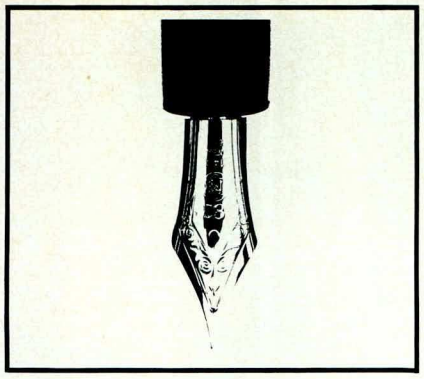

EDITORIAL

Militancy in Ophthalmology: An Hypothesis

An individual who is happy and contented in his calling is far less likely ever to develop a bias or an antagonistic attitude, let alone an antisocial attitude, than one who feels that he is abused and so vents his ire upon those he assumes are the cause of his troubles, real or imagined.

It is from this basic principle that the following hypothesis is enunciated as a possible explanation for the frequent ophthalmological attacks upon optometry.

Ophthalmology, often called the "Queen of Specialties", is one of the more sophisticated areas of medical practice, perhaps second only to neurology. The time, effort and interest required by the candidate student to obtain certification in this specialty makes it a genuine accomplishment and something in which one can take a good deal of pride. It offers a scope of practice which, when well-performed, can only lead to great personal satisfaction and respect by patients, colleagues and sister professions.

What then goes wrong to make an individual or individuals who are intelligent enough to graduate from medical school and obtain certification in ophthalmology, unreasonable, indeed paranoid, when presented with the accomplishments of optometry?

We have pondered this for years, vainly attempting to explain the phenomenon. It should not be from fear of unfair financial competition, because the ophthalmologist has the second highest earnings in medicine. It could be even higher if he spent his time with surgical and medical care, in lieu of doing refractions.

When he obtains his certification, his expectations are, logically, that he will spend his time practising ophthalmology.

What a letdown he must experience when he realizes that most of his time, up to 70% or more, is spent practising optometry, i.e. "examining eyes to determine their ocular and binocular status".[1]

Why should such a person whose training is in the care of disease spend so much of his time practising optometry? We suggest that there are insufficient medical eye care and surgical cases available to keep the oversupply of ophthalmologists busy in their specialty of surgery and medical therapeutics. This lowered patient flow derives from the following facts:

i) Progress in medicine and pharmacology. Years ago, numerous systemic conditions and infections caused secondary ocular conditions. Since the advent of antibiotics, the family physician can control the systemic condition and thus avoid many secondary effects such as iritis and choroiditis. Improved medications permit better control of diabetes and vascular conditions. Multiple visits to the ophthalmologist are reduced, if not completely eliminated, in many cases.

ii) The greater use of the family physician in primary eye care. Ophthalmology, in its attempt to destroy optometry, wants family physicians to shoulder an ever greater volume of eye care.[2] Assuming that the family physician can find time in an already heavy schedule, surely this can only result in a further reduction in the flow of patients to ophthalmology.

iii) Overproduction in the number of ophthalmologists trained. Ophthalmology claims that the specialty is undermanned and maintains an inordinate number of ophthalmological residencies, paying little attention to the cost to the taxpayer of these facilities or to how these excess people will find the medical and surgical patients to maintain a reasonable competency in their field. Canada has three times as many ophthalmologists per capita than they do in Great Britain.[3] Certainly the population is increasing. Aging and geriatric problems, particularly cataract and vascular conditions, will increase. An excess of ophthalmologists, however, does not mean fuller employment in their specialty, but rather that simply more ophthalmologists will be practising optometry.

Is official ophthalmology and medicine being fair and honest with young medical graduates in encouraging them to opt for ophthalmology? Will public bodies who pay for their training continue to support such a waste of intellect and manpower?

iv) Population ratio. According to medical statistics, it requires a population of at least 35,000 to keep an average ophthalmologist busy under present conditions, and far more if he practises *only* his specialty. In Canada, there are only 75 cities with a population of 50,000 or more.[4] What town of lesser population can provide surgical and hospital facilities for an ophthalmologist and keep him busy in his area of expertise? Specialized, high-technology equipment, e.g. ultrasound, lasers, brain scanners, V.E.R., E.E.G. and others, will be utilized

only rarely in small towns, and so places these items beyond economic reality.

The excess number of ophthalmologists can be reduced to a rational ratio by attrition, and by a reduction in the number of training residencies. The money thus saved could then be applied to other fields of medicine where manpower is lacking. Eventually, ophthalmologists will be practising what they are certified to perform — surgical and medical therapy — not optometry. Moreover, from a more frequent practice of their specialty, they will become more competent surgeons, so fully occupied with the field that it will be obvious to health care planners that the public will be better served *in the non-medical aspects of vision care* by the optometrist. The training of optometrists in refraction, ophthalmic optics, binocular vision and low vision is superior to that of the ophthalmologist who presently engages in these activities to supplement his income from a lack of medical and surgical patients.

Recent statistics reveal that an ophthalmologist performs, on average, less than two operations per week.[5]

Apart from the waste of highly-trained skills and the high cost to the taxpayer, there are other sociological effects. Confusion of the public arising from interdisciplinary bickering is one. Higher fees to the patient and to health care plans is another. But for some individual ophthalmologists, there is a serious statistic. The suicide rate among the "non-surgical" ophthalmologists is the third highest among the medical specialties.[6] Could there be some relationship between this rate and the deception experienced by the student who, after certification, finds that his practice is 70% or more optometry, and less than 30% ophthalmology?

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References

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