

THE CHALLENGE OF THE PRESENT

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Are orthoptists doing all we should for the good of the community? This is the question that we must all answer and answer now.

Traditionally, orthoptists worked under close supervision of an ophthalmologist — in his rooms, in hospital eye clinics, or in private practice. Initially, orthoptists were required to treat patients only on circumscribed lines and mostly at the synoptophore. Over the years, an increased knowledge of physiology has led to a greater understanding of different types of binocular disorders and as new instruments have been introduced, the orthoptist's role as a therapist and diagnostician has extended. Hence the fields of knowledge and clinical skills have broadened also. The Orthoptic Association of Australia and State Orthoptic Associations have kept orthoptists informed of the latest trends by means of the journal and scientific meetings, but could more be done?

The introduction of Medibank has drawn to the attention of the community the need to provide adequate and efficient medical services at a reasonable cost. In the large hospitals medical care is becoming more specialised and sophisticated.

Computer services are being introduced and must bring change. There is a definite movement for patient care to be provided in smaller regional hospitals, community health centres, rehabilitation centres and homes for the aged. Are we ready to meet these needs?

Orthoptists must know, then, of all such centres in the community. We must acquaint ourselves with the needs and functions of these community centres. To do so, we must continually update and extend our understanding of the underlying relationship between binocular anomalies and congenital and other disorders.

We must be fully aware of these changing trends in medicine and what these changes mean. Firstly, for the benefit of our patients, and secondly, for the sake of our profession, so that opportunities are provided for professional and self-development of our members.

Medical authorities involved in these new developments must be made aware of the orthoptists' important contribution to good, efficient patient care, not just in diagnosis and treatment but in the very vital field of preventive medicine. This is an area in which the orthoptist's knowledge and training could be utilised, especially in schemes such as the school and pre-school screening programmes and in baby health centres.

An ophthalmologist said recently to a group of orthoptists that we should no longer hide our lights under a synoptophore — the orthoptists must give more to the community. This is not only sound advice; it is essential. Meeting this challenge will provide better care for our patients, and isn't that our prime objective? But the planning must be forward-looking, responsive to change and follow sound administrative and financial principles.

There is no doubt that these changes and proposals have created a definite need for administrators. Administration courses are essential to train orthoptists in the efficient running of orthoptic clinics within the hospital framework.

The Associations must become organised to foster awareness within ourselves of the needs of the community, to examine our shortcomings and determine how they may best be rectified.

How is all this to be achieved?

We need a vigorous council, which meets often, not just once a year; a council which accepts the responsibility to represent orthoptics to Government and other professional groups and organisations and the community; a council which is the guardian of standards of clinical patient care, and, therefore, has the responsibility of maintaining and evaluating the effectiveness and availability of our service.

We need to maintain our close contact with the educational bodies and work together to ensure that the students are educated for the demands the community places on orthoptists.

There is an obvious need for post-graduate possibilities, and for the graduates to gain recognition for their qualifications.

We need vigorously planned meetings to spread knowledge gained among orthoptists of all ages.

We need some subsidy for interstate council members and for our international representatives; we need to spend a little more on our development.

Orthoptics is perhaps one of the few paramedical professions which has developed and progressed from a very specialised and limited practice into more general ophthalmic fields. This characteristic is a strength and must be encouraged.

Orthoptics is fortunate because we have a large association membership, but for too long have we been in a rut of status quo? The responsibility for our future lies with us; the possibility of improved patient care lies with us; orthoptists must accept these responsibilities because as Oscar Wilde said, "The longer I live the more keenly I feel that whatever was good enough for our fathers is not good enough for us."