



## EDITORIAL

### The Price of Freedom is Eternal Vigilance (2)!

We have used the title of this editorial on a previous occasion (CJO, Vol. 46, No. 3, September, 1984), but its importance cannot be underestimated or we stand the risk of losing our status as an autonomous profession.

The European Economic Community (EEC), to most of our readers, would seem to be solely interested in economic, financial and trade relationships among its national members (Belgium, Denmark, England, France, Germany, Ireland, Luxembourg and the Netherlands). But it is far more than such a limited organization. It has ramifications for all aspects of social, legislative and economic matters. The question of reciprocity of trade and professional qualification has come to the fore on many occasions on the floor of the European Parliament in Strasbourg.

Medical domination in health matters in these countries is all pervasive and aggressive. Continental ophthalmology aims at suppressing optometry and has succeeded in *banning* optometry in Greece. That ophthalmology is making use of the EEC in its attacks can be seen from a proposition to the EEC Parliament by the Italian representative, himself the President of the Association of Italian Physicians and the brother of an ophthalmologist. The following is taken from an editorial in the Journal of the Belgian Association of Optometrists/Opticians:

Considering that scientific progress has shown a relation between myopia and certain ocular pathologies, to wit retinal detachment and glaucoma;

Considering that diagnostic techniques are available to the specialist to permit him to observe peripheral changes in the retina of the myopic patient which could lead to retinal tear and detachments;

Considering that ophthalmological techniques can be preventive in nature in such lesions and this reduces the seriousness of such conditions should such a detachment occur;

And realizing that such techniques, diagnostic and preventive, are exclusively prerogatives of the physician, preferably the specialist;

And recalling that, contrary to the above,

several jurisdictions, for decades now, allow optometric care of the myope by technicians unqualified in pathology recognition and without the necessary diagnostic and preventive training in such conditions;

Considering that the myopic patient is thus deprived of qualified medical care and given over to the care of a practitioner who has no legal responsibility should he fail to recognize the pathology and, furthermore, the patient's right to a health care benefit under the public health law is completely nullified;

Be it therefore resolved that

The commission prevail upon the states who permit partially qualified practitioners to provide care to myopics, to withdraw completely such privileges because the optometric exam is incomplete and does not guarantee full care to myopic subjects;

The Commission present to the EEC Parliament the results of any action based on the above resolution;

That the President of the EEC institute a committee of experts to study this matter;

That the President present this resolution to the Commission in whole and to the Council.

Because of the very serious implications for the legal status of optometry in the EEC countries, we communicated with Professor David Pickwell, President of the International Optometric and Optical League (IOOL), and Director of the School of Optometry in the University of Bradford, for some comments on this development.

"Things," he replied, "are developing fast. I think that a 'directive' (rules) will be considered in the near future by the Parliament in Strasbourg that will give recognition to registered professions where they exist. This is likely to mean that, in a country like Britain, where optometry is statutorily registered, rules can be made to require anyone coming into the country from another EEC country to have the same standards of qualification, or to take such training and exams necessary to bring them up to that standard. In Italy, there are no licensed (registered)

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under the provision of The Ophthalmic Dispensers Act." Since the Ophthalmic Dispensers Act does not allow opticians to do eye examinations, it was felt that, even with this clause, opticians could be prevented from practising Optometry without a licence.

Thus it can be seen that the Optometry Act in Manitoba has undergone substantial changes since its institution over 75 years ago. Many of the decisions have helped Optometry make the vast

strides that it has over the years in Manitoba and in Canada. It is my hope that changes will come in the future that will further improve the practice of Optometry in the country.

### **Acknowledgement:**

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optometrists and, therefore, no legal qualifications in optometry; anyone can call himself an optometrist. I hope that the EEC will make rules which will promote full optometric education and lead to adequate laws for the registration and control of optometry."

Fortunately, Italy is the only EEC nation which has not given legal status to Optometry. However, this does make the task of the IOOL more difficult in its attempts to establish a legal status for Optometry in Third World countries. Two developed countries in which Optometry has been legally banned are Israel and Greece, a very strange attitude because optometrists do practise in both countries. Stranger still because, in Israel, optometrists have access to the country's hospitals.

The IOOL has prepared a minimum course outline for the acceptance of optometric credentials in developing countries. Officials of the League act as consultants and lobbyists for local optometric groups who have approached their governments for statutory recognition. Model statutes, legal opinions and, in some cases, personnel to help establish these new schools are included in these discussions.

In some areas, success may be possible due to the lack of ophthalmologists, the cost of their training and the sheer numbers of people requiring vision and eye care. In fact, some ophthalmologists view favourably the development of these "Phase I" Optometry schools.

Canada is a member nation of the IOOL. We must do our share, individually and collectively, to promote Optometry through the League and by providing our services on screening projects sponsored by service clubs, Optometry schools or church groups in the Third World countries.

What better way to maintain our professional freedom than through a strong Optometry world-wide?

**GMB**

**What  
would you  
like to be  
when you  
grow up?  
Alive!**

**Unicef Canada** (4)

