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LESSONS FROM COVID

The COVID-19 crisis shook our certainties of a predictable world in which humanity could dictate its laws on nature and impose its will. A different reality has struck us full tilt and we are still coming to grips with the extent of the shock from which some people want a return to a certain level normalcy. Will that be possible? Are we foolish enough not to learn from this event that has in no uncertain terms changed our habits and our freedoms, but even more profoundly, our relationships with each other and with the world? What impact will this have on optometric practice in the future?

THE HUMAN FACTOR

One of the most essential aspects of optometric practice is the human contact we have with our patients. Communication is certainly a primary skill for a successful optometric practice, but there are also empathy and listening skills that we need to develop when dealing with others. The pandemic has changed the way humans perceive each other. We now see each other more as vectors for potentially deadly germs rather than as other human beings with whom it is possible to build a lasting and supportive relationship. It will be necessary to relearn non-verbal language, which is essential for there to be mutual trust. Removing the masks, both figuratively and literally, will not be as easy as it may seem.

The human side of our practice and our interventions are the only things that differentiate us from the Inter-net or emerging technologies that are already changing the way we do things. In a post-COVID world, optometrists will need to put this human side forward more than ever before and will also need to develop meaningful relationships with the patients they see, whether in a face-to-face or virtual mode. We will no longer be able to rely on yesterday's methods to ensure our future relevance. How we approach patients, how we communicate with them, will define our future successes and failures. The people who come to us will do it more for our inter-personal skills than for our know-how.

THE TECHNOLOGICAL FACTOR

Making these connections takes time and attention. Time that, before the pandemic, we never had because we were all too busy chasing ever more unrealistic goals. These breaks imposed on us by COVID-19 have made us realize the importance of the present moment. Understanding that we can do our jobs by taking more time and focusing less on the best possible statistics at the end of the month.

Technology will allow us to make that shift. In fact, when a patient is seen for a 30-minute appointment, at least 20 of those minutes are devoted to tests and interactions based solely on data collection. By using modern devices to acquire this data, by having it manipulated by trained personnel, and by relying on artificial intelligence diagnostic aids, it will soon be possible to turn that around. For each 30-minute appointment, 20 minutes will be devoted to analyzing the data collected, taking the time to make an informed diagnosis, interacting with the patient, informing them of their condition and discussing case management. Taking this time to make connections, rather than focusing on exam technique, will be an absolute must for a successful optometric practice in the future.

BREAKING MOULDS AND CHANGING PARADIGMS

This paradigm shift will also involve challenging our assumptions. Refraction is a good example. A sacred cow for many of us, refraction is said to be the heart of our profession. We have long defined ourselves by it, to the point that other professionals and the public often only see us through that aspect. This dogma must be challenged. Because it is too reductive of our contribution to eye and health care over the years, and also because the vast majority of optometrists that I know did not study 4 to 5 years in university to simply become experts on "Which is better, one or two?". The optometry of today and necessarily the one of tomorrow is worth much more, and its nature is more complex than that.

Shedding this definition from the core of our practice is all the more necessary given that automated refraction tests, even remote refraction tests, are here. Already in existence, ready to be deployed. Ideally within our practices.

And if we make the mistake of ignoring it, it will find a niche elsewhere. The devices of today, and even more so those of tomorrow, already refract better than humans. Some devices can even achieve a precision of 1/100 dioptre while we're still turning dials with a precision of 0.25D. It's day and night from current conditions.

However, some aspects are missing, and we will have to find new ways to incorporate these devices into our practices. For example, binocular vision, which is crucial to assess, must not be overlooked. Caution as well: automated refraction must never be taken out of the overall examination context nor the appropriateness of a refractive act by an optometrist in specific conditions (low vision, keratoconus, etc.). Thus, independent refraction, outside of a full examination, cannot be defended because it's potentially harmful to the patient.

In spite of that, it therefore appears that refraction, like many other technical actions, must no longer be considered a dogma on which we define ourselves. The act itself becomes secondary, with a few exceptions, to technological advances. However, the use made of it, the diagnosis that stems from it in the overall context of the patient's condition, must be reinforced because it is the patient requesting that time, this optometric knowledge and expertise, and that human approach that ensures optimal management of his/her case.

Post-COVID optometry will therefore have to reinvent itself on a new footing, redefine itself by focusing on our multiple skills, but above all by focusing on our relationship with our patients. We deserve better than narrowly defining ourselves based on a technical element. For the future of optometry, this is the best vaccine that we can give ourselves. ●