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From the Editor's Desk June 2010

In South Africa there has recently been quite a lot of controversy about attempts by optometry to expand its scope of practice to include the use of certain therapeutic drugs, mainly for the treatment of external eye disease such as bacterial conjunctivitis but not necessarily excluding other possibly more complicated clinical problems such as some forms of glaucoma. There are, of course, sensible arguments both for and against such changes to the clinical activities and scope of South African optometry. But two aspects appear critical. Firstly, that optometrists would need to be sufficiently and properly skilled and educated to safely and confidently perform such expanded activities (and only the very fool-hardy or ignorantly over-confident in optometric circles would likely disagree on this point) and secondly that there should be a real and urgent need for such services to be provided by optometrists in the broader interests of the general population of the country. This latter aspect is hardly worth debating given the often inadequate quality and supply and distribution of eye and health care services in many areas of South Africa (and not only limited to rural regions) and the extensive and prevalent poverty that persists in our country. But the first aspect is obviously much more of a significant challenge especially given potential and unfortunate although understandable reluctance from ophthalmology to assist optometrists towards achieving such an objective. Of course, internationally optometrists in parts of the world such as the USA are fighting wide-ranging legislative and other battles to be permitted to employ a much broader range of activities than what South African optometrists are currently requesting. For instance, in some American states optometrists are asking for the use of lasers not only for refractive surgery but also, interestingly, for the treatment of conditions such as glaucoma and diabetes. They also want, where necessary, to be able to use potentially dangerous procedures such as fluorescein angiography. They are also requesting the use of a more extensive range of medical drugs for treatment of not only external eye disease but also relating to possibly much more complicated clinical disorders involving the retina and choroid. Naturally, these days, an American optometric student is probably spending seven or eight years in theoretical and clinical education as against the present four years for a South African optometric undergraduate (and probably many optometric academics would consider four years only as being inadequate to produce the type of highly skilled and well-rounded graduate that we would ideally prefer). Additionally there is much greater involvement of American optometry in public and private medical and other clinical facilities where optometrists are taught, in many instances, by ophthalmologists to use advanced procedures. Thus the overall situation applicable to optometry in

the USA is naturally very different to that here in South Africa but the changes there are definitely very interesting and thought-provoking. They are also a serious challenge as to how exactly do we define ourselves as optometrists and where should we collectively set our theoretical and clinical limits. Some may feel that such an aggressive and extensive movement, towards what many might regard as areas of exclusive ophthalmological practice, is counter-productive but the trends worldwide in optometric education and practice seem to suggest that some of the changes are unlikely to be stopped and perhaps may even be essential for the future development of optometry as a properly comprehensive health care profession. Such developments will also play an important role in terms of our overall contribution towards effectively assisting patients with some of their clinical problems, and not only in some of the less developed regions of the world but even in countries that are more highly developed. Optometry must regard itself as a well-skilled profession that should evolve and develop as fully and as creatively as possible, and consequently optometry must expand its activities wherever feasible but at the same time ensuring optimum safety and avoidance of unnecessary and undesirable harm to our patients. While ideally we should also avoid unnecessary conflicts with other professional groups such as ophthalmology, we should not however let such concerns prevent our profession from striving towards greater achievement and excellence and from attempting to more adequately reach its fuller potential.

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