OPHTHALMIC HOSPITALIST INTEREST GROUP

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OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

AAO/OHIG Online Community

Have a questions or topic about inpatient/ER consults? Share on the AAO/OHIG community! Login with your AAO username.

OHIG Round Table at AAO Meeting 2023

Join OHIG members at AAO for a casual discussion about hospital-based consults. **Sat Nov 4th @ 4:00-5:00pm**, Moscone Convention Center, The Society Relations Office, Moscone South, Room 54.

OHIG Topic Wishlist

Have a topic or case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email ohig@ohig.org.

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the OHIG website.

Articles

Patient Non-Compliance: Physician, Responsibility, EyeRounds, U of Iowa, 2010

An interesting case review of a patient who declines recommended surgical intervention for an open globe repair. Models for decisional capacity assessment are highlighted.

When Patients Refuse Treatment, DukeHealth, 2016

Helpful tips for navigating scenarios when patient decline care.

The High Cost of Refused Care, OMIC, 2013

Advice from OMIC's risk management team for situations when patients decline recommended care or evaluation.

PEARLS CONSULT ROUNDS

EyeNet Hospitalist Article

PRACTICE PERFECT

Ophthalmic Hospitalists: What Do They Do? (And Could It Be Right for You?)

By Kathryn McKenzie, Contributing Writer, interviewing Craig N. Czyz, DO, Donna Kim, MD, and Matthew F. Gardiner, MD

An EyeNet interview featuring OHIG members **Donna Kim, Craig Czyz**, and **Matthew Gardiner** who share their perspectives on ophthalmic hospitalist models.

Click here

AAO Code of Ethics

AMERICAN ACADEMY™ OF OPHTHALMOLOGY

Check out the AAO Code of Ethics guidelines that pertain to tricky instances where patients decline recommended care.

Overall, it is the responsibility of the ophthalmologist to always act in the best interest of the patient.

What would this look like for you if a patient declines care?

Click here

Image Source

You receive a page from the internal medicine service about a 71 year old male with a history of multiple medical conditions including diabetes, HTN, liver cirrhosis, CHF, and arthritis who is admitted for heart failure exacerbation. The primary team reports increasing left eye redness x few days.

The patient's ocular history is notable for childhood right ocular trauma leaving him functionally monocular. Old records indicate that he is high hyperope (+5.00) with significant cyl in both eyes.

On exam, the patient's visual acuity is at baseline LP OD, 20/40 OS. He has a right APD in context of his known ocular trauma. EOM are full. IOP are wnl. Examination of the right eye is notable for a large corneal scar, iridodialysis, traumatic cataract, and a pale optic nerve with an attached retina.

As you begin to examine the left eye you note that the patient is wearing a soft contact lens which you remove and place in solution. The left eye has 3+ diffuse conjunctival injection with a 3mm peripheral nasal corneal infiltrate with overlying staining. A mild AC reaction is present. Funduscopic exam is wnl.

You inform the patient that he has a CTL related corneal ulcer unfortunately affecting his good remaining eye.

Gram stain and cultures are obtained. The patient is agreeable to starting a topical fluoroquinolone.

You also inform the patient that he must discontinue wearing his left CTL given his active corneal infection. The patient immediately becomes upset and tells you "I can't be blind in the hospital! I absolutely cannot see without my contact lens". He insists that you puts the CTL back in and plans on wearing it 24/7 (as he has been doing for weeks). He does not own any glasses which were lost years ago.

You pause as this is an unusual request. You take the time to listen and carefully explain risks of worsening infection, blindness, and loss of the eye. You revisit options for a temporary CTL holiday or expediting new glasses while in the hospital (which in reality can still take up to 2 weeks).

The patient remains adamant that you put back in the CTL before you leave the room. You are unsure what to do. You can't think of a single board certified ophthalmologist who would be ok doing this.

Question: What Would You Do?
A) Do not put the CTL back in as this can further harm the patient
B) Do not put the CTL back in since this would not be standard of care
C) Put the CTL back in as the patient has the right to choose/decline care
D) Have the patient put back in the CTL himself, you cannot take an active role in harming patients

Continued Case:
Although troubled, the ophthalmologist respects the patient's wish to have his CTL re-inserted back into the left eye as requested. There is ample documentation about extensive conversation with the patient regarding risks of ongoing CTL wear in the setting active infection. A decisional capacity assessment is also documented by the ophthalmology team confirming the patient's ability to make decisions about his own medical care. Decisional capacity assessment methods will vary among institutions. At Oregon Health and Science University (OHSU) patients must meet the 4 criteria to demonstrate decisional capacity:

1) Ability to understand basic information relevant for the treatment
2) Ability to understand consequences
3) Ability to process information rationally
4) Ability to communicate choices

Topical fluoroquinolone antibiotics are initiated while the patient continues to wear his CTL. The ophthalmology consult service continues to follow the patient while admitted. On periodic days the patient is agreeable to having his CTL removed for a follow up exam as long as the ophthalmologist is willing to re-inset it back into the left eye - which is done.

Over the next 7-10 days, the patient's corneal ulcer ultimately resolves with closure of his epithelial defect and quiescent AC. He continues to wear his CTL throughout his entire hospital admission.

At discharge the patient expresses appreciation toward the ophthalmology service and informs the team that he plans to immediately go to Costco to have some glasses made as soon as possible. He agrees to stop wearing his CTL wear once he obtains his glasses, ideally sooner.

Case Comments: The hospital is an unusual place when it comes to navigating patient preferences. Unlike the outpatient clinic, where patients take an active role in seeking ophthalmic care, hospitalized patients often receive consultant care that may not necessarily be requested by a patient. Hence, treatment or management recommendations are not always met with enthusiasm, even in matters of vision or life threatening conditions. It is always helpful to listen to the patient, try to understand the reasoning why they are declining care. Document your conversation including benefits/risks of declining care and ideally include some form of a decisional capacity assessment. For complex cases, involving ethics consultation or a patient advocate can help facilitate ongoing discussions if needed. Even if a patient refuses case, it can be helpful to check back in with a patient since people can change their mind. Follow up attempts to provide care should also be documented in the chart.

Declining Care Survey

Question: Have you come across instances when a patient has declined recommended ophthalmic care in the hospital? How did you navigate this scenario? Select all that apply:

A) Declined ruptured globe repair or other urgent surgery
B) Declined topical antibiotic treatment for corneal ulcer
C) Declined topical meds for glaucoma
D) Declined intravitreal injection for endophthalmitis
E) Declined intravitreal injection or laser or NVG
F) Documented a decisional capacity assessment
G) Consulted legal or risk management
H) Consulted ethics service
I) Consulted patient advocate service
J) Continued to see the patient again even if he/she initially declined care
K) Did not see the patient again unless the patient/primary team re-requested
L) Other scenarios or management? Enter in comments below:

Please share your responses on the AAO/OHIG Community. We'd love to hear from you!
https://aao.mobilize.io/main/groups/47315/lounge