

Opinion

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The Ophthalmic Canon: Read Like a Professor

Every area of expertise has a body of literature that defines the knowledge, the culture, and the history of the discipline. The Western canon reaches back to Homer, includes Shakespeare and Chaucer, and certainly incorporates Joyce, Dickens, Austen, Woolf, and my own favorite, Sigrid Undset. It's too soon to declare classical texts of the 21st century, but I imagine that the modern Western canon will include more diverse voices like Toni Morrison, Sandra Cisneros, and Chimamanda Ngozi Adichie—along with writers who are learning grammar in fifth grade this year.

Those who really enjoy reading don't read just for information or for the story line. Instead, they glean ideas, notice connections to previous works, ponder character development, and recognize themes. Thomas Foster's *How to Read Literature Like a Professor* is a terrific introduction to the deeper literary codes. He argues that it's much more satisfying and pleasurable to read, well, like a college professor.

What if every ophthalmologist could read the ophthalmic literature like an editor of *Ophthalmology*? Not only would we follow the evolving evidence base for what we do, we'd enjoy reading journal articles more and develop the skill of processing how a study fits into the entire body of evidence.

Just as there are literary classics to read, we have a long-honored tradition of knowing the landmark trials. These trials are quoted in guidelines, are cited in papers, are analyzed in lectures, and alter clinical practice. But even landmark trials must be placed into context and interpreted for their role in clinical practice. For example, the EAGLE study—which assessed patients who have angle-closure glaucoma (ACG) or are primary angle-closure suspects (PACS)—concluded that “initial treatment with clear-lens extraction was superior to laser peripheral iridotomy (LPI) plus topical medical treatment.”¹ Despite this finding, not every patient over 50 with ACG or PACS should have lens extraction surgery. Rather, as David Friedman, one of the coauthors, stated in 2018, “One way to think about this study is it's moving lens extraction earlier. It's not exposing the patient to a risk they were never going to face.”²

And as with the body of English literature, ophthalmic articles that don't qualify as “classic” or landmark can be just as important. I read *The New York Times* every day—and

while no news article will land in the canon of literature, the paper provides a broad understanding of what is going on in the world. When my kids were in middle school, I read *The Hunger Games* trilogy to better understand what was resonating so profoundly with our fifth graders. Editorials, blogs, trade publications, Instagram posts, and this fabulous magazine contribute to our understanding of how our profession interprets the evidence and applies it to everyday practice. It's important to read ophthalmology articles not only broadly, but also critically and with deep observation.

How do we learn to read journal articles like a professor of ophthalmology? During training, an effective journal club teaches residents how to critically read a paper. And Emily Chew, editor of *Ophthalmology Science*, recommends that residents and fellows participate in the peer-review process by helping prepare peer-review documents. “Learning how to do a good peer review is a skill that increases the ability to critically read journal articles, enhancing career-long learning.” This is true for the practicing clinician as well (see next month's Opinion). And even though data science has become its own specialty with its own language, ophthalmologists can develop familiarity with basic concepts and dramatically increase their analytic abilities. Moreover, the practice of carefully reading the Invited Commentary that follows an article can provide a lesson in how to analyze a paper. Most importantly, *read*.

Here's my last suggestion: one of you should author a paper—and title it “How to Read the Ophthalmic Literature Like a Professor.”



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1 Azuara-Blanco A et al. *Lancet*. 2016;388 (10052):1389-1397.

2 aao.org/annual-meeting-video/eagle-study.