



College of Physicians and Surgeons of British Columbia

Practice Standard

Provision of Prescriptions for Ocular Refraction

Effective:	June 2005
Last revised:	March 4, 2019
Version:	3.1
Next review:	September 2020
Related topic(s):	Conflict of Interest , Promotion and Sale of Medical Supplies and Devices , Advertising and Communication with the Public

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

COLLEGE'S POSITION

The intent of this standard is to minimize risk of ocular pathology being overlooked as a consequence of a patient who, having been provided with a prescription signed by a medical practitioner, then presumes that his/her ocular health has been adequately screened.

The College considers that a physician, in signing a prescription for correction of a visual refractive error which may be a prescription resulting from automated refraction, performs a medical act which endorses that the patient has had the entirety of his/her ocular health professionally scrutinized, and that ocular pathology has been excluded or appropriately addressed.

A patient who seeks a prescription for visual correction is presenting with the implicit complaint that his/her vision is suboptimal.

Therefore, prescribing based on the results of an autorefraction alone, without having taken a history from the patient, and without having conducted an examination based on that history, compromises the medical method of diagnosis and places the patient at significant risk with the potential of missing significant ocular, and possibly systemic, pathology.

The College considers that a waiver by the patient to forgo the balance of the ocular examination, even when that waiver acknowledges the associated risk, does represent signing on to substandard health care. Such a waiver is unlikely to withstand the rigours of ethical and legal scrutiny of informed consent.

Should an adverse outcome result from such practice, the practitioner signing that prescription would stand in ethical and, possibly, legal peril.

Considering all of the above, the Board has determined that:

- In signing a prescription based on a refraction, a physician is practising medicine and acknowledging a patient-physician relationship with all of the ethical and legal encumbrances involved;
- Ocular health can only be certified by a complete ocular examination;
- The signing of a prescription for visual correction, based on an autorefraction, without taking a history from the patient and without conducting an ocular examination of that patient to ensure that no concurrent ocular pathology exists, does not meet the standard of care expected of a physician and is unacceptable medical practice.