
The History of Ethics and Professionalism within Optometry in the United States of America 1898-2015, Part 3

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THE COMMITTEE ON ETHICS AND ECONOMICS

In 1947 the Department of Ethics and Economics' volunteer structure was down-sized considerably with Newton E. W. Lenz becoming the new director. Leo G. Miller became director in 1949. The department was renamed the Committee on Ethics and Economics in 1950 with Donald R. Provencher being appointed chair. He held the position until 1952.⁶⁴

The years following the adoption of the Code of Ethics and its Supplements saw continuing discussion and actions by the Department of Ethics and Economics, and subsequently The Committee on Ethics and Economics, in such areas as textbooks and ethics instruction for the schools and colleges of optometry, modes of practice including professional standards in office appearance and location as well as standards for outdoor signs. These discussions would lead to the adoption in 1950 of the AOA Rules of Practice and continuing efforts to rid the profession of commercialism.⁶⁵⁻⁶⁹ The 1950 Rules of Practice read as follows:⁶⁷

AOA Rules of Practice (adopted 1950)

- A. No member shall willfully violate the optometry law or the optometry board rulings of the state in which he practices.
- B. No member shall practice in or on premises where any materials other than those necessary to render his professional services are dispensed to the public.
- C. No member when using the doctor title shall qualify it in any other way than by the use of the word "optometrist." He may, however, when not using the prefix, use after his name the "O.D." degree designation.
- D. No member actively engaged in the practice of optometry shall in any manner publicize or hold himself forth as an optician.
- E. No member shall display his license, diplomas, or certificates in such manner as to be seen and read from outside his office.
- F. No member shall hold himself forth in such a way as to carry the slightest intimation of having superior qualifications or being superior to other optometrists.

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- G. No member holding an official position in any optometric organization shall use such position for advertising purposes or for self-aggrandizement.
- H. No member shall display any sign containing other than name, profession, and office hours; same to be used only on office windows or at entrance to his office. Letters must not be luminous or illuminated, and must not be more than 4" in height for street level and 7" in height for offices above street level.
- I. No member shall display eyeglass signs or painted or decalcomania eyes anywhere.
- J. No member shall use other than his professional card on or in any publication or in any public display; said card shall not exceed two (2) columns by two (2) inches, and it shall not contain any more than his name, profession, address, telephone number, office hours, eye examinations by appointment, practice limited to (any one optometric specialty). Educational material may be published only when it has been specifically approved by the executive committee of the respective state association.
- K. No member shall use bold-face type or in any other manner attempt to attract special attention to himself in any telephone or other public directory.
- L. No member shall display any merchandise, ophthalmic material or advertising of any kind in windows or in any room of his office for the purpose of inducing patronage.
- M. No member shall do anything inconsistent with professional standards of the optometric and allied health professions.
- N. No member shall fail to observe scrupulously the Code of Ethics and other provisions of both his own state association and the American Optometric Association.

Enforcement of the provisions of Code (Rules) of Practice shall be the duty of the various state associations. It is recommended that when a member is doubtful of the ethics or advisability of any action he contemplates, he shall submit a detailed statement to the proper committee of his state association for approval. This committee, if in doubt as to the point involved, shall in turn submit the question to the executive committee of the state association for final opinion. Logically, the trustees of the American Optometric Association will give an opinion if asked by the state association.

THE AOA COMBATS THE COMMERCIAL PRACTICE OF OPTOMETRY

The Association had finally arrived at fully defining optometry as a profession set apart from commercial enterprise through its Code of Ethics, Supplements to the Code of Ethics, and the Rules of Practice. The detailed Rules were readily adopted by the House of Delegates, which was made up largely of professionally practicing optometrists. However, much strife was to develop through the country in resistance to the Rules. Some state affiliates readily adopted these documents and many state regulatory boards gave much of their content legal status. Some states would not adopt the national position. The national position caused some loss of membership. Some saw these moves as more revolutionary than evolutionary. AOA General Counsel Kohn called on the Association

and its affiliates to assist non-complying optometrists to accept these methods of practice rather than taking actions that would alienate them.⁷⁰

In 1952 Harold Cline was named the Chairman of the Committee on Ethics and Economics and held the position for eight years. The committee's name was changed to the Committee on Ethics in 1955.⁶⁴ Under Cline's leadership, the committee continued the efforts of previous years, serving in an advisory capacity to interpret the Code of Ethics and the Rules of Practice whenever questions had risen on specific matters. The committee continued its encouragement of state affiliates to enforce the Rules of Practice. The committee produced a new brochure in 1960 titled "Manual of Professional Practice for the American Optometrist" which covered professional standards, the Code of Ethics, and professional optometric fees.⁷¹⁻⁷⁶

Bob Thompson chaired the Committee on Ethics from 1960 until replaced by Warren G. Morris in 1964. Morris held the position for 1 year. In 1965, Richard C. Dexter was appointed the chair and served in this position until 1969.⁶⁴

