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## An attitude survey of dentists, ophthalmologists, and general medical practitioners towards optometry in selected cities of western United States and Western Canada

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# **An attitude survey of dentists, ophthalmologists, and general medical practitioners towards optometry in selected cities of western United States and Western Canada**

## **Abstract**

An attitude survey of dentists, ophthalmologists, and general medical practitioners towards optometry in selected cities of western United States and Western Canada

## **Degree Type**

Thesis

## **Degree Name**

Master of Science in Vision Science

## **Committee Chair**

Nira Levine

## **Subject Categories**

Optometry

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An Attitude Survey of Dentists, Ophthalmologists, and General  
Medical Practitioners Towards Optometry in Selected Cities  
of Western United States and Western Canada.

Robert C. French  
Scott B. Taylor

Advisor:  
Dr. Nira Levine

May, 1976

A fourth year project submitted to the Faculty of the  
College of Optometry of Pacific University.

In partial fulfillment of the requirement for the  
degree of: Doctor of Optometry.

Approved by N. Levine Ed.D.

ACKNOWLEDGEMENTS:

The authors wish to gratefully acknowledge the advice freely given by Dr. Nira Levine in helping with numerous suggestions in putting together the questionnaire and assembling and displaying the results.

We acknowledge the interest and help of Dr. Robert Yolton in this project.

We wish to thank the Oregon Optometric Association for financial aid granted to us which made it possible to enlarge the scope of this survey.

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PURPOSE:

The purpose of this study was to determine the attitudes of dentists, ophthalmologists, and general medical practitioners in selected areas of the United States and Western Canada towards optometry; To determine if one health care profession varies from another in it's opinions of optometry, and to compare the attitudes of these professionals from two countries.

INTRODUCTION:

As the profession of optometry assumes a greater proportion of the responsibility of the health care of the individual the need for increased communication with other health care professionals is evident.

The goal of this study is to determine the current position in which optometry is viewed by the health professions surveyed. It is hoped that the survey will point to areas in which the profession of optometry can make improvements in it's image and communication within the health care profession; thereby improving our effectiveness in the delivery of vision care.

A review of the literature indicated there has been little done in the way of studies on interprofessional attitudes and relations. Several articles touched on the need for improvement in relationships between optometry and the medical profession. Most of these, however, lacked any in-depth study to back up their contentions.

Worthen<sup>1</sup> discussed the place optometry should occupy in the delivery of vision care. His position was that ideally, an optometrist should be a refractionist who screens for serious **visual impairments** in a multi-professional health organization. However, the underlying theme of his article was that optometry should be subject to governance by the medical profession. This attitude seems to reflect the present feeling of ophthalmology in dealing with optometry.

Cortazzo,<sup>2</sup> points out the necessity of improving relations with the medical profession. He lays down guidelines which he feels optometry should follow in it's working relationship with medicine. The main theme of the article is that optometry should insist on being treated as a profession, an equal, in any dealings with medicine.



Robert<sup>3</sup> pursues a theme similar to that of Cortazzo, but deals mainly with referral of patients between optometry and medicine. He sets down guidelines for referrals between optometry and the medical profession.

The above three articles suggest ways in which improvement could take place in interprofessional relationships. The articles are not backed by any study showing where we presently stand in regard to that relationship.

The only article based on an actual study of attitudes was done by Silva et al.<sup>4</sup> at the University of California, Berkeley. This paper provided us with some good ideas, some of which were incorporated into our questionnaire. Their survey was undertaken in 1974. A questionnaire was sent out to some nine hundred California physicians whose names were obtained from the medical directory of California. There were a few things that their survey did not touch on which we wished to explore. First, ophthalmology was not surveyed in their study. Second, we wanted to include dentistry in the survey. Third, their survey was limited to the southern part of California and we wanted to cover a larger area.

The three health professions chosen for the survey were dentistry, ophthalmology, and general medicine (internists and family practitioners). Dentistry was chosen because it has become one of the major deliverers of health care within a community. Most of the patients seen by the dentist will also visit an optometrist in the same year. Therefore, it is in the best interest of the public to have good communication between these two professions.

Ophthalmology was selected because it deals with vision care, and in many instances the type of care offered by ophthalmology overlaps with the care offered by optometry.

Since at this time optometry does not deal with treatment of pathology and trauma it is often necessary to refer some of our patients to ophthalmology. It is again in the best interest of the patient to have a good relationship between the two vision care professions.

General medicine was selected due to the role they play as the basic health profession in any community. In this capacity the physician will need to refer many of the problems he can't handle to other professions, one of these, of course, will be vision care. On the other hand optometry in many cases will find it necessary to refer general medical problems to the family physician. This type of situation requires a mutual respect, and better communication between the two. A better understanding between all the health care professions would be the ultimate goal of studies such as these.

PROCEDURE:

The areas selected for the survey are listed in Table I below. Some of the areas surveyed also included the surrounding areas of the cities listed.

Table I Areas Selected for Survey.

<u>United States.</u>	<u>Canada.</u>
Idaho-----Idaho Falls	Alberta-----Calgary
Nevada-----Las Vegas	Lethbridge
Oregon-----Portland	British Columbia---Vancouver
Corvalis	
Eugene	
Utah-----Ogden	
Washington---Seattle	

These areas were chosen because a large number of Pacific University graduates will be practicing or are already practicing in the general area of these selected cities.

The names and addresses were selected at random from the yellow pages of the telephone directories of these cities. The yellow pages were chosen because it was felt the information would be current, thereby reducing the number of undeliverable letters. Each letter contained a cover letter and questionnaire. Each questionnaire was coded according to the profession by placing a small colored dot on the reverse side. The area was determined from the post mark on the returned envelope. The cover letter explained who we were and why we were doing the survey. It was written on Pacific University letterhead. A copy of the cover letter and questionnaire have been included in the appendix.

A self addressed stamped envelope was included. This would make it more convenient for them to return the questionnaire and increase the response ratio.

A total of 310 questionnaires were sent out. They were distributed in the following proportions: U.S.-184, Canada-124. Dentistry-83, Ophthalmology-55, General Medicine-111.

Of the three hundred and ten questionnaires sent thirteen were returned as undeliverable, about 4%.

RESULTS:

TABLE 2: Combined Results of the Survey of Dentistry, General Medicine, and Ophthalmology in the Western United States and Western Canada.

	# sent	# received	percentage
Dentistry	82	43	52%
Ophthalmology	55	22	40%
Gen. Medicine	<u>160</u>	<u>90</u>	<u>56%</u>
Total	297	155	52%

Results of the Survey of Dentistry, General Medicine, and Ophthalmology in the Western United States.

	# sent	# received	percentage
Dentistry	59	39	66%
Ophthalmology	29	15	52%
Gen. Medicine	<u>87</u>	<u>46</u>	<u>53%</u>
Total	175	100	57%

Results of the Survey of Dentistry, General Medicine, and Ophthalmology in Western Canada.

	# sent	# received	percentage
Dentistry	23	4	17%
Ophthalmology	26	7	27%
Gen. Medicine	<u>73</u>	<u>44</u>	<u>60%</u>
	122	56	46%

Note: Tables corrected for undeliverable letters.

TABLE 3:

Combined Results of the Survey of Dentistry, General Medicine, and Ophthalmology in the Western United States and Western Canada.

Question #	A	%	B	%	C	%	D	%	NC	%
Question #1										
Dentistry	30	(70)	23	(54)	10	(23)			0	(0)
Gen. Medicine	41	(46)	43	(48)	27	(30)			2	(2)
Ophthalmology	19	(86)	12	(58)	0	(0)			1	(5)
Question #2										
Dentistry	26	(61)	27	(63)	0	(0)			0	(0)
Gen. Medicine	19	(21)	79	(88)	0	(0)			2	(2)
Ophthalmology	0	(0)	20	(91)	0	(0)			1	(5)
Question #3										
Dentistry	31	(72)	8	(19)	3	(7)			0	(0)
Gen. Medicine	41	(46)	39	(43)	8	(9)			2	(2)
Ophthalmology	0	(0)	5	(23)	16	(73)			1	(5)
Question #4										
Dentistry	19	(44)	13	(30)	16	(37)			0	(0)
Gen. Medicine	30	(33)	42	(47)	16	(18)			2	(2)
Ophthalmology	9	(41)	11	(50)	1	(5)			1	(5)
Question #5										
Dentistry	6	(14)	11	(26)	10	(23)	2	(4)	15	(35)
Gen. Medicine	6	(7)	8	(9)	15	(17)	6	(7)	55	(61)
Ophthalmology	2	(9)	2	(9)	6	(27)	3	(15)	9	(41)
Question #6										
Dentistry	21	(49)	3	(7)	17	(40)			0	(0)
Gen. Medicine	26	(29)	28	(31)	33	(37)			4	(4)
Ophthalmology	2	(9)	14	(64)	5	(23)			1	(5)
Question #7										
Dentistry	23	(54)	4	(9)	16	(37)			0	(0)
Gen. Medicine	24	(27)	39	(43)	25	(28)			2	(2)
Ophthalmology	2	(9)	19	(86)	0	(0)			1	(5)
Question #8										
Dentistry	40	(93)	1	(2)	2	(4)			0	(0)
Gen. Medicine	73	(81)	7	(8)	8	(9)			2	(2)
Ophthalmology	18	(81)	2	(9)	1	(5)			1	(5)

Results of the Survey of Dentistry, General Medicine, and Ophthalmology in the Western United States.

