

Policy Statement

Pretreatment Assessment: Responsibilities of the Ophthalmologist

Policy:

The interests of the pretreatment patient are served best by pretreatment evaluation by the operating surgeon. Ethical and quality of care standards are met only if the individual patient's needs are addressed. It is incumbent upon the physician to assume the role of patient advocate by insuring the appropriateness, effectiveness, and reliability of the proposed procedures, and 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 medical diagnosis and pretreatment therapy. These evaluations are necessary in determining the appropriateness and timeliness of surgery; without medical documentation of the evaluation one cannot insure 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 synthesis and fusion of such information to be applied to clinical decision-making must reside with the ophthalmologist.
2. The ophthalmologist has a specific responsibility to evaluate the clinical status of each patient for whom he/she is 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 must be determined to have a reasonable expectation of benefit. Unless a test or study is reasonably believed or anticipated to provide information that may materially affect the patient's care it is not, with rare exceptions, proper to order

such a test or study. 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, **and** when the patient has been fully informed of the nature of the investigation, that the tests are not directly for his or her benefit, and when a fully informed consent has been obtained. 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. In summary, the patient has a right to information concerning his/her medical condition, the proposed treatment, alternatives, and risks as well as benefits.

The operative procedure 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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