One of the heavily used (and overused) aphorisms for 2019 was “stay in your lane.” It became a popular phrase in health care when, in November 2018, the American College of Physicians issued a policy statement labeling gun violence a “public health crisis” and calling for attention to and research on the subject. The National Rifle Association responded that “someone should tell self-important antigun doctors to stay in their lane.” Hundreds of physicians responded in social media posts that providing emergency care for patients with gunshot injuries was their lane.

EyeNet Chief Medical Editor Ruth Williams wrote a wonderful column in the November 2019 issue entitled #ThisIsMyLane, and she noted the Academy’s formal endorsement of recommendations designed to address firearm-related injuries. Since the Academy’s action, 34 other major medical societies have added their endorsements.

Whenever the Academy (or any medical society) promulgates a policy statement on any topic, it does so out of a sense of professional responsibility. And it does so not as a knee-jerk response to a specific event, but only after careful and evidence-driven consideration and with a vote of the Board of Trustees. Every time an issue comes up, the question arises, “Is this an appropriate issue for an Academy policy?” Put another way: “How wide is our lane?”

How do ophthalmologists view the lane? Over the years, I’ve heard from ophthalmologists who believe that the Academy should opine only on the education of ophthalmologists or federal payment policy. Others believe our lane should be so broad as to include any subject of national interest, including (for example) nuclear weapons nonproliferation. Some view the Academy’s responsibility as being only to member ophthalmologists. Others believe it should include patients. Some believe its scope should be limited to U.S. health care–related issues, and others believe it encompasses issues that relate—even indirectly—to health and well-being anywhere on the globe.

In recent years, members have written requesting that the Academy formally issue a policy statement on subjects as diverse as vaccination, women’s reproductive issues, gender-based harassment, LGBTQ issues, climate change, landmines, sex trafficking, and immigration (to name just a few). As you can imagine, with 32,000 members—both domestic and international—the views are quite diverse.

As ophthalmology’s overarching society, the Academy leads the profession of ophthalmology and provides its voice. To opine on every controversy, regardless of its correlation with eye care, serves only to dilute our impact and diminish the power of our voice on the central issues of greatest importance. On the other hand, to consider only issues that focus on the direct and personal interests of ophthalmologists wastes tremendous opportunity to function as a change agent, and it devalues our potential impact. It also projects us as parochial and self-absorbed.

The issue of timing can be critical as well. If an organization makes a policy determination before the specifics and potential unintended consequences of an issue have been analyzed, it risks being obligated to reverse a decision. On the other hand, waiting until every other stakeholder has opined risks being irrelevant.

There are some places we don’t go. For example, the Academy does not endorse candidates for national office.

So how wide is the Academy’s lane? There are no inviolable lane markers. The lane will be determined by the priorities of individual members; by committees and task forces made up of individual practicing ophthalmologists; and by state and subspecialty societies that all reach out to the Academy with concerns and recommendations. The Academy will balance its twin responsibilities of responding to individuals and leading a profession of 32,000 ophthalmologists. The Academy Board of Trustees will make judicious and responsible policy decisions intended to advance our mission and will act to ensure that our opinion, once articulated, has an impact.