Throughout the sixties the AOA continued its efforts to encourage professional behavior by all its members as the ethical way to practice. The Committee on Ethics reported to the 1962 Congress in Chicago, Illinois a great disregard in many of the states for ethical standards in Yellow Pages listings.⁷⁷ Because of differences in interpretation and enforcement of the "guiding" documents, the AOA Congress of 1962 passed a resolution urging "the Committee on Ethics to communicate with all affiliated state associations to the end that there should be uniformity of interpretation and enforcement of the Code of Ethics and Rules of Practice."⁷⁸ To quote Gregg:⁷⁹

Once again the profession was beginning to feel the need to do something about ethics. Little action had been taken in regard to changing the standards or attempting to get state association compliance since the adoption of the Rules of Practice in 1950 and the misunderstandings that followed. Now there was a movement to require every member to adhere to the AOA Rules of Practice. The matter had been argued at the New Orleans Congress in 1965, but no decision had been reached. The principle involved in the argument was the proposal that the AOA structure be changed from a federation of state associations to a direct individual membership corporation. Such a change would, of course, drastically affect state autonomy.

The concern about ethics stemmed from AOA's goal of eliminating unethical practice by 1970. Obviously, the place to start was to determine what was ethical and what was unethical, and the Rules of Practice seemed to be misunderstood on this point. In New Orleans constitutional amendments to require adherence to the Rules of Practice had been defeated, but the Board of Trustees was asked to pursue the matter further.

At the sixty-ninth Congress, held at the Sheraton Hotel in Boston, Massachusetts in 1966, an amendment was proposed that would give the AOA authority to require compliance with the Rules of Practice in order for an optometrist to be eligible for membership in the affiliated and constituent associations by 1970. This proposal brought forth a lively discussion of the problem. By the final vote the House of Delegates agreed with the position of the Board of Trustees, which claimed this amendment would be impractical and unenforceable and should be left to the individual state associations as a matter of

states' rights. It was pointed out that the AOA is an organization of state associations and has no jurisdiction over the individual members, but that it should encourage the states to adopt and enforce the Rules of Practice as a condition for membership.

The annual reports of the Committee on Ethics during this period indicate many projects directed toward the elimination of unethical practice including the adoption of a point system for the gradual improvement of professional practices.⁸⁰⁻⁸⁶

A new set of Rules of Practice was adopted at the 1968 Congress in Miami Beach, Florida with minimal debate. A committee headed by Robert C. Phillips of Pennsylvania had studied the rules carefully. They noted that various sections of the 1950 Rules had found their way into the revisions of the Supplements to the Code of Ethics. They concluded that only four points needed consideration. This reduced the debate as well as the length of the new Rules of Practice, which were readily adopted.⁸⁷ The 1968 revised AOA Rules of Practice read as follows:⁸⁸

AOA Rules of Practice

(revised and adopted 1968)

A. Members shall abide by the Constitution and By-Laws, Code of Ethics and its Supplements, and Rules of Practice of their national, state, and local optometric organizations.

B. Members shall practice in such location and manner as is customary with other health care professionals in the area.

C. Members shall maintain their offices so that the physical appearance is similar to that customary with other health care professionals in the area: Signs shall be unpretentious, limited to four inch letters at street level, seven-inch above. Ophthalmic materials and certificates shall be visible only from within.

D. Members shall present themselves to the public in a manner similar to that customary with other health care professionals in the area:

Telephone and other directory listings shall be in ordinary type size. Announcements shall be limited in size to two columns by two inches, and limited in context to name, profession, address, telephone number, office hours, and practice limited to . . .

Enforcement of the provisions of the Rules of Practice shall be the duty of the various state associations. It is recommended that when a member is doubtful of the ethics or advisability of any action he contemplates, he shall submit a detailed statement to the proper committee of his state association for its consideration.

THE UNITED STATES SUPREME COURT UPHOLDS STATES' RIGHTS TO CONTROL ADVERTISING

Efforts to restrict commercialism in Oklahoma had been declared unconstitutional by a federal court in 1955, *Williamson v. Lee Optical of Oklahoma*. However, an appeal to the Supreme Court of the United States reversed the lower federal court's decision. It held that the Oklahoma law was constitutional in every respect. Resurgence in efforts to

restrict commercial practice, based on the Oklahoma law, led to laws restricting various aspects of commercial practice in 45 states.⁸⁹

By the 1970s most doctors of optometry, as other state regulated professionals, were practicing in non-commercial professional settings. The AOA ethics committees, during the period from 1943 until 1969, had experienced considerable success in their efforts to see the number of practices in commercial settings minimized. Apparently as a result of its successes, the ethics committee was discontinued from the organizational structure of the AOA in 1969. However, as we will see, many of these hard-won results would, within ten years, be reversed by a U.S. Supreme Court decision.⁸⁹ (See Appendix D for a listing of the Directors, Chairmen and Associate Directors, and Members of the AOA ethics committees from 1943-1969.)

NEW STANDARD OF CONDUCT ADOPTED

Aware of the emerging age of consumerism and a pending Supreme Court case, the Board of Trustees, with the guidance of Association General Counsel Ellis Lyons, carefully re-examined the Code, Supplements and Rules during 1975-76. The Code of Ethics was left intact; however, a more general Standards of Conduct supplanted the specifics of the Supplements to the Code of Ethics and the Rules of Practice. In particular, the detailed statements regarding advertising were replaced with a statement that optometrists should honor applicable valid state and federal laws and rules regulating advertising. It is noted that the AOA did not have an ethics committee as part of its organizational structure at this time, leaving these considerations to the Board of Trustees with approval of the 1976 HOD. A news release ⁹⁰ from the AOA on March 29, 1976 stated:

To keep pace with the 1970s, the American Optometric Association's Board of Trustees is taking action to update the standards by which optometrists measure their professional conduct.

