

# Why are the eyes and visual system medical concerns? The role of the ophthalmologist today

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*OCE journal Editorial Board*

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## **Introduction**

In this issue of the journal, many papers are presented that show evidence where both the prescription of glasses and the possibility of making diagnoses of various general diseases depend on the ophthalmologist taking his role, being up to date and being able to make the correct association between medical data (symptoms and signs). Based on that, decisions will be made such as prescribing a correction for myopia, indicating a pharmacological treatment or ocular surgery, or requesting an interconsultation with physicians from another specialty. All of these are medical acts, relevant to a patient's health. It is neither more nor less about discerning whether an eye is healthy or has a disease (an eye, the eyes, the visual system), i.e. it is about discerning how healthy a person is.

## **Dynamic knowledge**

Today we have more knowledge of the pathophysiology of diseases in general. We have new diagnostic tools and more technology to be able to interrelate a large amount of information quickly and effectively. But all of this ultimately falls to one person - an ophthalmologist - to make decisions. Then, of course, there are areas of ophthalmology where therapeutic procedures (pharmacological and surgical) are critical to maintaining or restoring vision.

Nowadays, the learning of techniques and continuous training are changing, similar to what is happening in aeronautics through the use of simulator modules. In the work of Nebreda et al. we can even see how these activities are renewing the options offered in the congresses of our specialty. Surgeries are becoming more and more sophisticated, but at the same time they are learning curves are becoming shorter. Medicine is developing more efficient diagnostic-therapeutic more efficient diagnostic-therapeutic medical procedures that, although technically they may be more complex, as physicians we perceive them to be easier to use, and patients are more comfortable. Being an ophthalmologist in a global digital, screen-based, artificial intelligence, requires acquiring, training and maintaining theoretical knowledge and skills.

## Relevance of our task

As ophthalmologists, we are aware of the relevance of our role in detecting and preventing diseases that can lead to blindness. We also know that there are new

therapeutic options that allow us to even sometimes reverse previously irreversible cases of blindness. But perhaps we do not realize that there are changing paradigms about our activity and our role in society, as we will see below.

First of all, we emphasize that only the ophthalmologist should be in charge of evaluating refractive defects and prescribing the optical correction that each person needs. In Argentina this is the case and optical technicians and contact lens technicians are the ones who, working in team with us, carry out the indication prescribed by the physician. But in other parts of the world, for reasons that go beyond the scope of this editorial and deserve a separate in-depth study, there are still workers in technical careers who are checking and prescribing glasses, and even performing some ophthalmologic medical procedures.

These acts—in Argentina's legislation and other countries— represent an illegal practice of medicine because they are exclusively medical tasks. Refractive defects such as myopia, hypero-

pia and astigmatism are not “a simple spectacle”; they are complex and multifactorial pathologies of exclusive medical competence, beyond the fact that they can be investigated and studied in interdisciplinary groups, which is desirable and necessary. A poorly indicated spectacle may worsen a refractive defect, since refractive defects are eye diseases and not “a simple spectacle”.

Secondly, the role of the ophthalmologist in the context of the rest of the medical specialties is growing, as we see in some of the papers published in this issue. We have more and more evidence of how, from the eyes, we can arrive at diagnoses of general diseases. Infections and gastroenterology, as described in a clinical case study by Dr. Nuova; neuroendocrine tumor diseases, as seen in the work of Albornoz and colleagues; Alzheimer's disease, as anticipated in the article by Iacono; dermatological tumors, in which Pérez-Pacheco and colleagues analyze a new therapeutic option.

In addition, new associations can always appear, such as those proposed by Zarate *et al.* about oxytocin and its possible retinotoxic role. Let us think that when we look at the retina and the optic nerve in the fundus of the eye, we are seeing an extension of the brain itself.

Therefore, in addition to classic and historical interactions that exist between the eye and the body, such as diabetes, cardiovascular problems, rosacea and rheumatologic disorders, we must keep in mind how important is our role as physicians for general health care based on our specialty.

## To conclude

Our specialty is evolving positively, although it has constant challenges and uncertainty. It will depend on our intelligence to create the path for future generations of ophthalmologists. The *OCE journal*, the scientific publication of the Consejo Argentino de Oftalmología (CAO), is part of that construction. It is part of our legacy.

Finally, we answer the question mentioned in the title of this editorial: by definition, an incumbency is an obligation or function that corre-

sponds to a certain person or institution, especially because of their position or condition. It is clear, then, that being an ophthalmologist is the necessary condition to fulfill the function of taking care of people's vision. But this role nowadays requires physicians with scientific thinking who

practice medicine based on evidence and who are sufficiently open to multidisciplinary work, sufficiently empathetic to be able to make the right decisions for their patients and sufficiently firm in their convictions to defend the visual health of the population.