



THE
NIGERIAN
OPTOMETRIC
ASSOCIATION

CODE OF ETHICS AND RULES FOR PROFESSIONAL CONDUCT

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CONTENTS

-  **Interpretation**
-  **Overview**
-  **The practitioner's responsibilities in general and to the general public**
-  **Relationship between the practitioner and his patient**
-  **Relationship between the practitioner and his fellow practitioner**
-  **Relationship between a practitioner and members of other profession**
-  **Miscellaneous**

Interpretation

1. Code of Ethics- means Rules of Conduct.
2. Optometry- means as defined by CAP 09 LFN 2004.
3. Practitioner here refers to Optometrist

Overview

This Code of Ethics and Rules of Conduct (Code) seeks to support and assist optometrists to deliver valuable health services within an ethical framework. It is the duty of the Optometrist to make the care of patients their primary concern and to practise effectively and safely. It is essential that every Optometrist maintains a high level of conduct and professional competence in order to provide good and adequate care to the members of the public.

The Code contains important standards for optometrists' behaviour in relation to:

- a. The general public
- b. working with patients
- c. working with members of other profession
- d. Working with fellow practitioner
- e. working within the health care system
- f. maintaining professional performance
- g. professional behaviour and ethical conduct

For the Optometrist to work effectively in partnership with the patient he needs to create a relationship based on trust and good communication. A vital part of the optometrist–patient relationship is effective communication. Optometrists have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that optometrists and their staff will hold information about them in confidence, unless information is required to be released by law or public interest considerations.

SECTION A:

The practitioner's responsibilities in general and to the general public

1. The practitioner shall always place the welfare of the patient before all other considerations and apply to each patient, the full extent of his knowledge and skill.
2. A practitioner shall be a man of impeccable integrity and of high moral character.
3. A practitioner shall not enter into any contractual relationship which by restrictive or exclusive terms bars him from dealing fairly with members of the public.
4. Any practitioner offering any specialized services e.g. Contact lens, Orthoptics, etc, should be personally:
 - a. Satisfied that he possesses the requisite knowledge and skill necessary for the provision of such service (s).
 - b. Satisfied that service offered is valid both in clinical and scientific terms.
5. On the basis of his education, training and experience, a practitioner should recognise his limitations in practice by seeking further advice or referring the case outright to a more experienced colleague.
6. A practitioner must be an exemplary citizen by fulfilling his civic responsibilities in conformity with the laws of the State and community in which he resides.
7. A practitioner must co-operate with the proper agencies in the enforcement of Optometric laws and in the administration of justice on matters which are Optometric in nature.
8. It is the responsibility of a practitioner to warn patients against the dangerous pretensions of quacks.
9. A practitioner has a duty to maintain, update and expand his professional skill, knowledge and competence throughout his career. A practitioner must attend Refresher Courses/Continuing Education, Annual Conferences and General Meetings of the Association.

10. The following acts shall be considered unethical and therefore constitute unprofessional conduct.
 - a. The employment of lay person(s) to perform visual examination.
 - b. Prescribing and fitting of optical appliances in the presence of ocular and adverse medical conditions.
 - c. Advertising one or more services to imply superiority.
 - d. Advertising professional superiority in the performance of professional services
 - e. Advertising and practicing under a name other than the full name as shown in his certificate of registration with the corporate affairs Commission.
 - f. Advertising in any character which includes or contains any fee whatsoever to the patient e.g. Free eye examination, etc.
 - g. Displaying name, title or any other information on a bill board larger than 6 feet by 2 feet and in letters larger than 6 inches in height.
 - h. To include in such Bill Boards or Complimentary Cards illustrations of eyes, eye glasses and/or any other sign other than the one approved by the Association, which tend to remove the aura of professionalism.
 - i. Employing solicitors, public agents, entertainers, electronic devices, visual or auditory devices, print media, etc. for the solicitation of patronage. eg. Newspaper, Radio, Television, etc advertisement.
 - j. Soliciting for patients directly, individually or collectively through the guise of groups, institutions or organisations.
 - k. To use mobile units for conducting eye examinations for commercial purposes.
 - l. Performing Optometric examinations outside the regular clinic, unless an unsolicited request was made for such an examination e.g. sick calls or Vision Screening approved by the State Chapter of NOA.
11. Some unregistered persons and corporate bodies may employ Optometrists to provide eye examinations, while it is not unlawful to

accept such an employment, the practitioner should ensure before taking up the job that their professional integrity will be safeguarded and the best interest of their patients protected and that undue pressure to practice unethically will not be placed upon them as they will be held responsible for any unethical practices carried out by such bodies.

12. A practitioner should actively participate in public health activities designed to improve the quality of life of members of the public.
13. A practitioner should strive to ensure that all people have access to eye and vision care.
14. A practitioner should maintain dignity, honour and integrity of the optometric profession.

