Thoughts about referrals

It is a curiosity to me how clinicians sometimes go about referring patients. There are some obvious reasons to consider referrals, such as an intraocular pressure of 50 mmHg with a cup-to-disc ratio of 0.8 or a retinal hemorrhage in a patient with long-standing type 1 diabetes who is complaining about sudden vision loss. However, I am thinking specifically of patients who have what one might consider relatively “soft” complaints such as headaches, especially after doing a near task (most often reading), or intermittent diplopia and who ostensibly have “normal” vision and healthy eyes. With these as examples, it seems that for some practitioners the referral process is based on concrete visible abnormalities or clear diagnostic signs rather than a patient’s subjective complaints that are interfering with the quality of life. The reasons might include that the symptoms are vague or the appropriate testing protocol has not been performed to explore the complaints. Or perhaps the doctor does not feel there is enough peer-reviewed data to support remediation of the complaints. Or the perception of the referring doctor, either by one’s comfort level in referring or in the perception of others about the referral, seems to be another issue. The best example of how a referring doctor might be positively perceived can be found in the book Fixing My Gaze, which was reviewed in Optometry in the October 2009 issue. A quick synopsis: a neuroscientist with infantile strabismus had several surgeries to “fix the condition,” but had never developed stereovision, despite her eyes looking normal “almost all the time” and having 20/20 corrected eyesight. Because she lacked stereovision, and as an adult had begun to experience visual instabilities, she aggressively sought options to her “flat” and unstable way of seeing. She ultimately went to an optometrist who, although he did not provide vision therapy himself, referred her to someone who did. The result of her therapy was the ability to enjoy not only stereovision, but to experience an improvement in quality of life that, for her, was unimaginable. And while credit goes to the doctor who was able to help this patient achieve a successful conclusion (as an adult) to her search for improved visual processing, equal credit is due to the optometrist who listened to his patient. He did not place a value judgment on the efficacy of the therapy that might help his patient, but armed with knowledge of alternatives to what had been done in the past, referred her to a practitioner who could explore the possibility of how vision therapy might improve her quality of life.

The doctor who made the referral in the above example provided a tremendous service to the patient! Certainly, all therapies do not work for all patients all of the time, but no therapy will work for anyone if that person is not given the opportunity to explore the legitimate
alternatives to apparently “unresolvable” visual complaints from a patient with a “healthy” pair of eyes. When it comes to the treatment of binocular dysfunctions or visually related life activities such as academics, work, or sports, some of our optometric colleagues have demonstrated advanced competency as a diplomate in Binocular Vision, Perception and Pediatric Optometry by the American Academy of Optometry or by being certified as a fellow in the COVD, both of which involve very rigorous testing to achieve.

Alternatively, optometrists can choose to emphasize this type of optometric intervention in practice, supported with independent reading and coursework. When one looks at the services optometrists are uniquely qualified to render, as well as the benefits to the public, it only makes sense to direct our patients who experience visual performance problems beyond the realm of traditional lenses, drugs, or surgical interventions to those in the profession who have demonstrated the desire to help. In the case of vision therapy, there are evidence-based protocols to support such intra-optometric referrals. And who knows? Someone reading this editorial might well be the next practitioner to change someone’s life through such a referral.

Reference