

PROFESSIONALISM

BY

***PROFESSOR WILLSON ONUIGBO**

*FOUNDER-DIRECTOR, MEDICAL FOUNDATION AND CLINIC,
8 NSUKKALANE, ENUGU, NIGERIA.

(Guest lecture delivered during the induction ceremony of the graduating
Doctors of Optometry, Abia State University, Uturu, June 2005).

On the 7th June, while I was at launch and had just swallowed the last of well pounded yam, my GSM phone rang. The caller, who had a well fed voice, announced himself as Dr. Ahuama. There and then he invited me to be a guest speaker for today's ceremony. I agreed straightaway. Next, on 16th instant, I received from Dr. E. U. Ikonne, The Head of Department of Optometry, the confirmatory letter. Fortunately, since I was given a rather broad freedom of choice, it is PROFESSIONALISM that I would like to speak on.

On reflecting overnight, I was emboldened because God Himself enthroned professionalism. This word, as defined on page 666 of the Oxford Advanced Dictionary of current English¹, means 'Mark or qualities of a profession,' i.e., 'occupation, especially one requiring advanced education and special training.' Such a specially trained individual was identified by name to Moses by the Almighty God thus:

"See, I have called by name Bezaleel the son of Uri, the son Hur, of the tribe of Judah.

And I have filled him with the Spirit of God, in understanding, in knowledge and all manner of workmanship, to design artistic works, to work in gold, in silver, in bronze, in cutting Jewels for setting in carving wood, and to work in all manner of workmanship".²

Workmanship of a high order, I dare say, is what is expected of Optometrists. Therefore, note how Henry introduced his own lecture on a day like this:

"Congratulations to the 1973 graduates of Illinois College of Optometry and to your families and friends who have helped make this day possible. The attainment of the Degree Doctor of Optometry is indeed a significant milestone in your career. It represents the beginning and entree into a whole new way of life in which prestige and success are assured. However, please remember the emphasis on true meaning of the word commencement. It should not be a goal but a point in time which

marks the beginning of new opportunities and responsibilities. The O.D. degree is your credential for admission to your chosen profession and you are expected to maintain and enhance your knowledge and skills through continuing, postgraduate, and/or graduate education for the rest of your lives".

Lives of you graduands have been honed to sharpness here at ABSU. As a firm believer in how reprints received from all over the world can sharpen a local researcher's breadth of knowledge⁴, permit me to use them to demonstrate my nodding acquaintance with Optometry. To be selfish, I will include an article on 28th day of April, my birthday, by the Journal published by the British College of Ophthalmic Opticians (Optometrists). It revealed that, in an Island situated in the Atlantic Ocean between South Africa and South America, 'almost all (eye) corrections in use were badly out-of date and inefficient'⁵. Kent Daum, based at an American College of Optometry, was generous and sent to me three reprints on accommodative insufficiency⁶, accommodative inertia⁷, and accommodative dysfunction⁸. Incidentally, he published them in different part of the world, namely, USA, Australia, and the Netherlands respectively. In the reprint from a Canadian Optometrist, he took pride in the relationship between optometry and science. Indeed, he noted science's long standing importance to the profession, which is 'heir to the scientific achievements of not only Prentice and Sheard but also Helmholtz, Brewster, Bowman, Donders, and Gullstrand'. Concerning their own work, as presented at annual scientific meetings, four optometrists concluded; 'Preschool children show poorer visual acuity when tested with multiple optotypes than when tested with isolated optotypes'¹⁰. More importantly, as far as today's occasion warrants, let us listen to memorable message concerning professional relationships in health care delivery. It was contained in the Abstract of a paper read during a memorial Award Lecture at the American Academy of Optometry¹¹.

'Dr. Koch's commitment to interprofessional affairs is recognized and examples of interaction between optometrists and medical, educational and psychological personnel are highlighted. A challenge is presented to enhance interprofessional cooperation of the future;

Future forays are not a far cry from past practices. Take the 1986 article¹² on team work in health care delivery authored from the University of Helsinki, Finland. That author defined a team as any group of professional people that give treatment to patients. What he noted to be necessary are skills in human relations and interaction, in addition to purely medical know-how. What are the prerequisites for this kind of team? They are, on one hand, basic human equality and, on the other hand, a hierarchy based on different kinds of duties and levels of responsibility.

