

# AWARENESS OF PATIENT DEALING ETHICS AMONG OPTOMETRISTS OF PAKISTAN

Submitted: 18 May, 2021

Accepted: 23 May, 2021

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## ABSTRACT

**PURPOSE:** To assess the perception of the patient dealing ethics among the optometrists of Pakistan and the application of all the possible ethical codes in daily optometric practice.

**METHODS:** A descriptive cross-sectional study based on the awareness level of patient dealing ethics among optometrists of Pakistan was done on 93 optometrists from all over Pakistan via distributing a self-made online based questionnaire proforma. Different questions regarding the application of various ethical codes as beneficence, non-maleficence, autonomy, informed consent, confidentiality, fidelity, justice and counseling were asked in easy wording. Responses were collected online and data were automatically analyzed by Google form in the form of percentages and frequency graphs. This study was conducted from September 2020 to December 2020.

**RESULTS:** Out of 93 optometrists, 53 (57%) were females and 40 (43%) were males. Responses showed maximum positive results in the questions regarding applications of beneficence and non-maleficence. After this, the results were good in the application of autonomy and then confidentiality. As far as counseling, fidelity and justice are concerned, the results were average. Bad results were obtained from responses of application of informed consent, use of sign language and awareness of ethical codes.

**CONCLUSION:** This descriptive study concluded a good awareness level of patient dealing ethics in majority of optometrists except few of them who showed lack of education about basic ethical codes therefore not practicing that in their practice ultimately leads to poor clinical conduct. Proper guidance and awareness sessions/seminars along with regulatory ethics committee are required to improve the level of perception about medical ethics in order to ensure a healthy ethical environment in hospitals/clinics.

**KEYWORDS:** Optometry, Ethics, Medical, Optometrist

## INTRODUCTION

Ethics as self-discipline is the study that comprises evaluation of values and requirements associated with duty, liability and proper or improper behavior.<sup>1</sup> Quite many ethical codes for optometry exist at national level. Idea of ethical competency concerning medical profession is integral because of its relation with high standards of care.<sup>2</sup> However, vision is of high significance to most people.<sup>3</sup> The International Code of Medical ethics and the Declaration of Geneva are the major hallmarks of medical profession's devotion to supremacy of patient-care standards.<sup>4</sup> Importance of medical ethics and basic ethical codes are not

emphasized therefore has diminished role in the medical students' mind.<sup>5</sup> It is mandatory for every medical setup to develop its ethical codes in accordance with international standards of health to maintain good environment in hospitals.<sup>6</sup>

Under such obligations, optometrists are needed to acknowledge, value, appreciate and ensure the rights of their patients.<sup>7</sup> Ethical decision-making (EDM) descriptive applied models sometimes may dispute with each other and commonly lack awareness of ethical principles and theories.<sup>8</sup> In top-ranked hospitals of US, they made sure all the facilities related to proper ethical consultation to

tackle all the ethical dilemmas according to ethical codes.<sup>9</sup> As stated by Beauchamp and Childress, basic four predominant moral ideas in healthcare, namely; beneficence, non-maleficence, respect for autonomy and justice.

These ethical codes are narrated as under:<sup>3</sup>

- 1) **Beneficence:** The term beneficence implies deeds or intrinsic attributes of mercy, kindness, gratuity and charity. It is related to selflessness, warmth, love, humankind and encouraging others' morality, honesty and integrity.<sup>10</sup>
- 2) **Non-maleficence:** "Above all, do no harm".<sup>11</sup> Immediate derivative to the Hippocratic Oath, is avoidance of harm.<sup>3</sup> Many issues of non-maleficence are found in health care ethics today.<sup>4</sup>
- 3) **Autonomy:** This includes informing the patients about their health, therapy and choices in order to facilitate them.<sup>3</sup> The principle of respect for autonomy is commonly associated with permitting or enabling patients to make their own choices about their health.<sup>12</sup>
- 4) **Justice:** Justice reflects being truthful to patients so that righteousness and equity may prevail. It involves the determination of time allotted to observe a patient, sources being used for treatment of that patient and comparison of time and resources allocated to other patients.<sup>13</sup>

