GUEST EDITORIAL

RESEARCHING Behavioral Optometry

Editor's note:

These were the comments made by Dr. Selwyn Super at the opening of the 3rd International Congress of Behavioral Optometry, May 1, 1998, Washington, DC. I.B.S.

The Third International Congress of Behavioral Optometry brings together a prestigious assembly of far sighted and well respected colleagues. This audience stands poised to enter the 21st century in no more than 610 days. With the clock ticking away, fast removing the present and racing towards the future, it is time to reflect, briefly, on the history of world optometry and of its leading forces in the United States where this International Congress is being held.

With meeting the needs of the public always in the forefront, optometry started out with its limited resources to supply ready made reading spectacles on a trial and error basis to its willing customers. At the same time and in a more limited fashion, eye exercises and other remedies were offered for tired and sick eyes. Advances in science and technology brought about scientific methods for the measurement of refractive errors and their compensation by spherical, toric and prismatic and colored lenses. It also established a more scientific approach to eye exercises related to ocular sensory and ocular motor integration and function.

Initially, optometry's major focus was to help its public see clearly, comfortably and efficiently and to do everything in its power to achieve these ends by functional and non medical means. However, the profession also accepted the responsibility of detecting ocular and systemic pathology which manifested through the eyes and to refer this for medical attention.

In the United States, particularly, optometry's focus in the last thirty years has been to achieve legitimate primary care entry status and to become diagnostically and therapeutically drug proficient. While this increased knowledge and skill in the detection and treatment of ocular pathology has served a valuable purpose in meeting a public need, it would seem to have led to a deemphasis of a number of important aspects of optometric education and weakened optometry's initial role in providing functional vision care to an even greater public.

There can be no doubt that political forces have played a role in this evolution and that the infringement and overlapping of competitive professions has led to the widening of gray areas of practice. From a logical point of view, however, the man in the street would always choose a first class ophthalmologist and a first class optometrist, with clearly defined areas of practice and, especially, if private enterprise and managed care made both equally viable.

This sketchy history provides a backdrop for the opinion molders, policy makers and leaders in optometry to decide what to recommend for the future of the profession. The current standing of the profession is based on its education, public acceptance and legislation. None of these three pillars is carved in stone in an inevitably changing world. With knowledge becoming so immediately universal, and informed decision making becoming more a rule than an exception, the time is ripe to examine our foundations and decide what is best for the profession and the public in the third millennium. It seems now imperative to articulate a new vision and mission in order to remain in touch with the times and the changing face of health care.

We can learn a lesson from the scientific community where the quantum leaps in progress have come only from an approach which integrated basic, applied and clinical science. Today we need the integrated teamwork of every type of scientific endeavor to help rationalize health care and no less the services of optometry. Our focus on basic research may have been a good political move in the past, but an imprudent investment in terms of clinical optometric practice gains. It is now time to change our curriculum to educate a scientifically trained caring practitioner and to teach and apply an integrated research methodology that can be applied on an ongoing basis throughout the lifetime of the practitioner.

With a greater understanding of environmental forces and the role of patient interaction affecting the outcomes of even the best technology and clinical treatment, we need to engage the public and every health care practitioner in a continuous flow of data gathering and analysis. This can be done practically and at minimum cost through the advent of electronic communication and computer analysis.

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At the basic teaching level, we should recognize that education in all spheres is a life long and continuous process and that encapsulated formal learning for a prescribed number of years, is less than optimal. As a profession we should tailor our curriculum to show our concern for human function and behavior, through the development, maintenance and enhancement of vision, and by the detection, correction and ultimate prevention of vision errors. Our training institutions should commit themselves to towards the development of scientifically trained and caring clinicians, who recognize their skills and limitations. And while each practitioner's skills should be developed to the full there also has to be a nurturing and a development of team skills and a sense of community.

As a health care profession we need to be aware of trends in medicine and general health care which posit community support as being the most powerful healing agent. No less can we afford to ignore the effects of the external environment, or what we do to our internal environment through our mental states, nutrition, physical exercise and general living habits.

By taking the public into our confidence and establishing the best forms of intercommunication, we should learn most about what our public needs. And showing the public what they should be doing for themselves and where we can best be utilized, should build up the greatest mutual trust and benefit.

As a profession, and particularly as behavioral optometrists we should realize that we cannot handle the total population's vision care needs on our own. But as leaders in vision we should be looked to for the furnishing of a curriculum that will inform and empower individuals and professional groups to add their contributions to the body of knowledge and its practical application, in order to raise the quality of vision of all people.

May the participants at this Congress commit themselves to reestablish and reinforce the strong foundations of their founding fathers with new energy, enthusiasm and divine inspiration to do only the best for all mankind.

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