The actions being taken or recommended regarding the profession's Code of Ethics and Rules of Practice in no way represent a change in philosophy. They could be labeled 'housekeeping chores.'

Based on a report from a special board committee which studied the matter, the AOA Board of Trustees, at its March 1976 meeting, voted to:

- retain the AOA Code of Ethics unchanged;
- delete the Supplements to the Code of Ethics adopted by the Board in 1946 and revised in 1968 and 1970;
- recommend to the 1976 House of Delegates that the Rules of Practice, adopted in their present version in 1968, be deleted;
- adopt Standards of Conduct (effective March 10, 1976) which relate to some of the subjects in the Supplements and the Rules of Practice.

These 1976 Standards of Conduct read as follows:⁹¹

Standards of Conduct (adopted 1976)

I. Basic responsibilities of an optometrist

Section A. The welfare of humanity

A health profession has as its prime objective the service it can render to humanity; monetary considerations should be a subordinate factor. In choosing the profession of optometry an individual assumes an obligation for personal conduct in accordance with professional ideals.

Section B. Continuing competence

An optometrist should strive to keep current with every modern development in the profession, to enhance both knowledge and proficiency by the adoption of modern methods and scientific concepts of proven worth and to contribute personally to the general knowledge and advancement of the profession. All these things should be done with that freedom of action and thought that provides first for the welfare of the public.

II. Relationships with the patient

Section A. Presence of a pathological condition

An optometrist should give to the patient or the patient's family a timely notice of manifestations of disease or abnormality.

Section B. Emergency optometric care

A request for optometric care in an emergency should receive immediate response. Once having undertaken an emergency case, an optometrist shall neither abandon nor neglect the patient.

Section C. Professional fees

Professional fees charged the patient for examination, diagnosis and treatment shall be determined by the individual optometrist.

Section D. Charges for materials

Charges for materials should be clearly separated from professional fees.

III. Responsibilities to the public

Section A. Informing the public

An optometrist should honor the applicable provisions of valid state and federal laws and rules regulating the advertising of ophthalmic materials and the disseminating of information regarding professional services.

Section B. Patent

It is unprofessional for an optometrist to exploit a patent for lenses, appliances, or instruments used in the practice of optometry in such a way as to deprive the public of its benefits, either through refusal to grant licenses to competent manufacturers who can assure adequate production and unimpeachable quality, or through exorbitant demands in the form of royalty; or for similar forms of monopolistic control in which the interests of the public are exploited.

Section C. Rebates

It is unprofessional and unethical to accept rebates on prescriptions, lenses, or optical appliances used in the practice of optometry.

IV. Relationships with other optometrists

Section A. Intraprofessional referral and consultations

Intraprofessional referral and consultations are encouraged when the best interest of the patient indicates additional opinion. Protocol on the relationship and responsibilities between the referring and attending optometrist that customarily is followed by health professions shall prevail.

Section B. Official position

An optometrist holding an official position in any optometric organization shall avoid any semblance of using this position for self-aggrandizement.

V. Relationships with other professionals

Section A. Interprofessional referral and consultations

Interprofessional referral and consultations are encouraged when the best interest of the patient indicates additional opinion. Protocol of the relationship and responsibilities between the referring and attending professional that customarily is followed by health professions shall prevail.

Section B. Public health

Professional responsibility demands that the optometrist actively participate in public health activities with other health professionals to the end that every step be taken to safeguard the health and welfare of the public.

At the 79th Annual Congress in June 1976 in Las Vegas, Nevada the AOA Board of Trustees announced that the Supplements to the Code of Ethics had been deleted and replaced by the new Standards of Conduct. Since the Supplements were originally enacted by and subsequently modified by the Board, they had the authority to take this action. It is also noted that there was no ethics committee within the AOA organizational structure at this time. The Board then proposed that the House of Delegates delete the Rules of Practice, which it did.⁹² This action left the 1944 Code of Ethics and the new 1976 Standards of Conduct as the primary ethics documents of the AOA.

As noted earlier, the 1970s were years of a major consumer movement in the United States. It was felt by many outside of the professions that the lack of information regarding professional fees and services made it difficult for the public to make purchasing decisions regarding professional services, which arguably was true. As mentioned earlier, in 1976 the AOA deleted or modified policy statements against certain forms of advertising, replacing the detailed statements with a statement that optometrists should honor applicable valid state and federal laws and rules regulating advertising.

