EDITORIAL

SOME THOUGHTS ON OPHTHALMOLOGY

A recent issue of the Archives of Ophthalmology carried several articles[1-3] that should be of interest to optometrists. The articles are based on the Eye Care Workforce Study that the RAND Corporation conducted for the American Academy of Ophthalmology several years ago.[4,5] Essentially, the authors use those data and conclusions to project the nation's future need for eye care practitioners. Because of the complexity of the task, several interactive variables are used to fashion different models. The boundary models are termed "optometry first" and "ophthalmology first." These are predicated on which profession is the major provider of primary eye care. Consequently, the second model is very hypothetical since it assumes a virtual disappearance of optometry. Using the more realistic "optometry first" model, the authors of one article conclude that ...."70% of all ophthalmologists are in excess, although sub-specialists (39%) are relatively less in excess than comprehensive ophthalmologists (91% excess)."[1] (p.917)

Then, hard upon the heels of this news came word that a bill had been passed and signed by the Governor of Oklahoma granting optometrists, who qualify, the privilege of performing laser surgery. Undoubtedly this has caused great concern for both political and academic ophthalmology, and an article appeared in the August, 1998 issue of the Review of Ophthalmology that addresses this event.[6] The author, Jeffrey T. Shaver, is a third generation ophthalmologist who is the current President of that profession's Oklahoma Academy. He has produced an article dripping with "poor us" and "closing the barn door after the horses have escaped." Dr. Shaver stands in awe of the optometric political astuteness and states that....."Most of our membership, by contrast, has little interest in politics and even less interest in active campaigning" [6](p.33). He also points out that optometry "greased the wheels" of the legislative process to the tune of $106,434 vs ophthalmology's $27,125. However, a little arithmetic reveals that the contributions of each of the state's optometrists and ophthalmologists were virtually the same since Dr. Shaver's figures indicate that there are 483 optometrists vs. 141 ophthalmologists. Nevertheless, he gives the impression that Oklahoma legislators can be influenced solely on the basis of money, and even hints at impropriety in Governor Frank Keating's office.

But, while Dr. Shaver neglected to discuss a particular action by his organization, it was recognized in a side bar comment by one Oklahoma legislator. Rep. Dale Wells states that ophthalmology's campaign of negative radio ads reporting that optometrists are only good for fitting glasses were contrary to his knowledge of the profession and hurt ophthalmology's cause. Further, he comments on the arrogance of ophthalmology, and the fact that while optometry was bashed, it did no bashing of ophthalmology during the legislative process.

The above events indicate that ophthalmology is at a crossroads. The position and status it enjoyed for so long have undergone significant changes. In order to maintain its future vitality it must plan to restructure and redefine itself. The restructuring must at once take into account the nation's public health needs and market demands in determining the numbers and distribution of each of its sub-specialties. Particularly important in this regard, it must realistically deal with the probability that the expansion of optometric scope of practice has made general (AKA comprehensive or medical) ophthalmology an entity the health care system no longer needs and can no longer afford.

Crucial to its redefinition will be the forging of a new relationship with optometry. Its history of "optometry bashing" must cease. As evidenced in Oklahoma, it worked against ophthalmology. And a recent article in the "duck cover" issue of the Review of Ophthalmology contained more of the same. In this piece which is devoid of

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scholarliness, logic and editorial oversight, the optometric practice of vision therapy is characterized as quackery.[7] Vision therapy has been attacked before, but never so irresponsibly. And ophthalmology must realize that the future of the two professions are tied to each other. In today's health care economic environment, the business agents of managed care thrive on the lack of cooperation and coordination between ophthalmology and optometry. They are able to use the discord increasingly against both. The result has generally been decreasing reimbursement rates and compromised patient care, with the only winners being the treasuries of the managed care plans.

But realistically, a prerequisite for ophthalmology to take such a rational course is a reciprocal action by optometry; this can not be a one-way street. While ophthalmology, which has changed so little, will need to institute major revisions, optometry, which has changed so much, will need to do a critical self-assessment. And the key issue will be the degree to which further changes in its scope of practice are presently desirable and feasible. This assessment must be done in the context of the maintenance of its vitality, the fact that ophthalmology will not disappear, and, most important, the public good.

References

1. Lee PP, Relles DA, Jackson CA. Subspeciality distribution of ophthalmologists in the workforce. Arch Ophthalmol, 1998;116:917-920.
2. Bass EB. Public health need vs. market demand for ophthalmologists. What are our priorities? (Editorial). Arch Ophthalmol, 1998;116:930.
3. Jackson CA, Brown JA, Relles DA, Lee PP. Work time estimates for ophthalmic diagnoses and procedures. Results from the eye care workforce study. Arch Ophthalmol, 1998;116:922-928.
4. Lee PP, Jackson CA, Relles DA. Estimating eye care provider supply and workforce requirements. Santa Monica, Calif: RAND; 1995. Publication MR-516-AAO.
5. Lee PP, Jackson CA, Relles DA. Eye care workforce supply and requirements. Ophthalmol, 1995;102:1964-1972.
6. Shaver JT. What went wrong in Oklahoma? Rev of Ophthalmol; August, 1998:32-36.
7. Koller H. Is vision therapy quackery? Rev of Ophthal; March, 1998:38-40.