

Optometry and Drugs

—Present and Future

KURT K. FIELD, O.D.
The Bronx, N.Y. 10465

The first phase of the controversy about optometric use of drugs is rapidly drawing to a close. The debate, which had been raging for decades, appears to have been resolved in favor of optometric utilization of drugs. This is not to deny there is still a sizable number of optometrists who are opposed to drugs. While there has been little official action by the various optometric organizations, it is clear that the overwhelming majority of optometrists now favors the use of drugs. Certainly, our optometric colleges are preparing their students in pharmacology and related subjects.

We are now moving into two new areas on this drugs question:

1. How to secure for optometrists the right to use drugs?
2. Should the use of drugs be limited to diagnostic tests or should drugs also be utilized therapeutically?

A Common Misconception

Many optometrists feel that in order for optometrists to use drugs, such use must be specifically authorized in the law, as in the recently adopted Rhode Island legislation. Yet, just the reverse is true. It is the custom for professional practice laws to state in general terms what the practice of the profession involves without spelling out the specific modalities to be used. Any modality (unless specifically prohibited) may then be used to perform the functions delegated by law to that profession.

For example, New York State medical practice law defines medicine as: "... being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake, by any means or method, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition."

New York State dental law defines dentistry as follows: "... being able to diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums, or jaws, and adjacent tissues and who shall either offer or undertake by any means or method to diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same. . . ."

Most optometry laws use similar general wording in their definition of optometry. The phrase "by any means" is used in most optometry laws. The difficulty is that the majority of states use the phrase "by any means other than drugs." However, several states do not have the qualifying statement "other than drugs" in their law. Thus, the use of drugs is covered in the basic legal definition of optometry.

At present, the following states permit the use of drugs by virtue of their general definition of optometry, which does not mention drugs, in a manner similar to the previously cited definitions of medicine and dentistry: Delaware, Florida, Idaho, Indiana, Minnesota, Nevada, New Jersey, Tennessee, Virginia, and Washington. In addition, the District of Columbia law could conceivably be interpreted to permit the use of drugs and, of course, the recently passed Rhode Island law specifically authorizes optometric use of drugs.

A Case in Point

Whether or not optometrists actually use drugs is not the question. Undoubtedly, many optometrists in the states mentioned do not use drugs in their practices. This is due to the "drugless" orientation of optometry throughout most of its history. A good case in point is New Jersey. This state's law has permitted the use of drugs for a great many years. However, optometrists somehow assumed that they were

prohibited from using drugs and, therefore, did not use them. Only within the past few years was it realized that the law in no way prohibits the use of drugs and most New Jersey optometrists are now using drugs as a matter of course.

Original Intent

It has been argued by some that the absence of a direct prohibition of the use of drugs does not constitute authorization to use such drugs. The argument is made that at the time these laws were passed, drugs were simply not conceived as part of optometry and such a prohibition was either considered superfluous or else was left out inadvertently. It is further argued that, since courts give considerable weight to the original intent of the legislature in interpreting laws, optometry would be restrained from using drugs, despite the lack of a specific prohibition.

Obviously, there is some validity to this argument. However, at least as much weight must be given to the tendency of courts to interpret laws in terms of modern practices. Where professions are concerned, the actual (or frequently expressed) mode of practice appears to be the guiding light. We can cite several examples:

1. The situation in New Jersey. As indicated previously, New Jersey optometrists are using drugs openly and with Board approval, strictly on the basis of the absence of a direct drugs prohibition in the law. While there were some rumblings when drugs were first used, they are now accepted as a matter of course.

2. Many optometry laws—including New York State's—do not specifically authorize optometrists to fit contact lenses. Optometrists are authorized to fit lenses. Contact lenses were left out because no one gave much thought to them. In more recent years, these laws have been interpreted in accordance with modern practice and the term "lens" has been defined as meaning *any* lens, contact or otherwise.

3. Several years ago, New York State podiatrists obtained the right to perform union surgery. This had always been considered strictly outside the scope of podiatry. The procedure was as follows:

1. The New York State Podiatry Society adopted a Scope of Practice Declaration. This declaration dissected the legal definition of podiatry, giving each word the broadest possible interpretation. They then stated that by this very broad interpretation, union surgery can be considered minor surgery, which is within the scope of podiatry.

2. Some podiatrists performed this surgery and wrote it up in journals.

3. When this was challenged, the State Education Department ruled that this type of surgery was legal, that it fell within the mode of practice of podiatry and, in fact, the Podiatry Society's own Scope of Practice Declaration accepted this procedure.

Thus, by taking the "bull by the horns," podiatry added this important procedure to their profession.

We cannot predict, of course, how the courts in any given state would rule on this drugs question. However, there is ample precedent to encourage one to feel that in many cases the courts would give more weight to present-day optometric education and practices, rather than to the original legislative intent of many decades ago.

Scope of the Use of Drugs

The majority of optometrists seem to agree that drugs should be available to optometrists for diagnostic use. However, the usefulness of drugs for therapeutic purposes cannot be ignored. This article is not concerned with the question of medical therapy, such as the treatment of glaucoma, iritis, conjunctivitis, etc. However, drugs can be important in strictly optometric therapy.

The optometrist is a vision specialist; as such, he is concerned directly with the improvement and enhancement of vision, as well as with the coordination of vision of the two eyes (strabismus therapy). Mydriatics are highly useful in the use of the Euthyscope during pleoptic therapy. Cycloplegics are useful at times in lieu of physical occlusion during amblyopia therapy. Miotics has been used as an adjunct to strabismus therapy.

Finally, who knows? Maybe techniques will be found for the utilization of drugs for the treatment of refractive errors. Certainly an agent to soften the cornea might be useful in orthokeratology.* Drugs may eventually be developed to halt the progression of myopia. Clearly, optometry has a stake in clarifying its right to use *all appropriate modalities*, including drugs, for *optometric* therapy as well as for diagnostic purposes.

Throggs Neck Medical Bldg.,
3867 East Tremont Avenue

* Field, Kurt K.: "A Theoretical Approach to The Elimination Of Refractive Errors," *Journal of the American Optometric Association*, August 1958.