UNITED STATES SUPREME COURT REVERSES POSITION

In 1977, reversing earlier Court decisions, the United States Supreme Court made a decision that gave lawyers (and by implication other professionals) the right to advertise

their services. It became clear that the AOA was timely in its 1976 modifications of certain policy positions on the matter. Many state optometry boards had to modify their advertising regulations to comply with the Court decision. The case before the U.S. Supreme Court was *Bates v. State Bar of Arizona*.^{89, 93}

ADOPTION OF THE OPTOMETRIC OATH⁹⁴

Richard L. Hopping, a previous Ohio optometric practitioner, a past-president of the American Optometric Association, a past-president of the Southern California College of Optometry (SCCO), and a past-president of the Association of Schools and College of Optometry (ASCO), was instrumental in the development of a professional oath for optometry. After becoming president of SCCO, Dr. Hopping became aware that a number of optometric educational institutions were administering an optometric oath at their commencement exercises, but they were not uniform in nature. He was also very much aware of the conspicuous absence of an optometric oath for the optometric profession.

As one very interested in ethics and professionalism within optometry, Dr. Hopping wrote the original draft of The Optometric Oath for consideration by ASCO. His desire was that by ASCO's adoption of a uniform oath, the individual schools and colleges of optometry would use this new oath at their commencements. He was also hopeful that, following the adoption of The Optometric Oath by ASCO, it would receive consideration and adoption by the House of Delegates of the AOA and subsequently by the state and local optometric associations. After considerable discussion and some edits of the original draft, ASCO adopted The Optometric Oath on March 14, 1986. The House of Delegates of the AOA adopted The Optometric Oath in June 1986 in San Diego, California, followed that month by the American Optometric Student Association's adoption. It is worthy to note that Dr. Hopping led the House of Delegates in reciting The Optometric Oath at the opening sessions of its annual meeting from the date of its adoption through 2013. The Optometric Oath reads as follows:⁹⁵

The Optometric Oath (adopted 1986)

WITH FULL DELIBERATION, I FREELY AND SOLEMNLY PLEDGE THAT:

- I will practice the art and science of optometry faithfully and conscientiously, and to the fullest scope of my competence.
- I will uphold and honorably promote by example and action the highest standards, ethics and ideals of my chosen profession and the honor of the degree, Doctor of Optometry, which has been granted me.
- I will provide professional care for those who seek my services, with concern, with compassion, and with due regard for their human rights and dignity.
- I will place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care.
- I will hold as privileged and inviolable all information entrusted to me in confidence by my patients.

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- I will advise my patients fully and honestly of all which may serve to restore, maintain or enhance their vision and general health.
 - I will strive continuously to broaden my knowledge and skills so that my patients may benefit from all new and efficacious means to enhance the care of human vision.
 - I will share information cordially and unselfishly with my fellow optometrists and other professionals for the benefit of patients and the advancement of human knowledge and welfare.
 - I will do my utmost to serve my community, my country and humankind as a citizen as well as an optometrist.
 - I hereby commit myself to be steadfast in the performance of this my solemn oath and obligation.

THE 1990s: AOA TAKES STEPS TO INCREASE AWARENESS OF ETHICS IN OPTOMETRIC PRACTICE

As optometry entered the 1990s, there were ever increasing ethical considerations as the profession expanded its scope of practice, primarily into medical eye care. Changing national health care policies and a resurgence of infectious diseases increased ethical demands on the doctor of optometry as on other health professionals. The profession had matured to see ethical behavior within the delivery of optometric care and services as broader than just the concerns surrounding advertising and commercial practice.

The initial efforts to gain recognition of optometry as an independent profession and to regulate its practice began with the passage of the first optometry practice act in the state of Minnesota in 1901, followed by 23 years until all states and the District of Columbia had passed optometry laws. In addition to all the previous elements of vision care comprising the practice of optometry, beginning in 1971 with the passage of a law in Rhode Island that permitted optometrists to use diagnostic agents, the next forty plus years saw a major expansion of the scope of practice of optometry into the provision of varying levels of medical eye care. Most of the history of this amazing period is detailed in the published paper by Sherry L. Cooper, *1971 - 2011: Forty Year History of Scope Expansion Into Medical Eye Care*.⁹⁶ As pointed out in this paper, several states had earlier attorney general positions that supported their original optometry practice acts to allow the profession to utilize varying levels of pharmaceutical agents. Indiana was the first with an attorney general opinion in 1946 affirming that Indiana's 1935 optometry act authorized the use of legend drugs by optometrists.

Throughout its history, optometry had broadened its scope of practice from being only refracting opticians to assuming responsibility for detecting and referring disease conditions of the eye, to diagnosing and treating varying levels of medical eye conditions. As the profession expanded its scope of practice, it was obligated to expand its policy positions regarding the ethical practice of optometry.

The early 1990s found the discussion surrounding this reawakening of ethical thought on an organizational level being led by one of the profession's prominent leaders of the time, Alden Norman Haffner, president of the State College of Optometry

of the State University of New York. Dr. Haffner was instrumental in the movement to re-establish an ethics committee within the AOA organizational structure.

In 1991 the House of Delegates in Dallas, Texas passed Resolution 2 establishing a standing committee to be known as the AOA Committee on the Ethics and Values of Optometric Care and Services.⁹⁷ This resolution read as follows:

Whereas, the profession of optometry has undergone dramatic changes in the last half century, including those that relate to its scope and organization of practice; and

Whereas, the current Code of Ethics of the American Optometric Association was adopted in June of 1944; and

Whereas, the major clinical pressures and social conditions now prevail which did not exist at that time; now therefore be it

Resolved, that the American Optometric Association Board of Trustees establish a standing committee dealing with ethics and values of optometric care and services with a broad mission and focus to address a variety of circumstances and problems which now exist in the health care arena that affect the practices and services of doctors of optometry; and be it further

Resolved, that the standing committee dealing with ethics and values of optometric care and services make an annual report to the American Optometric Association House of Delegates.

