

Guest Essay

Blinded by Tradition The Politics of Medicine vs. Optometry

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This story is nearly 20 years old. It unfortunately remains an accurate illustration of medicine and optometry. Patients do not receive the care they need.

THE CASE HISTORY

As a child, I had double vision when I looked at an object close to my face, for example, a pencil or a finger. I now understand that this was due to "convergence insufficiency." My eyes had an inability to converge (come together) at near. With convergence insufficiency, a person's ability to read can be compromised. But I had a milder version and was a good reader.

As a college student, I noticed a change. To study took more effort and had I thought about it, I no longer read much for pleasure. I now understand that college reading demands were overloading my compromised visual system. My ability to read and comprehend was gradually decreasing. In short, it was becoming harder for me to learn.

I developed compensating behaviors—especially rote memorization. I would memorize study materials for 10 to 14 hours per day. I did well, graduating Phi Beta Kappa. But I

knew I was a closet stupid person because no one else studied like this.

I then began law school at the University of Washington. There was an incredible amount of reading. I worked even harder. I became over-stressed, I suffered from insomnia, I had emotional outbursts. My personality became tight and intense. I was really straining.

My physician, a medical doctor, did not look at my symptoms from a visual perspective. Rather, she diagnosed a "system imbalance" and prescribed a drug called Trazadone. Trazadone, also known as "Desyrel," is for the treatment of depression. I started taking it. This was in August 1982.

About a month later, I noticed that fluorescent light bothered my eyes. I now know that Trazadone's listed side effects include "photophobia" (sensitivity to light).

Several more months went by and I found that I could no longer keep up with school. I thought it was burnout. I now know it was my eyes.

In May 1983, my vision problems came to a head. I was studying for a final when suddenly, I could not read. The words and sentences doubled in front of me and appeared to float and merge on the page. Attempting to

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read was also physically painful. I called to my roommate: "I can't read!"

The next day, I went to school, discovering that my eyes burned under the fluorescent lights. I also had double vision more than a foot from my face.

DIFFERENT KINDS OF DOCTORS

I was then examined by an optometrist at the University of Washington's student health clinic. Some optometrists follow a "developmental" model of vision. In this model, vision is learned or "developed." Those who follow this model treat convergence insufficiency and related reading disorders with glasses and a process called vision therapy.

Most ophthalmologists, and some optometrists, follow the traditional "medical model" of vision. This model views vision as innate. Many of those who follow this model view convergence insufficiency as of no consequence. They also view related stress, depression, and/or learning disability as a psychological issue.

I knew none of this. Like many people, I had no idea that there was more than one kind of eye doctor.

A "CLASSIC CASE"

The optometrist at the University of Washington told me my symptoms before I had a chance to tell him. He said: "The words look like they're floating, don't they?" He also said that my condition was common and that I was a "classic case." He recommended reading glasses.

A SECOND OPINION

I sought a second opinion from my father's eye doctor who I now know was an ophthalmologist, i.e., a medical doctor.

He did not seem to hear me when I said that the words had floated. He also told me that I did not need glasses and that there was nothing wrong with my eyes. He remarked that the doctor I had seen was "an optometrist" as if there were something wrong with that. I left in tears.

STILL UNABLE TO READ

A few days later, I tried to read with the glasses, but the words still floated. I could

read just in "snippets" to grab meaning from a word here and there. Reading was also physically uncomfortable as was all close-type work.

I went back to the optometrist at the University of Washington. Had I thought about it, his demeanor was strange. He avoided looking at me directly. Looking down, he stated, "After your eyes are better, come back and I'll show you some exercises to strengthen your eyes." This statement did not make any sense. If my eyes were already better, why would I need to come back?

I did not know what to do. Not being able to read, I could not take my finals. My job options were also limited as I could not read, perform other close work or tolerate exposure to fluorescent light.

A MATTER OF LUCK

By chance, I was then referred to a developmental optometrist.

This optometrist prescribed vision therapy which brought immediate relief in terms of double vision and floating words. But I could still read only 5 to 10 minutes at a time; my eyes were still extremely sensitive to light. I had not told him that I was taking Trazadone.

"I COULDN'T REFER YOU"

During this same time, I went back to the optometrist at the University of Washington to let him know about my vision therapy. To my surprise, he knew all about it. He told me that he would have referred me himself, had it not been for his supervisors. He stated: "I couldn't refer you. I work for ophthalmologists."

