

Policy Statement

Ophthalmic Care for Patients in Residential Care Centers

Policy

Ophthalmic care delivered to patients in residential care centers must be provided with the best interests of those patients in mind.

Background

Patients in residential care centers are often more vulnerable than patients who are evaluated in other settings. They are less independent, and they may be debilitated and may not fully comprehend the significance of what they are being told. As a result, they are more susceptible to suggestions of authority figures and more vulnerable to potential exploitation.

Guidelines

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

All individuals in residential care centers should have access to an ophthalmic examination, not just those who might need surgery. Therapeutic decisions must be based on a complete examination, and examinations should be conducted in a thorough and careful manner in accordance with accepted standards of medical care. This may require that supplemental ophthalmic equipment be made available at the residential center or that the patient be transported to the physician's office. In some cases, surgical intervention may be indicated. At other times, explanation, reassurance, or compassion may be the only care required. Auxiliaries are useful in many settings, but the ophthalmologist is responsible for patient care and must be an active participant in it. The welfare of the patient is of primary importance.

It is unethical to recommend unnecessary treatment for, or to withhold necessary treatment from any patient. 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 ensured. 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 the patient's legal surrogate. Questions of competence to consent may be more common in a residential care center than in other settings. To better gauge a patient's level of competence, the ophthalmologist may find it helpful to consult with the residential center staff about the patient's decision-making capacity (or legal guardianship, where appropriate).

Approved by:	Board of Directors, June 1987
Revised and Approved by:	Board of Directors, February 1992
Revised and Approved by:	Board of Trustees, February 1998
Revised and Approved by:	Board of Trustees, April 2003
Revised and Approved by:	Board of Trustees, May 2007

©2007 American Academy of Ophthalmology®
P.O. Box 7424 / San Francisco, CA 94102 / 415.561.8500