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Book Reviews

Mammon Conquers All Review—*Marketing Your Ophthalmic Practice* by John Brigham Pinto and Dennis Shepard MD FACS. Published by Slack, New Jersey, pp 154

This guide to bleeding your patients and trampling on your colleagues, is not, as it first seemed, a rather embarrassing spoof. The authors really believe that eye doctors are (or should be) interested solely in making money, and they explain in grisly detail how to do this most effectively, without a whit of concern for patient or society.

As Dr John Corboy says in his glowing foreword, 'This book represents a milestone in ophthalmic clinical practise, and I predict it will become a classic'. So let some of its timeless utterances speak for themselves.

'With seven cases done every minute . . . cataract surgery has become the third most common surgical procedure in America . . . No wonder most surgeons feel their 'fair share' of cataract cases isn't growing fast enough. [However] the generation of surgeons now in their 30s' and 40s' can anticipate a surgical bonanza ahead'.

If you run through 'say 45 patients per day or more . . . you should employ a Patient Educator, to allow them to vent their concerns and complaints'. When patients on a fixed income ask about cost, 'the response should be "Don't worry about it; you have Medicare" '.

At each visit the subsequent appointment must be firmly established. 'One busy practise we know was spending thousands of dollars each month on cataract advertising, but had absolutely no system in place to follow-up the recall cards they mailed out each month, [so that] only about 70 per cent of those who received the cards were actually making and keeping their appointments. When this problem was fixed all was [predictably] well'.

'Some surgeons prefer a reminder card and some prefer telephone reminders. We recommend both . . . and have your office staff call those who don't get in touch with you'.

Should the staff be overburdened 'High School and College students have been satisfactorily recruited for this task'.

'Free screenings are a wonderfully effective patient generator. There are dozens of ways to arrange this . . . screenings at trailer parks, apartment complexes, at civic and church meetings. Screenings conducted from mobile eye vans set up in strategic locations both inside and outside your logical service area, [etc, etc]'.

'Self-referred second opinions are considered "fair game" by the average surgeon. We are aware of at least one surgeon who keeps a busy surgery schedule with a small weekly ad describing the availability of second opinions'.

Once you have pinned them down to surgery, 'make sure that every patient received a phone call and flowers post-operatively, and any patients who referred a friend to us would receive a personal thankyou note'.

'Gather a small high-spirited group of about 15 senior patients . . . as a Patient Auxiliary Club . . . [to] enlist the support . . . with prospective patients, . . . and generally "whooping it up" on our behalf in the community'.

'Begin publishing a monthly or bi-monthly newsletter, distributed to all patients . . . with eye care hints, update . . . and personal information on ourselves and practice employees'.

'Unless the competition got really bad, we'd avoid sandwich boards, skywriting, windshield wiper flyers, and 30-day money-back guarantees'. For the authors do just concede that 'huge placards outside one's house might be counter-productive'.

As we might predict, Radial Keratotomy, which is now the 'hottest property in ophthalmology and has now surpassed plastic surgery as one of the most commonly adver-

tised surgical disciplines' demands a whole chapter to cover the techniques of its high-pressure salesmanship. It also makes 'an overwhelmingly popular practice blend these days . . . with cataract surgery'.

'Promoting a practise is like prescribing a drug . . . You've got to commit a total program. Budgets can range anywhere from 5 per cent to 25 per cent of gross revenues'.

'Prioriitize [sic] adversarial audiences . . . employing specific communications strategies'.

And so it goes on. The distastefulness of the jargon only underscoring the exquisite odium of the authors' whole approach. Happily we know that most American eye-doctors share our own attitudes and must be as appalled at this aspect as we are. It is too easy to lean back in our self-satisfaction, saying 'it can't happen here'. Probably it can't, inspite of the ominous intrusions of some RK practitioners, because our ophthalmologists are a small enough community, and most of us know each other too well to forfeit the respect of our peers; and we soon become aware of the few rogues within our ambit who stretch the rules.

Self-administered ethical standards are on the wane,—hence the spate of city scandals, security leaks, Irangate and so on. Codes of good conduct, taught and enforced by families, schools, committees and professions, have become less watertight; and the copious lapses and leaks, highlighted by intrusive journalists, give encouragement to those whose love of lucre is beyond restraint, for laggard and clumsy legislation can barely fill the gaps. Hippocrates still reigns. But only just.

P. D. Trevor-Roper

Ophthalmic Technology. A Guide for the Eye Care Assistant. Editors: Stephen J. Rhode, Stephen P. Ginsberg. Published by Raven Press.

The Eye Care Assistant or Ophthalmic Medical Assistant (OMA) is a species of technician which is missing in the British hierarchy of ophthalmology. The number of such persons in the United States is, however, growing ever larger (over 11,500 in 1984) and according to the ophthalmic manpower study quoted in this book there is now on average one OMA to every ophthalmologist in the USA. The role of such a person seems to be well defined and to quote the book is to 'facilitate and expedite matters for the physician'. He or she would be an undoubted asset to the already overburdened ophthalmologist in this country as the level of competence that it is necessary to qualify as such a person is large. This book is designed to meet the needs of the Ophthalmic Medical Assistant in training and is the first written with this in mind. Prior to this, assistants have gained experience by virtue of their apprenticeships with ophthalmologists and optometrists.

The amount of knowledge that the OMA is expected to glean is reflected in the 482 pages of closely packed typescript. It includes much detailed anatomy and physiology which the average medical student in this country, and I suspect in the USA, would have trouble in bringing to mind. The chapter entitled 'Basic Anatomy and Physiology of the Optic Nerve and Pathway' includes a not so basic account of the striate and prestriate cortices. The chapters on ocular disease are also well discussed and informative, including an excellent chapter on ocular chemical burns which would not be out of place in a book designed for Fellowship candidates. There are also several chapters on practical procedures such as tonometry, biomicroscopy and retinoscopy which the beginner in ophthalmology in this country would be well advised to read. The chapter on ophthalmic surgery amused me where the 'right' and 'wrong' ways of being a surgical assistant were discussed. Problems of a procedure being performed under local anaesthesia are familiar to most of us, but I was disturbed to learn that an 'Oh my God' or an 'Oops' uttered by an unthinking voice can lead to a court of law, especially if the televised procedure is being watched by the patient's family in the adjoining waiting room. This chapter, as are many in this book, is let down by its quality of black and white photographs. In my copy, several photographs were underexposed and detail pertinent to the text was either not shown or impossible to see. As