Confidentiality refers to non-disclosure of patient's small detail and fitness information for maintaining the privacy of every patient. Collegiality calls for the guidance of fellow professionals and colleagues. This is the only ethical value that instead of applying to the patients, applies to the behavior of healthcare professionals with each other. The concept of informed consent allows the healthcare professional to provide sufficient statistics, results and suggestions to the patient, so he/she may can either openly deny or consent to

the medical process in an acquainted, willing and wise manner. Informed consent is primarily integral for patients seeking contact lens.<sup>13</sup>

These ethical codes are usually ignored due to lack of proper investigation system and there is no penalty for violating these codes, so these are being ignored widely in hospitals. We need to make a proper organization to manage this. Ethical complications can be generated from patients' lack of ability to decisions or because of the confusion in this matter.<sup>15</sup>

Consequent difficulty may arise while following some of them. Imagining a situation in which a patient doesn't want to wear glasses, but he requires a license for diving. If we allow him to drive without prescription, it would be harmful for him as well as for others, so in these complicated dilemmas a practitioner cannot take care of the autonomy of patient for his welfare.<sup>13</sup> In such situations, awareness of proper medical/clinical ethics is helpful.

There are some scenarios in which applying two ethical codes at the same time will cause dispute, following one rule will automatically violate other rules. In various European, Australian and New Zealand countries, patient dealing ethics has become a compulsory subject in medical school syllabus.<sup>16</sup>

## MATERIALS AND METHODS

Ethical clearance to conduct this study regarding awareness of patient dealing ethics among optometrists of Pakistan was obtained from the College of Ophthalmology and Allied Vision Sciences, KEMU, Lahore. A descriptive cross-sectional study based on the awareness level of patient dealing ethics among optometrists of Pakistan was done on 93 optometrists from all over Pakistan via distributing a self-made online based questionnaire proforma. Different questions regarding application of various ethical codes as beneficence, non-maleficence, autonomy,

informed consent, confidentiality, fidelity, justice and counseling were asked in easy wording. Responses were collected online and data were automatically analyzed by Google form in the form of percentages and frequency graphs. This study was conducted from September 2020 to December 2020.

### Study Design

Descriptive cross sectional study.

### RESULTS

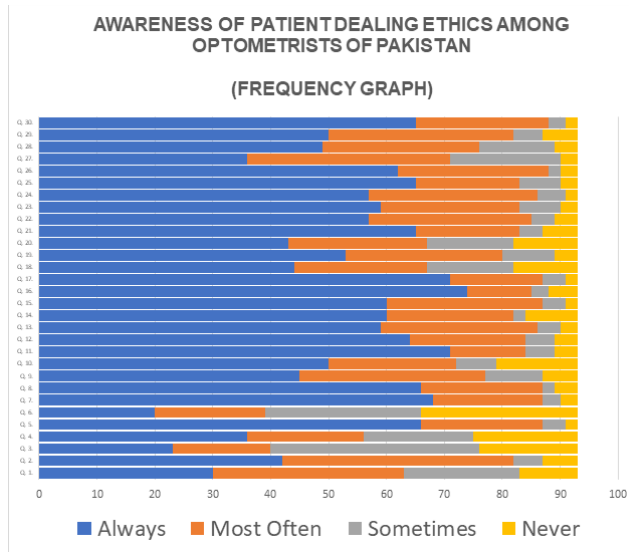
This study included 93 optometrist working in different hospitals of Pakistan. Out of 93 optometrists, 53 (57%) were females and 40 (43%) were males. Questions in proforma were asked about different ethical codes used in medical profession i.e. some of the questions asked were related to beneficence, some were about autonomy, informed consent, confidentiality, justice etc. Responses showed maximum positive results in the questions mentioned in Proforma regarding applications of beneficence and non-maleficence. After this, the results were good in the application of autonomy and then confidentiality. However others like, counseling, fidelity and justice are concerned, the results were average. Bad results were obtained from responses of application of informed consent, use of sign language and awareness of ethical codes. (Table 1) Graph showing frequencies of positive (always and most often) and negative (sometimes and never) responses given by different optometrists. (Fig. 1)