Question #	A	%	B	%	C	%	D	%	NC	%
Question #1										
Dentistry	27	(69)	19	(49)	10	(26)				
Gen. Medicine	23	(50)	27	(59)	8	(17)			2	(4)
Ophthalmology	14	(93)	8	(53)	0	(0)			1	(7)
Question #2										
Dentistry	23	(60)	26	(67)	0	(0)				
Gen. Medicine	10	(22)	39	(85)	0	(0)			2	(4)
Ophthalmology	0	(0)	13	(87)	2	(13)			1	(7)
Question #3										
Dentistry	30	(77)	6	(15)	2	(5)				
Gen. Medicine	19	(41)	18	(39)	7	(15)			2	(4)
Ophthalmology	0	(0)	4	(27)	10	(67)			1	(7)
Question #4										
Dentistry	17	(44)	12	(31)	15	(38)				
Gen. Medicine	18	(39)	18	(39)	8	(17)			2	(4)
Ophthalmology	7	(47)	6	(40)	1	(7)			1	(7)
Question #5										
Dentistry	5	(13)	11	(28)	8	(21)	2	(5)	14	(36)
Gen. Medicine	3	(7)	7	(15)	6	(13)	5	(11)	25	(54)
Ophthalmology	0	(0)	0	(0)	6	(40)	3	(20)	6	(40)
Question #6										
Dentistry	19	(49)	2	(8)	16	(41)			2	(5)
Gen. Medicine	14	(30)	13	(28)	15	(33)			4	(9)
Ophthalmology	2	(13)	8	(53)	4	(27)			1	(7)
Question #7										
Dentistry	21	(54)	3	(8)	15	(38)				
Gen. Medicine	15	(33)	22	(48)	7	(15)			2	(4)
Ophthalmology	2	(13)	12	(80)	0	(0)			1	(7)
Question #8										
Dentistry	36	(92)	1	(3)	2	(5)				
Gen. Medicine	38	(82)	4	(9)	2	(4)			2	(4)
Ophthalmology	12	(80)	2	(13)	0	(0)			1	(7)

Results of the Survey of Dentistry, General Medicine, and Ophthalmology in Western Canada.

Question #	A	%	B	%	C	%	D	%	NC	%
Question #1										
Dentistry	3	(75)	4	(100)	0	(0)				
Gen. Medicine	18	(41)	16	(36)	19	(43)				
Ophthalmology	5	(71)	4	(57)	0	(0)				
Question #2										
Dentistry	3	(75)	1	(25)	0	(0)				
Gen. Medicine	9	(20)	40	(91)	0	(0)				
Ophthalmology	0	(0)	7	(100)	0	(0)				
Question #3										
Dentistry	1	(25)	2	(50)	1	(25)				
Gen. Medicine	22	(50)	21	(48)	1	(2)				
Ophthalmology	0	(0)	1	(14)	6	(86)				
Question #4										
Dentistry	2	(50)	1	(25)	1	(25)				
Gen. Medicine	12	(27)	24	(55)	8	(18)				
Ophthalmology	2	(29)	5	(71)	0	(0)				
Question #5										
Dentistry	1	(25)	0	(0)	2	(50)	0	(0)	1	(25)
Gen. Medicine	3	(7)	1	(2)	9	(20)	1	(2)	30	(68)
Ophthalmology	2	(29)	2	(29)	0	(0)	0	(0)	3	(43)
Question #6										
Dentistry	2	(50)	1	(25)	1	(25)				
Gen. Medicine	12	(27)	15	(34)	18	(40)				
Ophthalmology	0	(0)	6	(86)	1	(14)				
Question #7										
Dentistry	2	(50)	1	(25)	1	(25)				
Gen. Medicine	9	(20)	17	(39)	18	(40)				
Ophthalmology	0	(0)	6	(86)	1	(14)				
Question #8										
Dentistry	4	(100)	0	(0)	0	(0)				
Gen. Medicine	35	(80)	3	(7)	6	(14)				
Ophthalmology	6	(86)	0	(0)	1	(14)				

TABLE 4:

The information in the following graphs has been separated so that one page contains the information from each question. The three professions surveyed are compared in the bar graphs. The numbers above the bar graph represent the percentage of each profession responding to that answer. The numbers below the graph represent the total number of doctors in each profession who responded to the question. To obtain the exact number who indicated a particular answer, take the decimal equivalent of the percentage and multiply it by the number of that profession shown below the graph or refer to Table 3.

LEGEND:

DENTISTRY:



GEN. MEDICINE:



OPHTHALMOLOGY:



Note: To some questions more than one response was circled.

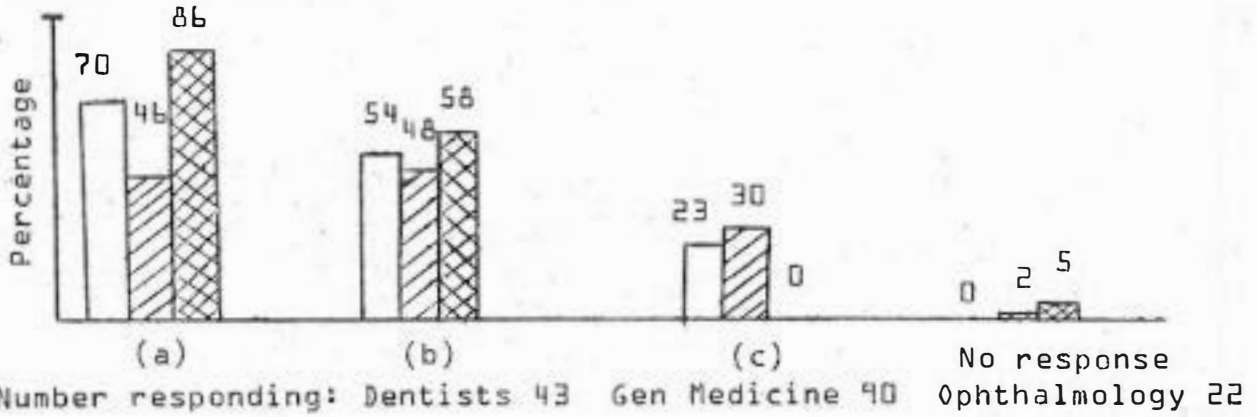


Question # 1

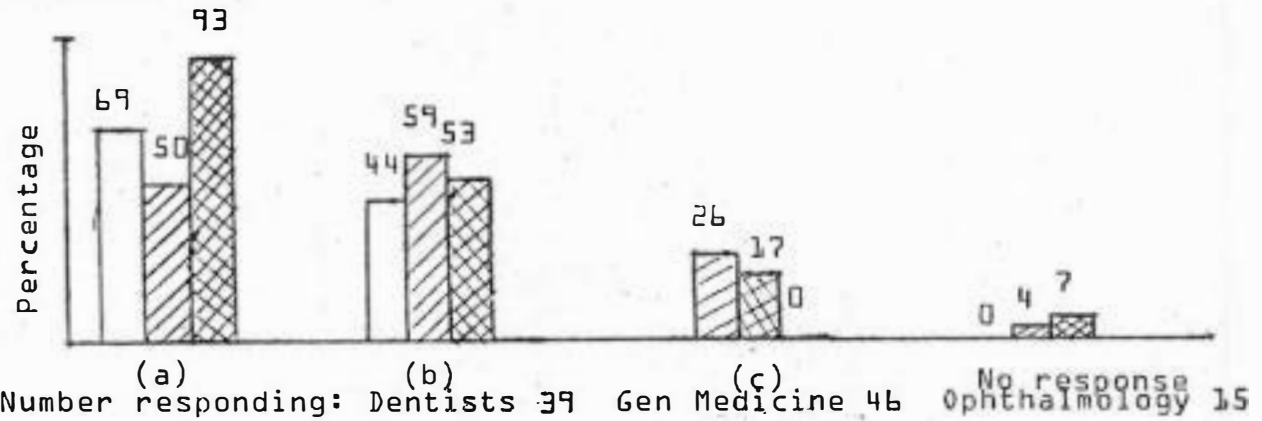
Are you acquainted with an optometrist?