Alden Norman Haffner was named chair of the Ethics and Values of Optometric Care and Services Committee in 1991. R. Norman Bailey, Jack W. Bennett, George E. Foster, and Brian S. Klinger were named members of this committee.⁹⁷ AOA Counsel Thomas E. Eichhorst served as staff for the committee.

At its organizational meeting, the committee defined its scope and function by developing the objective of and three missions for the committee.⁹⁷

Objective

The objective of the Committee on the Ethics and Values of Optometric Care and Services is to enhance the ethical behavior and performance of doctors of optometry, individually and collectively, as members of a mainstream health discipline concerned with professional duties and services to individuals and communities.

Missions

1. To raise the level of consciousness about issues of ethical behavior.
2. To identify and address ethical concerns that relate to clinical practice.
3. To identify and address ethical concerns that relate to organizational behavior.

In 1992, after its initial foundational efforts were completed, the committee was reduced in size. Alden Norman Haffner remained as chair with R. Norman Bailey and

George E. Foster retained as committee members.^{64, 98} (See Appendix E for a listing of the ethics committee members throughout the period of its more recent history of 1991-2015.)

By 1994, the Committee on Ethics and Values of Optometric Care and Services had conducted two major surveys, one to the affiliated associations regarding their positions on the use of codes of ethics, and one to the schools and colleges of optometry regarding their use of patient's bills of rights and responsibilities documents in their institutional clinics.^{98, 99}

The 50th anniversary of the adoption of the 1944 AOA Code of Ethics was celebrated during the 1994 AOA Annual Congress in Minneapolis, Minnesota. For this celebration, members of the Ethics and Values of Optometric Care and Services Committee and others wrote articles on each of the tenets of the Code of Ethics that were published in a special ethics issue of the *Journal of the American Optometric Association* in June 1994. The original paper, *The history of ethics in the American Optometric Association 1898-1994*, for which this paper is an update, was published in that issue of the journal.^{99, 100} (See Appendix F)

The Committee on the Ethics and Values of Optometric Care and Services was able to obtain funding to support meetings in 1995 and 1996 for representatives from each of the schools and colleges of optometry to complete the development of a *Recommended Curriculum for the Teaching of Professionalism and Ethics in Optometry*. This was intended as an ethics education program for optometry students.¹⁰¹⁻¹⁰³ The curriculum included a section on the optometric profession and professionalism and a section on ethics. It was completed and distributed in 1996. There were also recommended guidelines for the implementation of that instruction into the overall curriculum of the schools and colleges of optometry. (See Appendix F)

In 1996, the name of the committee was changed to the "Ethics and Values Committee."¹⁰² During the following year the committee completed its proposal for a text on *An Optometrist's Guide to Clinical Ethics*, and planned to sponsor a poster on *The History of Ethics in the American Optometric Association* during the Association's 100th Annual Congress in June of 1997 in St. Louis, Missouri and to make a presentation on "Clinical Ethical Decision-Making in Optometric Patient Care."¹⁰⁴

Often, in cooperation with other committees, the Committee developed proposed resolutions on topics of ethical concern, which were subsequently adopted by the House of Delegates as official policy statements of the Association. (See Appendix G)

In 1999, obsolete language in the "Standards of Conduct" was deleted and a revised document adopted. In Part II, "Relationships with the Patient: Section A on the Presence of a Pathological Condition" was replaced by a statement on informed consent, and "Section C: Professional Fees" was deleted. In "Part III: Responsibilities to the Public" both "Section B: Patents" and "Section C: Rebates" were deleted.^{105, 106} The 1999 amended Standards of Conduct read as follows: ¹⁰⁵

Standards of Conduct

(as revised and adopted in 1999)

I. Basic responsibilities of an optometrist

Section A. The welfare of humanity

A health profession has as its prime objective the service it can render to humanity; monetary considerations should be a subordinate factor. In choosing the profession of optometry an individual assumes an obligation for personal conduct in accordance with professional ideals.

Section B. Continuing competence

An optometrist should strive to keep current with every modern development in the profession, to enhance both knowledge and proficiency by the adoption of modern methods and scientific concepts of proven worth and to contribute personally to the general knowledge and advancement of the profession. All these things should be done with that freedom of action and thought that provides first for the welfare of the public.

II. Relationships with the patient

Section A. Informed consent

An optometrist should provide to the patient sufficient information in order to obtain an informed consent from the patient.

Section B. Emergency optometric care

A request for optometric care in an emergency should receive immediate response. Once having undertaken an emergency case, an optometrist shall neither abandon nor neglect the patient.

Section D. Charges for materials

Charges for materials should be clearly separated from professional fees.

III. Responsibilities to the public

Section A. Informing the public

An optometrist should honor the applicable provisions of valid state and federal laws and rules regulating the advertising of ophthalmic materials and the disseminating of information regarding professional services.

