

DRUGS

The use of drugs in optometric practice is undeniably one of the most important issues that optometry faces today, for it is inevitable that the freedom to use drugs will change the course of the profession.

According to our National Panel of Doctors of Optometry, the majority of the nation's optometrists are ready, even eager, to expand their diagnostic capabilities through the use of drugs. And nearly half of the Panel responded that they are willing to go on to the next step and assume responsibility for complete eye care, including treat-

ment of eye problems with therapeutic agents. And in those states where the use of diagnostic drugs has been legalized, some doctors have started to take advantage of their new diagnostic capabilities through use of cycloplegics, mydriatics and other drugs.

But there are those who are concerned that this new freedom will bring only problems to the profession, problems they feel optometrists are not trained to manage. These few cling to a concept of optometry that they may have learned

Our National Panel of Doctors of Optometry offers its opinions on the use of diagnostic and therapeutic drugs in optometric practice.

CHRIS KELLY
Editor

Where will they lead?

years ago—that optometry is a “drugless” profession.

Approve diagnostic drugs

Our questionnaire probing into the doctors' thoughts on the various aspects of the drug issue drew responses from nearly 300 of our Panelists from all but five states across the country. Many of them wrote long, thoughtful comments, indicating their tremendous interest in and concern about the subject of optometric use of drugs.

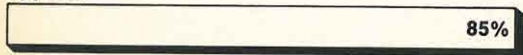
A statistical breakdown reveals that 85 per-

cent of the Panelists approve of the use of diagnostic drugs by optometrists, while 9.7 per cent

Our National Panel of Doctors of Optometry is now comprised of 370 doctors representing every state in the nation. Each month we send these doctors a questionnaire asking them to share their thoughts, ideas and experiences on some aspect of the profession. Their responses are analyzed, and that data, plus some of their comments, are presented in these Panel Reports.

Do you approve or disapprove of the use of diagnostic drugs in optometry?

approve



disapprove

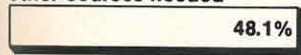


undecided

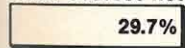


Are there other educational courses you think optometrists should take to prepare him to administer diagnostic drugs?

other courses needed



other courses not needed



undecided



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disapprove. The remaining 5.3 per cent said they were unable to decide the question and had "mixed emotions" on the subject.

But the doctors' comments reveal much more about what they think of diagnostic drug use than do simple statistics. Those who approve of the use of diagnostic drugs said they do so primarily because such drugs will enable them to provide better patient care.

"The O.D. has a responsibility to his patient to use every means possible to evaluate and diagnose all of the patient's visual problems. To do this properly, diagnostic drugs are a MUST," one doctor said.

"An optometrist who refracts without using diagnostic drugs is performing his duties under a severe handicap," said another Panelist. "Anyone

who has tried to scope a patient with 2mm pupils can appreciate the benefits of dilation."

"Tonometry cannot be done satisfactorily without the use of an anaesthetic. Nor can contact lenses be properly fitted without fluorescein," said another.

Many doctors said the freedom to use diagnostic drugs would greatly enhance their ability to detect disease and make proper referrals. "We won't be under-referring or over-referring as sometimes happens now," one optometrist said.

Political implications

But there are many Panelists who also see that the freedom to use drugs has its political implications, providing an opportunity to boost the image of the optometrist in the eyes of patients,

other health care professionals and those policymakers in government whose decisions will affect the future of optometry.

As one doctor put it: "In order for optometry to be considered a *primary* health care provider under national health insurance, we as optometrists must have at our command every possible diagnostic tool available to perform our services and make our services more meaningful."

"Any gain in professional status must be fought for," explained another Panelist. "The use of diagnostic drugs is an advancement for our profession that will increase acceptance of us by our colleagues in other health care fields."

Another doctor expressed his concern about the patients' image of the optometrist. "Unless and until we can use our full diagnostic abilities,

we are going to be considered second rate," he said. "I am tired of rationalizing with patients as to why we can't do certain things."

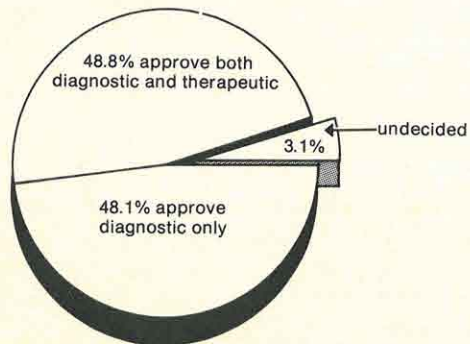
One doctor summed up the situation rather succinctly when he said, "Maybe the main thing the use of drugs would do is allow the public and other professionals to look on optometrists as the professionals we are."