(a) Professionally (b) Socially (c) Not at all.

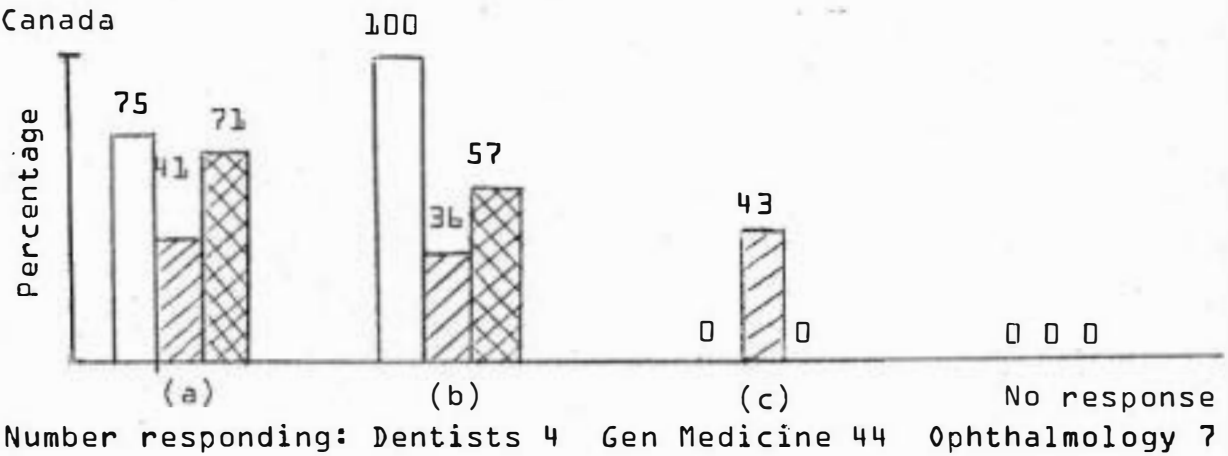
Combined United States and Canada



United States



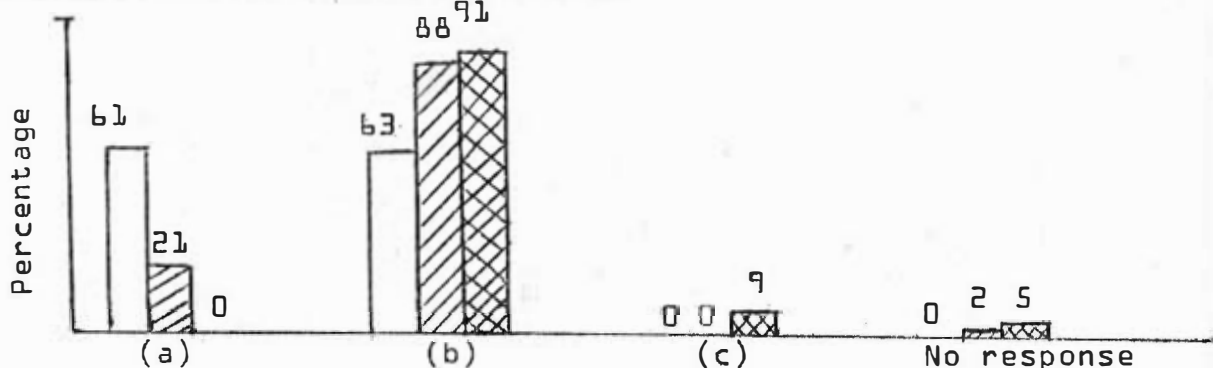
Canada



Question #2  
 From whom do you and/or your family receive vision care?

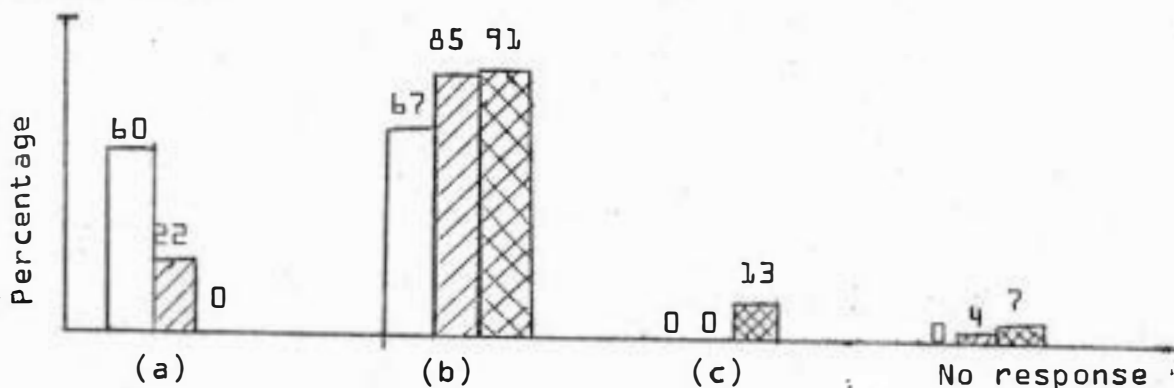
(a) Optometrist (b) Ophthalmologist (c) Oculist

Combined United States and Canada



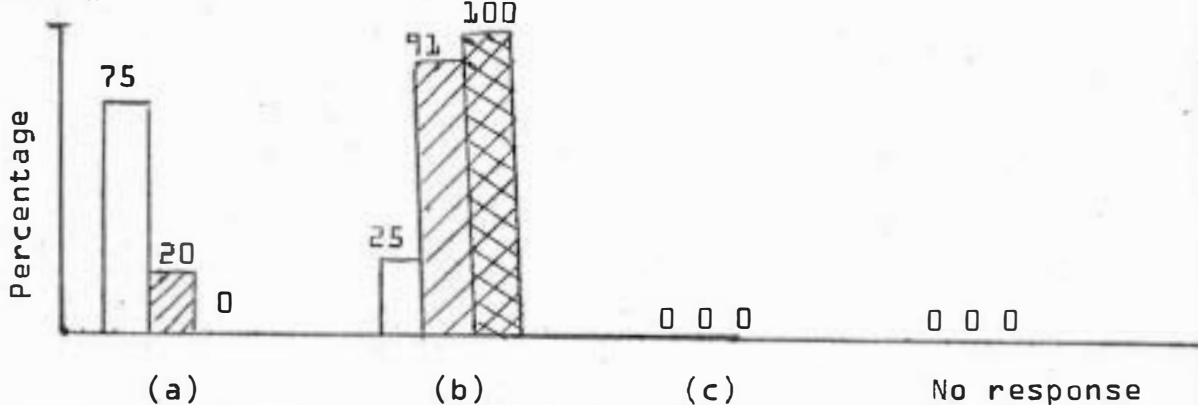
Number responding: Dentistry 43 Gen Medicine 90 Ophthalmology 22

United States



Number responding: Dentistry 39 Gen Medicine 46 Ophthalmology 15

Canada



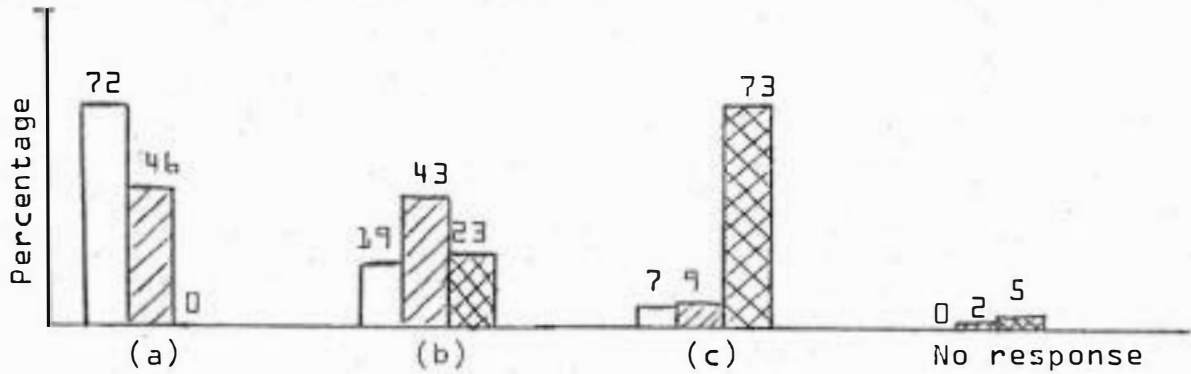
Number responding: Dentistry 4 Gen Medicine 44 Ophthalmology 7

Question #3

Do you receive referrals from optometrists?

