**Correspondence**

*Eye* (2011) **25,** 393; doi:10.1038/eye.2010.199; published online 17 December 2010

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

A Pyott[1](http://www.nature.com/eye/journal/v25/n3/full/eye2010199a.html#aff1)

1Department of Ophthalmology, Raigmore Hospital, Inverness, UK

Correspondence: A Pyott, E-mail: [andrew.pyott@nhs.net](mailto:andrew.pyott@nhs.net)

Sir,

In the debate about Green issues and Ophthalmology, Lockington and Dutton[1](http://www.nature.com/eye/journal/v25/n3/full/eye2010199a.html#bib1) dismiss the hidden costs of single-use items without addressing them, quoting only the convenience for the end user.[2](http://www.nature.com/eye/journal/v25/n3/full/eye2010199a.html#bib2) An article by Bhutta[3](http://www.nature.com/eye/journal/v25/n3/full/eye2010199a.html#bib3) 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?

Andrew Pyott