SELLING SIGHT
The Ethical Implications of Treating Eyecare as a Market Commodity

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CASE
- 87 year-old East Indian male.
- Chief Complaint: pain in right eye.
- Patient did not speak any English, and I was asked to assist with translation.
- Results: Patient had suffered an accidental corneal abrasion.
- In the midst explaining prescribed medication routine to patient, the co-owner of clinic aggressively knocks on the door and exclaims that we are taking too long with current patient.
- The patient felt he was being a nuisance, and apologized for taking up the doctor's time.
- He sat quietly and did not ask any more questions.
- The doctor then proceeded to rush the end of the exam.

HEALTHCARE CAN BE THOUGHT ABOUT IN TWO DIFFERENT WAYS.

- Eyecare has always been viewed as a gateway to health.
- It is allocated as a market commodity instead of a social service, dispersed according to the ability to pay, instead of according to need.
- There is a huge mismatch between the two—meaning that those with the greatest need are the ones least able to pay.

TREATING EYECARE AS A MARKET COMMODITY – LEADS TO A CONFLICT OF INTEREST.

- Allows optometrists to partner with non-O.Ds, such as business owners, HMO corporations, military services etc.
- There is a conflict of interest, as optometrists have pledged an oath to prioritize the health of their patient, whereas the non-O.D has not.

ETHICAL VIOLATION

- Immanuel Kant's non-consequentialist theory of deontological ethics.
- The central moral concept is that of duty, and how the goodness or badness of an act depends on the act itself – not the consequences of it.
- You must never treat a person as a means to an end.
FEMINIST BIOETHICAL THEORY

- Grounded in a critiquing of norms that result in injustices in healthcare.
- Directed against ideas that ignore morally relevant individuals, while highlighting privileged perspectives.
- When someone as privileged as a doctor chooses to deny service to a doctor because of their healthcare insurance, or chooses to treat them worse because of it, then they are only choosing to serve themselves.

IN CONCLUSION...

- Imperative to acknowledge the growing gap between eye care services and the individuals that need to access it but cannot.
- It is okay to compromise, and realize that some eye care services can be treated as a market commodity, while still recognizing that the patient should always come first.
- We must unflinchingly live by our professional ethics, and assist those individuals that need our services the most.

REFERENCES