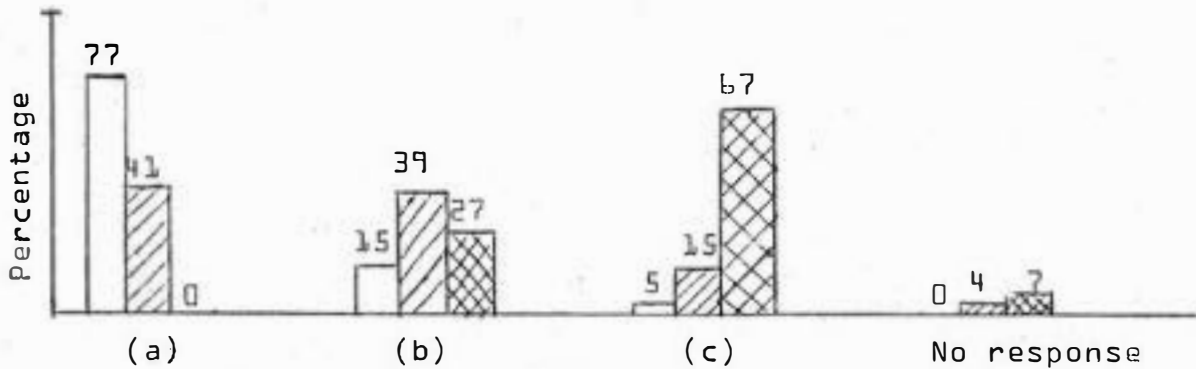
(a) None (b) 1-5 per year (c) Regularly.

Combined United States and Canada



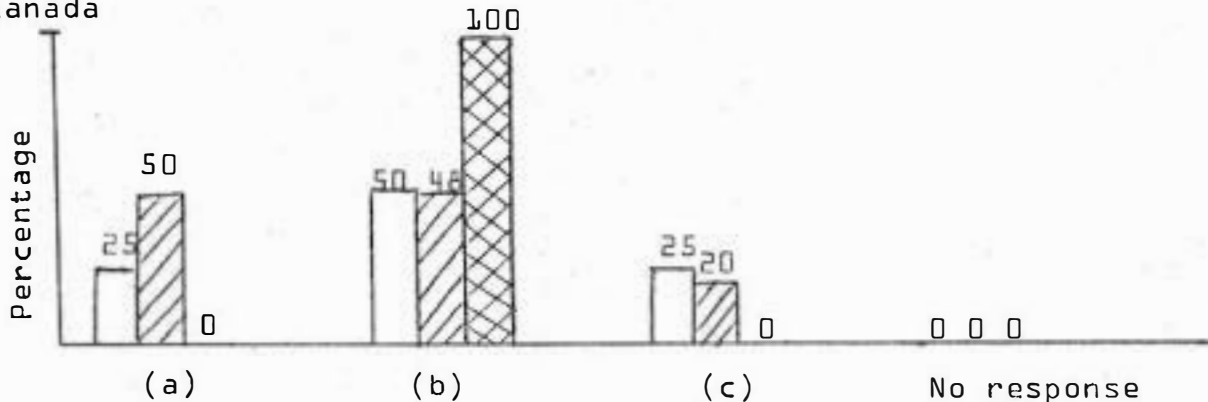
Number responding: Dentists 43 Gen Medicine 90 Ophthalmology 22

United States



Number responding: Dentists 39 Gen Medicine 46 Ophthalmology 15

Canada

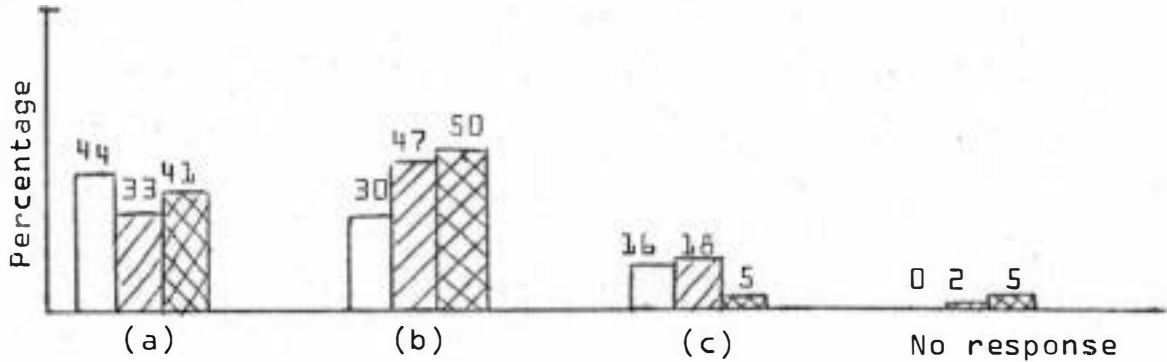


Number responding: Dentists 4 Gen Medicine 44 Ophthalmology 7

Question #4

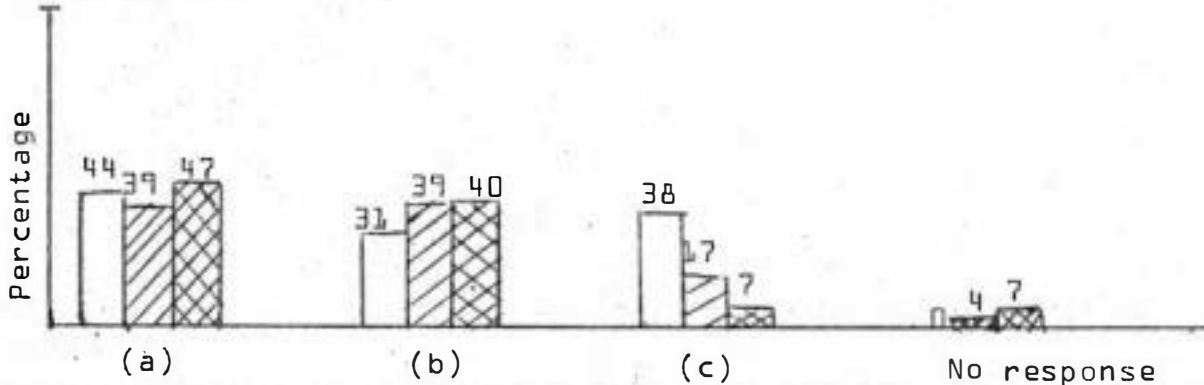
Do you refer normal vision care problems to an optometrist?  
 (a) None (b) Occasionally (c) Regularly.

Combined United States and Canada



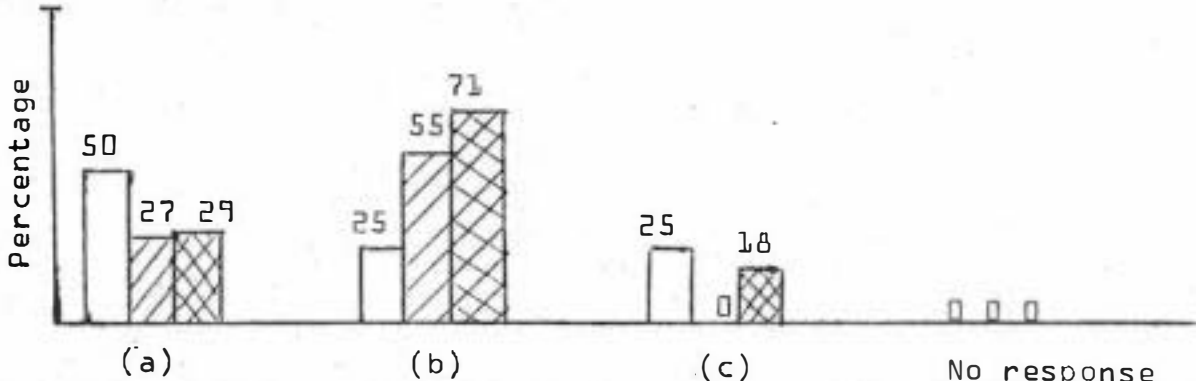
Number responding: Dentists 43 Gen Medicine 90 Ophthalmology 22

United States



Number responding: Dentists 39 Gen Medicine 46 Ophthalmology 15

Canada



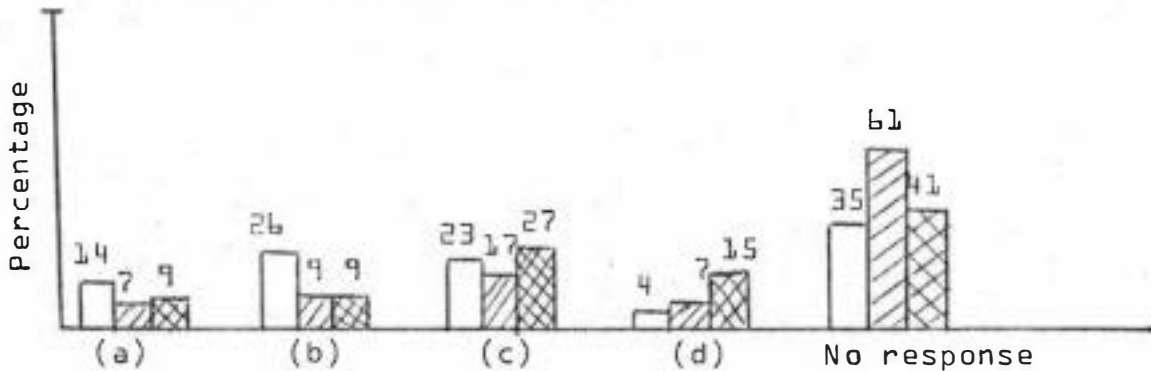
Number responding: Dentists 4 Gen Medicine 44 Ophthalmology 7

Question #5

Do you know the educational requirements of an optometrist?

