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EDITORIAL

Knowledge and professional activities

Conocimiento y actividades profesionales

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Knowledge, at least in the field of health sciences, comes mainly from the scientific side, in other words, only well-conducted research can provide good evidence about what we should or should not be doing in the field of eye care. The scientific activity is concentrated, but not only restricted to academic centers. From my perspective, every health care professional should dedicate part of his professional career to learn, teach, and to plan and conduct some kind of research. It is the role of scientific journals, to receive, review, improve and publish the research activities performed by clinicians and academic centers that are expected to increase our knowledge.

It is interesting to see that in neither the origin nor the dissemination process of the knowledge being generated in the field of eye care, there is a clear distinction about the professional activity of the persons involved. Does this make sense? In my mind, it is the only way to go.

I can easily understand that there can be differences in the extent or the "depth" of the knowledge that one or other professionals may wish to obtain, and that this differences may vary, for the same kind of professionals, in the different fields. For instance, it is quite easy to understand that an optometrist involved in clinical activities with patients may wish to know in depth how to interpret a corneal topography in order to select the appropriate contact lens for a keratoconus case, and, on the other hand, that an ophthalmic nurse or ophthalmologist may be happy just knowing how to find the steep axis of the cornea in

a cataract case. But, in both cases, the optical basics of topography is the same, and any optometrist, ophthalmologist or ophthalmic nurse wishing to know the fundamentals of corneal topography will probably read the same textbooks and papers.

What this means? It means that any knowledge in the field of the eye care can be generated, published and analyzed by any eye care health professional. We are lucky in having different colleagues with different professional activities and perspectives, such as optometrists, ophthalmic nurses, ophthalmologists and optical physicist, all sharing the same knowledge. This fact can only increase the speed of reaching the highest level of excellence in understanding and solving all the problems and difficulties that the human beings may have with the sight.

The increasing number of scientific papers coauthored by a team in which optometrists and/or nurses and/or physicist together with ophthalmologists are published in scientific journals is a good proof that, in real life, the potential barriers between different professionals are disappearing. And this makes a lot of sense to me, because although the way or perspective that an optometrist may have of the lens capsule is different that the one of the cataract surgeon, the human lens capsule is the same for both, and the known (and the unknown) features of this wonder of nature, are the same for anybody.

My guess and hope, is that in the near future the multi-disciplinary approach to the genesis and the dissemination of eye-care related knowledge, even using the same tools (same journals, same scientific meetings) will not be the exception, but the rule.

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