

Professionalism and ethics in ophthalmology

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Background

From the days of ancient healers ethics was a great concern in the medical community. In 4th century BC the beginnings of written professional ethics was developed by Hippocrates. Then onwards the medical profession as well as the society was highly concerned about ethics and professionalism in the medical community. Professionalism is the skill, good judgment, and polite behavior that is expected from a person who is trained to do a job well according to the dictionary definition¹. A fundamental distinction between a profession and any other occupation is that individuals engaged in a profession have an ethical obligation to whomever they offer their services.

Part of being a professional is behaving ethically. Original sources of medical ethics in the Western world can be traced back to the famous oath of Hippocrates (460-380 BC). Evolved from there the modern versions of medical ethics include areas such as the following²

- Beneficence
- Non-maleficence
- Autonomy
- Justice
- Confidentiality
- Protection of the vulnerable
- Collegiality etc.

Undergraduate programs of many universities incorporate these topics in their curriculum³. However in most medical post graduate training programs transfer of skills and knowledge gain priority over the attitude component. In today's world where litigation is a frequent occurrence the professionals need to pay due attention in this direction. Furthermore professional and accreditation bodies have endorsed the importance of formal education in medical ethics and professionalism.

Professional organizations in many fields lay their guidelines to assist their membership in day to day practice. The International Council of Ophthalmology (ICO) developed a document comprising of a set of moral principles and standards to guide the behavior of ophthalmologists within their professional domain, extending the ethical code of the World Medical Association.

ICO Guidelines for Ophthalmologists

Ethical Principles and Professional Standards was initially developed by the ICO Ethics Committee in 2006. This was approved by the International Council of Ophthalmology Board in February 19, 2006. The updated current version was approved, on, August 12, 2014.

In the rest of this article some of the important areas which may be of relevance to local ophthalmologists are highlighted and discussed. The original document consists of 9 standards⁴. The standards are intended to represent comprehensive guidelines to which practitioners might refer when confronted with professional or ethical dilemmas and to act as a benchmark by which to judge behavior in professional matters.

Standards

1. Patient Care Standards
2. Professional Practice Standards
3. Professional Community Standards
4. Standards for Working with Other Health Care Professionals
5. Research Standards
6. Social Standards
7. Commercial Standards
8. Teaching and Mentorship Standards
9. Standards Governing the Relationship to the Medical Industry

1. Patient Care Standards

Good patient care depends upon medical and technical expertise, clinical decision-making, communication and teamwork, and health advocacy. The ophthalmologist ought to ensure that patients are treated with dignity, honesty, and integrity, and must act in the best interests of the patient at all times. Patients should be treated without discriminating on the basis of age, gender, ethnicity, sexuality, nationality, insurance status, disability, religion,

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lifestyle, or culture. Privacy of the patient should be ensured by maintaining confidentiality in all aspects of the treatment within the confines of the law. Patient should be provided with accurate information about the state of the patient's health. And informed consent from the patient should be obtained for all interventions.

2. Professional Practice Standards

The ophthalmologist ought to ensure that ophthalmic care is of the highest quality possible.

The ophthalmologist should perform only those procedures in which he/she is competent by reason of specific training or experience, or be assisted by someone with specific training or experience in said procedures. The ophthalmologist should maintain competence in technical ability, cognitive knowledge, and professionalism, keeping abreast of developments in ophthalmic practice.

He/ She should actively participate in clinical and surgical audit activities, refrain from misrepresentation of credentials, training, experience, or ability. Best quality care for the patient's condition should be provided including appropriate referrals as required. Opportunities should be provided for the patient, relatives, caregivers, or legal guardians to ask questions and be open and honest, particularly when the patient has suffered a complication or adverse event.

3. Professional Community Standards

The ophthalmologist ought to be a responsible member of their professional community by maintaining standards, promoting public awareness of eye care issues, advocating for improvements in the health care system for patients, particularly in areas where inequality exists, and by avoiding conduct that would bring the ophthalmologic community and its members into disrepute. The ophthalmologist ought to Support the transparent and equitable allocation of health care resources advocate for improvements in individual and public health where appropriate.

4. Standards for Working with Other Health Care Professionals

Safe and effective patient care involves ophthalmologists working in partnership with all members of the eye care team, and in respecting the knowledge and views of all team members.

The ophthalmologist ought to respect the training, knowledge, and experience of other surgeons and health care workers, participate constructively in peer review maintain a respectful professional dialogue

conducted in a manner that advances the best interests of the patient, including the sharing of relevant information

5. Research Standards

Ophthalmologists should be conscious of and observe the ethical, legal, and scientific criteria for medical research. Patients should be advised of any known risks, and risks to the patient should be minimized.

6. Social Standards

The ophthalmologist ought to ensure that communications to the public reflect the ophthalmologist's social responsibilities and reflect the highest level of probity; the ophthalmologist should not vaunt his/her skill or advertise himself/herself as the unique purveyor of treatment. The ophthalmologist ought to refrain from misrepresentation of credentials, training, experience, or ability.

