

## ISRAELI OPTOMETRY LAW --LIMITED SCOPE OR THE FIRST STEP?

■ D. Leonard Werner, O.D.

**I**n 1901 the state of Minnesota enacted the first optometry law in the United States. It defined optometry as "the employment of subjective and objective mechanical means to determine the accommodative and refractive states of the eye and the scope of its functions in general."<sup>1</sup> In 1991 the long-awaited law legalizing the profession of optometry was passed in Israel. In this law, optometry is defined as follows: "measurement of the fitness or range of vision of a person, determination of the refraction or adaptation of the eye of a person, fitting lenses to help the eye, prescribing or instructing in the use of an optical instrument and prescribing, fitting, or fixing contact lenses for the eye of a person." This law, called the "Practice of Optometry Law 5751-1991," also provides for legalization of the orthoptist as "a person authorized by the law to practice orthoptics." This is further defined in Section 6 (a): "Orthoptics: measurement of the activity of the muscles of the eye and dual eye coordination, and the care *under the supervision* of an *ophthalmologist*, of cross-eyedness and lazy eye by the use of covering the eye, exercises, and fitting with an appropriate eye device."

In defining the scope of practice, the optometrist is specifically forbidden to use pharmaceuticals for treatment nor will he/she treat any patient "suffering from an eye disease or injury of the eye" unless that person was previously examined by an ophthalmologist. However, the most disturbing portion of this section of the law states that the "optometrist will not treat a child or an elderly person unless the treatment is done *under the supervision and*

*under the referral of an ophthalmologist.*" The Minister of Health will define "child" and "elderly" after receiving a recommendation from a committee of five advisors consisting of two optometrists, two ophthalmologists and one employee of the Israeli Ministry of Health. Israeli ophthalmology has repeatedly urged that children younger than 5 and persons older than 50 needed ophthalmological care.

The history of optometry in Israel has been one of a non-licensed group consisting of a spectrum of practitioners from the well educated to the minimally educated. In a non-licensed arena anybody can claim to be an optometrist. For many years a very vocal, politically powerful, medical lobby prevented the legalization of optometry and the creation of a university-affiliated educational program. Israel's immigration policies have absorbed a disproportionately high number of physicians and they are not about to relinquish their monopoly. Clearly their leaders preferred that patients be seen by some poorly qualified persons rather than the upgrading of standards of those they view as competitors. Another likely concern on the part of organized medicine in Israeli is the rapid expansion of the scope of optometry to all parts of the world, not only the United States. Recent developments in behavioral concepts and their acceptance, as reported in the *Journal of Behavioral Optometry*, indicate this global impact.<sup>2,3</sup>

Those of us who have been involved in helping formulate an educational program in Israel at the university level have seen the medical lobbyists at work. They have threatened to boycott and withhold other educational programs when Tel Aviv

University and later the University of Haifa considered the creation of an optometry program. It is a good guess that these tactics have been employed elsewhere. They have been very successful. The relationship of an optometry law and an educational program is intertwined. This law specifically mandates the need for an educational program.

It is very easy to sit here in the United States in judgment of our colleagues in Israel and condemn them for accepting a law that is more restrictive than optometry's first in the United States some 90 years ago. One thing that colors my personal judgment is that knowing the people there it is logical to assume that in their judgment this law, whatever its faults, is better than no law at all. One rule of politics is that you negotiate for the best law you can get passed, and this is probably it. It is hoped that with time, and a proven record of education and accomplishment, the Israeli optometrists will enlarge their scope of practice just as we have.

The present law should be particularly disturbing to the readers of this *Journal* in that the testing and treatment of binocular function may legally be outside the scope of optometry, something that is clearly unacceptable. Perhaps the statement "range of vision" will be interpreted to mean a binocular range, although the legalization of the orthoptist with its specified role may mitigate against this interpretation. The second issue, one that will have more immediacy, is the age definitions that will be forthcoming from the Minister of Health. One can assume that both sides will lobby heavily on that one.

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While the law specifically calls for a school of optometry, one might voice a concern that the level of education needed to provide graduates to practice under this law will be less than optimum.

