Current Perspective

Beware of Self-Trivialization

As the principal voice of the profession of ophthalmology, your Academy has a compelling responsibility to support the valuation of ophthalmology. When I say "valuation," I mean both in an economic sense of quality/cost and in a noneconomic sense of public perception.

Put another way, valuation is a reflection of the impact of ophthalmologists' services on the lives of (individually) our patients and (collectively) our communities. It also reflects the skills, time, training, and resources necessary to achieve that impact. If what we do has negligible tangible impact, our services should be little valued. Similarly, if anybody with little training can achieve success with little risk of a poor outcome, then the services will be less valued.

As ophthalmologists, we have survived a long, arduous road from acceptance to medical school through a competitive four-year ophthalmology residency and perhaps another year or two of highly selective fellowship training. Most importantly, we all recognize that the next 35 years of our medical/surgical practice will involve continual learning and skill acquisition.

We also recognize that medicine is both art and science and that performance of surgery, for example, comes with no guarantees—but with risks, including potentially devastating visual complications. A red reflex may suddenly darken, signaling an unanticipated massive choroidal hemorrhage. A patient may call two days after ptosis surgery with severe pain and loss of vision portending a rapid rise in intraocular pressure. A "routine" vitrectomy for a macular hole may be complicated by an intraoperative retinal detachment that triples the operating time and complexity as well as the risk to the patient's vision.

Thus, we should be mindful that what we say can affect the valuation of our profession. When our physician peers are reviewing the relative economic value of ophthalmology codes or when our patients are making decisions, any inappropriate public minimization of the complexity, risk, and value of our services trivializes us all.

Here are some quotes from current ophthalmologist websites: "I joke that a cataract patient hardly has time to get out of the car before the surgery is over." "Dr. X performs this surgery in six to eight minutes." "Don't worry. With cataract surgery, it's so easy." I suggest we all consider what, on average, a procedure really takes. Not just a routine case that goes well, but a mix of cases. And not just the surgical time, but also the necessary training, the individual procedure preparation, and the vigilance for complications.

The Academy's Code of Ethics Rule 13 addresses communications to the public. It makes the point that it is unethical and a violation of the code not only to intentionally deceive but also to provide inaccurate information that impairs a patient's ability to make a fully informed decision.

None of this is meant to encourage ophthalmologists to represent the procedures we do as more complex, risky, or time-consuming than they really are. However, we owe it to our patients, to ourselves and our colleagues, and to our profession to depict our services as they really are: complex, not devoid of risks or complications, and requiring a lifetime commitment to self-examination and self-improvement. Our patients and our colleagues in medicine will respect us for it—far more than they will respect our claims of operative speed.

DAVID W. PARKE II, MD
EXECUTIVE VICE PRESIDENT/CEO