Responsibility is fostered by cooperative attitudes. This is particularly true of cases whose problems are more complex or who would benefit from help from more than one source¹³. The burning question worth answering is why the concept of teamwork often receives but lip service?

Service should actually be optimal when there is collaboration. However, it is probably futile if the professionals are not given equal status, prestige and power¹⁴. Therefore, research aimed at examining the effectiveness of interprofessional collaboration on patient care is necessary.

Necessary at this stage of my lecture is to look at my reprints, which dealt specifically upon professionalism. First, there has to be appropriate dressing. As regards men, a totally unacceptable look includes long hair and earrings¹⁵. Second, the challenge before any group is to put their house in order and to find out how and by what means they can be of most use¹⁶. Third, there is no fear of losing professional image if there is kind, sincere, compassionate and forthright care to society¹⁷. Fourth, gentility is definable as that professional tranquility (which) is nothing else than good ordering of the mind¹⁸. Fifth, service as a professional sacrament is ensured if there is training of oneself in virtuousness for it helps in achieving excellence in work¹⁹. Sixth, it is clear that the concept of professional responsibility includes the maintenance of standards of practice and pride in performance²⁰. Seventh, all are reminded that organizations with more highly

satisfied professional staff are likely to produce higher levels of client satisfaction and better client compliance than organization with less satisfied staff²¹. Eighth, it is reasonable that to attract students into a profession, the best stage is to make contact and to counsel them early enough²². Ninth, it is acknowledged that people who enter health services are fortunate, since the education in these fields can make possible a life of continual intellectual stimulus, coupled with the opportunity to help people who need help²³. Tenth, there is the challenge thrown to members of the health care team, who are themselves not medical doctors, to actively participate in clinical research²⁴.

Research should flourish all the time. I like what a Canadian researched on, namely, morphology. Once you get interested in morphology, he wrote, It is amazing what you can see, if you look properly²⁵. Little wonder that he recommended greater concern for the art and science of seeing and quoted one authority thus:

"The greatest thing a human soul ever does in this world is to see something and tell what he saw in a plain way... to see clearly is poetry, prophecy and religion all in one".

One attractive attribute of a member of a learned profession is proficiency in the English language! Believe it or not much as there are those who are almost fanatical about their mother tongue, the world's mother language is English explicitly. It is the international language for advancing learning. It is the language I have myself used to publish-so far-in some 26 Countries, notably in Australia, Canada, China, France, Germany, Ghana, India, Japan, Poland, Russia, South Africa, Turkey, UK, USA, and Zambia. Incidentally, I have used it to launch a special English book²⁶ in which the last word of a paragraph automatically becomes the first word in the next paragraph! It is what I am practicing in this lecture. I am not alone in tune with authorities. Thus, Alan Gregg, who delivered a Graduation lecture and printed (it) for private distribution as I am doing today, was quoted by the Dean Emeritus of Mayo Medical School as follows:²⁷

"I do not ignore the more tangible evidence of ability in writing and speaking clearly and vigorously: in fact I wish we would triple the emphasis currently laid upon the capacity of our recruits to read, write and speak the English language".

Language is not all. As another authority asserted, "Intellectual curiosity, familiarity with the spoken and written word, and yes, manners are important"²⁸. In like manner, another important requirement, which is dear to me, is History.

History illumines. It is, for instance, of historical importance that fully a thousand years elapsed before what was already known about optics was applied to studying the eye²⁹. Other historical data pertinent to Optometry can be read with pleasure³⁰⁻³³. In general, medical history is of humanistic value to health care professionals³⁴. In narrating the history of Irish medicine, the vice-Chancellor³⁵ of the Queen's University of Belfast humorously instanced a Profession of Medicine described as "A fresh-air fanatic". Why? In order to let in fresh air when called, "He broke the (glass) windows of his patients with his caneö.

