

1  **Avoiding Malpractice: Tales from the Courtroom**

*Paul C. Ajamian, OD*

*Diplomate, American Board of Optometry*

*Omni Eye Services of Atlanta*

*Georgia Optometric Association Summer Meeting*

*Hilton Head 2026*

2  **Are you meeting the standard of care each and every patient each and every day**

● What is it?

● What a reasonably competent optometrist with similar training would do in the same or similar circumstances\*\*

●

● \*\*the standard is established through expert testimony, clinical guidelines, policies, and research

3

4

**Tip #1 Avoid Malpractice**

**Don't Miss Glaucoma and Be Meticulous about your Exam!**

5  **27 YO Prisoner**

**OD contracted with Prison comes in to do a routine exam**

6  **Visit 1: "my right eye hurts at times"**

▪ Prison exam:

▪ VA 20/20 OD and OS

▪ CD .75/6

▪

NO IOP taken

RV 6 weeks check IOP

7  **6 week check**

▪ No VA taken

▪ i Care 43/12

▪ Goldmann 33/12

▪

▪ Started on Combigan and Lumigan

▪ RV 3 months

▪

8  **3 month check**

- No acuity taken
- IOP 14/13
- Meds adjusted due to headaches and injection
- RV 3 months

9  **3 month check**

- IOP 33/10
- Patient had stopped meds
- 
- Appointment made at University of Illinois
- 

10  **What happened next?**

- Sent to University of Chicago 10 months after initial exam by OD for possible surgical intervention
- Their plan: continue present meds
  - Reminded me of times past
- Patient upset with delay in referral, sues OD and prison system
- 

11  **7 year lawsuit**

- 1  ▪Just settled
- 2  ▪OD no longer does prison work

12  **You DO NOT WANT TO be sued.....but if you are:**

- CONTACT MALPRACTICE CARRIER
- Lock charts/don't discuss and don't panic
  - Don't go back and change anything
  - Don't carry chart around with you
- 
- YOU WILL NOT LOSE YOUR LICENSE OR LIVELIHOOD
- INSURANCE PLAN CREDENTIALING MAY BE IMPACTED
- 

13  **Why oh why the Pink Eye?**

14

15

16  **MD'S ADVICE when patient stated "everyone thinks I am on drugs"!**

17  **"I will write you a letter stating you are not on drugs"**

18  **We stopped the Rhopressa**  
▶ RECOMMENDED CATARACT SURGERY PATIENT MUCH BETTER AFTER 3 WEEKS

19

20

21  **What We Are Learning**

22  **Lessons Learned**

- Do a complete exam on everyone everytime!
- Record Findings clearly and in detail
- Don't miss glaucoma! 50% of glaucoma patients have IOP less than 21
- 
- DUMP THE MAGIC NUMBER!

23

24  **Tip 2: Avoid Malpractice**

**Dilate Dilate Dilate!**

- Very much the standard of care
- "Failure to Diagnose" is still the most common category of malpractice

25  **Dilate Dilate Dilate!**

- Don't pass your fears on to patients
- They need to learn that dilation is part of what we do!
- 

26  **Recent case**

Aren't you gonna MAP ME?

27  **33 yo nephew**

- 1 ● Juvenile onset diabetes
  - Never had an eye exam
  - Ignored my offer for a freebie and went to local OD
- 2 ● "Would you like to be mapped for \$45 dollars, it will be a lot easier than dilation"
  - 
  -

28  **Get a Better View**

- Dilate well...1%MYD and 2.5% PHENYL
- Lay patient back
- USE A 30D LENS!!

29

30

31

32  **How would you handle this case that presents as a routine yearly "vision" exam ?**

33

34  **How would you diagnose this case?**

- Retinoschisis?
- RD?
- Tumor?
- Don't know until we dilate?

35  **Dilated Exams: Insurance Policy for you and your patient**

- PROTECT YOURSELF!
- Looking at retina and discs in stereo matters
- 

36  **SERIOUSLY?**

37

38  **Tip 3: AVOIDING MALPRACTICE**

**Make Appointments for Patients, Send Letters on What You Want Done, and Document All of It!**

39

40

41  **Anatomy of a Malpractice Case:  
YOU ARE THE JURY!**

42  **56 WM with sudden VA loss 20/200  
"swollen nerve" OD**

43  **OS: 20/40 no refraction**

44  **Polling Question**

- WHAT LAB TESTS WOULD YOU ORDER?
  - A. CRP, ESR, Platelets
  - B. ANA, CBC, HLA-B27
  - C. TSH, T3 AND T4
  - D. BLOOD WORK IS NOT INDICATED

45  **Dx: "Ischemic Optic Neuropathy OD>>OS"**

- 
- OD orders CRP/Sed Rate/Suggests Carotid Doppler
- Day 1: PCP took day off
- Day 2: OCT performed
- Day 3: Saturday, Fax order sent to PCP/Hospital
- Days 3 and 4: Fax sat on machine
- Day 5: Test finally ordered but not performed
- 

46  **Day 6**

- PATIENT WAKES UP WITH POOR VISION IN THE GOOD LEFT EYE!
- 20/200

47

48  **AFTER AN 8 DAY TRIAL.....**

- Plaintiff asking for 15 million dollars from defendant and hospital system
- 20 minutes of deliberation....
- 

49  **Your Verdict Please**

50  **Your Honor, we the jury find the defendant:**

51

- WHEN THERE IS TRULY SOMETHING WRONG WITH YOUR PATIENT AND YOU DECIDE TO REFER.....
- Be firm...make appt for the patient!
- If they refuse, write it in the chart
- Send a referral letter by fax or mail, copy in chart including fax confirmation
- 
- 
- 

52  **And make sure they follow-up and get the testing they need!**

53  **Tip 4: if its high risk and not responding, share the joy**

54  **Corneal "infiltrate" and "edema"**

- Seen on a Wednesday, VA 20/25 Besivance Q1H
- Friday, same appearance CPM
- Monday, same appearance add Cipro
- Wednesday, "sligh improvement" VA 20/40
- Friday wakes up with CF vision

55  **Then this.....**

56  **Don't wait til disaster strikes**

57  **If your staff can't get patient in to see someone, YOU call!**

- If ED, send them a letter with your cell number
- The more details you get referring doc the better

58  **Summary**

- Don't miss glaucoma
- Dilate Dilate Dilate
- Make appts for patients, follow through with testing
- Don't over-refer.....but know when to say "uncle"!
- 
-