IV. Relationships with other optometrists

Section A. Intraprofessional referral and consultations

Intraprofessional referral and consultations are encouraged when the best interest of the patient indicates additional opinion. Protocol on the relationship and responsibilities between the referring and attending optometrist that customarily is followed by health professions shall prevail.

Section B. Official position

An optometrist holding an official position in any optometric organization shall avoid any semblance of using this position for self-aggrandizement.

V. Relationships with other professionals

Section A. Interprofessional referral and consultations

Interprofessional referral and consultations are encouraged when the best interest of the patient indicates additional opinion. Protocol of the relationship and responsibilities between the referring and attending professional that customarily is followed by health professions shall prevail.

Section B. Public health

Professional responsibility demands that the optometrist actively participate in public health activities with other health professionals to the end that every step be taken to safeguard the health and welfare of the public.

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 98. Annual report to the house of delegates of the AOA committee on the ethics and values of optometric care and services. 1992-1993. St. Louis: American Optometric Association.
 99. Annual report to the house of delegates of the AOA committee on the ethics and values of optometric care and services. 1993-1994. St. Louis: American Optometric Association.
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 101. Annual report to the house of delegates of the AOA committee on the ethics and values of optometric care and services. 1994-1995.

102. Annual report to the house of delegates of the AOA committee on ethics and values. 1995-1996.

103. Recommended curriculum for the teaching of professionalism and ethics in optometry, Optometric ethics educators committee, Sponsored by the AOA Ethics and Values Committee, 1996.

104. Annual report to the house of delegates of the AOA committee on the ethics and values. 1996-1997.

105. Code of Ethics and Standards of Conduct. St. Louis: American Optometric Association, 1999.

106. Bailey RN, Heitman E, eds, An Optometrist's Guide To Clinical Ethics. St. Louis: American Optometric Association, 2000:6-8.

Appendix D: Ethics Committees from 1943 – 1969

Committee on the Code of Ethics

	Chairman	Members
1943-44	John B. O'Shea	Edmund F. Richardson, Charles Sheard

Office of Ethics and Economics

	Director	Associate Directors
1943-44	James A. Palmer	Frank A. Bemis, Kenneth E. Jacques, Allie G. McCullar, John J. O'Neil, Leonard L. Stillman, Walter R. Wilson

Department of Ethics and Economics

	Directors	Associate Directors and Zone Directors for Ethics
1944-45	James A. Palmer	A. Scott Gibson, Fred G. Proctor; and Charles F. Brooks, Carl A. Kauffman, C.G. Melton, Orville N. Sparrow, Leonard L. Stillman
1945-46	James A. Palmer	A. Scott Gibson, Fred G. Proctor; and Charles F. Brooks, Carl A. Kauffman, C.G. Melton, Orville N. Sparrow, Leonard L. Stillman
1946-47	James A. Palmer	A. Scott Gibson, Douglas F. Green; and William W. Anderson, Ray A. Dieman, Carl A. Kauffman, Orville N. Sparrow, Leonard L. Stillman

		Associate Directors
1947-48	Newton E.W. Lenz	Paul A. Ludeman, Leo G. Miller
1948-49	Newton E.W. Lenz	Paul A. Ludeman, Leo G. Miller
1949-50	Leo G. Miller	Paul A. Ludeman, Donald R. Provencher

Committee on Ethics and Economics

	Chairmen	Members
1950-51	Donald R. Provencher	Paul A. Ludeman, Bernard Mazow
1951-52	Donald R. Provencher	Paul A. Ludemnan, Walter R. Wilson, Jr.
1952-53	Harold Cline	Robert B. Camp, J. Kelley Robinson
1953-54	Harold Cline	Damon E. Allen, D.B. Fast
1954-55	Harold Cline	D.B. Fast, S.W. Hora, Jr.

Committee on Ethics

	Chairmen	Members
1955-56	Harold Cline	D.B. Fast, S.W. Hora, Jr.

1956-57	Harold Cline	Verne P. Ellis, Bernard A. Saltysiak
1957-58	Harold Cline	Carlyle Bordelon, Marvin M. Sedway
1958-59	Harold Cline	Marvin M. Sedway
1959-60	Harold Cline	John Reid, Bob Thompson
1960-61	Bob Thompson	Harold Cline, John J. Reid, Hoyt S. Purvis
1961-62	Bob Thompson	Warren G. Morris, John J. Reid
1962-63	Bob Thompson	Warren G. Morris
1963-64	Bob Thompson	Richard C. Dexter, Warren G. Morris
1964-65	Warren G. Morris	Richard C. Dexter, Bob Thompson
1965-66	Richard C. Dexter	Warren A. Broderson, Edward R. Keller, Charles J. McDonald, Warren G. Morris
1966-67	Richard C. Dexter	Warren A. Broderson, Edward R. Keller
1967-68	Richard C. Dexter	Warren A. Broderson, Mario O. Rubinielli
1968-69	Richard C. Dexter	Warren A. Broderson, John E. Martin

Appendix E: Ethics and Values Committees from 1991 – 2015 *

Committee on the Ethics and Values of Optometric Care and Services

	Chair	Members
1991-92	Alden Norman Haffner	R. Norman Bailey, Jack W. Bennett, George E. Foster, Brian S. Klinger
1992-93	Alden Norman Haffner	R. Norman Bailey, George E. Foster
1993-94	George E. Foster	R. Norman Bailey, Larry L. Creasey, Alden Norman Haffner
1994-95	R. Norman Bailey	Thomas Dorrity, Alden Norman Haffner
1995-96	R. Norman Bailey	Thomas Dorrity, Alden Norman Haffner