Cane is not needed when nature students are studying. In fact, the opportune optometrist and others should enjoy reading. Reading is basic to communication. From a British Eye Hospital, we are told "there are certain sequences of eye contact and eye avoidance which are essential to human intercommunicationö"³⁶. So, in order to communicate well, by all means, read professional books. Still, read literature books. For example, note the prescription given by St. Paul to the Romans: "Be transformed by the renewing of your mindö"³⁷. One who reads is a continuing student. By the way, learn from your patients as well as teach them. Charles Aring³⁸, an American, who was fond of sending me reflective reprints, related the example of a patient who chanced to be a lowly worker but was a great fellow deep down as follows;

"Yet he possessed a grasp of philosophic theory, evidently having read everything he could lay his hands on from Plato to Whitehead. It was obvious that under different circumstances he would have been a professor".

Professor K.C Calman³⁹, Professor of postgraduate Medical Education at my alma mater, Glasgow University, wrote a lot, but let me zoom in as regards what should be a bloom for student and teacher alike:

"How do we motivate students and doctors to continue to learn throughout their career? This

is a majority challenge to the teacher as it is often said that this attitude is 'caught and not taught'. As such, it requires the 'infectious enthusiasm' of the teacher to be transmitted to the learner. This may be single most important aspect of medical education".

Education of the optometrists is, of course, largely along the same wavelength as that of the medical doctor. The difference in slant is on sight and eyes. It was said of famous T.S. Eliot that he wrote of "those with 'direct eyes,' that ability to focus on what needs to be done, and, and not to be distracted until the goal is reachedö"⁴⁰. Another famous man was Oliver Cromwell. Concerning him, let us learn from what he said. "Work hard, Praise God and keep your bowels open at all times!ö"⁴¹. Perhaps, for this particular audience, I should say "Keep your eyes open at all time!ö

Times without number, I have wondered how to draw near to the end of a public lecture! Today, let me tarry a little to mention the beautiful landscape of this great University, over a decade ago, when Professor Frank Akpuaka beckoned to me and I set foot here, I loved the place. Surely, as I saw things then, such surprising surroundings must stimulate academic excellence. Accordingly, since you have had the princely privilege of being brought up here, you must have matured both in character and in learning.

Learning in Optometry, in conclusion, ought to be optimal. Undoubtedly, it has enabled you to join the increasing number of worldwide professionals in the fruitful field. Thus by 1987, the past President⁴² of the International Optometric and Optical League remarked that, in Nigeria, where there was a comparatively recent university system of optometric education, there was only one qualified person available for optometric care for each 552,000 of the population as against the united Kingdom's figure of 93,000. Therefore, one must say: welcome aboard! One must say: acquit yourself creditably during your well-chosen voyage. One must say: perform and receive St. Mathew's accolade of "Well done, good and faithful servantö"⁴³. Finally, one must say; promote effective health care delivery in Nigeria because, as St Luke knew⁴⁴, "For everyone to whom much is given, from him much will be requiredöAmen.

