

3rd January, 2000

Dr. E.K. Yeoh
Secretary for Health and Welfare

and

The Hon. Michael Ho
Chairman, Legco Panel on Health Service
Legislative Council
Jackson Road, Central
Hong Kong

(Attn: Ms. Joyce Ho)

Dear Sirs,

Re: Role of optometrists in Hong Kong Health Care System

The College of Ophthalmologists of Hong Kong, with the role of ensuring the medical standard of eye services to Hong Kong citizens, will be obliged if the Secretary of Health and Welfare and all members of the Health Panel can grant it the liberty to express its view on the role of optometrists in eye care provision in Hong Kong.

While sincerely recognizing the professional role and contribution of our optometric colleagues to the visual care of our community in aspects relating to the assessment of visual acuity and related visual functions, prescription of spectacles, contact lens and various visual aids and other optical jobs, they are always viewed by the ophthalmic profession as an integral part of the eye care and health provision team for the general public, which is at the receiving end of the referrals for general and specialised eye care and management.

We wish to point out that optometry training does not include comprehensive basic medical curriculum. Taking up the role in providing primary eye care comparable to that of general practitioners or family physicians is not just inappropriate, but may impose risk to the health of the general public as visual disturbances can result also from, aparting from refractive problems which is well within the scope and competency of optometric service, ocular and systemic medical illnesses. To quote some common examples of systemic medical illnesses that present with visual disturbances and

require prompt thorough medical check up of the bodily health by general practitioners or family physicians and then proper referral to tertiary care as soon as possible:-

- (1) Endocrine disorder:- e.g., Diabetic Retinopathy and maculopathy. Dysthyroid eye disease,
- (2) Neurological disorder:- e.g., Brain tumour, meningitis, sequelae of previous tuberculosis arachnoiditis, Benign intracranial hypertension, migraine headache, giant cell arteritis etc
- (3) Cardiovascular disease:- e.g., Hypertensive retinopathy, transient ischaemic attack, Retinal vascular occlusion, cerebro-vascular accidents, embolism to eye secondary to atrial fibrillation or deep vein thrombosis, septic embolism to eye in subacute bacterial endocarditis etc
- (4) Immunological disease:- like Rheumatoid arthritis, SLE, scleritis, uveitis, Retinal vasculitis
- (5) HIV/AIDs related ocular disorders
- (6) Drug related problem:- e.g., drug effect of psychiatric or TB drugs, steroid induced glaucoma, ophthalmic drug effect on benign prostatic hypertrophy, visual side effect of some common cardiac drugs like digoxin.
- (7) Infection:- e.g., adenoviral conjunctivitis associated with upper respiratory tract viral infection, metastatic endophthalmitis in immune compromised patients
- (8) Malignancy-affecting the eye region, e.g., lymphoma, leukaemia, secondary malignancy to eye from primary tumour elsewhere

The lists can go on ...

Bearing the interest of the public in mind, our College feels strongly that optometrists are not in the best position to act as primary care provider or the “Gate-keeper” like the family physicians, who have comprehensive medical education in various disciplines of medicine including general ophthalmology and thus able to provide assessments, treatments, and advice to patients in a holistic manner and making appropriate referrals.

One may argue that optometrists can make direct referrals to ophthalmic practice in some developed countries like Australia and some states in USA. We wish to point out that these 2 countries have very different medical and health systems from that of Hong Kong and they are very vast countries with many towns of geographical remoteness from main city and hospitals. Unlike Hong Kong which is a small but metropolitan city with easy access and efficient transportation to medical doctors/hospital/clinic, these countries with vast area may have, for its own particular needs and reasons, to rely on optometrists in certain aspects of primary eye care, balancing the risks and benefits of allowing such. The balance of such risks and benefits in Hong Kong will definitely be different. At the same time, we wish to point out that formal referral system has to be made through family physicians in many other countries like, UK and Canada.

The Government may have the impression that, by allowing optometrists to make preliminary screening and referrals as general practitioners or family physicians, it may reduce the workload of public ophthalmic sector and enhance effectiveness. This fallacious impression may arise from the assumption that optometrists can always make accurate diagnosis of ocular disorder and visual problems relating to systemic illness and capable to treat effectively minor visual problems and referring appropriately. As we have pointed out already, to diagnose, refer or treat, appropriately and safely, is our

main concern.

Our College is in deep worry about possible inappropriate or delayed referrals or treatments casting risk to the ocular health of patients and public, and worse still, while all medical practitioners are well covered by their professional insurance, the public interest may not be similarly insured if seeking optometric advice for primary health care as general practitioner. How can our dear citizens who have trusted our medical, ophthalmic and optometric professions all along be protected from mishaps if optometry profession is equated as medical profession or family physicians or general practitioners. We wish to emphasize again our great **concern for public health and interest.**

Some people may argue that by providing the necessary additional medical training for optometrists, they may be able to act as primary eye carer comparable to that of general practitioners. Our College cannot hold silent again. Will this be a duplication of our precious but limited public resources to train an optometrist as a medical doctor in order to fulfil this role safely. Or, without putting in sufficient resources for the additional training and education of optometrists in medical knowledge, is our society ready and willing to accept a “reduced medical training” primary care provider to take care of their precious eye sight? We strongly believe that all our Honorable Councillors and Government Officials are always putting the interest of our public as their first priority in setting up protocols and guidance for our society.

