One World, One voice, One Vision [1]

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The American Academy of Ophthalmology invited five ophthalmologists, representing five different regions in the world to answer the following questions:

a) What is your vision for ophthalmology for the year 2004?

b) How can we, as global community, work together to make this vision a reality?

I would like to express my appreciation to the leaders of Ophthalmology in Latin America, whose collective ideas represent our vision for Ophthalmology in Latin America for the year 2004.

They are: Marcelo Arce (Bolivia), Rubens Belfort Jr. (Brazil), René Cánovas (Chile), Francisco Contreras (Perú), Santiago Ibáñez (Chile), Enrique Malbrán (Argentina), Eugenio Maul (Chile), Alvaro Rodríguez (Colombia).

Specific propositions for action have been underlined.

1. TRENDS

In the year 2004, despite the sustained economic growth in the Latin American region, there will be an important proportion of undeserved population.

The traditional Latin America concept of the State as a benefactor is being reformulated, opening spaces for the private sector. Society will play a more active role in the improvement of the quality of life, under state regulation.

Private and governmental health insurance programs will be widely available, but there will be limited coverage for the poorer population groups.

Ophthalmologists in the private sector will work in large centers with tertiary care facilities. These "centers of excellence" and the university clinics will be centers of reference for complicated cases.

The private sector and the university clinics should be motivated to provide services at low cost with different tiers of payment. The government or the private clinics would provide subsidy for poorer patients.

2. EDUCATION

Active North-South exchange, as well as South-South exchange has resulted in unquestionable scientific and technological advances in the region. The number of ophthalmologists and subspecialists should be increased and trained locally.

However, to keep pace with scientific and technological advances, fellowships should be available in world-class institutions for very selected specialists who must return to their countries of origin. There should be globalization of educational materials, translated to several languages and available at production cost.

Twinning between academic institutions in developed countries and less developed countries should be encouraged. This will increase potential for the exchange of research and technology in the region.

Twinning between academic institutions within the Latin American region and between private ophthalmological centers should also be stimulated.

This twinning will make a significant contribution in international good will and understanding.

3. TECHNOLOGY

Information on low-cost technology is not readily available.

Inappropriate purchases are often made with poor or no maintenance services. A Worldwide communications network should be implemented to provide information on ophthalmic equipment with good maintenance service and appropriate technology.

Ophthalmic purchasing consortiums will be established by international groups of private or public centers to obtain the best prices.

Progress has been made in the provision of low cost, high-quality operating microscopes and intraocular lenses. Efforts should be made in collaboration with non-governmental organizations, industry and Universities in the development of low-cost surgical suture materials. Ophthalmic lasers and automatic refractors.

4. PREVENTION OF BLINDNESS

Avoidable blindness will not be eliminated by the year 2004 in the region, but can be reduced if appropriate strategies are selected. The principal causes of blindness in the region are refractive errors, cataract, glaucoma, diabetic retinopathy, age-related macular degeneration and retinopathy of prema-

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turity.

4.1 Refractive Errors

School screening, done by the teachers, will be mandatory. The Brazilian Council of Ophthalmology has already organized the nation-wide screening for refractive errors on public schools for 1998.

Autorefractometers will be available to most ophthalmologists, thus improving their efficiency.

Progress in laser technology will probably make refractive surgery affordable to patients with low income. These services will be in great demand.

Even in 2004, there still will be areas in which people cannot afford to buy eyeglasses. In these areas, the establishment of special optical Factories to provide low-cost eyeglasses to indigents should be encouraged. The non-governmental organizations may play a key role.

4.2 Cataract

Cataract is the major cause of blindness in the region and our greatest challenge. The current formal low-efficiency system will not solve the problem. Cataract-free zone projects have had a great impact, but the backlog of cataract is still considerable.

The cataract surgical rate remains unacceptable low in Latin America (500 – 1,500 cataract operations/million/year).

In the year 2004, the cataract surgical rate should improve to at least 2,000/million/year with the establishment of cataract surgical centers.

The cataract surgical centers will be units within existing facilities or new specific centers with appropriate human resources. In these centers, the unit cost of surgery should be reduced through high volume cost-effective surgery. Surgery will be high-quality, extra capsular cataract extraction or phacoemulsification with intraocular lens implant. There will be different tiers of payment and subsidy for poor patients. Patients with high income will generate resources to subsidize service for patients with low income.

Well-trained manpower will be in place. Non-governmental organizations and the industry should be called to assist in the implementation of cataract centers in poorer areas, instead of their traditional support for short-term cataract campaigns.

4.3 Glaucoma

At present, there is no simple test or examination, which is sufficiently sensitive or specific to screen the population at risk for open-angle glaucoma. Further research should be encouraged to determine appropriate screening and treatment methods. Once a specific test is developed, ophthalmic technicians will screen the population at risk, referring the patients before the onset of blindness, probably for early surgery.

4.4 Diabetic Retinopathy

Diabetic retinopathy is becoming a major cause of blindness in middle-age population. In the year 2004, screening should cover most of the diabetic population. Ideally, fundus photography will be taken by a technician and interpreted by an ophthalmologist.

Educational materials for medical practitioners and patients should be distributed widely in the region.

The development of lost-cost and reliable lasers is recommended.

5. ETHICS

Ethics will deteriorate in the immediate future. By the year 2004, the ophthalmic community and national societies will have reacted strongly against unethical practices. The feasibility of preparing an international code of ethics should be considered.

Hopefully, ophthalmologists will have reacted against the dehumanization and the excesses of technology; they will be more humble and compassionate with their patients.