



The Disposable Soft Lens – Boon or Disaster

It should not have surprised any serious contact lens practitioner to learn that “disposable contact lenses” have recently become a reality.

The subject has been a topic of discussion for a number of years now. It was not a matter of whether a disposable lens was possible, but rather the manner of its implementation, its cost, its manufacture and its marketing.

This past summer, Vistakon, a subsidiary of Johnson and Johnson, became the first firm to market a disposable that they have called the “Acuvue” lens, with its system called the “Disposalsens System”. How many other firms stand ready to climb on the bandwagon only time will tell. What effect such devices will have on the quality of vision and eye care only the future will reveal, although many analysts count on a rosy future.

As responsible practitioners, optometrists are now faced with a “fait accompli”. The quality of vision and eye care will depend on the manner in which we respond to the challenge.

The supplier claims four major advantages for this product over the present conventional systems of managing regular and extended wear soft lenses:

- (i) Reduced health risks due to unsterile solutions;
- (ii) the reduction of lens deposits which can serve as cultures for different organisms;
- (iii) the elimination of concerns about incomplete or ineffective cleaning and disinfection procedures;
- (iv) The very simplicity of removing a lens and discarding it should override the fuss and putter of conventional lens removal, cleaning and disinfection.

The Acuvue Lens is being touted as “a more comfortable and more exactly reproducible lens, a more of everything lens”. It will be the least expensive lens on the market. But this poses a dilemma to the industry and to the professions. How can a company make a “better” lens than their best lens and sell it for less than what they charge for their “best” lens? Is this an indication that the company will abandon production of all its other lenses to push the sale of the disposable lens? If this is the intended policy, is it not counter to the vision care needs of the population?

In a more technical aspect, how can a lens with very restricted parameters, single base curve and diameter be a “better refractive aid” than another type of lens with more varied fitting parameters?

Or is the claim to a superior lens based only on the nature of the material? This may be so, but material alone does not guarantee a superior fit if parameters are at fault.

Optometry's reputation derives from its attention to careful refraction and prescribing to meet the vocational and avocational vision demands of the patient and, to a lesser degree, to satisfy certain emotional demands. The former should take precedence over the latter and the practitioner has the task of convincing the patient as to the logic of his or her recommendations.

The arrival of the disposable lens increases considerably the responsibility of the practitioner in preventive care, the more so as this system reduces patient/practitioner contact. Have practitioners given any thought to the potential legal liabilities that the writing of a prescription for a disposable lens will bring?

As the lenses will not be available without a written prescription from a qualified practitioner, the professions will have some control, albeit a very limited one. We could, for example, refuse to write such a prescription, thereby risking the patient's goodwill. This, admittedly, is unlikely to occur frequently, but it is not an impossibility.

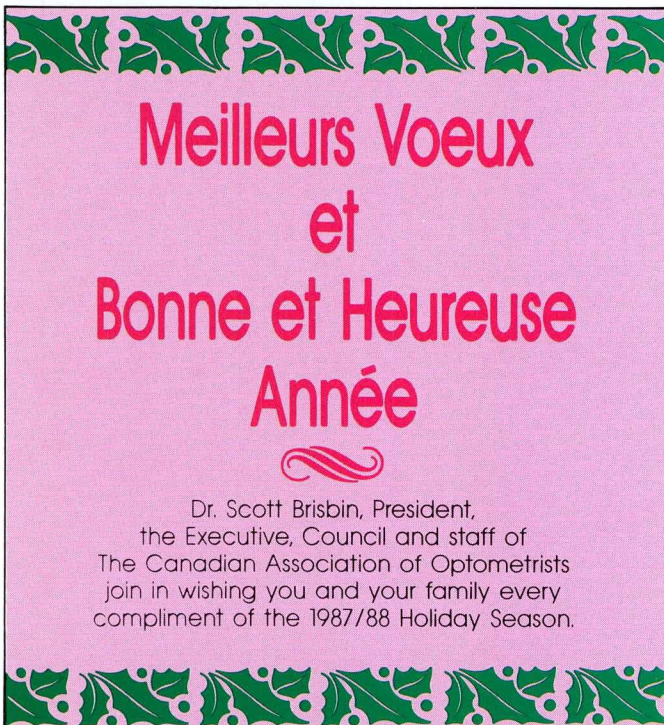
If a prescription is written, the practitioner must be very specific in his or her instructions to the patient and record such conversations as a protection against a possible future legal action for malpractice.

Patient/practitioner contact is the key to good management, particularly for an extended wear patient. The practitioner must bend his or her efforts to maintain contact even if (s)he should be forced to supply the lens at a minimal fee. (S)He must present the case with force and conviction so that the patient will realize the seriousness of assuming, in effect, “self-medication”. Criteria must be given to motivate the patient to consult with the practitioner in any emergency, or even in a doubtful situation.

But of all the hype about the lens, the proposed “costs” at \$10.00 per week appear to be the high point of the promotion. The manufacturers must know that no one offers “merchandise” at cost. Pharmacists, dispensing opticians or optometrists cannot supply at cost and, if the usual markup used by pharmacists and other suppliers is applied, then the “suggested cost” is erroneous.

In short, one can only conclude, “Let the buyer beware”.

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Dr. Scott Brisbin, President,
the Executive, Council and staff of
The Canadian Association of Optometrists
join in wishing you and your family every
compliment of the 1987/88 Holiday Season.