OPINION

HAVE YOU DISPENSED WITH DISPENSING?

To tread the turning mill — or to lie flat on one's back knowing nothing and be still are the two traits of man. Which is worse I know not — but I know that both are ill.

A.E. Housman

I particularly address this article to those of my colleagues who are competent in their craft, who at the end of their day look back with pride and satisfaction at their achievement. My attempt to possibly change some of their concepts and fundamental thought in no way detracts from their professional expertise. However, many of my colleagues have become disoriented when confronted by the forest — when the single tree is of importance.

In most jurisdictions in both Canada and the United States optometry is defined as a profession dedicated to the correction of visual errors. (I deliberately choose to go no further in this definition knowing full well that many treatises have been written on this particular topic). In all jurisdictions optometry is allowed to, if visual correction is indicated, initiate corrective measures usually in the form of spectacles or contact lenses. (Again I deliberately avoid visual training etc., etc.) So in the final distillation, optometry prescribes and fits glasses or contact lenses.

That is the tree that is seemingly being blocked out by the forest. Knowing who and what we are, where our expertise lies, is the basis of all sound professional practise. All professions have limitations, we are no exception. However, many of us have lost some skills that are rightfully within our legally imposed parameters and we are now running scared because the discounter of optical goods and the smart chic dispensary is hurting us financially — our patients in various numbers want to go there for their glasses. They want us for our examination excellence but not for our optical services and sales.

The reasons are really very simple. The optician displays merchandise in a retail and appealing fashion with style the byword, coupled with good optical dispensing. Many of my colleagues after an examination turn the patient loose into a dispensary area where usually an ill-trained assistant advises in the choice of their frames. The doctor does not enter into this transaction as it is beneath his or her professional dignity to handle optical merchandise.

Is it not then reasonable for our patients to want to go to these other outlets where they are usually treated by trained optical dispensers and, in most cases, advised very well in their choice of glasses? The market place has proven this to be a fact.

We as a profession, in order to identify ourselves differently than our optical dispensary adversaries, must not play their game. Leave that to them — they do it better than we do — both as a result of their merchandising training and with their mechanical skills in handling spectacles.

What I recommend is a closed cabinet dispensary area with no frames on display. The doctor — not the ophthalmic assistant — prescribes the frame, takes the necessary measurements and dictates them to the assistant who is then left to work out the method of payment with the patient. The doctor, not the assistant, does the frame prescribing.

If any of you have not tried this— please do. It is not time-consuming since most patients will take your first frame recommendation. After all, who knows their requirements better than you, following an exhaustive case history and optical analysis? By doing so you will have successfully drawn a line separating you and your discount optical store as well as any other ophthalmic outlet.

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