

# **South African Glaucoma Society Statement**

## **Optometrists treating Glaucoma patients**

The South African Glaucoma Society (SAGS) wishes to make the Ophthalmic Community aware of an ongoing issue of a small number of Optometrists who appear to be actively treating patients with glaucoma either by prescribing or facilitating the supply of prescription medication to the patient.

While SAGS encourages and endorses the SCREENING of patients for glaucoma by multiple medical and allied professionals including Optometry who are a key component in this regard, SAGS clearly differentiates between SCREENING and ACTIVE MEDICAL MANAGEMENT.

The diagnosis, treatment and management of glaucoma must be performed by a qualified physician , usually an Ophthalmologist.

Optometrists have limited medical background, training and experience of drug complications and possible systemic side effects. In addition they do not carry the medical indemnity required should they injure, permanently damage or blind a patient. Despite this it appears a few Optometrists do try to actively treat and manage cases of glaucoma independently, even in urban areas where Ophthalmic services are available.

SAGS requests that should any members experience one of these instances to please collect the following information and forward it to SAGS to investigate, assess and then if found to be illegal to pass on to the Medicines Control Council for statutory intervention.

Please supply the following

Name of patient , dates when incident took place and contact details

Name of Optometrist and contact details.

Description of what was observed by the Ophthalmologist.

Copies of all notes , correspondence or scripts from all the parties concerned particularly the Optometrist.

Photographs of medicines supplied and by whom and particularly where a pharmacist has supplied medicines based on an Optometrists notes or "script"

Documents preferably with photographs of any side effects or reactions to medications prescribed by Optometrists.

Consent by patient to collect their information:

**Alleged inappropriate prescription of Scheduled medicine by Optometrist**

**Checklist**

Name of patient:	Patients Address:	Patients Telephone number:
Name of Ophthalmologist:	Ophthalmologist address:	Ophthalmologists telephone number:
Name of Optometrist:	Optometrist address:	Optometrist telephone number:
Details of incident:		
Date:	Medication:	
Contact details of dispenser:	Dispenser address:	Dispensers telephone number:
Complications:		
Please attach any supporting documents:		
Notes:		
Script:		
Correspondence:		
Photographs of complications/side effects:		

**Patient consent:**

I, .....(name of patient), do hereby give consent for my Ophthalmologist Dr.....(name of Ophth) to collect any and all information regarding the treatment of my glaucoma by all parties involved and to pass this information on the relevant statutory bodies concerned.  
.....patient signature

Date:.....