

President's Insights July 2023

Recently, our Executive and SVOSH Chapter Relations Committees held a relevant discussion triggered by a question by one of our SVOSH chapters about technology and what services we should or should not be offering to patients in our humanitarian clinics. The SVOSH chapter has access to an SLT laser and was wondering if they could provide that service in a clinic outside of the USA.

The common wisdom in the past has been, if a service was within the scope of practice where you worked and you had been trained to provide that service, generally there was very limited liability; at least to the provider. In a VOSH humanitarian clinic, like with all patients, we want to make sure that we are giving patients the absolute best care. It seems to follow that SLT is a useful procedure for many patients and that making it available would be just one added service to offer. Providing the most advanced services that are within our scope was rarely a problem in the past, especially as optometry was often not an officially recognized or legislated profession in many of the countries we were travelling to.

We are pleased that the profession of optometry has been making great strides in many countries and VOSH/International is dedicated to supporting the professional recognition and advancement of optometry around the world through our excellent humanitarian and educational work. The patchwork of eye care laws can be confusing in the USA as our privileges vary from state to state. It is even more daunting to keep up with the changing status of our profession around the world. It is becoming increasingly important to be aware of what the eye care regulations are in each individual country our chapters visit.

Some of the thoughtful inputs made by our board members reflect the diversity of views across our membership and I would like to share a few of them with you. To avoid liability concerns and conflict with local eye care providers, one viewpoint was to only provide care that could legally be provided by optometrists in that country. While this limits our liability, it also may significantly limit the level of care we provide. In many of the countries we travel to, they are providing optometric services at a WCO level 2 or 3, which would prevent us, in some cases, from being able to diagnose ocular conditions or certainly from being able to treat patients therapeutically.

Another viewpoint was to establish a dialogue with local optometrists, ophthalmologists, optometry schools, when they exist in that country, and VOSH / SVOSH chapters. Including local eye care providers in the planning of a humanitarian clinic can go a long way to avoid any misunderstandings or hard feelings and show support for the strengthening of the profession in that country. Inviting them to participate in the clinic or to provide post-clinic follow-up care may provide additional benefits. The patients have a source for ongoing care and the community experiences pride in seeing their own providers donating their time.

One vital recommendation is to ensure having local sponsorship from a health care NGO, public health clinic, hospital, central/local government, or similar. VOSH/International has adopted the concept of integrated people-centered eye care (IPEC) which requires us to focus on the needs of individuals in a respectful and responsive manner. This includes working with individuals' communities and their local and national governing bodies. Local community leaders can advise us on what services are needed and how they can best be offered to each individual. If at all possible, any chapter providing care outside of their community should have an invitation from the Ministry of Health or other similar governmental agency. Although obtaining invitations or permits can be a long, daunting process and should be started with plenty of time before the proposed clinic, they are important to document our willingness to work along with the community and their authorities.

When an issue comes up in business, it is a common recommendation to allow the company's mission statement to frame any decisions or changes. Similarly, I believe that reviewing our core principles will ultimately guide us in deciding whether we should, or should not, provide a specific technology or services in our humanitarian clinics. Reviewing local eye care regulations, working with community leaders and local eye care professionals, and remembering that it is our duty to provide respectful, compassionate and quality care will allow each individual clinic leader to decide what services should be provided.

Sincerely and Best Regards,
Michael Ciszek, OD, FVI, diplomate ABO
VOSH/International President