7. Commercial Standards

Doctors have traditionally enjoyed respect and trust from the communities in which they practice. Ophthalmologists ought to display standards of ethical behavior that warrant this respect and trust. It is a professional responsibility to make the patient's interests paramount when providing advice, opinion, or intervention. The ophthalmologist ought to be fair when charging a fee for professional services ensure that it is reasonable and does not exploit the patient's need.

8. Teaching and Mentorship Standards

Ophthalmologists have achieved their professional status due to the teaching of others before them. Ophthalmologists have a duty to pass on their knowledge to the next generation to ensure that the profession continues to advance and offer the best treatment available to patients. Ophthalmologists should play an active role in training the next generation of ophthalmologists, where feasible, whether trainees, undergraduates, or newly qualified colleagues. Ophthalmologists recognize that they have a professional responsibility to supervise, teach, and act as role models for the up-and-coming generation of practitioners. The ophthalmologist ought to provide supervision that minimizes risks to the patient and maintains responsibility for the patient's welfare. When providing feedback one should be honest, factual, objective, and constructive. Assist in ensuring trainees are safe in the workplace, with regard to their own physical, mental, and emotional health, including ensuring all trainees have access if possible to a mentor program.

9. Standards Governing the Relationship to the Medical Industry

Ophthalmologists recognize that the medical industry can play a crucial role in contributing to increasing quality of drugs, techniques, distribution, research, and many other areas of the continued development of the profession and the quality of care available to patients. Ophthalmologists also realize that it may be dangerous to have too dependent a relationship with purveyors of materials and other professional tools and medications. Ethical conduct in working with the medical industry should ensure that the interest of the patient and the needs of the community are best served by any relationship that may exist between the supplier and the practitioner. The ophthalmologist ought to ensure that the use of new medications, machinery, and other support from the medical industry is primarily motivated by care and consideration of the patient's needs and are not recommended as a means of garnering financial recompense.

The contents of ophthalmologic presentations should be decided by the scientific committee and not on the influence of the sponsoring agent.

Practitioner should take precautions to ensure that all recommended treatment or interventions suggested by medical industries, or representatives of medical industries, have been approved by the required process and laws of the land and ensure that the appropriate ethical clearance has been obtained for clinical trials as recommended in the Helsinki Declaration-Ethical Principles for Medical Research Involving Human

Subjects <http://www.wma.net/en/30publications/10policies/b3/> It is preferable that funding is provided through an independent body, such as a professional society or hospital that will award the funds to the most appropriate individual.

Providing a set of guidelines on ethics is not the panacea for all issues on ethics. According to the literature two views exist regarding the purpose of teaching medical ethics: creating virtuous physicians and priming physicians with a skill set for analyzing and resolving ethical dilemmas⁵.

However stressing the norms and addressing the difficult situations highlighting the dilemmas will provide an opportunity for the practitioner to be more cautious.

References

1. www.merriam-webster.com/dictionary/professionalism
2. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. 5th edn New York: Oxford University Press; 2001.
3. Helft PR, Eckles RE, Torbeck L. Ethics education in surgical residency programs: a review of the literature. *J Surg Educ* 2009; **66**(1): 35-42. doi:10.1016/j.jsurg.2008.10.001.
4. ICO Guidelines for Ophthalmologists: Ethical Principles and Professional Standards <http://www.icoph.org/downloads/icoethicalcode.pdf> <http://www.wma.net/en/30publications/10policies/c8/>
5. Eckles RE, Meslin EM, Gaffney M, Helft PR. Medical ethics education: where are we? Where should we be going? A review. *Acad Med* 2005; **80**(12): 1143-52.

Ethics and Medical Professionalism. Research Projects. Paul R. Lichter, MD, MS. While physicians and industry must cooperate in research to discover new treatments and cures that benefit patients, another outcome of financial relationships between physicians and industry is the promotion of industry's drugs and devices. The latter relationships are called voluntary financial relationships since they are not of clear benefit to patients as are research relationships. The ethical implications of these relationships is a significant issue with which individual physicians and their physician-led medical associations must deal. We are studying these ethical implications. Similarly, ophthalmologists who wish to become fellows or members of the American Academy of Ophthalmology attest that they will abide by the American Academy of Ophthalmology's Code of Ethics. 20. American Academy of Ophthalmology Code of ethics. <https://www.aao.org/ethics-detail/code-of-ethics>. Google Scholar. Humanism and ethics in Roman medicine: translation and commentary on a text of Scribonius Largus. Lit Med. 1988; 7: 22-38. Professional ethics encompass the personal and corporate standards of behavior expected by professionals. The word professionalism originally applied to vows of a religious order. By no later than the year 1675, the term had seen secular application and was applied to the three learned professions: Divinity, Law, and Medicine. The term professionalism was also used for the military profession around this same time. HSPC ethics and malpractice statement is mainly based on Committee on Publication Ethics (COPE) guidelines. In order to adhere to the mission of non-discriminatory publication, we feel our duty to follow the guidelines provided by COPE. We also expect the same from the authors, editors and reviewers. We have summarized the expected ethical duties under following facets: Editors' ethical duties. Unbiased Publication decisions- The editors will be responsible for evaluating the quality quotient of the articles submitted for publication in any of the journals. The editors should ensure that the articles are evaluated for the content and not for the authors name, race, gender, religious belief, origin and citizenship.