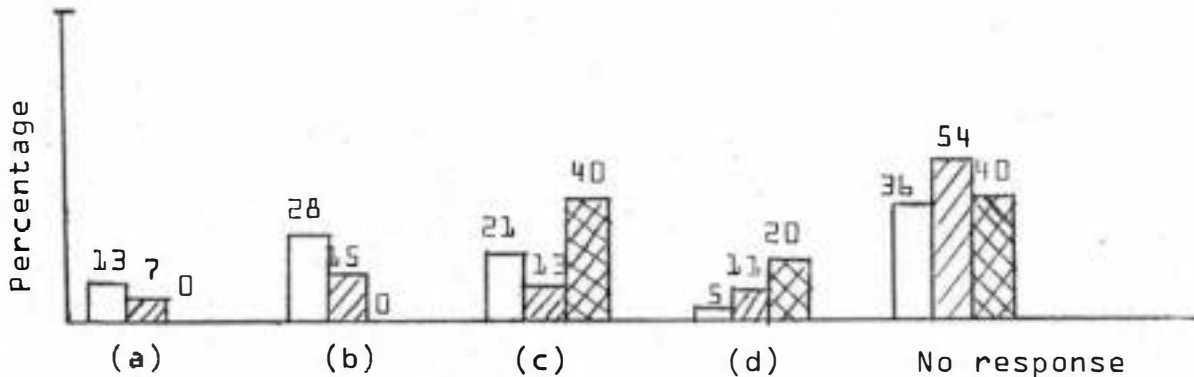
- (a) 2 yrs. undergraduate, 2 yrs. professional (b) 2 yrs. undergraduate, 3 yrs. professional (c) 2 yrs. undergraduate, 4 yrs. professional (d) 4 yrs. undergraduate, 4 yrs. professional.

Combined United States and Canada



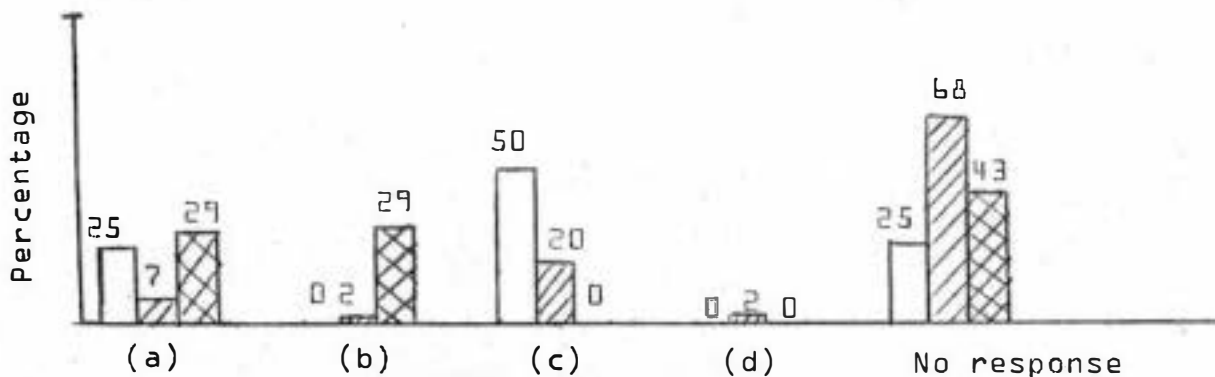
Number responding: Dentistry 43 Gen Medicine 90 Ophthalmology 22

United States



Number responding: Dentistry 39 Gen Medicine 46 Ophthalmology 15

Canada



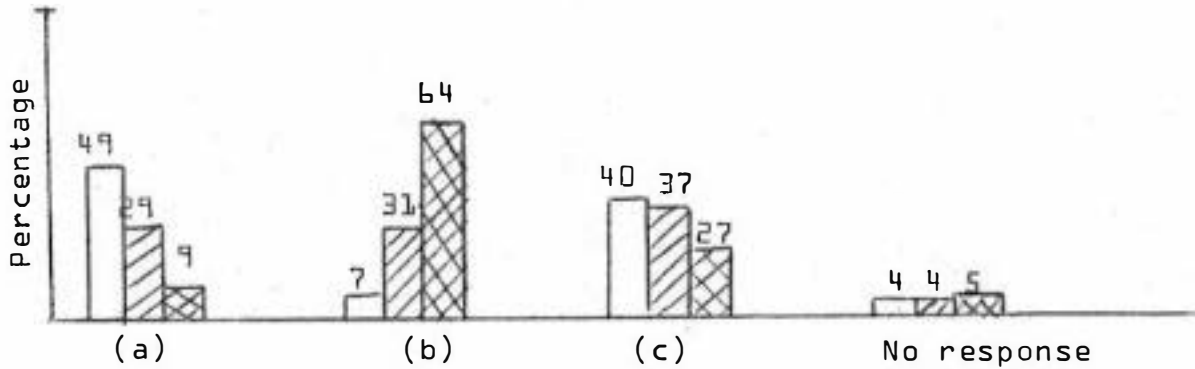
Number responding: Dentistry 4 Gen Medicine 44 Ophthalmology 7

Question #6

Do you feel the optometrist has enough training to check for ocular pathology and ocular signs of systemic disease?

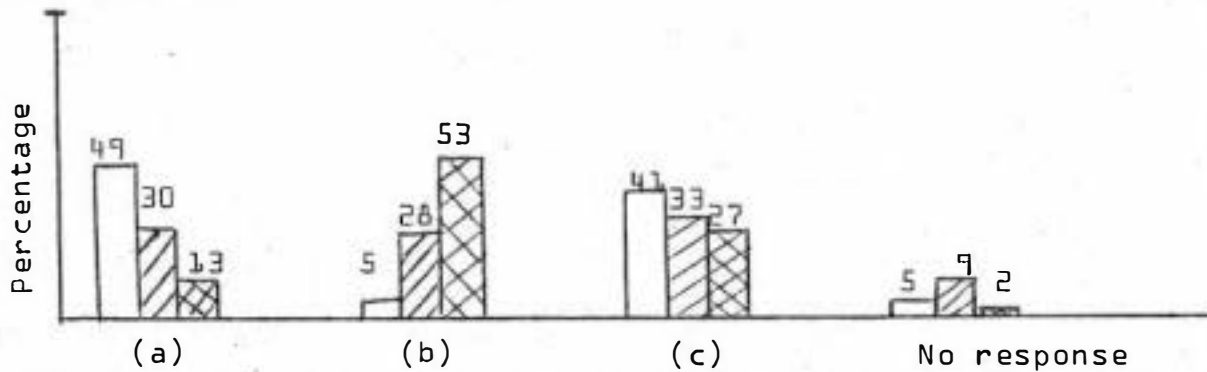
(a) Yes (b) No (c) Unsure.

