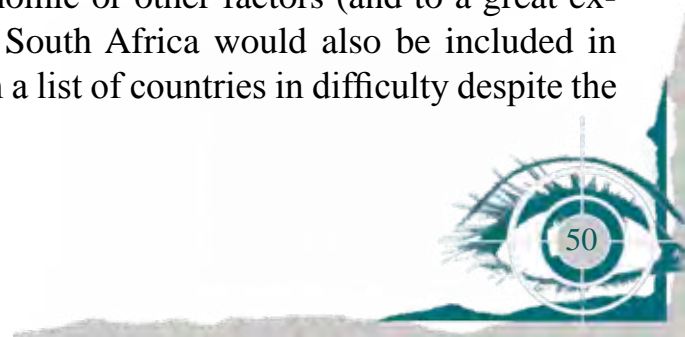


## From the Editor's Desk

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The issue of South African optometrists using therapeutic drugs for the treatment of some ocular conditions such as conjunctivitis or glaucoma is currently a hot topic for debate and argument. Ophthalmology in South Africa is naturally concerned that optometry is moving in this direction and has claimed that thus far they were not adequately consulted, something that the various leadership bodies in optometry such as the Professional Board for Optometry and Dispensing Opticians denies. It was, of course, inevitable that this debate and conflict would eventually arise as optometry attempts to expand its various skills and overall clinical utility within both the private and public health care segments of South Africa. In the same manner where a few years previously there was a fair amount of disagreement when the *bridging* program for optical dispensers was promoted we can expect that optometry will have similar difficulties with many within ophthalmology regarding the proposed changes relating to the current situation regarding our scope of practice. Of course, optometrists are not attempting in any sense to *bridge* to ophthalmology and actually change their type of classification with the HPCSA from optometrist to ophthalmologist whereas optical dispensers essentially managed to achieve that effect and those that completed the bridging course did not remain registered as optical dispensers with an expanded scope but eventually registered as optometrists (something that I and others

opposed at the time although we had no problems with the actual issue of the expansion of their activities to include vision examinations). So, the two situations are somewhat different but the suggestions for the expanded scope for optometry would be fairly substantial should the current proposal be implemented in its original form. But, a whole lot of debate, lobbying and possibly even legal action is likely as the situation unfolds. From the point of view of the general public, I expect they would largely support the proposed changes provided that optometrists are properly educated to perform the necessary actions or activities relating to the use of therapeutics and no-one in optometry has suggested or implied that comprehensive and proper clinical and theoretical education should not precede the registration of some optometrists to have an expanded scope of practice to use certain therapeutic agents for the treatment of various forms of disease. It seems also that the trend for optometry to use therapeutics for the management of some disorders of a more medical nature is a world-wide or global phenomenon and it is very unlikely that ophthalmology in South Africa could succeed in stopping such changes although they certainly may slow them down should they be so inclined. In various parts of the world eye and vision care is largely inadequate or poorly utilized due to economic or other factors (and to a great extent South Africa would also be included in such a list of countries in difficulty despite the



many well-qualified and the generally less severely compromised situation here in comparison with, say, other parts of Africa or Asia). Thus the need for enhancing the skills and potential contribution of limited resources or numbers of active individuals who could assist towards addressing some of these problems is obviously vital. We only have to consider the somewhat perilous state of the public health sector and several state hospitals and clinics in this country to note that many things are not very satisfactory at all in terms of health and eye care (and this especially affects the poorer segments of our population). Naturally, ophthalmology could play a major role in assisting optometry to ensure that the whole process works efficiently and effectively but unfortunately it seems the opposite is much more likely and thus a lot of energy, time and other resources will eventually be largely wasted by both professions in largely ineffectual disagreements and conflicts. The general public will also not benefit in the shorter term although it is highly probable that they will reap benefits once the dust has settled and the problems have been resolved or addressed over the next few years, whatever the outcome turns out to be ultimately.

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