Disapproving few

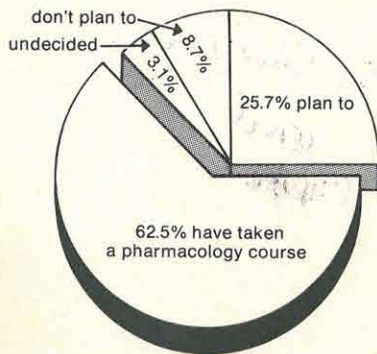
Comparatively few doctors disapprove of the use of diagnostic drugs by optometrists, but they are a vehement few. The phrase, "Too many O.D.'s are frustrated M.D.'s," showed up quite frequently in their comments.

A few fear repercussions from the medical profession if optometry "encroaches into that area."

Do you think optometrists should be permitted to use drugs for diagnostic purposes only or for both diagnostic and therapeutic purposes?



Have you taken a course in pharmacology? If not, do you plan to take such a course in the near future?



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Left standing in the middle are the 5.3 per cent who are unable to decide the question of drug use for themselves. Most of them have been practicing optometry for many years, such as the one doctor who wrote, "Working for so many years without drugs seems to have conditioned me to a non-use position on the question." One might expect that there would be a correlation between the stand a doctor takes on the drug use question and the number of years he has been in practice, or the type of practice he has.

According to our Panel such a correlation may exist. The doctors who approve of the use of diagnostic drugs have been in practice on the average for 18 years, compared to the disapproving doctors who have been in practice an average of 27 years. However, there does not seem to be a significant difference in their practice situations: The approving doctors see an average of 49 patients a week, while the disapproving doctors see an average of 42 patients a week.

Approval or disapproval of diagnostic drugs is one thing for the O.D. to consider. But the ques-

tion of whether an optometrist should use therapeutic drugs to treat eye problems is an entirely different matter, one that split our Panel into opposing camps. Considering only those doctors who approve of drugs in general, 49 per cent favor the use of both diagnostic and therapeutic drugs, while 48 per cent favor the use of diagnostic drugs *only*. The remaining three per cent did not take a stand on this question.

What about therapeutic drugs?

Those who would prefer to restrict the optometrist to the use of diagnostic drugs only said that optometric education does not yet prepare the O.D. to take on the responsibility of total eye care.

On the other side are those who believe that the use of therapeutic drugs is the next logical step for the profession in assuming total responsibility for patient eye care. However, most of these doctors did qualify their approval of the use of therapeutic drugs by saying that the O.D. should treat only minor eye infections and irritations.

Some of the doctors feel that in certain communities, patients would clearly benefit from the O.D.'s ability to use therapeutic agents.

"Many times we see patients with a slight infection and find it almost impossible to get an M.D. to see that patient. It is the patient who suffers," said one Panelist.

"I live in an area where we do not have an ophthalmologist nearby. When I do see trouble, I can't tell Mrs. Jones to go see Dr. Blank down the road. And when I do tell her that she has some problem I can't take care of, she gets a funny look on her face and says, 'I thought you were an eye doctor,'" another optometrist explained.

Some pointed out that other health care professionals with comparable educations are permitted to use therapeutic drugs, "so why are we discriminated against?"

One doctor put it bluntly: "Name me one other profession that exhorts its members to spend up to \$3,000 on an instrument which will aid in the diagnosis of a single disease, when the doctor only has to refer his patient to another specialist, and probably lose that patient permanently."

One very forward-looking O.D. believes that the "time has come for optometry to move into the medical areas of vision care, excluding surgery. All external pathology may be the future responsibility of optometry. We are asked for this care by our patients and we are trained to provide it. It is our responsibility.

"The funny thing is, ophthalmology is actually pushing us in this direction," he continued. "As long as they keep trying to restrict us to the role of a technician, we will have to keep growing as a profession and provide better patient care."

Concern for education

Whatever their opinions on the use of drugs, the doctors generally agree on one point—proper education and training in the use of drugs is a must. A majority of the Panelists, 62.5 per cent, have taken a pharmacology course. And 68.2 per cent of those who have not, are planning to take such a course in the near future.

But many doctors expressed concern that a basic pharmacology course is not enough to pre-

pare an optometrist to work with drugs in his practice.

"Drugs should be used only by the optometrist who is willing to educate himself in the areas of pathology detection. There are still too many O.D.'s around who do not perform tonometry and who do not use slit lamps and biomicroscopes," one doctor said.

Many qualified their approval of the use of drugs with the phrase, "with the proper education," and some call for certification programs or qualification boards that would ensure that optometrists who use drugs are properly trained in their usage.

A good number of doctors feel that recent graduates would be well-trained in all aspects of pharmacology and pathology and the use and effects of pharmaceutical agents, "but some of us old-timers need a lot of refresher courses," as one doctor said.

When asked if they thought an optometrist needs more than a basic pharmacology course to prepare him to administer drugs, 48.1 per cent answered "yes." Only 29.7 per cent feel a basic pharmacology course is adequate education, leaving a rather large 22.2 per cent who are undecided on the question.

Many of the doctors indicated a need for more specific pharmacology courses, courses that included practical clinic work. Several suggested internships at hospitals under medical supervision.