REFERENCES

1. The Oxford Advanced Dictionary of Current English. Oxford; Oxford University Press, 1984, pp666.
2. Exodus, 31:2-5.
3. Henry, J. I. (1973): Extend a helping hand to society. *J. National Med. Assoc*; 66:160-3.
4. Onuigbo W. I. B. (1985): Reprint requests-a tool for documentation. *International Forum on Information and Documentation*, 10:7-9.
5. Harwood K. A. (1987): A survey of visual defects on Tristan da Cunha, 1984. *Ophthalmol. Physiol. Optics*, 7:57-62.
6. Daum, K. M. (1983): Accommodative insufficiency. *Am. J. Optom. Physiol. Optics*, 60:352-9.
7. Daum, K. M. (1983): Orthoptic treatment in patients with inertia of accommodation. *Am. J. Optom.* 66:68-72.
8. Daum, K. M. (1983): Accommodative dysfunction. *Documenta Ophthalmologica*, 55:177-98.
9. Sivak, J. G. (1989): Optometry and vision science. *Optometry and Vision Science*, 66:2-3.
10. Fern K. D., many, R. E., Davis, J. R. and Gibson, R. R. (1986): Contour interaction in the preschool child. *Am. J. Opt. Physiol Optics*, 63:313-8.
11. Barraga, N. C. (1986): Carel C. Koch memorial lecture: Joining hands-educators and clinicians. *Am. J. Opt. Physiol. Optics*, 61:437-40.
12. Roine, M. (1986): A doctor as a member of a team. *Medical teacher*, 8:377-81.
13. Brittain, R.D., Page, G. W. and Thomas, P. F. (1984): Co-operating in caring. *J. Royal Sci. Hlth*, 4:126-9.
14. Bond, J., Cartlidge, A. M., Gregson, B. A., Barton, A. G., Philips, P. R., Armitage, P., Brown, A. M. and Reedy, B. L. E. C.(1987): Interprofessional collaboration in primary health care. *J. Royal Coll. Gen. Practitioners*, 37:158-61.
15. Gjerdingen, D. K., Simpson, D. E. and Titus, S. L. (1987): Patients' and physicians' attitudes regarding the physician's professional appearance. *Arch. Intern. Med.* 147:1209-12.
16. Bramley, P. (1981): Professional purpose. *Ann. Royal Coll. Surg. England*, 63:85-90.
17. Gulp, D. A. (1982): Preservation of Medical Professionalism. *J. Urology*, 128:449-51.
18. Aring, C. D. (1974): Gentility and professionalism. *J. Am. Med. Assoc*, 227:512.
19. Bulger, R. J. (1982): Service as a professional sacrament. *Arch. Intern. Med*, 142:2289-92.
20. Mckendrick, M. (1987): The professionals. *J. Royal Coll. Gen. Practitioners*, 37:292-5.
21. Hays, R. D. and White, K. (1987): Professional satisfaction and client outcomes. *Med. Care*, 25:259-62.
22. Snyder, J. R. and Bonke, B. A. (1987): Paraprofessional Medical technology student career planning and counseling. *Lab. Med.* 18:781-5.
23. Beeson, P. B. (1987): Making Medicine a more attractive profession. *J. Med. Edu*, 62:116-25.
24. Prowant, B. F. (1988): Lack of research by non-physician health care professionals. *Peritoneal Dialysis Int.* 8:11-3.
25. Jackson, R. (1975): The impotence of being visually literate. *Arch. Dermat.* 111:632-6.
26. Onuigbo, W. I. B. (2005): Topics in Tandem English, Enugu. Medical Foundation Publishers.
27. Pruitt, R. D. (1985): An Experience in learning. *Mayo clinic proceedings*, 60:180-3.
28. Marchant, D. J. (1987): Academia-an endangered species. *Am. J. Obst. Gynec.* 156:185-92.
29. McKeown, T. (1979): The direction of medical research. *Lancet*, 1281-4.
30. Ruddock, K. H. and Wright, W. D. (1986): A century of visual research at Imperial College-1886 to 1986. *Ophthalmol. Physiol. Optics*, 8:67-95.
31. Bennett, A. G. (1986): A historical review of optometric principles and techniques. *Ophthalmol. Physiol. Optics*, 6:3-21.
32. Enoch, J. M., Heitz, R. F. and Lakshminarayanan, V. (1988): John Frederick William Herschel on testing for astigmatism in 1845. *Ophthalmol. Physiol. Optics*, 8:349-50.
33. Law, F. W. (1986): The origin of the Ophthalmoscope. *Ophthalmol.* 93:140-1.
34. Risse, G. B. (1975): The role of Medical history in the education of the 'humanist' Physician: a re-evaluation. *J. Med. Educ.* 50:458-65.
35. Froggatt, P. (1985): The distinctiveness of Belfast Medicine and its Medical school. *Ulster Med. J.* 54: 89-108.
36. Gike, M. I. (1989): On seeing Eye to Eye. *Transactions of the Ophthalmological Society of the United Kingdom*, 105:348-50.
37. Romans, 12:2.
38. Aring, C. D. (1968): Reading is good medicine. *Arch. Intern Med.* 86:537-8.
39. Calman, K. C. (1968): Teaching in Medicine. *Scottish Med. J.* 31:120-2.
40. Skandalakis, J. E. (1987): The Journey of the resident in surgery. *Am. J. Surg.* 153:579-80.
41. Boggs, H. W. (1988): But there is a practical side. *Diseases of the Colon and rectum.* 31:839-41.
42. Pickwell, D. (1987): World Optometry. *Ophthalmol. Physiol. Optics*, 7:115-9.
43. Luke, 12:48.