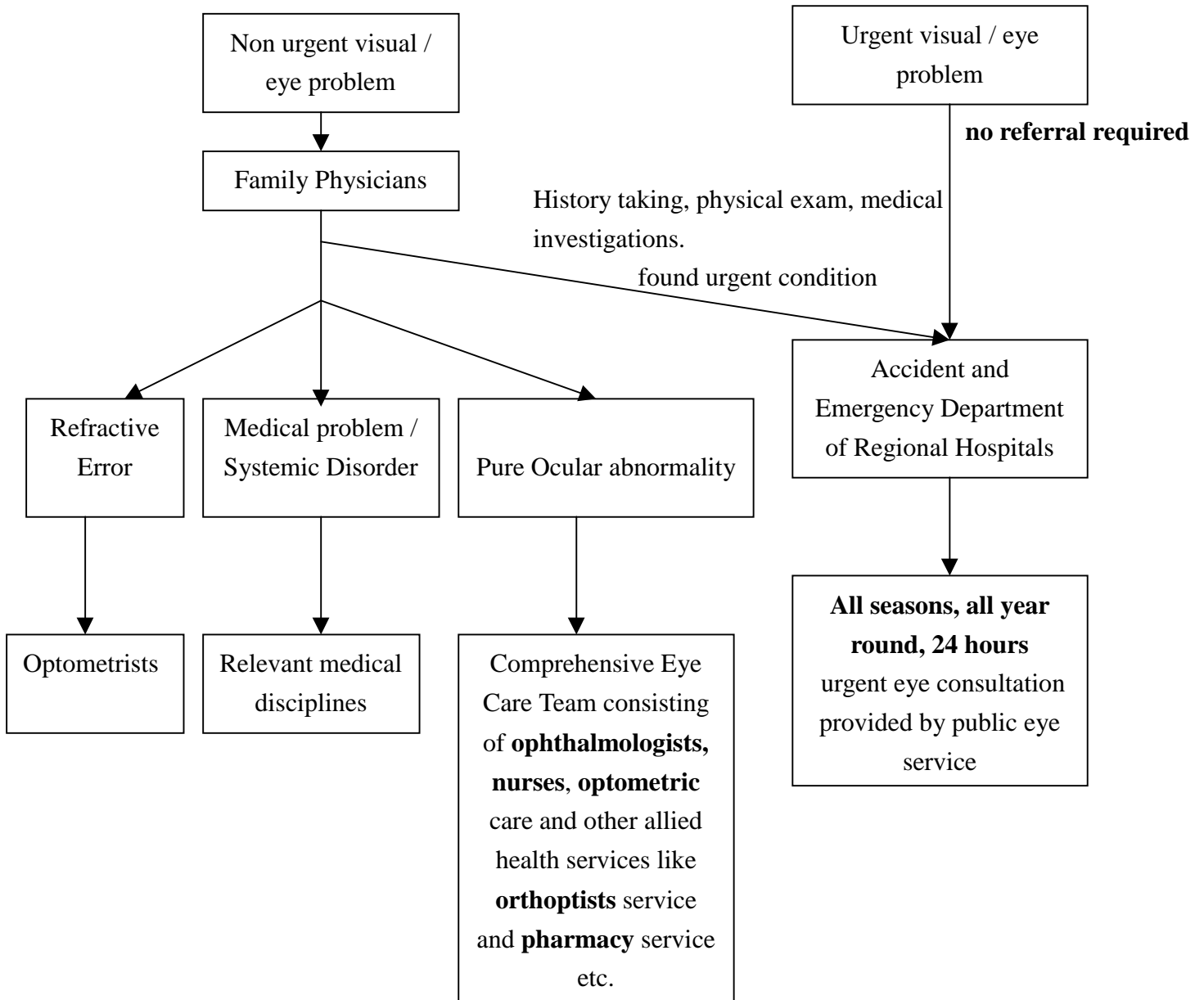
While continued medical education, through the Hong Kong Academy of Medicine, medical Colleges and professional bodies, is strongly encouraged in our medical profession, including ophthalmologists, family physicians and general practitioners, in order to ensure the public receiving the most modern and updated diagnosis and management, how can this be ensured in the optometry profession in respect of their task as **primary health care provider** while rendering service to people of Hong Kong?

It will also be confusing to the public if dual referral system through family physicians and optometrists is adopted for specialist eye care service in Hong Kong. Such confusion may cause unnecessary delay with possible damage to the eye or the body at large. Our public, without the ability to tell whether their own visual disturbance is basically refraction problems or ocular problems, or systemic disease related eye problems, may find difficulty where to seek help at the first instance. Should they go to the optometrists first or the general practitioners first? Even we, as ophthalmologists, cannot advise one or the other before a thorough history taking and comprehensive physical and medical examination, which we believe is the role of a fully qualified medical practitioner/family physician.

Taking into account of our precious public resources, its optimal utilization for safe, effective protection of our Hong Kong people, is of paramount importance.

We propose the optimal flow for referral systems in public eye care system should be like this:-

Optimal Model



Another point we like to state clearly is that referrals are required for public ophthalmic service only, but not for the private sector, in other words, the public can attend any private eye doctors any time when they think needed, without either general practitioner's or optometist's referral. Knowing the great community demand for ophthalmic service, the Hospital Authority has set up its target to reduce its waiting time for eye service with its best effort, while the College of Ophthalmologists of Hong Kong is working on the manpower planning of ophthalmic doctors for the future of Hong Kong and assisting the sector in continued medical education, training and qualification accreditation of eye doctors in Hong Kong. We think we have the obligation to provide and ensure sufficient **quality** eye doctors and eye care service to our society, which should not accept a compromised quality for convenience or urging resource reduction. We wish to express our views mainly out of our conscience but not professional vested interest as some people may mistakenly think.

We sincerely hope all Panel members and our SAR Government will well consider all comments in a balanced manner when reshaping the Hong Kong health care system for this millennium. Please do not hesitate to contact the undersigned or our College Secretariat if we can be of any help in providing further information.

Yours sincerely,

Dr. Siu-Ping Hui
President
The College of Ophthalmologists of Hong Kong

Encl.: Chinese translation

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