**Table -1:**

Questions	Always	Most Often	Some times	Never
I follow Hippocratic Oath.	32.3	35.5	21.5	10.8
I apply medical ethical codes in my practice.	45.2	43	5.4	6.5
I introduce myself to patient before starting examination.	24.7	18.3	38.7	18.3
If I have a trainee with me, I take consent from patient whether	38.7	21.5	20.4	19.4
I ensure a patient friendly environment before starting	71	22.6	4.3	2.2
I ask patient what you would like to be called.	21.5	20.4	29	29
I carefully listen and don't interrupt patient while he is explaining his complaints.	75.1	20.4	3.2	3.2
I encourage patient...explain complaints by himself rather than asking from his guardian...	71	22.6	2.2	4.3
I explain the procedure of examination briefly to patient before starting it.	48.4	34.4	10.8	6.5
I use sign language to communicate with hard of hearing people having vision problem.	53.8	23.7	7.5	15.1
If patient is illiterate...change letter chart to illiterate E-chart...communicate in his language...	76.3	14	5.4	4.3
I don't use high illumination light in photophobic patient for long time.	68.8	21.5	5.4	4.3
I don't make the patient aware of his disability directly in front of everyone (family+students).	63.4	29	4.3	3.2
I don't treat differently abled person with unnecessary sympathy to make them feel inferior.	64.5	23.7	2.2	9.7
I take care of the financial condition of patient while prescribing specs/CL/drops....	64.5	29	4.3	2.2
I don't make extra follow ups..to earn money unless it is necessary for patient.	79.6	11.8	3.2	5.4
I boost up the morale of differently abled persons.	76.3	17.2	4.3	2.2
I verbally take consent from patient before starting examination I verbally	47.3	24.7	16.1	11.8
I ask patient..wear spectacle frame himself... rather than wearing him glasses without consent.	57	29	9.7	4.3
I take consent from patient before touching him/her (if necessary).	46.2	25.8	16.1	11.8
I take consent(mentioning the specific reason)before taking	69.9	19.4	4.3	6.5
I explain multiple options...while prescribing specs/CLs...to take care of his autonomy.	61.3	30.1	4.3	4.3
I encourage patient to become involved in decisions as far as his abilities will allow.	63.4	25.8	7.5	3.2
I make LV Person's interest his first concern while advising him low vision devices.	61.3	31.2	5.4	2.2

The above table collectively represents percentages of various responses of all the questions asked by the optometrists and the following graph will depict frequencies of responses of all the questions together to give a better view of understanding and differentiating.

**Figure -1:**



Some of the questions asked were related to beneficence, some were about autonomy, informed consent, confidentiality, justice etc. The above graph showing frequencies of positive (always and most often) and negative (sometimes and never) responses given by optometrists. The extent of application of every ethical code can be evaluated by these tables. Comparatively greater number of positive responses were obtained from the questions regarding beneficence, non-maleficence and then from autonomy, confidentiality, counseling, fidelity, justice, informed consent and awareness of ethical codes.

**DISCUSSION**

Most of the respondents (optometrists) surveyed for this research (from various hospitals/clinics all around the Pakistan) had a good perspective about patient dealing ethical codes. Respondents were given an online questionnaire with a list of scenarios to check their quality of practice work irrespective of their gender, age, experience and workplace. They seemed quite comfortable while managing ethical problems as other studies showed done at Urban Public Teaching Hospital and Plevan University Hospital. Few of them still need proper guidance and awareness of these code for their effective application in clinical

practice same as the survey of key opinion leaders on ethical resuscitation practices in 31 European Countries showed, in which they mentioned that medical ethics now a day is compulsory for every health practitioner, so they introduced proper medical ethics modules in their medical schools, colleges and universities to ensure a healthy environment.<sup>17</sup> Unlike the study done about doctors' knowledge, comprehension, attitude to and Some of the questions asked were related to beneficence, some were about autonomy, informed consent, confidentiality, justice etc. The above graph showing frequencies of positive (always and most often) and negative (sometimes and never) responses given by optometrists. The extent of application of every ethical code can be evaluated by these tables. Comparatively greater number of positive responses were obtained from the questions regarding beneficence, non-maleficence and then from autonomy, confidentiality, counseling, fidelity, justice, informed consent and awareness of ethical codes.

