

Open Letter to the U.S. Department of Veterans Affairs

January 8, 2024

The Honorable Shereef Elnahal, MD
Under Secretary for Health
U.S. Department of Veterans Affairs
810 Vermont Avenue NW, Room 800
Washington, DC 20420

Dear Dr. Elnahal:

On behalf of the undersigned physician specialty organizations representing nearly 57,000 physicians nationwide, we are writing to express our collective concerns regarding the adoption of a national standard of practice that would grant optometrists within the Veterans Health Administration (VHA) the authority to perform eyelid surgery on veteran patients. Optometrists provide important vision care services as part of the eye care team, but the delicate nature of surgeries and conditions involving the tissues surrounding the eyes necessitates the highest standard of care which is beyond the level of optometric education and training.

Our primary concern centers on ensuring that veterans continue to have access to safe high-quality surgical eye care. Veterans who require surgery in this sensitive area deserve the assurance that their procedures will be conducted by qualified medical doctors and trained surgeons. Allowing individuals who are not medical doctors or trained surgeons, such as optometrists, to perform such surgeries would undeniably place our veterans in elevated risk to injury resulting in the need for additional procedures or in a worst-case scenario loss of vision.

We have strong reservations regarding the safety and efficacy of authorizing optometrists to perform procedures like the removal of lesions, cysts, and tumors from the eyelid. Despite assertions, to date, we have seen no compelling data indicating that there is a significant backlog of VHA patients requiring these surgeries that would ever justify authorizing non-physician practitioners with limited training to perform such surgeries.

These surgeries carry potential complications, some of which may not become apparent until surgery is underway. For example, eyelid lesions, while initially

innocuous, can sometimes be confused with carcinomas (skin cancers), necessitating biopsies during surgery. The precise technique used to remove these lesions is critical, as improper methods could result in deformities or the unintended spread of cancer. This is an area of expertise not reasonably acquired within the optometry training model.

Surgical proficiency cannot reasonably be acquired through a 16-hour mini course, which is the current standard for optometric training in incisional surgeries. This negligible level of training is patently insufficient to equip optometrists with the necessary expertise in injection techniques, surgical skill, and the ability to recognize and immediately treat surgical complications when they arise. For example, the management of critical complications like excessive eyelid bleeding, cannot be adequately experienced in optometric training. It is important to note that 21 out of the 24 U.S. schools of optometry are located in states where optometrists are legally prohibited from performing incisional surgery with a scalpel (22 of the 25 schools are in states where optometrists are similarly restricted from performing laser surgery). Consequently, nearly 90% of optometry students attend schools where incisional eyelid surgery on live patients is prohibited. Given this limited exposure, it is implausible for optometrists in training to attain the level of proficiency required to become skilled eye surgeons and manage surgical complications effectively.

Proficiency in performing these surgeries is only earned through the culmination of years of rigorous medical education and clinical training, performing hundreds of these procedures on and around the eye. Following a four-year medical education program and a one-year hospital internship, an ophthalmology resident undergoes intensive surgical training during a three-year residency program. This residency program includes hands-on experience, where residents perform surgeries on live patients with real conditions under the close supervision of attending ophthalmologists. This personalized approach to training ensures that ophthalmology residents acquire the essential skills and experience in diagnosing, treating, and determining the appropriate surgical interventions for various conditions of the eye and surrounding tissues such as the eyelid.

While we acknowledge the valuable role that optometrists play within the eye care team, their educational model does not adequately prepare them for the intricacies of surgeries involving the eyes and their surrounding tissues. Surgery is not merely the act of cutting with a scalpel or using a laser; it requires a comprehensive

understanding of patient selection, patient education, complication recognition, and immediate complication management. Many of the potential complications that can arise from these surgeries lie outside the scope of optometric education and clinical experience.

In the interest of upholding our nation's long-established standards for patient safety and quality care within the VHA, we respectfully urge you to oppose any standards that would permit optometrists to conduct surgery on or around the eyes of our veterans. The well-being of our veterans should remain paramount in all decisions regarding their healthcare.

Thank you for your thoughtful consideration of this vitally important matter.

Sincerely,

American Academy of Dermatology Association
American College of Radiology
American Society for Dermatologic Surgery Association