

JOHN P. BERREEN, MD

February 6, 2021

Rep. Rachel Prusak, Chair, House Health Care Committee

Rep. Cedric Hayden, Vice-Chair, House Health Care Committee

Rep. Andrea Salinas, Vice-Chair, House Health Care Committee

Re: HB 2541

Dear Representatives Prusak, Hayden and Salinas:

Let me first thank you for your tireless efforts on behalf of all Oregonians. I write to you not out of self-interest but in defense of our shared values, of which a critical component is the delivery of the best *health* to our community and not simply the most healthcare.

I would urge you to reevaluate the implications of HB 2541 and its proposed revision of the current scope of optometric practice. From an ophthalmic standpoint, this is not an elitist battle or one claiming superior intellect of MDs. I can think of many ODs to whom I would lose a game of chess or a philosophical debate. The issue is more about the acquired nature of clinical and surgical acumen in the setting of non-linear biological systems. The practice of medicine can be difficult when all goes right - but when all does not, eyes go blind in the hands of the most gifted surgeons in the world. In my 35 years in medicine, I have seen numerous “trivial procedures” trigger a cascade of events resulting in blindness. You’ve seen the differential already – 2,300 hours of training for ODs (most of which is primary eyecare) and 17,000 for MDs (most of which is highly complex pathology). I would estimate my own training, with a two-year surgical retina fellowship after one year of general medical internship (caring for critically ill patients in the ICU, in part) and three years of ophthalmology residency to have totaled 24,000 hours based on 80-hour weeks. And there were 110-hour weeks. These numbers do not take into account the subsequent years in surgical practice devoted to treatment of complex and difficult pathologies and the overlap on a nearly daily basis with our internal medicine, rheumatology, infectious disease and numerous other subspecialty colleagues taking care of the “whole patient” and not simply the eye. This crucible of training for physicians also teaches us, for the most part, to “know what we don’t know”

– arguably the most important aspect of the art of medicine. The eye does not exist in a vacuum, nor do we as physicians. Suffice it to say that the myriad manifestations of disease presentation and the subsequent fallout from clinical decision-making can only be moderated – and never mastered – by a depth of experience that comes only from time, repetition and the best mentors available. To quote my daughter’s favorite author, Theodore Geisel: “Out there things can happen and frequently do...”. My question to you and to all of us is: when they do happen, whom would you prefer as a guide to the places you – and your eye – will go?

Sincerely,

John P. Berreen MD

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