AMERICAN ACADEMY™
OF OPHTHALMOLOGY

Policy Statement of the American Academy of Ophthalmology

Ophthalmic Care for Patients in Residential Care Centers

When individuals who reside in residential care centers need ophthalmic care, this ophthalmic care must serve the best interests of those individual patients, recognizing their inherent vulnerability, and susceptibility to suggestion from authority.

Background

Individuals who reside in residential care centers are often more vulnerable than patients who live in other settings. They may be more dependent and debilitated and may not fully comprehend the significance of what they are being told about their health. Consequently, they are particularly susceptible to the suggestions of authority figures and to potential exploitation by physicians.

Guidelines

The following guidelines are suggested for ophthalmologists who examine individuals residing in residential care centers:

All individuals who reside in residential care centers should receive an ophthalmic examination regardless of insurance coverage if medically indicated, not just those individuals who might need ophthalmic surgery. The welfare of the patient is of primary importance. Therapeutic decisions must be based on a complete ophthalmic examination, which should be conducted in a thorough and careful manner in accordance with accepted standards of medical care. Certain tasks may be delegated to appropriately trained auxiliary staff, but the ophthalmologist is responsible for patient care and must be an active participant in such care. Explanation, reassurance, or compassion may be the only care required

It is unethical to recommend unnecessary treatment or to withhold necessary treatment. The appropriateness of any procedure or the determination not to perform certain procedures should be documented, and provisions for appropriate continuing care for any condition should be assured and recorded. Consent for therapy is valid only if it is given after relevant or required information has been provided. Valid consent can only be obtained from a competent patient or from someone with the legal power to consent on the patient's behalf. Questions of competence to consent may be more common in a residential care center than in other settings. It must be remembered that establishing competence is a legal question and not a matter for the independent opinion of the practitioner. To better understand a patient's level of competence, the practitioner will find it helpful to consult with the staff of the residential center about documentation of the patient's decision-making capacity (or legal guardianship, where appropriate).

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