Litigation and the practitioner

Bill Harvey introduces the fourth in a series of interactive CET exercises based upon the recent series of articles by Dr Nizar Hirji concerning the legal requirements of eye care practitioners (C61613, one interactive CET point suitable for optometrists and dispensing opticians).

Using the six articles in the series as source material, you are invited to consider a case study describing one aspect of practitioner or patient behaviour or action about which you will be asked to have a discussion with a colleague and reach a conclusion as to the legality of any advice or outcome. The case examples selected have been designed as having relevance to each of the professional categories, so for these exercises you are required to undertake discussion with a peer of the same category as your own (optometrist with optometrist, dispensing optician with dispensing optician and so on).

CASE STUDY
An optometrist at your place of work (community practice), has prescribed the following spectacle Rx for Mrs Joan Fernandez, a 31-year-old bursar at a local private school, who attended with asthenopic symptoms and occasional diplopia at near when tired. She has been advised to wear the correction full time, but particularly at work where she used computers extensively:

RE: -0.75/-0.25 x180 (6/5) N5; LE: -0.75/-0.25 x180 (6/5) N5

Mrs Fernandez confessed during the consultation that some years ago she was given some ‘pencil-to-nose’ exercises by an optometrist, but never really took them seriously and would now prefer another solution as her headaches and discomfort were really affecting her at work. Apart from the low myopic and slightly astigmatic spectacle prescription, her binocular and accommodation status was as follows:

- Orthophoria at distance with and without the new spectacle prescription.
- 10Δ exophoria at 30cm (without the new prescription).
- 4Δ exophoria at 30cm (with the new prescription).
- A near point convergence of 6cm with and without the new prescription.
- Her amplitude of accommodation was found to be around +5.50 D monocular using an RAF rule.
- There was no fixation disparity ‘slip’ (no-aligning prism requirement) noted both at distance and near with the new spectacle prescription.
- No other significant findings and nothing untoward in her ocular or general health.

Mrs Fernandez had never used spectacles before and elected to ‘shop around’. She was planning to use them all the time with her computers at work to relieve her asthenopia as discussed with the prescribing optometrist who had also asked her to return sooner than her scheduled 12 months review date, if her symptoms persisted after she had obtained and used her new spectacles.

She visited an optical practice at a nearby town the next weekend, and saw a rimless spectacle frame she liked and decided to discuss her spectacle lens options with the one of the optical assistants at the practice. During this discussion, she explained she was a school bursar, and the spectacle prescription was intended to relieve her asthenopic symptoms particularly at work and using her various computer screens and tablets.

The dispensing optician at that practice was then asked about suitable lens options, and recommended ‘digital’ lenses incorporating a +0.75 D add to provide an accommodative ‘boost’. Mrs Fernandez decided to take the advice given and ordered spectacles with ‘digital’ light sensitive lenses.

Having used them for four weeks, Mrs Fernandez returned to the original prescribing optometrist, complaining that her headaches were no better with the spectacles prescribed. She still noticed occasional horizontal diplopia while using the computer, and she was generally as uncomfortable with the spectacles as she was without them. She also confessed she had made errors at work while wearing these spectacles, and was due to attend an initial disciplinary meeting with the headmaster at the school which she was very upset about.

The optometrist re-examined Mrs Fernandez, and came up with findings no different to those at the initial visit. The spectacles Mrs Fernandez had obtained were carefully checked and the +0.75D addition was noted. It was explained to Mrs Fernandez that the prescription she had dispensed were more like bifocals lenses and not the single vision lenses that were prescribed for her. With these lenses she was told, it was not surprising that she was struggling with her work because they neutralised any benefit the prescribed correction might have had. The prescribing optometrist stated he was concerned the prescription was not dispensed as per the prescription. In view of this she was recommended to return to the dispensing practice and to get the spectacles re-dispensed correctly as prescribed.

You are approached by the patient who is quite upset. She has decided to complain to the GOC, and wants to know what action she can take against the dispensing optician and the practice that recommended and supplied ‘digital’ lenses. She states she has suffered considerable discomfort and distress, incurred costs as a result of the time she has had to take off work because of the persistent headaches and intermittent diplopia. She added that as a result of wearing the spectacles she had made more errors at work and now faces a disciplinary meeting and has an expensive pair of spectacles that do not help her with her symptoms.

Your discussion with a colleague needs to include:

- What action can the patient take against the practitioner/practice/employer?

Go to opticianonline.net and click into the CET zone where you can select this exercise.

Dr Nizar Hirji would like to acknowledge the assistance of Dr Fergal Ennis, School of Optometry and Vision Sciences, Cardiff University, Wales in developing this exercise.