Combined United States and Canada



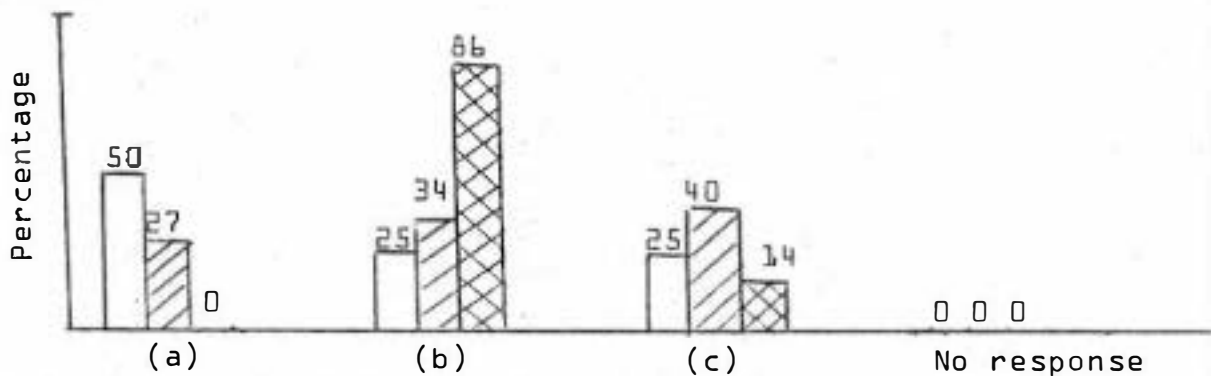
Number responding: Dentists 43 Gen Medicine 90 Ophthalmology 22

United States



Number responding: Dentists 39 Gen Medicine 46 Ophthalmology 15

Canada



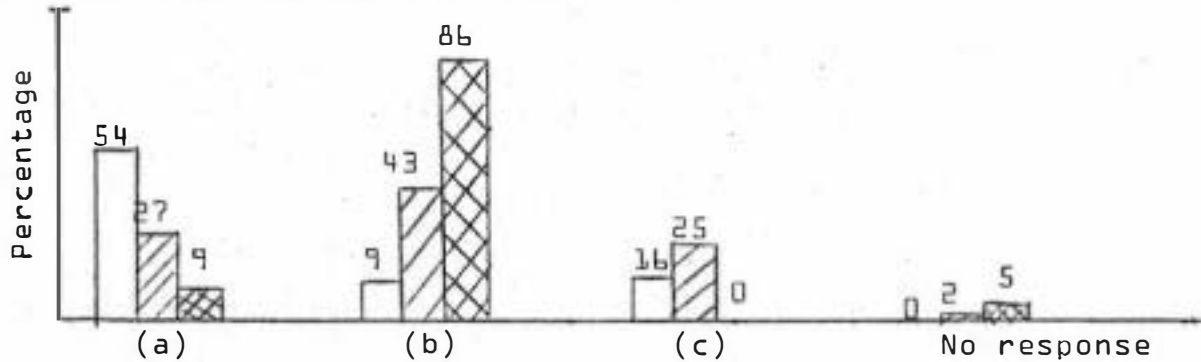
Number responding: Dentists 4 Gen Medicine 44 Ophthalmology 7

Question #7

Do you feel it is in the patients' best interest for optometrists to be permitted to use diagnostic pharmaceutical agents i.e. topical anesthetics, mydriatics, miotic etc. for the detection of ocular pathology and ocular signs of systemic disease?

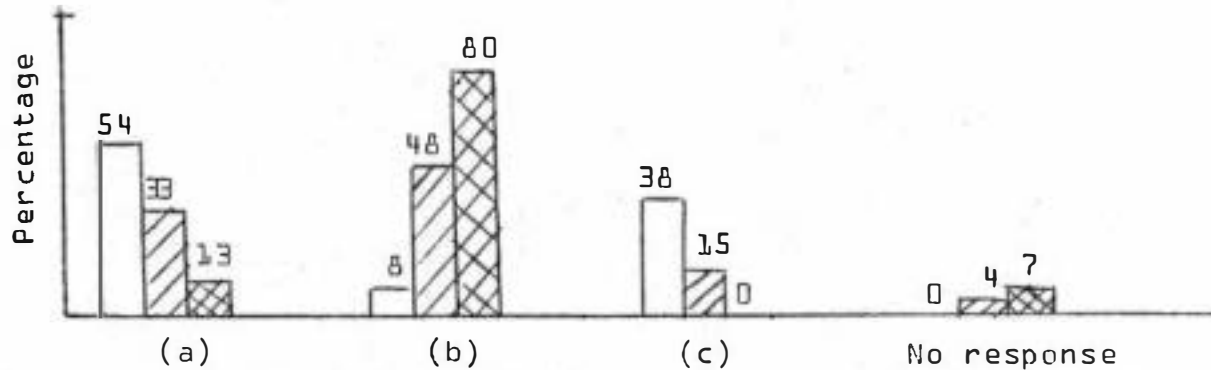
(a) Yes (b) No (c) Unsure

Combined United States and Canada



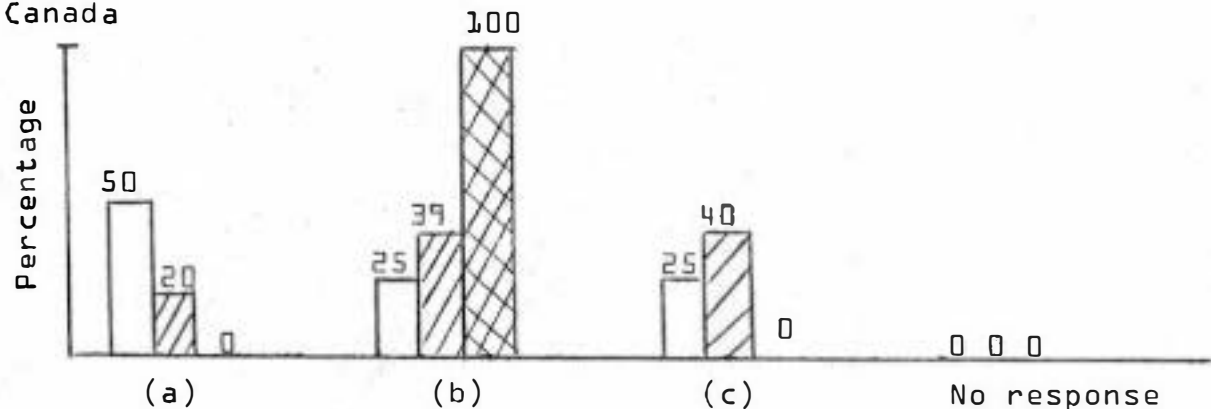
Number responding: Dentists 43 Gen Medicine 90 Ophthalmology 22

United States



Number responding: Dentists 39 Gen Medicine 46 Ophthalmology 15

Canada



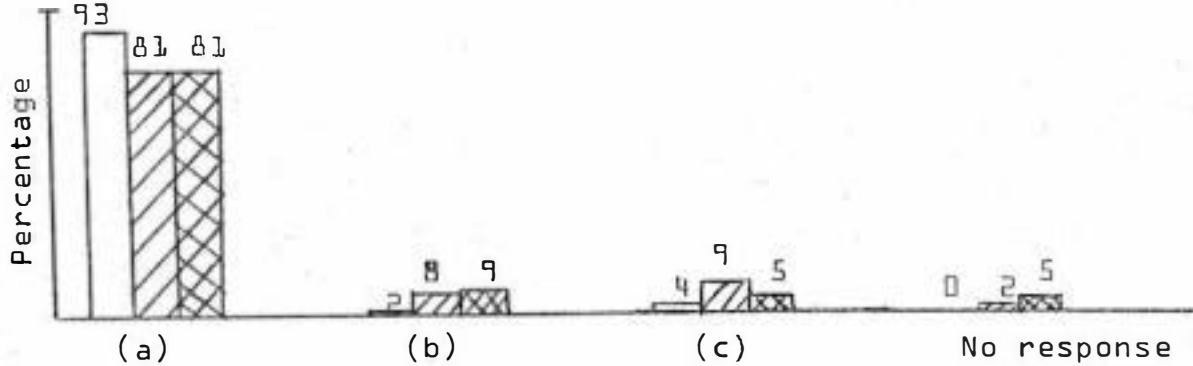
Number responding: Dentists 4 Gen Medicine 44 Ophthalmology 7

Question #8

Do you feel the public's need for health care could be better served by a closer relationship between present health care professionals?

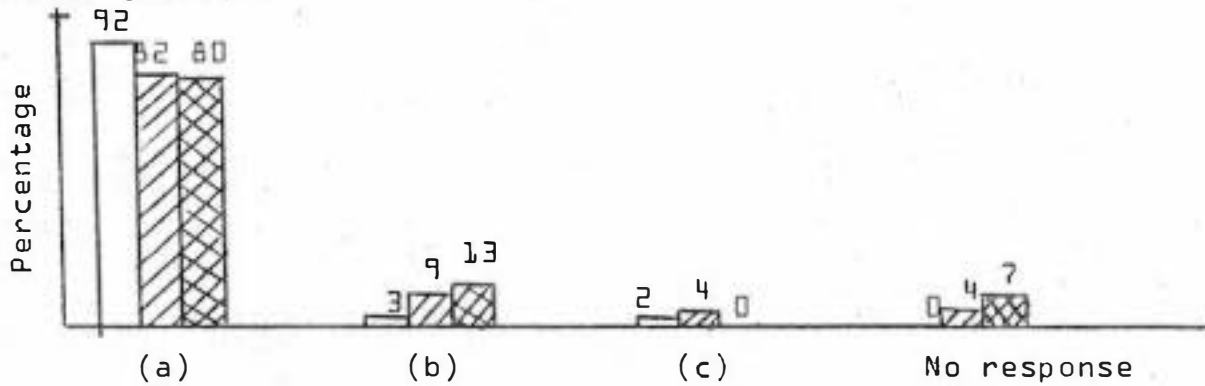
(a) Yes (b) No (c) Unsure.

