

President's Insights February 2023

A recent NPR (National Public Radio) article I read, "[Which type of eye doctor do you need? Optometrists and ophthalmologists face off](#)" led me to reflect on my professional relationship with ophthalmology and several conversations I have had with physicians about the optometric scope of practice expansion. The article outlines why US optometrists are seeking expanded privileges and why some physicians still oppose it.

I started working in optical forty years ago and am thrilled to have witnessed the evolution of medical optometry. It seems incredible to me that 2023 marks my 30th year of optometric practice.

It is equally incredible that at this stage of my career, over 50% of my patient encounters are medical eye care. When I graduated from the Illinois College of Optometry in 1993, optometrists could not prescribe any medications in the state of Illinois. The legislation began to catch up to my education in 1996 when Illinois optometrists gained topical therapeutic privileges. This was followed a couple of years later with oral therapeutic privileges and currently, in Illinois, we can prescribe all medications for the treatment of eye diseases, with a few exceptions. Today, US optometrists can prescribe medications and treat glaucoma in all 50 states. Many states have expanded optometric care to include injections, the removal and excision of lesions, and several laser treatments. The state optometric associations diligently work to expand these new procedures countrywide.

In my experience, most practicing optometrists and ophthalmologists have gotten beyond the turf wars of the past. In part, this is due to the popularity of refractive surgery, which convinced the two professions to learn to work together. Until relatively recently, optometrists could not perform refractive surgery so we had to refer those patients who desired these services to our ophthalmology friends. The ophthalmologists realized that optometrists provided the vast majority of routine eye examinations in this country and that they would significantly increase their access to appropriate patients by working together with their optometric colleagues. I have been successfully co-managing refractive surgery and cataract surgery almost since I started practicing.

Both optometry and ophthalmology are incorporating new eye care technologies as quickly as they are being developed. In most cases, the changes allow us to provide better care to more patients more efficiently. It is not surprising that this incorporation of new procedures and services periodically re-ignites the turf wars, at least amongst the bureaucrats of both professions.

In my opinion, for example, optometrists should be allowed to provide any slit lamp-based services. The slit lamp is at the core of our practices and it is what we do all day long, every day. The ophthalmologists that I work with are not concerned with us one day having the ability to provide yag laser capsulotomies, laser peripheral iridotomies, or selective laser trabeculoplasties, among others. These procedures are such a small portion of their practices and giving optometrists the opportunity to provide them would likely free the ophthalmologists time to do more complicated and more lucrative surgeries.

Putting VOSH's mission into practice goes beyond turf wars. Our goal of helping people to see and to maintain or improve their ocular health makes it possible to develop partnerships with those who like us also work towards this goal. Many of our chapters have long histories of working with ophthalmologists and other healthcare professionals. A great example is the long-term partnership many VOSH chapters have with SEE International. As part of the routine VOSH clinic, patients who require surgery are identified and their preoperative evaluation is completed. SEE volunteers then provide high-quality surgical procedures such as MSICS, corneal grafts, or strabismus correction. This is the type of complementarity that can benefit patients with comprehensive care and that can also help demonstrate the power of professional synergies in countries where the recognition of optometry or its scope of practice is limited.

I remember that last year prior to the Fourth Pan American Optometric Congress held in Lima, Peru, Dr. Severo Sanchez -director of the Eurohispano Institute and member of VOSH-and I had the opportunity to meet with the directors of the National Institute of Ophthalmology (INO), the largest government-run ophthalmology hospital in the country. This hospital routinely has patients lining up in the predawn hours to seek care. During our meeting, we outlined how incorporating well-trained optometrists would allow them to care for more patients more effectively. Integrating optometrists to provide primary eye care and pre-operative care would give them more time to provide sight-restoring surgeries. Resulting of this meeting, VOSH/International was delighted to respond to an invitation to offer a lecture on low vision to the doctors and staff at the INO which was led by our past president Dr. Tracy Matchinski.

VOSH/International will continue supporting improved standards of optometric education, the expansion of the optometric scope of practice, and the development of synergies with our ophthalmologists friends because it is in the best interest of our patients. I am aware that in many countries this is not easy but the quality of our work and the proven collaborations we have with other eye care providers should give us optimism to continue demonstrating that working together works well for optometrists, ophthalmologists, and patients.

Sincerely and Best Regards,

Michael Ciszek, OD, FVI, diplomate ABO
President
VOSH/International