

Ophthalmic Challenges in Our Community

There are many issues related to ophthalmic community, to our trainees and patients. Are these persons getting the best from us? We must ponder on these issues and try to solve them. Ophthalmic state of affairs in Pakistan needs prompt attention.

Patient's expectation for proper treatment for their ailment at reasonable cost in private sector is their right. Patients pay handsome amount under the head of various treatment modalities like Anti VEGF / laser, different types of intra ocular lenses and for varying investigations such as OCT / FFA. Concept of quality practices should be propagated among all of us. Now Ophthalmology is evidence based¹ and some uniformity in the treatment should be sought out for keeping socio-economic affordability of patient and nation.

Diabetic eye disease is an emerging challenge. We should plan for its prevention and keep our self ready for future work load. Awareness for Preventive Ophthalmology amongst the doctors should be sought. Public counseling about diabetic eyes disease is very important. Role of tele-ophthalmology should be evaluated to solve the issues in rural areas.

Advanced technology has greatly increased the cost of practice. In short duration new versions of equipment has wondered everyone in the practice. Federal Government took initiative of making centers of excellence in every province. In many public hospitals state of art equipments are lying without the basic equipments. To cope with technology influx one should consult people who have vision and experience in health economics². Wise decision is required for buying advanced equipment, knowing its proper need and utilization. The role of NGOs is also very important. Comprehensive planning and liaison should be sought to achieve maximum benefits of their investments and services. Charitable eye hospitals are delivering good services. Now we should think about improving the outcome of their work.

Availability of new drugs in the market had helped the ophthalmic physicians to treat various entities medically without embarking upon surgical intervention. Many local drug companies have minimized the cost to the benefit of patients. Doctors must recognize their noble profession and ethical practices must be warranted³. Sub-standard drugs

must be discouraged by asking their official registration and licensure by drug regulating or enforcing agencies. The liaison between drug license issuing authorities and body / council of ophthalmic representatives of the country must be recognized so as legislation and its implementation for fair practices can be ensured. The role of Ophthalmological Society of Pakistan in this context is quite obvious. Minimum standards of practice (SOP) must be identified. Each hospital / institute must develop and follow SOPs institution should display SOPs for every medical or surgical entity so as trainees can build their reflexes towards ethical practices. Once they learn what to use, when to use and when not to use, will ultimately bring SOPs in their routine practices.

Efforts and financial resources are required for education and training of an ophthalmic surgeon. Great consideration is required for post graduate training in general ophthalmology and sub specialty programs. Selection of compatible candidate for PG ship and their dedication must be watched along and comprehensive training schedule should be implemented in true letter and spirit. We should provide better environment and opportunities to them.

Ophthalmological Society of Pakistan (OSP) is sending doctors to attend overseas scientific conferences. In all national ophthalmic conferences every OSP branch is giving incentives to junior doctors for best papers. Pakistan Journal of Ophthalmology also gives cash prize of PKR 50,000/- to best paper in each issue. This is a good start and we should also arrange scholarships for overseas training of doctors in new disciplines of Ophthalmology.

We should develop a registry in which we should report all cases like endophthalmitis, trauma and retinoblastoma⁴. Most important area of research is highly ignored by our busy experts in every specialty. Data recording is the main stay of any scientific work. It is important not only for research but legal aspects could not be denied. Plenty of data is available and we should take time to compile or document it. A little effort in this regard can bring good research articles of international standards. Proper surveys should be conducted to identify the gravity of situation and thereby comprehensive planning can be tailored.

REFERENCES

1. **Wormald R.** What is Evidence-based Ophthalmology? Introducing the Cochrane Eyes and Vision Group. *Community Eye Health*. 2003; 16 (48): 60.
2. **Smith AF, Brown GC.** Understanding cost effectiveness: a detailed review. *Br J Ophthalmol* 2000; 84: 794-798.
3. **Ahmed M.** Code of Ethics of Pakistan Ophthalmic Society. Available from: www.ospcentre.org/
4. **Rich III WL.** Ophthalmic clinical registry would enhance compliance, outcomes and revenues. Available from: <http://www.healio.com/ophthalmology/practice-management/news/online/>

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