Podcast 6
TALKING TO PATIENTS ABOUT VISION LOSS AND REHABILITATION

Introduction.
This series of podcasts is hosted by the Vision Center of Excellence, a joint program of the Department of Defense and Department of Veterans Affairs.

The podcast series provides concise summaries of issues and reports targeted to Department of Defense and Veterans Affairs vision providers overseeing care for our Service members and Veterans.

Body.
This podcast summarizes and comments on editorial published in the Journal of the American Medical Association for Ophthalmology titled “Talking to patients about vision loss and rehabilitation” authored by Dr. Alan R. Morse and published in 2012. While directed toward ophthalmic professionals, the message in this editorial can be applied to the broader eye care provider community.

Loss of one's vision may cause fears and anxiety about the functional impact on one's entire lifestyle, including important concerns such as independence and mobility. When providing care, the ophthalmologist has an opportunity to ease the patient’s fears upon receiving a diagnosis of progressive vision loss or blindness. This can be achieved by conveying the message that vision loss does not necessarily imply a total loss of independence for the patient and that successful adjustment to potential life-altering changes is possible. As Dr. Morse discusses in his editorial, it is the responsibility of the ophthalmologist to help their patients accept, adapt and adjust to vision loss.

While providing sound medical information is an important aspect of patient care, how it is presented and communicated is just as crucial. Even in the face of irreversible and untreatable conditions, doctors can provide their patients with hope. How a provider delivers news can affect how the patient accepts and adapts to their diagnosis. The delivery must be accompanied by emotional support, understanding and hope that successful adaptation to life changes can be achieved with provider support and guidance. An effective provider-patient relationship is based upon mutual trust and candid, empathic communication. Patients must feel like their provider genuinely cares for their well-being and sees them as a person, not just a diagnosis. Though it might seem that empathy is an innate gift, therapeutic communication based on empathy is teachable. The Accreditation Council for Graduate Medical Education has made interpersonal and communication skills one of the seven core competencies in medical school curricula. This demonstrates a paradigm shift from the traditional model of medical education, which solely focused on diagnosis and skills training and ignored the skills required for communicating the information to patients. While it seems obvious that providers should be trained in therapeutic communication skills and in practicing empathy when delivering bad news, this topic is surprisingly absent from most eye care education.

Ophthalmologists’ responsibilities do not end upon stepping out of the operating room. This is especially true in cases where all treatment options have been exhausted and the focus of care must shift from curing the disease to helping a patient live with the disease. It is true that vision
rehabilitation is generally outside the parameters of practice for most ophthalmologists. Yet according to Dr. Morse, vision rehabilitation should be considered within the parameters of practice as part of oversight of the entire plan of care. This means that ophthalmologists should be aware of specific resources and rehabilitative services. And more importantly, they should make referrals for such services. Effective medical practice should include the facilitation of the next phase of patient care, such as rehabilitation. Thus, rather than placing the added burden of seeking out services directly on the patient, the initial responsibility of coordinating follow-up care should be on the provider.

The goal of vision rehabilitation is to maintain and enhance the functional status of the individual, as well as facilitate coping and compensatory strategies for living with vision loss. Unlike other medical specialties where detailed discussions about rehabilitation occur at the inception of care or during the pre-surgery period, conversations about vision rehabilitation often occur after all surgical interventions have been exhausted. Dr. Morse suggests that ophthalmologists engage in these conversations with their patients much earlier in the course of treatment. Additionally, he suggests that providers present the idea of rehabilitation not as a failure to cure vision loss, but instead as an integral component of the entire care plan. Ophthalmologists and rehabilitation specialists should work alongside one another to ensure a holistic approach to patient care.

It is important that eye care providers, including ophthalmologists, understand that how they communicate with their patients may have a profound impact on the way their patients receive, absorb and accept the information. Ineffective communication, lack of support with respect to the rehabilitative phase, and inconsistent collaboration with rehabilitation specialists can serve as a barrier to recovery, or result in diminished quality of life for the patient. In providing the tools and information necessary for rehabilitative success, the ophthalmologist can help to ameliorate the stress that patients with a potentially life-altering diagnosis often face.

Conclusion.
This production was brought to you by the Vision Center of Excellence. Our mission is to lead and advocate for programs and initiatives to improve vision health, optimize readiness and enhance quality of life for Service members and Veterans. Working with TRICARE, the Military Health System, other Centers of Excellence and the Veterans Health Administration, the Vision Center of Excellence works to enhance collaboration between Department of Defense and Department of Veterans Affairs vision care providers, provide guidance for clinical practice and facilitate patient-centered support. For more information, visit us online at vce.health.mil or on Facebook.

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APPENDIX
A: **Phonetic Guide.**

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