co-
Management _ Pediatrics _ Sports Vision
Previous Ethics Training/Courses: _ Yes _ No

ETHICAL DILEMMAS:
1. Your patient is a 15 year-old female that comes in with a red eye. You determine that she has chlamydial
conjunctivitis. The patient's mom is sitting in the waiting room and is unaware of her daughter's sexual activity.
   A. If the age of adult confidentiality is 16 years, you tell the mom of her daughter's diagnosis.
   _ agree strongly _ agree _ unsure _ disagree _ disagree strongly
   B. If the age of adult confidentiality is 14 years, you tell the mom of her daughter's diagnosis.
   _ agree strongly _ agree _ unsure _ disagree _ disagree strongly
2. Your new patient is a 68 year-old elderly female with IOPs of 20 mmHg OS. You are very concerned that she
may have glaucoma because of her optic nerve head appearance. Her insurance will not pay for automated visual
fields if she is diagnosed as a glaucoma suspect, but only if she is diagnosed as having glaucoma. Her insurance
also states that pressures must be at least 22mmHg in order to be considered as a glaucoma suspect. You
diagnose her with glaucoma in order to get the visual fields paid.
   _ agree strongly _ agree _ unsure _ disagree _ disagree strongly
3. A 76 year-old, long-time patient of yours comes in with decreased acuities due to +2 nuclear sclerotic cataracts.
This patient, who always saw 20/10, and now sees 20/40, needs her good vision for needlework. Her insurance
requires that acuities be decreased to 20/50 before they will pay for surgery. You retest her VAs under different
illumination conditions in order to alter VA finding to qualify for coverage.
   _ agree strongly _ agree _ unsure _ disagree _ disagree strongly
4. Your patient is an 82 year-old widower. He comes to your office, because he failed the vision screening at the
DMV. Upon examination you find his BVA to be 20/100 OU, as well as ARMD OU. The patient still drives two
miles/day into town to have coffee with friends. He is still very sharp mentally, but he is no longer legal to drive in
your state. You adjust his visual acuities so that he can remain driving.
   _ agree strongly _ agree _ unsure _ disagree _ disagree strongly
5. When performing Goldmann applanation tonometry, you inform all patients 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. You charge her for a shorter, simpler exam.
   _ agree strongly _ agree _ unsure _ disagree _ 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
yearlong glaucoma residency. You still consult with an M.D. for each glaucoma case.
   _ agree strongly _ agree _ unsure _ disagree _ disagree strongly
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 products. You accept their offer.
   _ agree strongly _ agree _ unsure _ disagree _ 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. You accept the offer.
   _ agree strongly _ agree _ unsure _ disagree _ disagree strongly
10. A patient comes into your office with broken glasses. Their current prescription is -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. You
comply with the patient's request.
   _ agree strongly _ agree _ unsure _ disagree _ 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 DFE for only those with signs and symptoms of retinal **diseases/conditions**. You follow your HMO’s standard of care, although it may not be the best care for your patients.

| Agree strongly | Agree | Unsure | Disagree | Disagree strongly |

**ETHICAL SITUATIONS:** Please identify how often you feel you encounter the following situations:
- Confidentiality
- Scope of practice
- Informed consent/disclosure
- Third party payers
- Pro bono acts
- Romantic dating
- Company perk for procedure
- Strict adherence to state laws
- Patient care vs. economic liability
- Driving requirements

- Frequently
- Sometimes
- Never