Opinion

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Seeing the Bigger Picture

My internist friend doesn't like managing anything about the eyes. She finds ophthalmic issues intimidating and regards ophthalmic surgery as a bit creepy. I don't like ENT, and I probably decided to become an ophthalmologist on the first day of my medical school ENT rotation when I changed a trach tube and the patient coughed sputum all over my short white coat. We each find our way into a specialty that fits our personality, our aspirations, our strengths, and what we can tolerate. And together, we are the House of Medicine.

Although we ophthalmologists can get isolated in our surgery centers, outpatient clinics, and super-specialized care, the pandemic has highlighted one salient point: We don't practice ophthalmology; we practice medicine. Li Wenliang, an ophthalmologist at Wuhan Central Hospital and a hero of the pandemic, is a poignant example. He was among the first to warn colleagues, via social media, about the cluster of SARS-like pneumonia cases. Dr. Li is honored because he thought beyond our specialty and risked censure to share his concerns about a pulmonary infection.

Many of us, especially during the initial COVID surge in New York, stepped outside of ophthalmology to care for patients in ICUs and emergency departments.[1] Simon Bababeygy, a retina specialist in Los Angeles, volunteered to take seven shifts to relieve exhausted ICU physicians during the winter surge in California.

In our own practices, we found ourselves providing public health information as our patients looked to us for guidance. We were peppered with questions: "When should I come in for an IOP check? When can I finally have cataract surgery? Is it safe to sit in that small room for 20 minutes with a technician while I'm doing a visual field? Are my red eyes caused by COVID? Why do I have to wear a mask?" Because physicians spend so much time reading and discussing the literature on COVID, we can speak with knowledge from the emerging body of evidence. And for the first time, I found myself explaining the scientific method to my patients and helping them understand why recommendations change (and wondering why we don't teach this in middle school).

For some of our patients, the ophthalmology appointment has been their only time out of their home. Many still are afraid; most are lonely. Our kindness, compassion, and attentive listening provide essential emotional and psychological support. The CDC has tracked the pandemic's impact on mental health—for instance, last June, 40% of U.S. adults were struggling with mental health or substance abuse issues.[2] Patients and their families are more open to discussing mental health than ever before, and it might be the ophthalmologist who makes the referral to a psychiatrist.

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Finally, educating patients about vaccines has become an important task. Just as we do for the Shingrix vaccine, ophthalmologists are taking extra time to educate patients about the COVID vaccines. I now ask nearly every patient, "What are your thoughts about the vaccine?" When patients express vaccine hesitancy, it gives me the opportunity to probe their concerns. When one of my patients, who works in a nursing home, said that she refused the COVID vaccine because "I don't want to alter my DNA." I explained how mRNA works and even provided a hand-drawn illustration for her to take home. I told her that I got the vaccine, along with nearly every one of our employees, which reassured her.

This past year, more than ever, ophthalmologists were reminded of our place in the House of Medicine. We experienced camaraderie with all physicians as we figured out how to safely examine and treat patients. We had extraordinary compassion for our colleagues in ICUs and emergency departments. Our patients looked to us for trusted advice. I'm still glad I'm not an ENT doctor, but I'm proud to practice medicine with so many extraordinary humans.

1 Profiles From the Pandemic. *EyeNet.* 2020;24(6):42-53. aao.org/eyenet/archive.

2 Czeisler MÉ et al. *MMWR.* 2020;69(3):1049-1057.