Other doctors feel they need more education on all the effects of the various drugs, including adverse reactions. And they feel they should be trained to handle the rare, but possible, adverse reaction to a diagnostic drug.

Panelists also suggested additional courses that might be required for the optometrist who wants to use drugs in practice, such as bacteriology, neurology, biochemistry, ocular biology and biochemistry, physiology and organic chemistry. Some of these courses are included in optometric college curricula today, but were not included when our Panelists were optometric students. And even if they did have those courses in college, some of the doctors feel a need for refresher courses that would bring them up to date.

Does (or would) the freedom to use diagnostic drugs cause you to use instruments or perform tests that are not currently included in your practice?

no

53.1%

yes

46.9%

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Vulnerability to malpractice suits

One O.D. suggested a course in jurisprudence, wryly expressing another concern many of the doctors share: They feel the use of drugs will leave the optometrist vulnerable to malpractice suits. Of the total number of respondents, 69.2 per cent said they think the freedom to use drugs will lead to more malpractice suits. The doctors who disapprove of the use of drugs agree 100 per cent that malpractice suits will increase.

In general, those doctors who anticipate an increase in malpractice suits stated simply that "the more procedures you do, the more risk is involved."

Some feel that there would be no actual increase in malpractice suits, but that insurance companies would take advantage of the situation and raise insurance premiums.

The 30.8 per cent who said malpractice suits would not become a problem said that proper education, proper procedures and explanations to patients of procedures would ward off any potential problems.

Some feel that actually the failure to use drugs and the resulting failure to detect a disease would leave the optometrist open to malpractice suits, so that the risk of malpractice is there whether the O.D. uses drugs or not.

On what age groups do you or would you use diagnostic drugs most frequently?

1-5 years old

20.4%

5-10 years old

12.7%

10-20 years old

3.4%

20-40 years old

11.2%

over 40 years old

52.3%

*Figures total more than 100 per cent because many doctors checked more than one age group. In fact, some doctors checked all age groups.

Actual drug use

Since only seven states have at this date passed laws allowing optometrists to use drugs, few doctors actually employ diagnostic agents in practice. Some doctors in the seven other states whose laws do not actually prohibit the use of drugs are also using drugs on their patients. (See box on states, below.)

Slightly more than 10 per cent of the respondents to our questionnaire practice in the seven states where new drug laws have been passed. All but three of these doctors approved of the use of diagnostic drugs. Only 62 per cent of those who do approve of use of drugs are actually using them in practice today, while 75 per cent of the others are planning to introduce drug use into their practices soon.

A profile of doctors from these seven states shows that 77.4 per cent have taken a pharmacology course (compared with 62.5 per cent for the nation overall). And 57.2 per cent approve of the use of both diagnostic and therapeutic drugs (compared to 49 per cent for the nation).

According to our Panel, reports from doctors in the seven states that do not specifically prohibit drug use by optometrists indicate that 41 per cent of the doctors are actually using drugs.

Although the large majority (almost 90 per cent) of the doctors on our Panel are not using drugs in their practices now, many speculated on how they would use drugs if and when drug laws were passed.

These doctors estimated that they would use drugs on the average on 30 per cent of their patients. Interestingly, those who actually use drugs in their practices reported that on the average they use them on 50 per cent of their patients.

In general, the doctors, both users and non-users, agree that the patients they would most likely use drugs on would fall into primarily two age groups: one- to five-year-olds and those patients over 40.

The doctors were also asked if the freedom to use drugs would cause them to start using instruments or performing tests that are not now included in their practices. About half of the Panelists, 46.9 per cent, said they feel they would introduce new tests or purchase new instruments if

they could use drugs. Specifically, the doctors mentioned gonioscopy, fundus photography, retinal photography and binocular indirect and direct ophthalmoscopy. Many mentioned the Goldmann Tonometer and the Schiøtz Tonometer as instruments they would use if they could use drugs.

It's up to the states

The Panel's responses to this questionnaire on the use of drugs in optometric practice indicate clearly that the majority of optometrists are most interested in furthering their diagnostic capabilities and assuming more responsibility for patient eye care. However, it may be some years before the optometrists in those states that forbid the use of drugs are given that opportunity to take another step in their professional development.

A Look at the States

To date, the following states have passed laws permitting optometrists to use diagnostic drugs: Delaware, Louisiana, Maine, Oregon, Pennsylvania, Rhode Island and Tennessee.

The following states have laws that do not specifically prohibit the use of drugs by optometrists: Florida, Idaho, Indiana, Minnesota, Nevada, New Jersey and Virginia.

Legal opinions rendered by State Attorney Generals allow optometrists to use diagnostic drugs in Indiana, Nevada and New Jersey and disallow such use in Florida and Virginia. Idaho and Minnesota do have State Attorney General opinions.

The following states have under consideration bills that would change their laws, allowing optometrists to use drugs: Alabama, California, Florida, Kansas, Massachusetts, Mississippi, New York, North Carolina, Ohio and Vermont.