EDITORIAL

A Short Story about an Ad!

Co-operation, mutual trust and respect among health care disciplines are essential ingredients to an efficient, effective, universal and comprehensive health care delivery system in Canada.

The fulfillment of such a commitment by all health care disciplines, from the most exalted to the most humble, is a responsibility that all practitioners in all professions owe to the Canadian society which has educated them and provided them with the physical environment in which they may practice honourably and reap the satisfaction and remuneration attendant on their efforts.

Any willful activity which hinders the attainment of the above stated objective is to be condemned as antisocial and unprofessional conduct, not to say unconsionable and irresponsible because health care professionals, to live up to their professional responsibilities, must place patient interests above personal and professional interests.

Mutual trust and respect cannot be legislated. They must derive from a deep, honest and sincere attitude based on the self-evident principle that no one individual or discipline has a monopoly on intelligence and knowledge.

Any unbiased observer of the social scene knows that knowledge in any one profession was *not* the result of the efforts solely of the members of that discipline; that several independent sciences contributed to its pool of knowledge. Where would medicine be today were it not for anatomists, biologists, chemists and biochemists, not to mention bioengineers? Where would optometry be today without its heritage in physical and geometrical optics as well as the anatomy and physiology of vision and perception? What kind of engineer would we see today without physics, mechanics and mathematics? Only the *arrogant and narrow minded* refuse to accept that others can contribute to their pool of knowledge, or that others are capable of rendering adequate health care.

Any person accustomed to rubbing shoulders with scientists from other disciplines is aware that the greatest names are the most humble, the most approachable and the first to acknowledge the contributions of others to their fund of knowledge, whether it be from members of their own calling or from sister disciplines. The late Dr. Wilder Penfield of Montreal, and Dr. Montague Ruben of London are outstanding examples of such humble, but great human intellects. Drs. Ted Fisher, Emerson Woodruff, Glenn Fry, Henry Hofstetter and Meredith Morgan are similar examples in optometry.

Great minds do not usually go around deprecating the knowledge of others who are not of their calling. Their experience, their appreciation of human endeavour and their honesty tell them that no one is infallible, that their own fund of knowledge has borrowed extensively from all basic sciences. Finally, they are aware that what differentiates the various professions is not so much *what* they study at the undergraduate level but *how* they apply their knowledge to the solution of human ailments and bodily weaknesses.

Readers must be asking: to what is this long philosophical and moralistic dissertation leading? Simply to a short story about an ad.

In the Fall of 1981, the Alberta Optometric Association sponsored a symposium on children's vision which would feature three optometric educators. An invitation to members of the medical profession was prepared and published in the Journal of the Canadian Medical Association as a full page *paid* advertisement.

A number of ophthalmologists (we understand less than ten) took exception to the ad and protested to the Director of Publications of the Canadian Medical Association. The President of the Canadian Ophthalmological Society wrote a letter to the editor which appeared in the January 15th, 1982 issue of the C.M.A. Journal. By any objective standard, this letter is unworthy of any incumbent of the office of President of the Canadian Ophthalmological Society. It serves rather to reveal a paranoid attitude on the part of a few ophthalmologists and to create distrust between the family physician and the optometrist at the local level, thereby reducing the availability of health services and hindering health care delivery.

The office of President of the Canadian Ophthalmological Society is a position of trust and leadership which carries with it a grave social responsibility to enhance the "team concept in vision care", a concept cherished for years by medical leaders. It is an irresponsible action to use the office of President to attempt to destroy and disparage legally recognized and university-trained professionals. One could have expected more from a responsible officer of COS than to debase the occupational designations of Department Directors in University Schools of Optometry; than to reiterate unfounded accusations, indicative of ignorance on his part, of the expertise of the faculty in optometric institutions and the quality of the training dispensed in these schools; than attempting to scare all family physicians into referring all cases of eye and vision care to the ophthalmologist and listing the alleged dire consequences of seeking optometric care.

