

As demand grows, cost control becomes essential. The answer will be centred, apart from cost of trained manpower, around the production of cheaper materials. Is phacoemulsification necessary for cataract extraction? Is there a substitute for Healon? Can the cost of implants be lowered? Should surgeons spend hours trying to restore limited vision in eyes with badly damaged retinas? Is it cost effective?

Then there is the question of quality assurance. We want to ensure the quality of surgery. Should not a one-eyed patient be operated on only by the best surgeon? How can surgical skills be measured? How do we ensure the best nurses are available? What about equipment and the price? How do we ensure quality? Can we provide eye-care which is not only better, but also cheaper? How can this be done?

## **THE YEAR 2000**

What will be the scenario of ophthalmology in the Asia-Pacific region in the year 2000? The practice of ophthalmology will be transformed with dramatic speed. By the year 2000, I believe the following changes will take place:

- Ophthalmology will emerge as one of the most important surgical disciplines. This will be brought about by escalating public demand for the best treatment as sight becomes more important.
- There will be a three-fold increase in the number of ophthalmologists in response to increasing public demand.
- Sub-specialisation will be firmly established. We will have retinal surgeons, paediatric ophthalmologists, oculoplastic surgeons and those specialising in glaucoma and trauma, etc.
- Major eye centres will develop in Kuala Lumpur, Singapore, and probably Hong Kong, Jakarta, Bangkok and Guangzhou, working in close co-operation with one another, all aiming for international excellence.
- The private sector will play an increasingly important role in major ophthalmic development.

I believe that for rapid development, private enterprise is more effective as it offers greater flexibility than bureaucracy. Even in the USSR, the famous Fyodorov Institute is one of the private entrepreneurial results of a socialist republic. In Kuala Lumpur, we see the establishment of a major private hospital, the Tun Hussein Onn Eye Hospital. And in Singapore, the Singapore National Eye Centre represents another major private entrepreneurial effort.

As we march towards the end of the 20th century we must remember that Asia is changing very rapidly. More so than ever before, we as ophthalmologists must rise to new challenges - the growing ageing populations and rising levels of expectation.

There is a need for regional organisation and co-operation. Ophthalmologists must unite not only within a nation, but also on a regional basis. The progress of individual countries can only be sustained under the greater interest of the Asia-Pacific region as a whole.

The 21st century will be an exciting new era for ophthalmology - ophthalmological advances will gain new heights. This giant leap forward will be attended by a change in the flow of ophthalmologists wishing for advanced training and patients wishing for sophisticated tertiary eye-care - now mainly to the Atlantic - to the Asia-Pacific region.

I have shared some of my thoughts on ophthalmology in Asia and touched upon the possible scenarios as we enter the 21st century. We, as ophthalmologists, have been given the tremendous opportunity, as well as entrusted with a responsibility as never before in the history of medicine, to provide our people with high standards of eye-care. We must not fail, and I am confident that we will not fail.