HASLAM'S VIEW



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Seeing eye to eye with other healthcare professionals

I HAVE ALWAYS HAD A STRONG PERSONAL INTEREST IN OPHTHALMOLOGY and eyes. I'll never forget my first pair of glasses. 1956 was several lifetimes away from the days of stylish children's glasses, and at least two generations away from Harry Potter.

I hated my glasses with a passion. They were a fairly revolting shade of NHS pink, with huge springy wire ear pieces that suited my huge springy ears. On the first day that I wore them to school the feedback was instantaneous, with the kind, sensitive, gentle acknowledgment that seven-year-old boys are so renowned for. Some called me four eyes. Others called me goggle face.

My GP father's curious reaction was to book me into boxing lessons so that I could learn to fight back, but without my glasses I couldn't see my potential assailants, so this was doomed.

I also had a bizarre intermittent divergent squint, which still occurs if I try to use binoculars.

As a result, I spent much of my childhood being given orthoptic exercises in a futile attempt to remedy this.

These exercises involved looking at separated pictures of a parrot and a cage in a device that resembled a 3D photo viewer. Just by sheer concentration and contraction of the relevant muscles, I was supposed to be able to move the parrot into the cage. Fat chance!

For many years I continued to be dreadfully short-sighted, and then inevitably presbyopia kicked in – leading to the varifocals that I have to wear now. And at some stage in the future I feel the near inevitability of a cataract developing.

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My optometrist has already recommended that I increase my broccoli intake to stave off macular degeneration. Getting older is such a pain, but - as far as we know - it is probably better than the alternative.

Over the course of my career, the management of conditions such as cataract has, like so many other aspects of medicine, changed remarkably.

After all, we used to be so insistent that no-one should ever be referred to secondary care unless the referral was made by a GP. It was said with genuine passion. The very idea of an optometrist referring directly to an ophthalmologist was absolute heresy. We needed to be in control. We had the medical record. We were the absolute coordinators of the system. We were wrong.

It is possible that at the time this 'leave it to the GP' approach felt entirely logical, but now we have a combination of workforce pressures and workload, along with a recognition that patient centredness really does put the patient at the centre, not the system.

With the number of people in the UK living with reduced vision predicted to reach four million by 2050, and nearly nine million patients currently treated annually by hospital eye services, it is clear that we should maximise the skills of the whole workforce, not just in ophthalmology but also in so many areas of primary care.

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