Combined United States and Canada



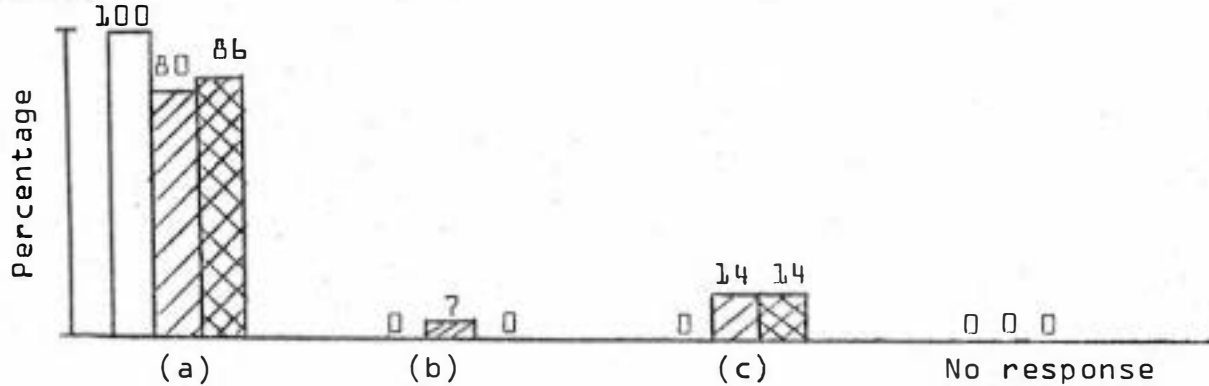
Number responding: Dentists 43 Gen Medicine 90 Ophthalmology 22

United States



Number responding: Dentists 39 Gen Medicine 46 Ophthalmology 15

Canada



Number responding: Dentists 4 Gen Medicine 44 Ophthalmology 7



COMMENTS MADE BY DENTISTS, GENERAL PRACTITIONERS, AND OPHTHALMOLOGISTS  
TO QUESTIONS ON THE SURVEY:

We have selected some of the more interesting comments that these questions produced.

Question #1 Are you acquainted with an optometrist?

Dent---He's a good professional.

Dent---Father and two brothers are optometrists (graduates of North Pacific College). I also married an optometrist 32 years ago.

Dent---Dr. Pack rents our basement area for his Lethbridge based practice.

Ophth--Professionally, yes. Socially, no.

M.D.---His morals are questionable.

M.D.---He's a nice guy.

M.D.---I took pre-med at P.U. so I have friends in optometry, although I have not seen any of them in several years.

M.D.---Socially, but did have an optometrist work in my office for one and a half years with good working relationship.

M.D.---We lease space to an optometry group.

Question #2 From whom do you and/or your family receive vision care?

Dent---We go to optometrists.

Ophth--I am an ophthalmologist therefore, my children get nothing but neglect.

M.D.---We go to both depending on the problem.

M.D.---He's a relative (optometrist).

M.D.---Optometrist-my wife. Ophthalmologist-myself.

M.D.---I always go to an optometrist for new spectacles and he tests my vision completely. My wife however has problems that require an ophthalmologist.

M.D.---Optometrist for glasses and care of the same.

Question #3 Do you receive referrals from optometrists?

Dent---I don't know. I think so.

Dent---Perhaps 2-3 professionally but several personally because I have two optometrists for patients.

Question #4 Do you refer normal vision care problems to an optometrist?

Dent---Whenever I have a patient complaining about their eyes I refer them to an optometrist.

Dent---Have never diagnosed a vision problem in my practice.

Ophth--Occasional dispensing of optical products.

Ophth--Of course not I correct their mistakes.

Ophth--After they have been fully checked medically.

Ophth--I return all patients referred for consultation and treatment.

Ophth--What is a normal vision problem or what isn't.

Ophth--Return patients to optometrist after referral for surgery or medical problem.

M.D.---Yes. I do very frequently, for simple problems of refraction, middle aging vision etc.

M.D.---For refractive assessment.

M.D.---I normally refer to an Ophthalmologist all patients below 15 yrs. and above 50 yrs.

M.D.---Refer refraction, visual field assessment, slit lamp studies-he is the only one in our town who has the equipment.

Question #5 Do you know the educational requirements of an optometrist?

Dent---I am under the impression that it varies throughout the country.

Dent---Don't know at all.

Ophth--It very much depends on the school.

Ophth--Whatever it is it's minimal compared to the 12yrs. it takes to make a good oculist.

M.D.---Teaching must be re-oriented toward M.D. degree.

M.D.---Far too long, could be learned in 2-3 years total.

M.D.---Same as for registered technicians (lab or X-ray).

M.D.---This is why I haven't referred. I don't have any way to judge adequate training.

Question #6 Do you feel the optometrist has enough training to check for ocular pathology and ocular signs of systemic disease?

Dent---I hope so! He should have enough knowledge to be able to refer any problems to whomever necessary.

Ophth--Depends very much on his training (where and how much).

Ophth--No. This judgement is made on the basis of patients referred, and a one year professional association with a recent graduate of optometry.

Ophth--I know some optometrists who can and do. I know some who can't and don't. There must be some inequality in training.

Ophth--I have had considerable experience at this and it is obvious that most optometrists have a poor idea of eye pathology.

Ophth--Absolutely not, nor can he treat what he finds. It's just a double exposure to the patient.

Ophth--I find the younger men better trained.

M.D.---Your knowledge of eye pathology would certainly be important especially for those patients who first seek the optometrist in their chain of treatment.

M.D.---Correct and judicious referral is an integral part of any profession.

M.D.---I am sure that if their training is equal to Indiana University the above is correct.

M.D.---Probably with experience and communication with practicing ophthalmologists.

M.D.---Not to the extent of the ophthalmologist.

M.D.---Maybe unable to make a firm diagnosis but can recognize abnormalities.

M.D.---This is a most important question! Unsure.

M.D.---No. But he should be able to recognize pathology.

Question #7 Do you feel it is in the patient's best interest for optometrists to be permitted to use diagnostic pharmaceutical agents i.e. topical anesthetics, mydriatics, miotics etc. for the detection of ocular pathology and ocular signs of systemic disease?

Dent---As long as he understands the contraindications and techniques of drug administration and will accept the responsibility.

Ophth--No I do not feel they can recognize narrow angles, for one thing. I feel it would be hazardous for the public to allow them to practice medicine in this way.

Ophth--Too blanket-again that's the practice of using drugs on ignorant people.

Ophth--Of course not you have no license to prescribe an antidote to an allergic reaction even if you knew what to do. If you ever see one of these and lose a patient and get sued I guarantee you'll never try it again.

Ophth--If limited to diagnostic use only. I worry about unscrupulous use of anesthetics.

Dent---Certainly, anything that aids in diagnosis is of benefit to all.

Ophth--The dioptron makes it all unimportant.

Ophth--Definitely not! If optometrists desire to use medication they should get a medical degree then become "medical ophthalmologists" so to speak.

Ophth--There are potential dangers with the use of these drugs for which the non-M.D. has had no training in the handling of them.

M.D.---Does their training include physiology, pharmacology, internal medicine?

M.D.---This should be determined by legislation.

M.D.---Their training doesn't equip them to properly handle complications or untoward reactions to these drugs.

M.D.---Yes if they are fully trained in their use.

M.D.---No. If he is suspicious of this then refer to an M.D. or ophthalmologist.

M.D.---Unsure. If intensive study was offered regarding use of pharmaceuticals and the advantage regarding diagnoses.

Question #8 Do you feel the public's need for health care could be better served by a closer relationship between health care professionals?

Dent---The public gets little first priority consideration from any health profession or combination.

Dent---Far too much criticism within the professions. There is a need for an improvement between professions.

Ophth--I feel that optometrists and medicine should work together. Optometrists should not practice independently.

Ophth--M.D.'s should be more aware of where to refer eye patients. After this letter I promise you I'll see that they find out.

Ophth--The so called need is largely a myth created by government and fostered by government inflation.

