

held the 28th of May and attended by all optometrists in N.B. along with Dr. Woodruff, Dr. Lyle, Dr. Andrews and Dr. Roy Brown. Many people spoke in opposition to the Act, mainly Medicine and opticians. The Act did pass the Committee stage with all this help and on June 8, 1978, the new Act received third reading in the House and became law. It was a team effort all the way and a number of factors contributed to our success, mainly, the devotion and determination of the executive to keep the fight going.

In September, 1978, Dr. Wayne Lenehan became President and Dr. Tom Hickey his Secretary-Treasurer.

The next major task confronting N.B.O.S. was the by-laws which now had to be formulated and submitted to the Department of Health for approval. The major by-law was concerned with the diagnostic drugs. The act stated that the Minister of Health would determine which drugs would be permitted using whatever resources they deemed necessary. A committee was appointed composed of two optometrists, Dr. Wayne Lenehan and Dr. Woodruff. Other committee members included two physicians, Dr. C. Lythgoe, Ophthalmologist, Dr. Neil

Graham, Internist, and a Pharmacist, Mr. Landry, all under the chairmanship of Dr. Robert Tonks, Dean of the Faculty of Health Sciences at Dalhousie University in Halifax. The Committee met in Fredericton several times and travelled to Waterloo before reaching their decision. They decided to permit certain cycloplegic and mydriatic drugs to be used by those optometrists who met qualifications for an optometric drug license. The Minister accepted the unanimous decision without any further changes.

Dr. Lenehan then entered negotiations with the University of Waterloo to set up a qualifying drug course. By the spring of 1979 approximately 75% of N.B. optometrists had taken a drug course of over 100 hours, including a week of clinical trials at Waterloo, all of which was concluded by June 1979. Dr. Lenehan was re-elected President in September 1979 with Dr. Hickey taking the post of Secretary-Treasurer again.

Concerns for the next period centred on Medicare again and a Mobile Vision Van. Briefs were prepared and presented to government on both issues as it was felt they were tied as one program. There were numerous discussions on this subject

over a period of six to eight months and a vision care plan for children and seniors was seriously considered.

A local service club was approached for funding for a Van and offered support if the government would give its approval. It then became a political decision. Opposing groups organized protests and blocked the proposal. At present neither issue has been resolved.

Third party negotiations and liaisons with other professions continued to occupy much of the time of the N.B.O.S.

As the decade drew to a close it was apparent by the progress we had made that the N.B.O.S. was in a much stronger position than ever held previously. It is hoped that Medicare and a Van, and a voice in the planning of health delivery in New Brunswick will become a reality in the Eighties!

At this time the N.B.O.S. wishes to take this opportunity to congratulate Dr. Hervé Landry's dedicated efforts on the behalf of New Brunswick Optometry and assure him of our utmost support during his term as C.A.O.'s national president.

by
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IOOL SEEKS WORLD HEALTH ORGANIZATION RECOGNITION

President-Elect L.D. Pickwell of the International Optometric and Optical League (IOOL) expressed concern in his report to the May 1980 Delegates meeting in Japan that the World Health Organization (WHO) does not understand the League's purpose in the promotion of optometry.

In this report he noted that the IOOL welcomes an invitation to truly become involved in WHO sponsored eyecare schemes, but that despite IOOL presentations and correspondences, the WHO still did not appear to recognize the role of optometry. "They recognized opticians and ophthalmologists but not optometrists." As a result, he said, the first priority of the League must be to make certain that WHO un-

derstands that optometry is the primary source of eyecare in all countries and that the IOOL is an optometric organization.

He suggested that all members and delegates who have contact with WHO should circulate the following statement to explain the League's position and to emphasize that any scheme for eyecare which did not include optometry would invite criticism.

... "The IOOL policy is that optometric service is essential to full eyecare for the public of all countries. Without optometry, development of full eyecare in underdeveloped countries would be very much slower and never reach the best possible in the public interest. Where op-

tometry is fully developed, early detection of disease and prompt and proper prescribing of optical appliances is very widely available. Optometric examination is an appropriate approach to the provision of optical aids. The dispensing service is immediately available from the optometrist. This has proved to be the most economic way of providing optical aids and screening for eye disease and eye signs of general disease."

Pickwell stated that the status of the IOOL's recognition by the WHO will be reviewed at the next General Meeting of Delegates and a further course of action determined at that time.