

EDITORIAL

IMAGE OF OPTOMETRY

As a professor of optometry I have the privilege each year of advising incoming first year students. There are a number of benefits to the student of having an advisor. Initially, any apprehensions about entering a professional school can be addressed. The student has someone with whom he or she can discuss issues in a knowledgeable and effective manner. Later in the student's career, the advisor can arrange special assistance in the form of tutoring if the advisee is having inordinate difficulty in negotiating a course. Advising is a valuable and often informative process for both the student and the professor. In the course of "getting to know you" the Southern College of Optometry sponsors a barbeque during the first week of school. Each professor is assigned a table and the advisees sit with the professor over sweet tea (it is the south you know), cole slaw, baked beans and a barbecue sandwich. In the course of conversations, the advisees learn about the professor and the professor learns about the advisees. I have found that asking the following question to be invaluable in facilitating the interchange: "How did you become interested in the profession?" The answers are varied and frequently go beyond the basic question. In this regard, I would like to share the recent response of one of my assigned students.

After explaining how he became interested in optometry and had gone successfully through the admission process, he felt it would be beneficial to interact with several practicing optometrists. The student had been startled by the negative attitude of one of these practitioners. The optometrist indicated that, given the chance, he would not choose the profession again. He

forcefully stated that there were too many optometrists, "one on every corner" and the competition is becoming more and more of a challenge. The practitioner further informed the prospective student that the profession was in the process of developing three new optometry programs (Texas, Arizona and California). The optometrist was concerned that it would be increasingly hard for him to make a living and he really did not enjoy "turning dials." I propose that it is productive to discuss the optometrist's allegations.

It is difficult to accurately determine the number of "dial turning" optometrists, particularly as we end an era where the profession has greatly expanded its scope of practice. Nevertheless, it is true that refraction is and always has been the primary concern of optometry. Indeed, a study by Soroka et al showed that refractive care accounted for almost 40% of all procedures carried out on just over 11,000 patient encounters by 480 optometrists over a two day period.¹ A search of Medline did not find a similar study for ophthalmology, but it is not unreasonable to assume that "dial turning" is also a significant part of that profession's clinical diagnostic regimen.

The optometrist's concern with the three new educational programs assumes that there is not a need for more optometrists. However, before a new school or college of optometry can even apply for initial recognition by the profession's accrediting body it must complete and submit a feasibility study of the proposed professional optometric degree program in terms of: public need, career opportunities for graduates, student interest, availability of an appropriate patient base, financial resources, availability of faculty,

and physical facilities. Additionally, it must complete a thorough self study report according to rigorous requirements.² Consequently the creation of these new educational institutions require evidence that there is a need in terms of the public and student interest.

I do not believe that the optometrist's attitude is representative of the profession at large. Rather, it is the opinion of a disgruntled individual. It is strange how one can be so negative with the opportunities of the profession that go beyond "turning of dials." Consider that optometry has both diagnostic, therapeutic, hospital, minor surgical and laser privileges (Oklahoma). These relatively recent expansions in the scope of practice have been followed by optometry's increasing role as an American mainstream health care profession. This is evidenced by optometry's

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presence in the military services, the Indian Health Care System and in Medicare and Medicaid.

Yet, at the core, the spirit of this profession is lenses, prisms and optometric vision therapy to make them comfortable and efficient in their daily life. I was once involved in a debate on where the profession was headed. One argued that in 10 years optometrists would not be involved in refractive services. My position was that the proper evaluation and treatment of a patient with lenses/prisms and vision therapy was and would continue to be the calling of optometry. I pointed out that health care was about decreasing mortality and morbidity and one of the most devastatingly morbid things that can happen to a person is to be without his lenses or contacts. At this point, I polled the audience by asking how many wore some type of correction for either distance or near. Almost all raised their hands. The point was made. Prescribing a proper lens and the proper pairs of lenses for all of the patient's needs is the bedrock of this profession. To do this, you must "turn dials" and provide VT. These services are indeed a noble and needed service to mankind.

References

1. Soroka M, Krumholz D, Bennett A. The practice of optometry: National Board of Examiners in Optometry survey of optometric patients. *Optom Vis Sci* 2006;77:427-37.
2. Accreditation Manual: Professional Optometric Degree Program, Revised 8/07. Accreditation Council on Optometric Education. St. Louis: 21-22. Available at: <http://www.aoa.org/document/OD-Manual-08-2007.pdf>.