Ethics & Values Committee

	Chair	Members
1996-97	R. Norman Bailey	Arthur Alexander, Thomas Dorrity, Robert McCullough
1997-98	R. Norman Bailey	Arthur Alexander, Donovan L. Crouch, Thomas Dorrity
1998-99	R. Norman Bailey	Nancy Barr, Al Rispoli, Laurie Sorrenson
1999-00	R. Norman Bailey	Robert Aitken, Rick Iwai, Linda Johnson, James Paramore
2000-01	R. Norman Bailey	Robert Aitken, Linda Johnson, Robert McCullough
2001-02	Linda Johnson	Thomas Dorrity, Larry Forrest, Robert McCullough
2002-03	Thomas F. Dorrity, Jr.	Larry Forrest, Thomas F. Terry, Brendal Waiss
2003-04	Thomas F. Dorrity, Jr.	Larry Forrest, Brendal Waiss
2004-05	Larry L. Forrest	N. Scott Gorman, Brendal Waiss
2005-06	N. Scott Gorman	Morris Berman, Daniel E. Reiser, Timothy D. Rioux
2006-07	N. Scott Gorman	Morris Berman, James E. Paramore, Daniel Reiser, Timothy Rioux
2007-08	N. Scott Gorman	Morris Berman, James E. Paramore, Daniel Reiser, Timothy Rioux
2008-09	N. Scott Gorman	Morris Berman, James E. Paramore, Daniel Reiser
2009-10	Morris Berman	N. Scott Gorman, James Paramore, Daniel Reiser
2010-11	James E. Paramore	Morris Berman, Douglas L. Totten
2011-12	James E. Paramore	Morris Berman, Carolyn Carman, Douglas L. Totten
2012-13	Morris Berman	Carolyn Carman, James R. Miller, Douglas L. Totten
2013-14	Morris Berman	Adrienne B. Ari, James R. Miller, Douglas L. Totten
2014-15	Morris Berman	Adrienne B. Ari, Douglas L. Totten

*Committee Staff: AOA Counsel Thomas E. Eichhorst, JD, 1991-2002; 2009-2012. Leon P. Carslick, 1995-2006. Jeffrey L. Weaver, OD, 2006-2008. Bridget Kowalczyk, 2008-2009. Beth Kneib, OD, 2009-2011; 2012-2015. Danette Miller 2011-2015.

Appendix F: Projects of the Ethics Education Program for Optometric Practitioners

Ethics Issue: Journal of the American Optometric Association, June 1994, Volume 65, Number 6

Contributors: R. Norman Bailey, OD; John G. Classé, OD, JD; Larry Creasey, OD; George E. Foster, OD; Alden N. Haffner, OD, PhD; Marc Marengo, DPhil; Michael S. Roth, OD; John Sterling, OD; Lesley L. Walls, OD, MD

Recommended Curriculum for the Teaching of Professionalism and Ethics in Optometry

Consultants: Elizabeth Heitman, PhD, University of Texas-Houston; Bruce D. Weinstein, PhD, West Virginia University.

Optometric Ethics Educators Committee: D. Leonard Werner, OD, Chair, State University of New York; Arthur J. Afanador, OD, PhD, Inter American University of Puerto; R. Norman Bailey, OD, University of Houston; Jack W. Bennett, OD, Indiana University; Bethany Busemeyer, representative American Optometric Student Association; John B. Classé, OD, JD, University of Alabama at Birmingham; Jerry Christensen, OD, PhD, University of Missouri-St. Louis; Albert Flores, PhD, California State University, Fullerton; Allan N. Freid, OD, Southern California College of Optometry; Alden N. Haffner, OD, PhD, representative Association of Schools and College of Optometry; Patsy Harvey, OD, University of California, Berkeley; Stanley Hatch, OD, New England College of Optometry; Sherry Hogan, OD, The Ohio State University; Marc Marengo, DPhil, Pacific University; W. Howard McAlister, OD, University of Missouri-St. Louis; Neal Nyman, OD, Pennsylvania College of Optometry; James E. Paramore, OD, Ferris State University; Ronald Rounds, OD, Northeastern State University; Morton W. Silverman, OD, Nova Southeastern University; Marlee Spafford, OD, University of Waterloo; Bradley Taylor, OD, Southern College of Optometry; Jeffrey Weaver, OD, University of Missouri-St. Louis.

An Optometrist's Guide to Clinical Ethics

Contributors: Arthur H. Alexander, OD; R. Norman Bailey, OD; Thomas F. Dorrity, Jr., OD; Kia B. Eldred, OD; N. Scott Gorman, OD; Elizabeth Heitman, PhD; Elizabeth Hoppe, OD, DrPH; Dawn C. Kaufman, OD; LeRoy Kaufman, OD; Brian S. Klinger, OD; Michael Larkin, OD; Edwin C. Marshall, OD; David T. Ozar, PhD; Mark Swanson, OD; Satya B. Verma, OD; Siu G. Wong, OD.