This puerile tirade would have passed unnoticed, buried as it was

among letters to the editor, had it not been for the contents of the Publisher's Page (editorial page) of the February 1 issue of the CMAJ. Willingly or unwillingly (we suspect the latter), the editor apologized to the C.O.S. for having accepted an optometric advertisement in a medical journal. What a terrible crime, particularly when the advertisement was an invitation to share knowledge. As the Lafontaine fable says, "Sa peccadille fut jugée un cas pendable"!

Unfortunately, this same editorial contained some blatant misstatements concerning the Optometry part of the Ontario Health Disciplines Act granting optometrists the right to "prescribe drugs" and not obliging them to refer patients suffering from conditions requiring medical attention.

Dr. Irving Baker, Registrar of the College of Optometrists of Ontario, responded quickly to correct these blatant errors but his letter, although published, was not given the same prominent attention such a major editorial lapse demanded. Dr. Roy Brown, Chairman of the Interprofessional Relations Committee of the C.A.O., also responded to both the letter from the President of C.O.S., and to the errors of the editorial page. It was not published, likely because to do so would have been an acknowledgement of the smallness of the individuals concerned.

Is it possible that the great medical profession as represented by the Canadian Medical Association and the Canadian Ophthalmological Society do not have the humility of an exalted discipline and choose to censor the knowledge available to its practitioners?

Is it possible there is a fear of exposing the family physician to optometric knowledge, lest he discover that ophthalmology does not have a monopoly on the care of human vision?

The advertisement itself is insignificant but the reaction to it revealed the fact that right or wrong, the medical fraternity is bigger and more important that the truth!

Truly, a sad day in the annals of medicine!

G.M.B.

Belanger from P. 13

remaining vision or to teach patients to get around that these low vision programmes exist. Communications skills must also be attended to. There is always a desire to get back into the work force, to attend school, etc. and teaching a patient to read, to engage in crafts, even to play the piano are important factors in restoring the individual to a full and satisfying life. So enter the **occupational therapist**, the **reading teacher**, the **communications instructor**.

This latter person, particularly, will provide assistance in learning to write with, for example, felt pens, heavy lines on paper, typewriters, masks, increased illumination etc. For those with no central vision, or with vision which is not amenable to optical aids, there are talking calculators (desk and pocket size), talking watches and the *Optacon*, an electronic sensor which transforms print into electronic impulses to stimulate the finger tip. These impulses have the same shape as the print, and can be used for any print or language. Another device is the *Versa Braille* which can transform Braille to print or print to Braille. Also available are book tapes, reading machines, tape recorders, both regular and variable-speed 4-track, as well as closed-circuit T.V. units which can magnify as much as 60X.

Each of the facilities has a special section devoted to infant care. There is a pre-school day centre, which will accept infants as young as three months, even the multiply-handicapped child. (The mentally-handicapped cannot be diagnosed at this age.)

Parents are involved at this stage and are instructed in techniques of helping the child to be kept at home and to enter the mainstream environment. At a very young age, the detrimental effects of various handicaps on normal development are minimized. Enter the **child development specialist,** the **counsellor** to the parents, the **occupational and physical therapist**, not to omit the **teacher** for children of school age.

The Institut and the Association have facilities for school-aged children in 6-9, 9-12 age groups as outpatients, but they also have residences for those living too far to commute daily. Here again, all professionals are required to assist the teachers in providing education.

Throughout the months of training, consultations are maintained with the subject's physician or physician-specialist, such as the ophthalmologist.

Once the patient has been discharged, follow-up services are available. The social worker or the O&M professional will accompany the patient to his home environment to counsel both patient and family. Subsequent visits will be made as required to monitor progress or to remedy problems which may not have been foreseen, or new ones arising from changes in the home environment, the home itself, or family members caring for the patient.

Again and again the message emerges: low vision services *cannot* be effective if attention is paid *only* to the vision aspect. The whole team of professionals is essential to success. The contribution of optometrists, however, is vital. It cannot be overemphasized and appears to be the key to true success. This is evident from a comparison with services in the remainder of Canada to those in Quebec, where optometrists are part and parcel of the operation.

All other provinces would do well to copy the operation and structure of the Province of Quebec in the provision of its low vision services.

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