

Letters

New Technology: Will You Have a Choice?

In recent months, there has been increased discussion about self-refraction. ("Selfie-Refract—Really?" Opinion, January, and "Maybe Somewhere In-between?" Letters, May).

This has also become a hot topic in the optometric political arena. It seems that optometry has launched an all-out war in state legislatures and at the federal level to ban the advancement of this type of technology—meaning that both optometric practices and ophthalmic practices would be affected. In 2015, Alabama, Florida, Maine, Montana, Nebraska, and West Virginia considered optometry-supported legislation and/or regulatory measures that would have restricted or prohibited a physician's use of this technology. Is banning it without allowing physicians to evaluate the risks and benefits to the patient—as they would with any other diagnostic technology—really in the patient's best interests?

The new refractive technologies now making their way to the market rightfully raise many questions for ophthalmologists who are considering utilizing such diagnostic applications for their patients. These physicians deserve answers based on scientific facts, not on

politics. Unfortunately, it seems from the actions of organized optometry that we are seeing scientific evaluation fall victim to the latter.

The new refractive technology does not pretend to be a comprehensive exam. For example, Opternative states: "Opternative services do not include any type of eye health examination. It provides a refractive exam. It is not a replacement for a comprehensive eye examination which we recommend every two years, or as frequently as your eye physician feels necessary." The refractive technology is just that—a refractive tool.

It is most important that we recognize that organized optometry's tactics to ban an ophthalmologist from even considering this type of technology is, in effect, a restriction on an ophthalmologist's scope of practice and the overall plenary licensure of anyone practicing medicine. In fact, in some instances, optometry's proposals have even gone so far as placing physicians under the regulatory boards of optometry for disciplinary action.

I hope we as a profession stand up and say no to this optometric infringement on the physician determination of the best tools we can use to increase patient access to any aspect of eye care.

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