SECTION B:

Relationship between the practitioner and his patient

1. The relationship between a practitioner and his patient is an individual one and depends on mutual trust. Patience should therefore characterise all the acts of a practitioner. The defects of disposition or flaw of character observed in patients during visual examination should be held in trust and should never be revealed except when imperatively required by the laws of the State.
2. A practitioner has no authority to divulge to a third party any information revealed by or obtained from a patient concerning his condition of illness, including treatment procedures, unless the patient consents to such disclosure or such information is required by the laws of the State, otherwise this information must be treated as strictly confidential.
3. It is the duty of the practitioner to ensure that the patient's confidentiality is preserved by all persons employed by him. Thus, the patient's records shall at all times be kept secure, safe and confidential.
4. A patient has the right to know all the pertinent facts and information relative to his ailment. The practitioner should therefore exercise good faith and strict honesty in the disclosure of the information without exaggerating or minimising the gravity of the patient's condition.
5. A timely notice of the seriousness of the illness should be given to the family of the patient, or his guardian or even to the patient himself, if he is deemed capable of receiving the information without causing him undue mental or psychological stress.
6. Practice premises should be worthy of their purpose of providing a primary health-care service and arranged internally so as to ensure that patients enjoy the privacy and comfort which should reasonably be expected during any professional consultation.

7. Examination procedures should never be disrupted by external bodies, the general public or disturbed by external noise.
8. A practitioner is entitled to a compensation (professional fee) for services rendered to a patient unless it had been expressly agreed before the examinations that the services are gratuitous.
9. The practitioners are required to:
 - a. Advise patients fully and honestly of all which may serve to restore, maintain or enhance their vision and general health.
 - b. Accord priority to the eye and visual as well as general health care of the patients.
 - c. Respect the rights and dignity of patients regarding their health care decisions and to choose whether or not they participate in any treatment or accept advice.

SECTION C:

Relationship between the practitioner and his fellow practitioner

1. The preservation of public confidence in the profession as a whole depends in part on the presentation to the public of a unified profession. Traditional professional courtesies should therefore be accorded to a fellow and any action which tends to be divisive should be avoided.
2. A practitioner should avoid any overt disparagement of the professional capacity or personal character of a fellow practitioner except when required in evidence in legal or disciplinary proceedings. He should also avoid the denigration of the quality of other practices.
3. When a practitioner succeeds another practitioner, he should not make denigrating comments or insinuations regarding the practice of the one who preceded him. Such comments or insinuations tend to lower the esteem of the patient towards the profession.
4. It is by no means unusual for a practitioner having once accepted a patient to discover that the patient's problems are more complicated than had originally been apparent. In such cases it is advisable to refer the patient as early as possible to a more experienced colleague. To act in this way reduces the possibility of a "grief" case developing. Far from lowering the first practitioner in the eyes of the patients it in fact, promotes the patient's confidence in the first practitioner.
5. When a patient presents a prescription issued elsewhere for dispensing and an anomaly is observed or if after dispensing, the patient returns complaining of non-tolerance, such a patient should never be re-refracted by a practitioner and issued a fresh prescription, without the expressed consent of the first practitioner. To act otherwise is discourteous and offensive and a breach of professional ethics.

6. When a practitioner is called as a consultant to a case, it is his responsibility to ensure that the patient be returned to the original practitioner for any subsequent care that the patient requires.
7. If due to unforeseen circumstances or emergency, a practitioner is requested by a colleague to care for his patients while away, he should treat such patients in the same manner as though they were his. He should not enter into any covert or overt contracts with the patients thereby making it impossible for the patients to deal with the original practitioner.
8. It is the duty of a registered practitioner to expose any corrupt, dishonest and morally bankrupt practitioner to the Nigerian Optometric Association and to the Optometrist/Dispensing Optician's Registration Board of Nigeria for disciplinary action.
9. It is the duty of a registered practitioner to:
 - a. Ensure that unfit and unqualified persons are not admitted into its ranks.
 - b. Report misconduct/malpractices of colleagues only through appropriate channels stipulated in the NOA constitution and bylaws.
 - c. Accord due respect at all times to senior professional colleagues.
 - d. Not take actions that will bring the profession to disrepute.
 - e. Communicate clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the patient.
10. Good patient care requires coordination between all treating practitioners. Good practice involves:
 - a. Communicating all the relevant information in a timely way.
 - b. Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating the care of the patient.