"PSYCHOSOMATIC"

During this same time, I asked my prescribing physician (again, a medical doctor) whether Trazadone could be causing my vision problems. She said that she "didn't think so" and wanted to increase my dosage. She also referred me to a psychologist.

The psychologist was nice, but he did not seem to understand that my inability to read was *real*. I also had a good friend in medical school. He told me that my vision problems

were “psychosomatic” and that my developmental optometrist was a “quack.”

A “REAL DOCTOR”

By August 1983, I was still unable to read well enough to take my finals. My father, concerned about my lack of progress, urged me to see a “real doctor,” i.e., another ophthalmologist.

I told this second ophthalmologist that I had been in vision therapy, that my eyes would “get tired” when I read, and that my eyes had light sensitivity. His reaction was to become seemingly angry. He sneered: “Vision therapy?” “What do you mean you can’t read?” He all but said I was lying.

I told him that I wanted to know about Trazadone. He looked in a book, stating that he did not see any side effects. Our interaction did not go much further.

In my naivete, I did not know to look it up myself.

AGAINST DOCTORS ORDERS

In September 1983, I again spoke to the optometrist at the University of Washington. He commented “you should be well by now,” and “what was that drug you were taking?” He then looked it up in a book, telling me of the side effect “reduced vision.”

I called my prescribing physician, again, a medical doctor, to tell her what he had said. Her response was to urge me to keep taking the Trazadone, stating that if I did not, I would become “depressed.” Indeed, she was emphatic. A day or two later I stopped taking it against her advice.

By November 1983, I was able to notice a difference. It was somewhat easier to read; I was no longer as sensitive to light. Clearly, Trazadone had been a significant cause of my difficulties.

BLINDED BY TRADITION

I could not understand why the second ophthalmologist had not told me that “reduced vision” was a side effect. I wrote him: “Why

didn’t you tell me?” He wrote back that it was not a side effect. To prove it, he enclosed the manufacturer’s side effect strip.

Reviewing the strip, I saw that “reduced vision” was in fact, not listed. But I then saw the side effects that were listed, i.e., “tired eyes” and “photophobia.” So blinded by the traditional “medical model,” he had not seen the obvious. The listed side effects exactly matched my complaints.

THE ROAD BACK

In Spring 1984, I returned to law school part-time, using tutors to help me read. I also worked at jobs with lesser reading demands and undertook additional vision therapy. In 1986, I graduated from law school 2 years late.

I would like to thank everyone who helped me overcome my vision disorders, especially my mother, Mary Dore, and my father, Fred H. Dore, who is now deceased. I would also like to thank developmental optometrists who persevere, and the ophthalmologists and other medical doctors who see past the medical model, to give patients the care they need. Perhaps one day, such forward thinking will be the norm.

POSTSCRIPT

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She is a graduate of the University of Washington School of Law. She has an M.B.A. in Finance and a B.A. in Accounting, and passed the C.P.A. examination in 1982. She is a former Law Clerk to both the Washington State Supreme Court and the Washington State Court of Appeals, Division II. See: www.MargaretDore.com.

Ms. Dore is the former President of Vision Awareness of Washington. Vision Awareness and its national affiliate, Parents Active for Vision Education (PAVE), provide referrals for developmental optometrists and vision therapy. See: www.VisionAwareness.org.

Vision Awareness of Washington is a volunteer group dedicated to the promotion of developmental optometry and vision therapy—often not recognized by other professionals. To that end, we ask you to join us in stating the following, to then be submitted to teachers, legislators and health care professionals:

No Longer Can We Accept:

1. Being told that we or our children are lying, mistaken, or under delusion about legitimate vision symptoms, including double vision, “floating words,” or simply an inability to read.
2. That a therapy likely to be effective for these symptoms, vision therapy, is not covered by insurance.
3. That a “developmental” examination and vision therapy are often not discussed as possible alternatives for the vision symptoms of ourselves and our children.
4. That the inability of ourselves and our children to perform due to vision disorders, is summarily dismissed as ADD, dyslexia, or some type of mental disorder—without having given us or them the opportunity for a developmental examination.
5. That “luck” is often the primary factor determining whether we learn about the option of developmental optometry and vision therapy.

—*Inspired by Judith Choate’s “Manifesto.” See: Abraham B. Bergman, The Discovery of Sudden Infant Death Syndrome, Greenwood Publishing Group, Inc., 1986, Appendix II.*