

# Guest Editorial

## Optometry and Vision

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Being the only child of parents who were both optometrists, I was naturally introduced to the profession at a very early age. I probably attended (on my mother's knee) my first continuing education weekend by the time I was two years of age. In those days A.M. Skeffington was a frequent lecture circuit speaker. Soon, after one of his "whistle stop" weekend series of lectures my parents took me to a movie in our small Mississippi town. As we departed the theater, we passed a large rock as we neared the parked car. I was told by my parents that I looked up at them and asked, "Is that an accommodative rock?" I was five at the time. I was fortunate to learn at an early age the difference between eye sight and vision. This difference is what makes optometry unique.

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As I approach the close of a 40-year career in optometry, I have become increasingly concerned that our profession is in danger of losing that uniqueness. External and internal forces tend to encourage our attention to be directed to the care of eye sight rather than to the care of vision. We tend to limit our care to the ability of the receiver (the eye) to function properly either through refraction or health. The care of vision, which not only includes refraction and eye health, goes much further.

Vision includes the cortical response or interpretation of the light stimulus received by the eye and usually an action or motor output. Vision is a learned process. As optometrists we learned all about this during our optometry school experience. This is what makes what we do as a profession so distinctive.

External forces that may endanger our uniqueness can include society's commercialization of eye care, various third party payers that require more work for less fiscal compensation (or that do not fiscally recognize what we do as reimbursable), and a public demanding services and products that are delivered cheap and fast. Internal forces are also a concern. The profession's emphasis on the diagnosis and treatment of ocular health anomalies has without doubt

moved optometry forward, but that emphasis may have overshadowed what makes us unique.

Our profession and society has experienced immense changes over the past 40 years. Optometry has successfully expanded our scope of practice to become the true primary eye and vision care providers in the United States. That scope of practice still includes a thorough knowledge of Prentice's Rule and all of its ramifications. It also includes optometry's distinctive understanding of vision and the learning process.

Optometry's continuing challenge is to retain our uniqueness in an ever changing and evolving environment. Optometrists are obliged to offer patients comprehensive services that utilize all of their education and clinical training. It is clear to me that those who read this journal are equipped and committed to meet that challenge. It is also your responsibility to assist our colleagues in becoming committed to this challenge as well.