

Ophthalmologists in Focus

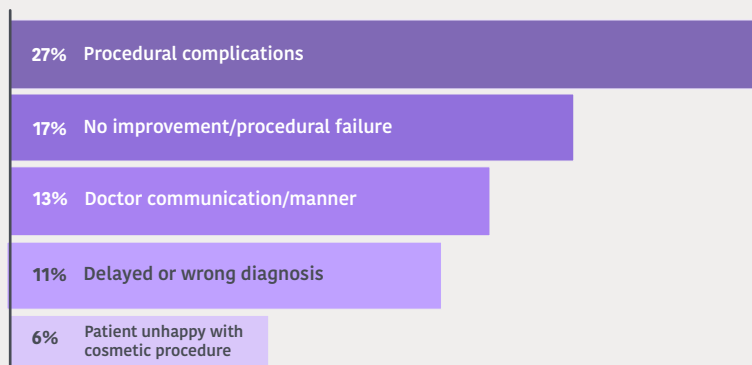
Incidents & Claims Insights | 1 Jan 2023 - 31 Dec 2024



1 in 7

Ophthalmology Members notified MDA National of a medico-legal case in 2024, down from 1 in 6 in 2023.

Types of Claims and Complaints



Procedural complications are the most common cause of claims and complaints

Cataract surgery is the procedure most often associated with cases, as expected from the volume of such surgery.

Complications reported include vision loss, infection, visual impairment (such as double vision), dry eye, retinal detachment after cataract surgery, glare sensitivity, and no change in vision. In two cases the wrong lens was inserted.

Informed consent is vital in protecting ophthalmologists should a complication occur.

Many complications notified to MDA National do not progress to a claim or formal complaint. This can often be attributed to and shows the importance of **handling complications** with empathy, good communication and open disclosure.



Patient expectations drive many complaints

Most formal complaints resulted in no disciplinary action against the ophthalmologist, and many of these came about because the patient was unhappy with the outcome of a procedure.

Patient complaints included:

- *You assured me that I would not need glasses or contact lenses anymore.*
- *I am very disappointed and frustrated with the*

quality of your service and the false promises that you made.

- *I was told my vision would improve in a few days.*

To minimise these complaints, we recommend

- Working to create **realistic patient** expectations, through the consultation, the consent process, and advertising.
- Thorough **documentation** of the consent process.



An ophthalmologist's communication and manner can give rise to complaints

13% of complaints related to the ophthalmologist's manner or communication style:

- *She didn't bother to answer my questions. It wasn't like a medical examination, it was a factory line.*
- *My appointment was 11.30 and I sat there until 1pm. Patients arriving after me went in before me, and then I saw the Dr go out and come back with sushi. No explanation and no apology.*
- *I was yelled at to stay still and my head was pushed into the slit lamp aggressively.*

Consider your communication from the **patient's view** and give them **time** to talk and ask questions. Apologise for delays and have staff **explain** delays ahead of time. Be alert to 'red flag' behaviour from patients, train staff in **de-escalation** techniques, and **document** communication difficulties.

Case Scenario*

A patient with spectacle-corrected visual acuity of 6/24 in one eye due to a cataract had previously undergone surgery for strabismus and had residual small esotropia and mild amblyopia. The ophthalmologist proposed cataract surgery, discussed the risks and documented the discussion, and gave the patient the RANZCO cataract surgery information sheet. The patient was advised that his pre-existing vision issues would limit the achieved acuity, and this was noted in correspondence to the referring optometrist.

The patient agreed to go ahead, and surgery was uncomplicated, with unaided vision later that day improved to 6/12.

Three weeks later the patient complained of negative dysphotopsia. Examination showed vision improvements but also a corneal surface irregularity, a known complication. The ophthalmologist recommended preservative-free lubricants and offered a second ophthalmic opinion.

The patient was not seen again.

Three months later, a formal complaint was made to Ahpra, alleging that care had been negligent and that the patient had developed Bell's Palsy caused by the surgery. MDA National assisted the ophthalmologist to respond to the complaint, and Ahpra decided to take no further action.

A law firm requested the medical notes 6 months later to investigate a potential personal injury claim. MDA National provided the records on the ophthalmologist's behalf and sought an opinion from one of our medical advisers, who opined that the Bell's Palsy was not related to the surgery, and that the ophthalmologist had provided an appropriate level of care with excellent records and comprehensive consent process. Nothing further was heard from the law firm after 18 months and the file was closed.

Looking for more info?

MDA National provides a variety of resources to support you in areas such as consent, medical documentation and complaints. Explore the links below for direct access.

Case Studies & Articles

- [Consent for treatment](#)
- [Consent revisited: when the little things are the big things](#)
- [What is open disclosure?](#)
- [Is it okay to say sorry](#)
- [Setting expectations](#)
- [Being empathic helps you and your patients](#)
- [The angry patient](#)

Learning Activities

- [Informed consent challenges](#)
- [Introduction to Open Disclosure](#)
- [Noteworthy: The how what where and why of medical documentation](#)
- Check [MDA National LMS catalogue](#) for workshops on Achieving Valid Informed Consent, Enhancing Patient Understanding, De-escalation of Aggressive Behaviour in Healthcare.

It is essential that MDA National is notified of any potential incidents or claims. Early notification ensures that tailored advice and support are available when needed and helps us prepare effectively should the matter progress.

For more information, please contact advice@mdanational.com.au or call us on **1800 011 255**. Members can access our **Member Online Services, Support in Practice** or our **LMS** for information and education content.

Members have access to individualised advice and support and Member benefits. Non-members have limited access to our library of resources and education content.



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