

**Assessment of 85-year-old woman for cataract surgery
(03HDC13528, 24 August 2004)**

Ophthalmologist ~ Cataract surgery ~ Standard of care ~ Effective communication ~ Rights 4(1), 5(1), 6(1)(a), 6(1)(b)

A woman aged 85 years was referred to an ophthalmologist by her optometrist, who noted cataracts in both eyes. The ophthalmologist measured the woman's vision, noting some blood vessels in the right eye suggestive of previous damage to the eye. He assessed her priority for cataract surgery using the national clinical priority assessment criteria (CPAC) — which includes points for: visual acuity; clinical modifiers; severity of visual impairment; ability to work, give care, and live independently; and other disability — and gave her a score of 23–26 points. He advised her that although her cataracts did not “need” to be removed, she should consider removal on the eye she considered to be the worst, to improve her vision; he suggested the left eye. He further advised her that having the operation at a public hospital would incur no cost, but with a CPAC score of 23–26 would entail a waiting time of up to two years; he could perform the surgery privately the following week, at a cost of \$3000 per eye. The woman decided to try to raise enough money to have one eye done privately. The ophthalmologist heard nothing further from her for a time and assumed that she had decided to go to another surgeon.

Although unable to raise funds initially, a year later a friend offered to lend her the money and she saw the ophthalmologist again to arrange for the operation. He asked her then and in a subsequent phone conversation which eye she felt was worse, in order to determine which eye to operate on first. However, the woman did not understand the purpose of the question. She then decided to seek a second opinion from another ophthalmologist, who advised her that she did not have damage to her right eye, and her cataracts could be removed at the public hospital in six months' time, not two years, as the CPAC score he recorded for her was 45 points. He placed her on the waiting list for a right eye cataract operation. The woman subsequently complained that the first ophthalmologist had not given her accurate advice about the waiting list time because of an inadequate assessment of her condition.

It was held that the first ophthalmologist did not breach the Code. At the time of the first consultation, he accurately assessed her priority for cataract surgery and provided her with accurate information on the treatment options and the likely waiting list time. It was “a likely possibility” that her vision had deteriorated in the year between assessments. It was noted, however, that the second ophthalmologist's CPAC assessment included details about the woman's domestic situation and medical history that were not mentioned by the first ophthalmologist.

Elderly patients potentially waiting for surgery in the public system require effective communication. The first ophthalmologist has taken steps to ensure that his patients receive written confirmation of the available options and the decisions that have been made, to reduce the possibility of misunderstanding.