Ethical Issues in Contact Lens Practice

Authors: Elizabeth Heitman, PhD and R. Norman Bailey, OD; **Collaborators:** Contact Lens Section, American Optometric Association. Nova Southeastern University in Florida provided media production facilities and education technology staff for the production.

Online Ethics Forum

Contributors: Ethics and Values Committee and responding AOA members.

Appendix G: Historical Ethics Resolutions and Substantive Motions by Title

(adopted by the American Optometric Association House of Delegates through June 2015)

RESOLUTION NUMBER: <i>(year of adoption)</i>	STATUS:	TITLE:
M-1908-1	ARCHIVED 1979	Code of Ethics
1913E (5 of 1913)	ARCHIVED 2006	Fee Splitting Condemned
6 (6 of 1916)	DELETED 1975	Refrain from "Free Examination" Advertising
23 (5 of 1917)	DELETED 1975	Policy of American Optical Association
114 (7 of 1923)	DELETED 1976	Publication of Unethical Advertising
145 (8 of 1925)	DELETED 1975	Radio Talks
146 (9 of 1925)	DELETED 1976	Advertising
179 (5 of 1927)	DELETED 1976	Desirable Exhibitors
187 (2 of 1928)	DELETED 1975	American Industrial Managers and Visual Efficiency
192 (8 of 1928)	DELETED 1976	Fraudulent Practice of Cut-Price Advertising
315 (1 of 1935)	DELETED 1975	Code of Ethics
360 (9 of 1937)	DELETED 1976	Unethical Advertising Condemned
392 (4 of 1938) (Mod. 1990) (Mod. 1995)	CURRENT	Restrictions on Certain Activities of Trustees, Officers and Volunteers of the American Optometric Association

(Mod. 1997) (Mod. 2005) (Mod. 2012)		
M-1944-1 (1 of 1944) (Mod. 2005) (Replaced by #1969)	ARCHIVED 2007	Code of Ethics
620 (13 of 1944)	DELETED 1975	Re Elaboration of Code of Ethics
759 (15 of 1947)	DELETED 1975	Requesting Reading of Code of Ethics at State Association Meetings
892 (18 of 1950)	DELETED 1975	Department of Ethics and Economics to Prepare Manual For Practicing Optometrists
1034 (8 of 1953)	ARCHIVED 1980	A.O.A. to Continue to Assist in Prevention of Unqualified Persons From Care of Public Vision and to Continue Cooperation With Ophthalmologists
1466 (2 of 1962)	DELETED 1976	Uniformity of Code of Ethics and Rules of Practice
1534 (7 of 1964) (Mod. 1995)	CURRENT	Practice With Other Health Care Professions and Disciplines
1844 (1 of 1986) (Mod. 1990) (Mod. 1995) (Mod. 2000)	CURRENT	Billing to Third Party Insurance Plans
1847 (4 of 1986)	CURRENT	The Optometric Oath
1852 (5 of 1987) (Combined in 2015 with 1890 (9 of 1991) and continued as 1852)	CURRENT	HIV and AIDS Research
1865 (8 of 1989) (Mod. 2005)	CURRENT	VISION USA
1883 (2 of 1991) (Mod. 2010)	CURRENT	Standing Committee Dealing With Ethics and Values of Optometric Care and Services
1890 (9 of 1991) (Combined in 2015 with 1852 (5 of 1987) and continued as 1852)	DELETED (2015)	Human Immunodeficiency Virus (HIV) Infection
1893 (3 of 1992)	ARCHIVED 2010	Testing Practitioners For Tuberculosis
1902 (7 of 1993)	ARCHIVED 2000	Affiliated Association's Code of Ethics
1904 (1 of 1994) (Mod. 2000)	CURRENT	Education In Ethics
1910 (Combination in 1995 of 1903 (8 of 1993) and 1905 (2 of 1994) into new 1910) (Mod. 2015)	CURRENT	Disclosure of Conflicts of Interest
1913 (3 of 1995) (Mod. 2015)	CURRENT	Ethics Committee
1914 (4 of 1995)	ARCHIVED 2010	Release of Patient Records
1916 (1 of 1996)	CURRENT	Abuse Against Individuals Unable to Protect Themselves
1917 (2 of 1996)	DELETED 2005	Protecting Confidentiality During Electronic Transmission of Patient Information
1920 (5 of 1996) (Mod. 2015)	CURRENT	Doctor/Patient Communications In Managed Health Care Plans
1924 (4 of 1997)	ARCHIVED 2010	Maintaining High Standards For Eye and Vision Care
1926 (6 of 1997)	ARCHIVED 2000	Commendation to the National Academies of Practice
1938 (3 of 2001)	CURRENT	State Board Credit For Continuing Education Courses In Ethics
1939 (4 of 2001) (Mod. 2015)	CURRENT	Protecting Against Potential Bias In Patient Care
1960 (7 of 2004)	CURRENT	Patients Benefit From Optometric Professionalism
1969 (4 of 2007)	CURRENT	Code of Ethics
M-2011-2 (2 of 2011)	CURRENT	Standards of Professional Conduct

Prepared by Sherry L. Cooper, staff, AOA Resolutions Committee from 1998 until the present time.