

quality care, particularly since as was brought out, he knows that he is in fact held legally liable for every act of the person working under him.

This is quite a deterrent to carelessness in this matter.

Mr. SISK. I appreciate what you have said. I am inclined to agree with you. However, as to assistants working under supervision, you can understand where this can be broadly interpreted. We are seeking language that is clear, understandable, and yet will prevent someone who may be licensed to practice from sending assistants into remote areas to do things without any kind of supervision.

I would not call that supervision; I would call it direction on occasion. We seek to avoid that kind of a loophole, and at the same time permit a legitimate type of supervision and direction.

Dr. ALPER. In other fields. Cardiologists, a nurse will take an electrocardiogram and he reads this. A neurologist has a technician who does an electroencephalogram, and an X-ray does the same thing.

In glaucoma work we have technicians who take electric tonography. These are laboratories that are placed in our hospitals or offices. They read the results. Instruments do touch the eye in case of tonography.

In the case of encephalography, instruments touch the scalp, skull. We doctors take responsibility for what our technicians who are trained do. This direct personal supervision means to me personally, I am not a lawyer or a semanticist, but this seems to imply a physical presence in the room when the technician or assistant who is adequately trained to do such acts performs adequately trained duties.

That is why we object to this particular terminology.

Mr. SISK. If I could say this: I am not personally interpreting this to mean that the supervisor, in this case the doctor, has actually to be in the room. I certainly would—

Dr. ALPER. It says direct personal supervision.

Mr. SISK. That is why I believe this is language which the subcommittee will want to consider and change. That is why, as I said, I was seeking from you suggestions that you might have for us. You are in a position where you work with assistants and nurses. You know about the kind of direction and supervision you should maintain. We want to permit this but at the same time not leaving broad loopholes where we might have assistants out over the country without adequate supervision.

Mr. MAGEE. Mr. Sisk, the Medical Society on this very language did suggest changes in the bill. They changed every section and have given your committee their suggestions as to how they feel the section should read under which they can work and properly keep optometry out of the field of medicine. It is attached to the statement, Mr. Sisk.

Mr. SISK. I appreciate that. We had the language last year. Let me say that no one has a higher respect for the medical profession than I do. However, I do not always agree with some of their positions. Actually, today I think it is quite well recognized that optometry is a profession.

I happen to be on the Committee on Rules and recently the chairman of the Armed Services Committee came before us and was discussing professions in the health field. He mentioned the profession of optometry. I think today the optometrists are basically with you