SECTION D:

Relationship between a practitioner and members of other profession

1. Professional courtesies should be observed at all times between a practitioner and members of other health professions. This should be on the basis of dignity, propriety, mutual respect trust and proper regard for each individual's field of service.
2. Whenever a patient's condition requires the services of other health professionals, every cooperative effort should be made to safeguard the patient's welfare and interest by referring the patient to the appropriate professional.
3. Always promote ethical and cordial relationships with all members of the health care community.
4. Always ensure appropriate intra-professional referral where necessary.
5. Many Optometrists work closely with a wide range of other practitioners. The care of patients is improved when there is mutual respect and clear communication as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's health professions. Working in a team does not alter a practitioner's personal accountability for professional conduct and the care provided. When working in a team, good practice involves:
 - a. Understanding a practitioner's particular role in the team and attending to the responsibilities associated with that role.
 - b. Advocating for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator.
 - c. Communicating effectively with other team members.
 - d. Informing patients about the roles of team members.
 - e. Acting as a positive role model for team members.
 - f. Understanding the nature and consequences of bullying and harassment, and seeking to eliminate such behaviour in the workplace.

SECTION E:

MISCELLANEOUS

1. Compensation/Professional Fee:
 - a. Compensation or fee for services rendered may be either in legal tender or currency or in kind. The form of compensation should be expressly agreed otherwise it will be implied that it will be in the form of money. If goods are given in lieu of money, the goods represent the professional fee.
 - b. A consideration is deemed unlawful if it is contrary to law, morals, good custom, public order or public policy.
 - c. Payment in kind for professional services which involves entering a contract with a patient, that the patient shall submit to an illicit relation with the practitioner is void as the consideration is unlawful and contrary to morals and customs.
 - d. Payment in kind for professional services which also involves entering a contract with a patient that the patient shall change his religion to that of the practitioner (who is also a religious missionary) is void unless the choice to change is voluntary.
2. Prescription
 - a. Whenever a prescription is issued and the patient wants to take it elsewhere for filling, the importance and value of proper dispensing should be explained to him. The prescription should be filled clearly and legibly, without ambiguity. Thus, any case of non-tolerance by the patient for prescriptions incorrectly dispensed elsewhere is not the responsibility of the prescriber.
 - b. Any patient who desires to take his prescription elsewhere for dispensing should not be made to pay a fee, already agreed upon by members of the Association in that area.
 - c. In a situation where a prescription issued by a practitioner and dispensed by the same practitioner becomes trouble-shooting e.g. lens (es) falling out, intolerance due to wrong prescription. etc, it is the responsibility of the practitioner to

change the lens(es) at no extra-cost to the patient provided the report was made by the patient within one (1) months from the date of dispensing.

3. Practice Location.

- a. Lock-up shops, one room apartment, and market square locations are unacceptable for Optometric practice(s). Such locations remove the aura of professionalism.
- b. Optometry practices rendering the same service(s) should be at least 400m radius apart from each other.

4. Professional Behaviour

As a professional, it is the duty of the optometrist to display a standard of behaviour that warrants the trust and respect of the community. This includes observing and practising the principles of ethical conduct. The core qualities and characteristics of good optometrists include:

- a. Maintaining professional boundaries.
- b. Never using the professional position to establish or pursue a sexual, exploitative or otherwise inappropriate relationship with anybody under an optometrist's care; this includes those close to patients, such as their carer(s), guardian, spouse or the parent of a patient who is a child or young person.
- c. Avoiding the expression of an optometrist's personal beliefs to his or her patients in ways that exploit their vulnerability or that are likely to cause them distress.
- d. Reporting to the Board or employer of any limitations placed on their practice.
- e. Ensuring that he/she practices at all times with a valid license.
- f. Dressing decently in corporate outfit putting on clinic gown/coat that carries a name tag with NOA logo.
- g. Practicing within the scope as approved by the ODORBN Act.
- h. Seeking advice from the Board, Nigerian Optometric Association, or other professional association or professional indemnity insurer if optometrists are unsure about their obligations.

- i. Keeping accurate, up-to-date and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, medication and other management in a form that can be interpreted by another optometrist.
- j. Ensuring records are held securely and are not subject to unauthorised access.
- k. Ensuring records show respect for patients and do not include demeaning or derogatory remarks.
- l. Ensuring records are sufficient to facilitate continuity of care.
- m. Making records at the time of events or as soon as possible afterwards.
- n. Recognizing the rights of patients to access information contained in their records and facilitating that access.
- o. Facilitating the transfer of health information promptly when requested by the patient.
- p. Ensuring they are covered appropriately by professional indemnity insurance.
- q. Informing patients about the involvement of students and encouraging their consent for student participation while respecting their right to choose not to consent.
- r. Seeking to develop the skills, attitudes and practices of an effective teacher, whenever optometrists are involved in teaching.
- s. Making sure that any practitioner or student for whose supervision an optometrist is responsible receives adequate oversight and feedback.
- t. Respecting the right of patients to withdraw from a study without prejudice to their treatment.
- u. Ensuring that a decision by a patient not to participate in a study does not compromise the optometrist–patient relationship or the care of the patient.