Ophth--The public would be best served if optometrists functioned as allied health personnel rather than a separate profession.

M.D.---This is the trend certainly. I think much depends on personal inter-relationships.

M.D.---This is a loaded question!

M.D.---Not sure what you include in "professionals". I do think more work could be done by optometrists if we knew more about them.

M.D.---It depends on what they are, chiropractors--ugh!

M.D.---This is like asking if I am in favor of motherhood.

M.D.---The big stumbling block here is the use of the term "Dr." for optometrists. If this could be dropped then I believe relations would improve immensely.

General Comments:

Ophth--I am not really sure why you would bother to send this to an ophthalmologist as you must realize that official optometry, by their attacks on ophthalmology in all of the state legislatures, has certainly antagonized each individual ophthalmologist to the utmost. What is it that you really expect to find out?

Ophth--I think optometry should join the scientific community and use the same language as is used in scientific endeavor. I believe they have coined words without meaning when there were good words available but they wanted to be different. They are therefore mistrusted and their mistakes and fraudulent practices further promotes mistrust. Patients know the difference and patients recognize Madison Ave. tactics. Until it changes at the beginning the public must be aware.

Ophth--The seed of discontent is planted right where you are (meaning while in school). There need be no misunderstanding between ophthalmology and optometry. There are optometrists in my community that I have the greatest respect for. If I were to rely on what I felt as I left my training I would never have cultivated the love and respect of those optometrists. Veritas Liberat! But be sure it is the truth.

Ophth--The Dioptron replaces and does everything accurately that an optometrist does. As a computer it can later be programmed to do tonometry, tonography, oculography, orbitometry, muscle balance and conjugate movements, fields, all at the same time. If you don't accept this then you are in the position as somebody in 1945 not believing there would be a dioptron.

Optometrists are fast becoming obsolete. Get into a medical school as soon as you can.

M.D.---There is a definite conflict of interest when an optometrist both prescribes and dispenses lenses.

M.D.---They can by lobbying gain the legal right to do anything from diagnoses to surgery, but without a medical education they would be nothing but poorly trained technicians. Don't try to be something you are not.

Members of my family have been optometrists and it is and should remain a proud and useful profession.



DISCUSSION:

There were three hundred and ten (310) questionnaires sent and only thirteen (13) were returned as undeliverable. This was a much lower percentage than that of the Silva study done in California. The use of the yellow pages rather than a medical index was the difference here. Of the two hundred and ninety-seven (297) delivered, one hundred and fifty-five (155) responded to the survey. This was a good return ratio; a much lower return ratio was expected.

In the overall response the percentage of general practitioners and dentists were about the same, while ophthalmology was slightly lower. Noting the difference between the United States and Canadian studies: Dentistry responded much better in the United States. The reason for this difference is not apparent. A similar difference with ophthalmologists was noted, however this difference was not so great. The response ratio of general medicine appeared to be about the same in the two countries. Overall we were quite pleased with the response ratio from general medicine since we feel that they are the ones we need to establish a communication link with at the present time.

On question #1 a large percentage of all the professionals in the United States survey knew an optometrist either professionally or socially. This, however, was not the case in Canada. Forty three percent (43%) of the general practitioners in Canada were not acquainted with an optometrist. This was quite surprising to us and shows a lack of optometric exposure in the professional Canadian Community.

In question #2 dealing with from whom they obtain vision care, it was found that ophthalmologists and general practitioners receive most of their vision care from ophthalmologists, whereas dentistry seemed to receive as much of their vision care from optometrists as from ophthalmologists. This was pretty much as expected.

Questions 3 and 4 dealing with referrals between professions, proved interesting by showing that general practitioners in Canada and dentists in both Canada and the United States felt they were referring more people to optometry than optometry was referring to them. Thirty eight percent (38%) of the dentists in the United States and twenty five percent (25%) in Canada referred to optometry on a regular basis. This was rather surprising in view of the fact that general medicine refers to optometry less than does dentistry.

In view of these findings we should continue to cultivate good relations with dentistry and try to improve in this area with general medicine.

The response to question #5 concerning their knowledge of the education of optometrists, showed that an overwhelming number of the professionals surveyed do not know the educational requirements of an optometrist. The group that had the best knowledge of this were the ophthalmologists in the United States (40% had the correct answer).

Part of the reason that the referral rate from general medicine is so low may be due to the lack of knowledge of the education and training of the optometrist by the general practitioner. Some of the comments of the general practitioners tend to bear this premise out.

A diversity of opinions between professions was found in question #6 concerning the competency of the optometrist to check for ocular disease. A very low percentage of the ophthalmologists in both the United States and Canada thought that optometrists had proper training to diagnose ocular pathology. General medicine's response was a little more favorable but still not very good. A fairly good percentage of the dentists felt that we had the proper training but still there were several who were unsure.

Question #7 dealing with the use of diagnostic pharmaceutical agents by optometry, paralleled question #6 in most all respects except medicine seemed a little more negative. Several jumped from unsure on question #6 to an absolute no on number 7.



Question #8 concerning the improvement of communication between professions proved to be a little too general and possibly a little ambiguous. In the words of one of the general practitioners, "This is a loaded question."

An overwhelming number in all three professions in both countries felt there should be a greater effort for better interprofessional relations. However, the comments suggest a differing view of how this should be achieved. Many felt that optometry should be subject to medicine.

There was no great difference noted between one locality and another within the United States. The major difference was the number of dentists and ophthalmologists replying within the United States as compared to those replying in Canada.

CONCLUSION:

This study showed several specific trends and also several areas in which specific improvements could be made between optometry and the other health professions surveyed.

One of the specific trends that showed itself was the overall better attitude that dentistry had towards optometry than that held by general medicine and ophthalmology. It also showed that general medicine is a little more positive in it's attitude towards optometry than is ophthalmology. These trends not only showed up in the manner in which the questions were answered but in the comments made by each of the professions.

We can conclude from these findings that the most profit could be made by looking towards educating the general practitioner and dentistry. The greatest need lies in the area of making them aware of the knowledge and education of the optometrist.

Greater attention should be paid to the manner in which we refer our patients to the other health professions. This study showed that the other health professionals, especially general medicine, are not aware that we are referring patients to them. This could be the key to opening the door of greater communication between the other health care professionals and optometry.

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APPENDIX:

Dear Doctor \_\_\_\_\_:

We are conducting a survey of attitudes of health professionals towards the profession of optometry. This survey will help us understand the role of optometry in the increasing trend towards multi-service health care.

We would appreciate your responses to the questions below. Please feel free to make any comments you wish.

PLEASE CIRCLE ONE OR MORE RESPONSES.

1. Are you acquainted with an optometrist?

(a) Professionally (b) Socially (c) Not at all.

Comments: \_\_\_\_\_

2. From whom do you and/or your family receive vision care?

(a) Optometrist (b) Ophthalmologist (c) Oculist.

Comments: \_\_\_\_\_

3. Do you receive referrals from optometrists?

(a) None (b) 1-5 per. year (c) Regularly.

Comments: \_\_\_\_\_

4. Do you refer normal vision care problems to an optometrist?

(a) None (b) Occasionally (c) Regularly

Comments: \_\_\_\_\_

5. Do you know the educational requirements of an optometrist?

(a) 2 yrs. undergraduate, 2 yrs. professional (b) 2 yrs undergraduate, 3 yrs. professional (c) 2 yrs. undergraduate, 4 yrs. professional (d) 4 yrs. undergraduate, 4 yrs. professional.

Comments: \_\_\_\_\_

6. Do you feel the optometrist has enough training to check for ocular pathology and ocular signs of systemic disease?

(a) Yes (b) No (c) Unsure.

Comments: \_\_\_\_\_

7. Do you feel it is in the patients' best interest for optometrists to be permitted to use diagnostic pharmaceutical agents i.e. topical anesthetics, mydriatics, miotics etc. for the detection of ocular pathology and ocular signs of systemic disease?

(a) Yes (b) No (c) Unsure

Comments: \_\_\_\_\_

8. Do you feel the the public's need for health care could be better served by a closer relationship between present health care professionals?

(a) Yes (b) No (c) Unsure

Comments: \_\_\_\_\_

IF THERE ARE ANY FURTHER COMMENTS PLEASE USE REVERSE SIDE.



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Dear Doctor:

We are doing a study on inter-professional relations. We are students at Pacific University College of Optometry and we need your help in completing this study. If you would complete the enclosed questionnaire it would be much appreciated. We have enclosed a self-addressed stamped envelope for your convenience.

Thank you,

Robert C. French  
Scott B. Taylor

BUDGET FOR FRENCH AND TAYLOR THESIS PROJECT

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