It appears that the next stage in this fight must occur on two fronts:

1. Ministry of Health - To make the ages of the patient pool more reflective of reality. Certainly the argument can be made that well educated optometrists can provide quality care for all age groups. This argument can be augmented by referring to the special interest and expertise we have demonstrated in the care of patients of all ages. Virtually all older persons require eye care and imposing an artificial age ceiling will not only limit the choice for patients, but will unfairly deprive the optometrists of people needing their services. The experience in the United States has shown that optometry provides additional choice for the patients and provides those paying for the services with a cost-effective alternative.
2. Education - A program must be established in a quality institution, preferably a university setting, that will not be solely geared to graduating persons who meet the criteria of this law, but will allow for the necessary evolution of optometry. This will elevate the level of eye care for all Israelis. We have observed that as optometric care improves, so does the care rendered by other eye care providers.

The role of those of us outside of Israel is to provide whatever support needed. The shrinking world makes all of optometry intimately related. We should stand ready to help optometrists wherever and whenever they need help.

### References

1. Minnesota Optometry Law of 1901: Chapter 269.
2. Gilman G, Gilman B. Viewpoint: Awakenings. Optom Extension Prog, J Behav Optom, 1991, Vol. 2, No. 8:198.
3. Williams RA. Going international. Optom Extension Prog, J Behav Optom, 1991, Vol. 2, No. 8:212-215.

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Date Accepted for publication:  
November 21, 1991

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headaches occurring mid-morning of most working days and blur in her distance vision briefly as she looked up from her work. Her distance acuity was 20/20 OD, OS, OU. The direct and binocular indirect ophthalmoscopies were negative with good cup-disc ratio, IOPs negative, gonioscopy showed open angles and no pigmentation and automated visual fields were negative. Distance refraction was OU Plano -.25 x 90 with 3 esophoria, no hyperphoria. His diagnosis and disposition was, "Healthy eyes, good distance acuity, referral to her family physician for physical examination, including sinus transillumination."

In the discussion of the case, one of the behavioral optometrists asked, "What were her nearpoint findings (#14B, #15B, #17A/B, #19, #20, #21)?" To his credit he had taken most of the tests and answered, "#14B was +1.25, #15B 15 Exo, base-out ductions low, #21 (binocular) +2.25." He had not taken #19 or #20. Probably +.50 OU for near work with Hendrickson's "Lifesaver" card five (5) minutes per day, five days per week would have provided at least symptomatic relief. A "progress check" four to six weeks later would have confirmed or denied the efficacy of the care. Stress-relieving lenses to provide a physiological balance between centering and identification and a minimal office visual therapy program of a few weeks' duration would have been more certain to provide symptomatic relief and increased work performance. During a recent national leadership meeting a very astute state leader remarked, "Is it possible that in our headlong rush toward therapeutics we might have neglected our optometric heritage that provided patient care of a type no other profession can or will provide?" It brought to mind some cogent remarks

Dr. Ward Ewalt made at the 1960s Airlie House Conference almost as if it were yesterday. He espoused just the theme that Dr. Weinstein so astutely presented. How many recent graduates recognize minus projection, a B2 case, Streff syndrome, adventitious myopia, visually-related learning disabilities, etc. when patients with these conditions present themselves? These diagnostic labels and appropriate levels of care used by optometrists educated in the 1940s, 1950s and 1960s under educators like Drs. Dick Needles, "Danny" Wolff, Bess Kehl, Caryl Croisant, "Rusty" Jamison, Leo Manas, Charles Margach, Len Emery and others enabled many patients to benefit from the services of behavioral optometry along with state-of-the-art eye health diagnosis. Surely the bright young optometry students of the 1990s can learn the basic tenets of behavioral optometry along with whatever eye health diagnostic procedures they must know.

Where have our (optometric) heroes gone? There still are OPTOMETRIC heroes in several of our schools and colleges. How do we develop more?

Sincerely,

J. C. Tumblin, O.D.  
Knoxville, TN

March 30, 1992

Dear Members of OEPF:

It has been a year since Homer's death. I am reminded of the many cards, letters, tributes, contributions to the Hendrickson Memorial Fund and personal phone calls which I received from OEPF members, wives and assistants.

Thank you! Thanks to each of you for helping me through a very difficult and traumatic time. I'm sure that Homer joins me in spirit in expressing gratitude from both of us.

Homer would be proud to see the progress which is being made and the brightness of the prospects for the future of OEPF.

Keep up the good work and "God Bless."

Marie  
Mrs. Homer Hendrickson