

This bill says that employment creates a bad situation. I am saying that employment does not create that bad situation anymore than any other employment can create that bad situation. So, we are attempting to work on a problem here by saying what they can do and forcing them into private practice. I do not feel that we would be doing much good for the public in doing this. When they no longer have this, and they will have to go and develop their own practice, in face of competition from their colleagues, they are going to be in trouble. It will be difficult. You do not establish a practice overnight. You either have to have the financial resources to survive that period of time or you are very much in danger of over-selling the patient that comes in and prescribing that which may or may not be needed. Then, I say that the financial responsibility will influence the self-employed optometrist in prescribing something that he is not thoroughly convinced is necessary for the patient. This bill is not going to correct either situation, because there are problems in both. The solution to the problem is in the optometrist himself in developing his education, his research facilities, in developing his associations and in developing the internal control so that even one member can work with another member rather than having to go to the Government and saying "We want to establish a Government-backed thing here so that all of these people who have any problems can come and say that this is the problem."

And also the bill gives the optometrists who are on the board the right to determine what people will be able to do. I do not think that this is correct. I think that there should be other influences on the determination on the rules and regulations and the laws that are going to influence the behavior of optometrists.

Mr. JACOBS. Would you have the same opinion with respect to the medical doctors, examining boards and the like?

Dr. ROWE. Medicine is a much older profession. They have gone through their period of transition. I think that they have established these things through their educational processes. They, certainly, know them; they are far more extensive than ours, and they also have a control which the optometrists do not have, that is, for example, hospital centers. If one of their members is not behaving satisfactorily, let us say, according to their ethics or their behavior, they can have that leverage—they can take away his living if they wish.

Mr. JACOBS. I might just say, in closing, as I understand this is our final session of public hearings, that I began the hearings without much knowledge about optometry, and I have wound up the same way, but I have a little more of an idea about the practice of optometry. I have questions about certain provisions in this bill, questions that I expect to raise in executive session, but there is one thing on which I have become somewhat clear. And that is that there is here an analogy between the argument between socialized medicine in England and the private practice of the profession in the United States. Based on the very old and well-accepted principle of mankind, that "he who pays the fiddler calls the tune," and that the doctor-patient relationship is best served by a private relationship between optometrist and patient, I do believe that it is the duty of those of us who are charged with the public interest in this matter in the District of Columbia, to see what we can do to help along that individual doctor-patient relationship.