



Original article

VISUAL ACUITY RECORDING AND MAL-PRACTICE

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ABSTRACT

Visual acuity recording is an essential step in any patient attending an ophthalmology clinic. Sometimes it can not be done as in young children. In other cases, it is not helpful in the diagnoses, but it may create a medicolegal consideration later on. The study evaluated the files attending my clinic first two weeks of September 2025, whom were seen previously. File number, sex, age at first presentation, number of previous visits were recorded. Recording of visual acuity at first visit and the number visual acuity recording at previous visits, diagnosis and any excuse not to record visual acuity were also recorded. Fifty records were studied. In nineteen cases the visual acuity were not recorded in the first visit, seven out of them the visual acuity were never recorded. Four out of the seven were suffering from refractive error. Visual acuity recording is essential for every patient to reach proper diagnosis, accurate follow up and to avoid medicolegal mistakes.

KEYWORDS: Visual acuity, Refractive error, Medicolegal mistakes

INTRODUCTION

Malpractice is a professional's failure to provide the proper service through negligence, carelessness, or illegal actions, leading to injury or failure to diagnosis. It is a form of professional wrongdoing that occurs when a person's actions or inactions deviate from the accepted standard of care within their profession, causing harm. According to standard eye examination, which include assessment of eye function, examination of each ocular organ (according to the patient symptoms and to help in reaching proper diagnosis), producing certain examinations to detect asymptomatic progressive diseases are also mandatory. Failure to do such standard requirements are regarded as malpractice, they may reach to the level of legal accuse. So failure to

act correctly and according to the legal standards while the practitioner performing the medical practice, is a guide to grade the practitioner in the malpractice group [1]. Testing of eye function does not include visual acuity only, other visual functions should tested also. Visual acuity testing is the first base in ocular examination. Best corrected visual acuity (BCVA) should be 20/20 in each eye, and if it is not, the clinician must search for an explanation procedure to detect the cause for the reduced acuity [2]. Not recording visual acuity, is a cause of diagnostic errors, when a doctor fails to correctly assess a patient, does not order the correct diagnostic tests, or misreads test results. The medical provider may incorrectly diagnose certain disease as a different medical condition. This leads to delay

in the diagnosis until it is too late to prevent permanent harm, this can have serious consequences, such as vision impairment or blindness [3]. Reasons for not testing visual acuity include very young children, mentally retarded, disoriented patients. As young as 3 years old children, the visual acuity can be tested by pictures visual charts. Older children can be tested by E – letter visual field chart. In some cases the vision cannot be tested as in sever photophobia, trying should be attempted. In other cases the practitioner thinks the recording is not significant as in conjunctivitis, this is wrong state, involvement of the cornea and visual disturbance is expected, Anyhow, When not possible to record the vision, it should stated in the patient records to avoid future complains.

MATERIALES AND METHODES

Fifty files visit my clinic at Elbaser clinic in the first two weeks of September 2025. All case were seen in

the past, by the author or other colleagues. The file number, sex and age were recorded. Other data were recorded, that include:

- 1-Age at first visit.
 - 2-Visual recording at first visit was done or not.
 - 3-Number of past visits.
 - 4-Number of visual acuities were recorded in the past.
 - 5-any excuse not recording vision (young children, conjunctivitis).
- The data were simply analyzed.

RESULTS

The number of visits varies from 1 to 14 (total 274). In nineteen cases out of fifty (38%) the visual acuity were not recorded in the first visit, 8 out of 19 cases (37%) the visual acuity were never recorded (14% of the total) (table 1). Four out of the eight (50%) were suffering from refractive error (8% of total).

Table 1: Visual acuity recording in different visits

First visit		Later visits		Never recorded
Recorded	Not recorded	Recorded	Not recorded	
31 (62 %)	19 (38%)	34 (68%)	16 (32%)	8 (16%)

In 126 visits (46%) the visual acuity were not tested in all of the visits (table 2).

Table 2: Number of visits and visual acuity recording

Number of visits	Number of VA recorded	Number of non recorded VA
274	148 (54%)	126 (46%)

Out of all cases, 27 cases (54%) were suffering from refractive error, 18 cases out of them, the visual acuity were recorded in the first visit, 9 were not

tested in first visit. Four cases out refractive error group (14.5%) were not recorded in all visits (table 3).

Table 3: Refractive error in relation to visual acuity recording (No. 27)

First visit		Later visits	
Recorded	Not recorded	Recorded	Not recorded
18 (67%)	9 (33%)	5 (18.5%)	4 (14.5%)

DISCUSSION:

From the study we notice that:

- In the first visit (38%) the vision were not recorded.
- In later visits (32%) the vision were not recorded.
- In (16% of cases) the vision were not recorded in all visits.
- In 54% of visits the vision were not recorded.
- In (33%) of cases with refractive error the vision were not recorded in first visit.
- In (14.5%) of cases with refractive error the vision were not recorded at any visit. Visual acuity recording is a mandatory step in ocular examination. Ideally all visual functions should be recorded. Recording of the visual acuity and some times other visual functions are guiding factor to reach the proper diagnosis. On the other hand not recording the visual acuity is regarded as mal practice witch may lead to medicolegal consideration. As this study show high percent of cases the visual acuity was not recorded in the first visit. It also show that many cases with refractive error the visual acuity were not recorded regularly. Some of them were not recorded at all, this is very dangerous especially in the refractive error group, in such a case they might be

amblyopic and they are not treated in the proper time, they may have permanent sub normal vision of variant degrees.

CONCLUSION:

Not recording the visual acuity for every patient in each visit is regarded as malpractice. To avoid medicolegal considerations, when not possible to record the visual acuity, the cause of that should be recorded in the patient records.

RECOMMENDATION:

Assessment of visual functions should be tried in every patient attending ophthalmology clinics, and recording them in the patient records. The minimum requirement is visual acuity recording, other function when needed.

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