application of ethical principles in Child Healthcare in a Nigerian Teaching Hospital, which showed poor level of perception and application of no maleficence and beneficence in their medical practice,<sup>18</sup> this study showed comparatively good results regarding application of beneficence and non-maleficence. Managing both these principles together is essential for ideal ethical decision making.<sup>19</sup> According to this survey results were good in application of beneficence in day-to-day optometric practice.

Like other studies done previously to emphasize the need and importance of taking care about patient autonomy,<sup>20</sup> the responses in this study were overall good. Among majority of them described that they had good level of education about ethical code and they usually practice it in their clinical practice. This contradicts the study done about practice of code of ethics and associated factors among medical doctors of Addis Ababa, Ethiopia that showed poor practice of

codes of ethics especially about patients' autonomy. A study done to evaluate the level of authenticity in keeping the patient data confidential in various hospitals concluded that mostly medical staff is involved in confidentiality, on the other hand some of them are sincere/faithful about keeping patient's record confidential.<sup>21</sup> As far as my study is concerned, in Pakistan mostly optometrists responded well about applying this in their practice. The outcomes of my research are relatively good than the study done for patients' attitudes about privacy and confidentiality in selected hospitals in Tehran that presented a moderate response towards privacy and confidentiality of patient.<sup>22</sup> A study was conducted regarding patient responses in Changi Hospital about counseling protocol, most of them found it fruitful and satisfactory. It assisted them in managing their health problems effectively.<sup>23</sup> Half of Pakistani optometrists take proper time to counsel the patient and the remaining don't care much about the satisfaction of patient.

Results were average upon asking them about using sign language to communicate with deaf person, similar to the patients' feedback on the Changi General Hospital about use of sign language and availability of interpretation services by medical practitioners in Dundee that highlighted the lack of understanding of sign language during patient consultations.<sup>23</sup> Therefore, the treatment of differently-able persons is a bit compromised in clinical setup. Sign language courses should be introduced at every education level to provide comfort to hard of hearing people.

This research-based study yielded bad level of awareness about taking informed consent from patient among majority of optometrists, which is unethical. Patient should be given a chance to make his own decision that is only possible when they are fully informed.<sup>24</sup> This study represents that a proper guidance session is mandatory for the effective approach of ideal clinical conduct. Outcome of my study matches with a recent study

done in the hospitals of Islamabad that showed poor application of confidentiality and informed consent of patient due to absence of proper system of penalty on violating these ethical codes.<sup>14</sup>

Poor results of this survey were obtained from the questions regarding awareness of Hippocratic Oath and maintaining friendly environment for patients, mostly optometrists never asked their patient that what he would like to be called. This ultimately indicates insufficiency of proper awareness or guidance tools for medical practitioners. The sum of this study matches with survey done about health ethics education, knowledge, attitudes and practice of healthcare ethics among interns and residents in Pakistan<sup>25</sup> saying that current ethics education level among medical practitioners of Pakistan is still not good enough, we need different guidance sessions/seminars along with effective teaching and regulatory ethics committee in every hospital for the betterment of ethical environment and good doctor-patient relationship.<sup>5</sup>

## **CONCLUSION**

This study concludes that awareness and knowledge about Patient dealing ethics in optometrists of all over the Pakistan is considerably good. This research come to a conclusion that most of the optometrists always prefer beneficence and non-maleficence in their practice showing excellent results. If we talk about autonomy, majority of optometrists take good care of patient's autonomy and few of them do not. About confidentiality, the results are average. Responses shows that application of counseling, fidelity and justice is not that good. In case of informed consent and use of sign-language, the result is comparatively bad. Awareness about ethical codes shows worst results. the lack of medical ethics awareness in some optometrists is due to limited resources of education about various ethical theories, codes and principles.

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Discussion, Results

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