

Hello All,

I've arranged for this to be posted to our bulletin board after reading Brent Caswell's posting here.

Thank you for your thoughts, Mr. Caswell. You say you are alarmed at my "misconceptions" regarding optometrists; I find your calling them misconceptions to be no great surprise, and quite typical. However, it is not a "misconception" to have a different opinion, Sir - it is an entrenched right in a free society.

I certainly do have different opinions regarding optometrists than many optometrists would have me hold. As a result, I also have come to many different conclusions regarding the profession of the optometrist - even though they may not be popular among the optometrists.

I do not apologize and shall continue to hold with my opinions.

Also, I fail to see what is "derogatory" in any of what I've written so far.

I do not call into question the knowledge or training of the optometrist; I agree that it is an impressive and admirable body of knowledge to be mastered. What I do call into question, however, is the assumption that once said studies are complete, that the optometrist should then be referred to as an "**eye doctor**".

You say you are an optometrist living outside of Ontario, so perhaps you are unaware of the massive advertising - or propaganda - campaign that Ontario optometrists have, and are presently, waging here. This propaganda (or advertising) takes great pains to push to the forefront the idea that an optometrist is in every way an "**eye doctor**", while the ophthalmologist is exclusively an "eye surgeon". (I've often wondered what the consulting or non-surgical ophthalmologist thinks of being heaped-in among a group of non-medical practitioners calling themselves "**eye doctors**".) So successful is this propaganda campaign with the general public that people often go to an optometrist's office with their eye injuries expecting the optometrist to perform a medical procedure or intervention. Herein lays the danger of allowing non-medical practitioners to refer to themselves as "**doctors**".

I don't blame the individual optometrist for this pitiable need to be referred to as an "**eye doctor**"; it is the result of years of propaganda that optometry schools inculcate their students with.

However, a technician is what an optometrist is; otherwise he/she would be treating - with medications and/or surgery - the diseases and injuries that present themselves during their daily practice. This is not derogatory *nor* is it an opinion; it is a factual statement.

Relating to this forum what your local ophthalmologist instructs his medical colleagues to do before patients are referred to him in no way convinces me that an optometrist is

indeed an “**eye doctor**”. Rather, it strikes me as something a busy doctor does everyday; he utilizes the technicians at his disposal to eliminate, as much as possible, wasted time and duplicated effort. My business partner (an M.D.) halves his time between our shared vision clinic and his general practice; when he is at his general practice and a walk-in (or referral from the hospital) “emergency” comes into the vision clinic he doesn’t drop everything and run over, until the staff R.N. (another proud technician) or myself has seen them, and agrees that medical intervention is necessary *and* emergent. Does this make me, or the nurse, an “**eye doctor**”? It certainly does not – it shows us only to be competent and useful technicians.

Regarding your stated confusion on what I think about dentists, I think it quite natural, since I never once mentioned this subject. To clear up any “misconceptions” you imagine I might have in this area, I will state categorically that you are totally off-base here. How can you compare an optometrist with a professional that orders and reads x-rays, who makes clinical decisions based on these readings? ...with a practitioner who then acts upon these decisions and using hypodermic syringes or gas masks, inundates the human body with prescription medications and then proceeds to do surgery on said human body? Dentists are also empowered to write prescriptions for oral medications, antibiotics and analgesics, etcetera.

Where do you get this idea that dentists don’t practice medicine? If the above isn’t the practice of medicine, then I would be very much interested in your opinion of what **does** constitute medical practice.

In Ontario, the **only** thing an optometrist is permitted to prescribe is corrective lenses. How does this make an optometrist an “**eye doctor**”? One might stretch the point and call an optometrist a “spectacle doctor” – but that would be absurd. In Europe, such practitioners are referred to as “refracting opticians” or “master opticians” – not “**eye doctors**” – this honorific is reserved for medical practitioners - physicians and surgeons. If an Ontario optometrist performs perimetry, or computerized visual field testing, he/she is only allowed to bill for the technical component, and is not considered qualified to interpret the results, and although he/she may know what the results mean – like an x-ray technician often knows what x-ray results mean – they are certainly *not* permitted to bill for the professional component. This interpretation must and should be done only by a medical doctor.

I say again: if optometrists in Ontario were in fact “**eye doctors**” then they would be treating with medications and/or surgery those diseases and pathologies that are uncovered during their screening processes and examinations, instead of trying to bulldoze through parliament legislation which would grant them the right to practice medicine.

I’m going to mention here another of my opinions, even at the risk of being told that I labour under misconceptions by the Pompous.

I don't think that health care – be it funded publicly or privately – has any room for what many call “phoney doctors” - by which they mean: non-medically trained and/or qualified health care practitioners who nevertheless, and in spite of these facts, call themselves “**doctors**”.

This practice is confusing to the Lay person - and potentially dangerous as well.

If a collection of optometrists or history professors want to sit around a conference table referring to each other as “Dr. This” and “Dr. That” among themselves and in private... well, it might seem laughable, but it doesn't do anybody *any* harm. However, it is my belief that allowing non-medically trained professionals to operate *within* the health care field while erecting “shingles” and signs referring to themselves as “**doctors**” has already, and will continue to, harm and confuse the public.

G.S. Briedé, R.O.