CODE OF ETHICS OF THE EYE PHYSICIANS AND SURGEONS OF ONTARIO

RATIFIED BY THE GENERAL MEMBERSHIP
APRIL 25, 2014
CODE OF ETHICS OF THE EYE PHYSICIANS AND SURGEONS OF ONTARIO (EPSO)
2014

Last Reviewed: April 2014

Preamble

The Eye Physicians and Surgeons of Ontario prepared this code as an ethical guide for Ontario ophthalmologists and trainees. Much of the content is adapted or reproduced from the CMA Code of Ethics\(^1\) and the AAO Code of Ethics\(^2\). This code is founded on the fundamental principles and values of medical ethics including compassion, beneficence, non-maleficence, respect for persons, justice, transparency and accountability. This code strives to provide ethical guidelines on issues unique to the practice of ophthalmology and can be used as an ethical framework for Ontario ophthalmologists.

Ophthalmologists should be aware of the legal and regulatory requirements that govern medical practice in their jurisdiction.

Ophthalmologists may find situations where ethical principles conflict, either with other ethical principles, with legal or regulatory requirements, or with their own beliefs. Training in the fundamentals of bioethics and in ethical decision-making using frameworks is required for ophthalmologists to develop the knowledge, skills and attitudes to resolve these conflicts. Consultation with colleagues, regulatory authorities, ethicists, ethics committees or other with relevant expertise is recommended.

**Fundamental Responsibilities In Providing Ophthalmological Services**

1. Consider first the well being of the patient.

2. Provide ophthalmological services with compassion and respect for human dignity.

3. Provide appropriate care for your patient, even when vision loss is irreversible or cure is no longer possible, including physical comfort and spiritual and psychosocial support.

4. Practice with integrity and without impairment.


5. Engage in lifelong learning to maintain and improve knowledge, skills and attitudes, and competence.

6. Resist any influence or interference that could undermine your professional integrity.

7. Contribute to the development of ophthalmology, whether through clinical practice, research, teaching, administration or advocating on behalf of the profession or the public.

8. Refuse to participate in or support practices that violate basic human rights.

9. Promote and maintain your own health and well-being.

**The Ophthalmologist’s Responsibilities to the Patient**

**General Responsibilities**

1. **Recognize and disclose conflicts of interest that arise in the course of your professional duties and activities, and resolve them in the best interest of the patient.**
   An ophthalmologist’s clinical judgment and practice must not be affected by economic interest in, commitment to, or benefit from financial conflicts. Conflicts may include accepting payment from third parties such as industry, charging patients directly for non-insured testing on privately owned equipment, and charging patients directly for non-insured medications, procedures, or devices. Conflicts do not necessarily prohibit action, but rather demand thorough evaluation and deliberation to ensure they are resolved with the best interest of the patient in mind.

2. **Do not exploit patients for personal advantage.**
   The ophthalmologist must never exploit patients or others who pay on their behalf in order to obtain fees for insured and non-insured ophthalmological services. The ophthalmologist will not charge fees to patients for OHIP covered procedures or tests or consultations (i.e. “chair-time”). The ophthalmologist will not charge administrative fees to the patient for OHIP-insured services. Only diagnostic tests deemed to be beneficial to the patient should be ordered. Only surgery deemed to be beneficial to the patient should be recommended and performed.

3. **No improper inducement should be given for referral of a patient.**

---

3 *Schedule of Benefits for Physician Services under the Health Insurance Act.* 2013.  
Examples of improper inducement include referral fees, educational fees, or other circumstances where an ophthalmologist pays a fee or provides a special privilege to a referring health professional for a patient requiring an OHIP insured assessment, test or procedure.

4. **Professional fees for non-insured services must be in keeping with recommended guidelines**. Ophthalmologists must be prepared to discuss the fees with the patient.

5. **Recognize your limitations and, when indicated by the condition under consideration, recommend or seek additional opinions and services.**

6. **Take all reasonable steps to prevent harm to patients.** Disclose harms to the patient, should they occur.

**Initiating and Dissolving a Patient-Physician Relationship**

1. **Do not discriminate against any patient when providing ophthalmological services.** Do not discriminate against patients unable or unwilling to pay for non-insured ophthalmological testing or services. Other inappropriate grounds for discrimination include age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician’s right to refuse to accept a patient for legitimate reasons.

