

Sir

Response to eyes, economics and the environment: should green issues drive changes in ophthalmic care?

In the debate about Green issues and Ophthalmology, Lockington and Dutton¹ dismiss the hidden costs of single-use items without addressing them, quoting only the convenience for the end user.² An article by Bhutta³ reveals the complexity of the instrument-manufacturing industry, much of it concentrated in Sialkot, Pakistan. Fine surgical instruments are not equivalent to extruded plastic widgets, but are labour intensive, hand-crafted items. If they are cheap, it is only because the wages paid to the workers are so minuscule. In the interest of pragmatism, I will avoid commenting on the immorality of such exploitation.

Perishable food items, such as prawns, regularly criss-cross the continents. Caught in UK waters, they are frozen, shipped to Thailand for processing, then refrozen and returned. If the food industry is prepared to engage in such reverse transport flows, how much easier should it be for non-perishable goods? The cost of individual items would actually go down, because most items would require only minimal reshaping, if at all. I would therefore suggest that each 'disposable' item is sent back without sterilisation to the manufacturer. There they can be sterilised before checking, repair, re-sterilisation and sent back for reuse. If we are concerned that they might not be re-sterilised before reworking, then this will only expose our hypocrisy, because to date we have not been concerned about the health issues exposed by workers manufacturing them in the first place. That such a system does not exist is only because we, the consumers, do not demand it. Fair Trade is now becoming a force to be reckoned with, such that transnational corporations with generally scant regard for human rights, trade justice, and the environment will nevertheless cover themselves with a fig leaf of respectability by including some fair trade options. If such issues have become important for the high street consumer, should it not concern health professionals even more?

Conflict of interest

The author declares no conflict of interest.

References

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Sir, Response to Pyott re fair trade and ophthalmic instrumentation

We thank Pyott¹ for his interest in our article.² He rightly echoes concerns regarding the immoral exploitation of workers associated with manufacturing practices in the developing world.³ Although this concern and subsequent fair-trade comments are worthy of consideration, it should be remembered that the original article specifically documented our practical problems with inadequate instrument processing.⁴ In this context, the commonly voiced criticism of single-use instruments being more expensive than reusables is inaccurate if the sterilisation process leads to damaged, unreliable and non-functioning equipment. Guaranteed reliability of high-quality microinstruments is invaluable in the emergency setting. If this reliability cannot be guaranteed through the current sterilisation practices, or delays patient care, it is unsurprising that there is growth in the single-use market.

Dr Pyott's interesting comments regarding outsourcing of the sterilisation process may provoke further discussion, particularly regarding the cost effectiveness of such an approach. Creating a platform for such original independent debate was the intention of our controversy article regarding Green Issues and Ophthalmology.^{2,5} We hope that the various issues raised will lead to clarity of thought and position among ophthalmologists, and promote open and honest debate regarding the way forward in these uncertain financial times. Both patients and doctors need to engage management to influence a long-term perspective on the investment/disinvestment agenda to safeguard clinical care.

Conflict of interest

The authors declare no conflict of interest.

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