EDITORIAL

THE BISTROS ARE CLOSING DOWN

On page A4 of the December 22, 1994 edition of the New York Times appeared a story by Marlise Simons entitled "Starved for Customers, the Bistros Die in Droves." It is a rather sad and nostalgic piece whose theme is that the bistro, which for three centuries served the French as a place to plot revolutions, organize workers and artists, write books, read newspapers and forget one's troubles, is sliding into obscurity. Ms. Simons informs us that it is a victim of a new way of life: an American way of "le stress," fast food, shortened lunch breaks and rushing home after work to watch television.

A long time ago I spent a year in France. For several months a bistro became an integral part of my life; it was where I sipped my coffee in the morning, relaxed with an aperitif or glass of local wine at the end of the working day, and often enjoyed supper at "my table." I was comfortable there; after several weeks I became a regular, known to the owners and the other regulars. This was a gradual process. My poor command of French and the others' chopped English made communication difficult, but not impossible. Indeed, considering the language barriers, it was remarkable how much we were able to learn about each other, and converse for hours at a time. The culture, the atmosphere, the ambiance of the bistro was what made this possible. One went to the bistro with certain expectations; time was put aside, conversation and face to face contact were of prime importance. The television show "Cheers" was the American version of the bistro where "everybody knows your name." But it, too, is now present only as a rerun memory.

Perhaps it was my experience with the bistro that made my early years in optometry so enjoyable. There were a lot of similarities. Practice was based on developing strong and lasting relationships with patients. They became friends. This involved truly being interested in each other; taking the time to become updated about the other's families and careers, my making the other person more visually comfortable, and being thanked for what I did.

Local society meetings were similar. These were a place to talk to colleagues, swap gossip and seek advice on unresolved patient problems. We didn't discuss patients according to the SOAP model, yet we covered each aspect, albeit in a more time-consuming fashion.

We went to seminars, congresses and annual meetings because we wanted to, not primarily to accumulate required continuing education credits. My recollection was that the pace of these courses was slower. One wasn't just informed about the topic, one was truly educated. However, I must note that in those days there was far less one had to know in order to practice optometry than there is today.

I left full-time practice in 1973 for a full-time faculty appointment at the newly formed SUNY, State College of Optometry. I had been doing a lot of lecturing and writing, enjoyed these activities, and now had the opportunity to be subsidized. Clinical teaching was a real joy; I remember being assigned two students for one patient in an hour-and-a-half slot. It was truly clinical education. But in those days there was far less to and be responsible for in the basic int examination than there is today.

Well, it has all changed. As managed care has taken over, a lot of the very positive interpersonal dynamics of the doctor-patient relationship has given way to cost-effectiveness. A lot of private practitioners are experiencing "le stress." Continuing education programs are, of necessity, far more informational than educational and spread over a much

EDITORIAL continued on page 37

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greater area that reflects the increased scope of practice. Academia has changed, too. The ivy tower has been replaced by strategic and long-range planning and, of necessity, time and recognition for scholarly activity is lessening because of the need for increased clinical income.

Now, we can beat our breasts and try to hold on to a past that was slower paced and far less complex. However, to do so would be to deny that society has changed and as a mainstream health care profession we have been effected. That still more changes will occur is evidenced by the actions proposed by the United States Congress and an increasing number of state legislatures. The task for both the profession and individual optometrists is to prepare for the future and view it in terms of challenges and opportunities.

So, as the bistro that was optometry slowly fades away, the question is what will replace it. Well, we've always had our "fast food" operations, but because of their very structure and fiscal basis they cannot provide the legally mandated services of the "new optometry." Nor can they provide the elements third party payers and health care planners consider to be basic eye and vision care. I think that they too will go the way of the bistro. It's ironic that it is likely that neither of these two extremes, the bistro and the "fast food" ophthalmic entities will retain their previous prominence.

The answer will evolve. It will be dependent on a number of variables; they include government, the network and system managers, the public, the ingenuity we use, and the ethics of the profession and of individual optometrists.

The bistros are closing down, but they had to.