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Ask the Ethicist: Informed Consent of Physician as Patient

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Q: *I am the president of my state society. A society member contacted me for advice about this scenario: A neurologist consulted a cataract surgeon for evaluation and treatment of his cataracts with the principal complaint of decreased night vision. During the visit, the eye surgeon stated that the patient's vision may not be completely corrected for distance because of his astigmatism but that he would have "the best uncorrected vision of his life." The patient specifically asked for distance correction before the surgery and wrote this on the consent form. The surgery proceeded without complications; however, postoperatively, the patient's uncorrected vision was better for near, and he claimed to now have "the worst uncorrected vision of my life." The surgeon offered to perform a second surgery to replace the original lens. The patient refused, citing a lack of trust, but requested the surgeon's personal contact information to engage in a discussion about the unplanned outcome. The surgeon declined the patient's request, which further strained communication.*

A: During your career, you might treat another physician, even an ophthalmologist. When caring for physician- patients, there may be a tendency to make assumptions or inferences about their understanding of the procedure or intended outcomes. Incorrect assumptions may result in a breakdown of the routine doctor-patient relationship and informed consent process.

Because there is no formal training on how to care for a doctor, unusual problems may come up. These could include providing incomplete explanations of treatments or potential complications; assuming a level of understanding that the patient may not have; and conducting less rigorous follow- up after surgery based on a presumption that the physician-patient knows when to contact the treating physician about problems. Alternatively, there may be VIP physician-patients who expect special attention or preferential treatment, such as special office hours, expedited clinic visits, off-the-record consults and testing, e-mail and cellphone contact information, or specific prescriptions.

There are two major guidelines in caring for the physician-patient: First, physicians should not take on the role of treating other physicians if they are not comfortable doing so; and second, the relationship needs to be clarified at the beginning and should be collaborative. The treating physician is in charge and should carry out his or her usual complete examination. In addition, the treating physician should comprehensively review the treatment plan with the patient and be sure that the informed consent process is thorough, regardless of what the physician-patient claims to understand.

In summary, when physician-patients seek care, it is necessary for the treating physician to be attentive to the special issues inherent in these relationships. A comprehensive examination with explanation and thorough informed consent process will help mitigate miscommunication and defuse tension if unexpected outcomes occur.

For more information or to submit a question, *contact the Ethics Committee staff at ethics@aao.org. To read the Code of Ethics, visit www.aao.org/ethics.*