2. **Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted;** until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.

3. **Delegation of eye care services to auxiliary health personnel will be cautiously considered and will exclude care within the unique competence of the ophthalmologist.**

   The ophthalmologist will provide postoperative eye care until the patient has recovered and should provide those aspects of care within the unique competence of the ophthalmologist, which do not include those permitted by law to be performed by auxiliaries. The ophthalmologist unable to fulfill these duties will make special arrangements for patients requiring ongoing care to see another qualified eye health specialist to ensure the patient’s welfare and rights are placed above all other considerations.

---

Communication, Decision Making and Consent

1. **Provide your patients with the information they need to make informed decisions about their medical care, and answer their questions to the best of your ability.**
   The ophthalmologist will take care to not misrepresent services offered when both insured and non-insured options are available to the patient.

2. **Recommend only those diagnostic and therapeutic services that you consider to be beneficial to your patient or to others.**
   Only diagnostic tests and procedures deemed to be beneficial to the patient will be offered by the ophthalmologist. No ophthalmologist will perform unnecessary surgery on patients.

3. **If an action is recommended for the safety or benefit of others, inform your patient of this fact and proceed only with explicit informed consent or where required by law.**
   Ophthalmologists must inform patients with visual impairments that do not meet provincial driving requirements of their legal duty to report to the Ministry of Transportation.

4. **Respect the right of a competent patient to accept or reject any medical care recommended.**
   Ophthalmologists will not require patients to undergo non-insured services and tests to receive OHIP-insured eye care.

5. **Respect your patient’s reasonable request for a second opinion from a physician of the patient’s choice.**

Privacy and Confidentiality

1. **Protect the personal health information of your patients.**

Research

1. **Ensure that any research in which you participate is evaluated both scientifically and ethically, is approved by a research ethics board, and meets current standards of practice.**

2. **Before proceeding with a research study obtain informed consent from the subject and advise prospective subjects that they have the right to decline or withdraw from the study at any time, without prejudice to their ongoing care.**

3. **Communication to colleagues on research including clinical investigations must be accurate and truthful, with appropriate disclosure of relevant commercial conflicts of interest.** Interactions between ophthalmologists must
be conducted in a manner that advances the best interests of patients, including the sharing of relevant information.

Responsibility to Society

1. **Recognize the ophthalmologist’s responsibility to society** in matters relating to public health, health education, environmental protection, legislation affecting the health or well-being of the community and the need for testimony at judicial proceedings.

2. **Expert testimony should be provided in an objective manner using medical knowledge to form expert ophthalmology opinions.** Nonmedical factors, such as solicitation of business from attorneys, competition with other physicians, and personal bias unrelated to professional expertise, should not influence testimony.

3. **Use health care resources prudently.**

4. **Recognize the responsibility of ophthalmologists to promote equitable access to health care resources.**

5. **Recognize a responsibility to give generally held opinions of the profession when interpreting scientific knowledge to the public.** When presenting an opinion that is contrary to the generally held opinion of the profession, the ophthalmologist must so indicate.

Responsibilities to the Profession

1. **Recognize that the self-regulation of the medical profession is a privilege.** Each physician has a continuing responsibility to merit this privilege and to support its institutions.

2. **Be willing to teach and learn from medical students, residents, other colleagues and other health professionals.**

3. **Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authorities any unprofessional conduct by colleagues.**

4. If an ophthalmologist has a reasonable basis for believing a colleague has deviated from professionally accepted standards in a manner that adversely affects patient care, the member should attempt to prevent the continuation of this conduct by direct communication. When that action is ineffective the member must evaluate their ethical, legal, and professional duties to report.

5. **Be willing to participate in peer review of other physicians and to undergo review by your peers.** Enter into associations, contracts and agreements only if
you can maintain your professional integrity and safeguard the interests of your patients.

6. Avoid promoting, as a member of the medical profession, any service (except your own) or product for personal gain.

7. Treat your colleagues with dignity and as persons worthy of respect.

Responsibilities to Oneself

1. Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect your service to patients, society or the profession. A physically, mentally, or emotionally impaired ophthalmologist should withdraw from those aspects of practice affected by the impairment.