Shared care for chronic eye diseases: perspectives of ophthalmologists, optometrists and patients

To the Editor: O'Connor and colleagues have presented conclusions from their research[1] that are congruent with my empirical observations. I congratulate them for highlighting the overriding themes, and add a perspective from England.

The burgeoning of chronic treatable ocular diseases such as age-related macular degeneration means that hospital capacity is overwhelmed. The peaks in demand seen today surpass the best predictions from a decade ago; pharmacological advances in ophthalmology have been meteoric.

Today, the eye surgeon *needs* auxiliary support. The most natural recourse is the optometrist. However, this option may be hindered by the tension between optometrists and ophthalmologists. With shared ophthalmic care, there are concerns about clinical quality, erosion of professional and legal boundaries, and economic losses to ophthalmologists from the diversion of some patients to optometry.

In our region, simple acute ocular disorders are treated by private optometrists. This initiative was led by economic interest from optometrists

in response to increasing strain on the state hospital service. The resultant remodelling of acute care has freed ophthalmologists to deliver expertise at the secondary tier.

O'Connor and colleagues have correctly emphasised the building of interprofessional relationships. However, this requires diligence and is a perennial work in progress. We promote exchange between optometry and ophthalmology via educational sessions held throughout the year. Strong "opto-ophthalmo" alliances will benefit many areas around the world and encourage the reinvention of professional attitudes. We must manage increasing health care demand by better use of the spectrum of talent on our doorstep.

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1 O'Connor PM, Harper AC, Brunton CL, et al. Shared care for chronic eye diseases: perspectives of ophthalmologists, optometrists and patients. *Med J Aust* 2012; 196: 646-650. ❑