



## LETTERS/COURRIER

Editor, CJO \* RCO

I enjoy reading *The Canadian Journal of Optometry* \* *la Revue Canadienne d'Optométrie* but feel a few changes or additions would make it even more enjoyable.

I believe optometrists across the country should be aware of changes that are occurring in the profession in each province. Practising in Ontario, I know nothing of the issues affecting other OD's, for example, in Alberta or British Columbia. Problems arising in one province can, in the future, affect others. Our national Association Journal, therefore, should have a survey of provincial matters. This will supplement the scientific and research works that, of course, are necessary in such a publication.

In addition, however, I feel that more Editorials or Guest Editorials should be included. Optometrists must have a forum to express their concerns, ideas and opinions. Presently, for example, the President's Podium editorials have been excellent. But other prominent and not so prominent OD's should also have a chance to share their wisdom or thoughts on particular topics.

I know that these suggested changes would be welcomed not only by myself, but also by other OD's to whom I have talked.

This is a Journal for optometrists, so let it reflect our moods, our thoughts, our good and bad points.

Following are some topics that I feel this profession must face in the future:

Optometry, to my mind, is just entering a new era. Our profession is naturally evolving, but a new awareness is just beginning to emerge.

We no longer are just "refractionists" or "contact lens fitters" but, every so slowly, we are being used by our patients as consultants and, yes, as providers of primary eye care. To strengthen this role, I feel that the following changes should occur to add to the foundation that has been formed in the past:

- 1) **Drugs** Optometry requires the use of pharmaceutical drugs, diagnostics (as most provinces have) and, in the future, therapeutics. Without their use, we limit our ability to provide total care. The benefits from their use can far outweigh any risks than might be present. As most optometrists become comfortable using diagnostic drugs, therapeutics will be the natural extension. Optometrists are much more accessible to the public and we are better trained to treat eye conditions than the general practitioner. An increased use of, particularly, therapeutic drugs will also elevate the profile of our profession in the eyes of government and other health groups. Dentists presently have the use of therapeutic drugs, even though they do not have "medical" training. Also, by the end of 1987, over half the states in the U.S.A. had the use of therapeutic drugs. Optometry in our country should also progress towards this broadening of care; we have the skills.
- 2) **Training** To move us further into primary care, optometry students in particular require clinical, hands-on experience. While schools presently provide needed exposure to patients, we should have access to other teaching facilities, such as hospitals. Here, our students can not only observe and participate, but learn, learn and learn. These publicly-funded institutions should be opened up to allied health providers. Physicians must not monopolize these facilities. If an interdisciplinary approach is to work, changes in the health field

must occur here. Optometry must not be isolated, but should cultivate relationships with other professions and grow as members of the health community.

- 3) **Government** Governments increasingly control how health care dollars are spent. We must make sure that we are a dominant force in the vision and eye care field and that our services are adequately compensated. We know we provide excellent care, but we must demonstrate to the government the full scope of our talents so we can assume the role of primary vision and eye care providers. Further, we must not allow ourselves to be intimidated by any group opposing our goals.
- 4) **Vigilance** Optometry must be highly vigilant and united. We must constantly refine our skills and master new ones, so we will always be progressive. We must ensure that our profession is not dominated by business corporate interests that see our skills as a means solely to making profits. We can look to the U.S.A. to see how corporations have made many O.D.'s mere employees and, yes, just refractionists again. If we do not guard against outside interests, independent optometrists one day may be as scarce as independent pharmacists. Delivery of health care services will be an important budget issue in the near future. We must guarantee that our services are not restricted and that freedom is not lost for our patients.

Dentists presently are facing the threat of capitation and are experiencing the effects of an outside interest on their profession. Their unity will be put to the test.

To keep strong, we must maintain high standards so our patients obtain complete, competent care. It is up to each practitioner to provide the best care to each patient each day. Only in this manner can we assume this important role of primary care, and only in this manner do we deserve it. By providing this care, we will always have the public's support and their respect.

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