



Policy Statement of the American Academy of Ophthalmology

Pretreatment Assessment: Responsibilities of the Ophthalmologist

Policy

It is in the patient's best interest to have the operating ophthalmologist conduct a pretreatment evaluation. Ethical and quality of care standards are met only if the individual patient's needs are addressed. It is incumbent upon the ophthalmologist to assume the role of patient advocate by ensuring the appropriateness, effectiveness, and reliability of the proposed procedures, and by sharing this information with the patient. It is the ophthalmologist's responsibility to provide quality control prospectively in the pretreatment assessment.

Background

The ophthalmologist's responsibilities include providing the medical diagnosis and pretreatment therapy. These components are necessary in order to determine the appropriateness and timeliness of surgery; without medical documentation of the evaluation, one cannot ensure that the performance of surgery is appropriate or necessary.

Guidelines

The following guidelines for ophthalmic surgeons are recommended as pretreatment responsibilities:

1. The ophthalmologist must fully assess relevant physiologic, social, emotional and occupational needs of each patient prior to recommending surgery. While the acquisition of data may be delegated, the ophthalmologist is responsible for the synthesis and fusion of such information to be applied to clinical decision-making.
2. The ophthalmologist has a specific responsibility to evaluate the clinical status of each patient before considering a recommendation for surgery. The nature and extent of this clinical evaluation will be dictated by the individual patient's clinical circumstances.
3. Ancillary testing should only be ordered if it is believed or anticipated to provide information that may materially affect the patient's care, with rare exceptions. There are circumstances in which it is permissible to order tests and studies not directly expected to benefit the individual patient when such tests or studies are part of an appropriately designed, implemented, and monitored investigation. In such cases, the patient must provide fully informed consent after explanation of the nature of the investigation, and the lack of direct benefit to the patient. The indiscriminate use of routine pretreatment tests or procedures is inconsistent with accepted standards of professional conduct for physicians. A recommendation for a specific surgical procedure to the individual patient can be made only following a clinical, social, emotional, and occupational needs assessment that may also utilize appropriate ancillary testing.
4. Informed consent must conform to accepted medical and legal standards. The patient has a right to information concerning their medical condition, the risks and benefits of a procedure, and to treatment alternatives.
5. The operative procedure(s) and provision of postoperative care must be established in

a recommendation for surgery. Provision of such postoperative care must be consistent with the Code of Ethics and policies of the American Academy of Ophthalmology.

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