TOP QUOTATIONS

To commemorate our 100th "5 Questions" column, *Cataract & Refractive Surgery Today* is showcasing the many personalities and talents that make up the ophthalmic community with the top remarks of the past 9+ years.

COMPILED BY MALAIKA DAVID, ASSOCIATE EDITOR

Stephen G. Slade, MD, September 2001

Any suggestions for young refractive surgeons?

Go where you want to live, be thankful that you are in this profession, find the right balance of medicine to business that suits you the best personally. Work to earn the respect of your peers; the older you get, the more important it will be.

I. Howard Fine, MD, January 2002

Tell us about riding Harley-Davidsons.

All my life I've been attracted to motorcycles—I love it. I have five of them now and two on order. I love everything about riding; it's a great stress reliever because you have to concentrate on all of the conditions while you are driving in order to avoid an accident. It's a thrill I can't explain; I can only tell you that I never feel as alive as when I'm on a motorcycle. I also like the fact that, in addition to being Dr. Fine, I have the image of being a motorcyclist.

Charles Kelman, MD, April 2002

What has been the biggest surprise of your career?

That would have to be the landslide acceptance of phaco after so many years of struggle. I can remember times when I would walk through the exhibit floor of various meetings and encounter outright hostility from many ophthalmologists. They just were not willing to believe that cataracts could be removed without cutting the eye halfway open. There were times when I thought the establishment was going to win out in banning my "radical, dangerous, small-incision approach."

Howard V. Gimbel, MD, May 2002

How did you receive the nickname "Gadget" Gimbel?

I received the name because of my confidence with, and acquisition of, diagnostic equipment for the office and operating room. I remember obtaining the first A-scan ultrasound in Canada during the early days of IOL implantation and how exciting it was to be able to select lens powers and target emmetropia. I could foresee the expectations of patients wanting a surgical correction of ametropia not only with cataract surgery but also by other means, and we have certainly seen this in the development of refractive surgery.

Robert Cionni, MD, August 2003

What do you find most challenging in ophthalmology today?

Without a doubt, the most challenging part of ophthalmology today is managing a practice. Patient care is a breeze compared with the brutal world of the business of medicine.

Robert K. Maloney, MD, November 2003

What has been your most important achievement in ophthalmology?

Antonio Capone, MD, and I traveled to the Marshall Islands, a nation of 1 million inhabitants in the South Pacific where thousands of people are blind from cataracts. Diagnosis did not even require a slit lamp. After removing cataracts for 3 days, we had not even made a dent. So, during the next 2 weeks, we trained a local ENT surgeon, Philip Pastoral, to do cataract surgery. Two years later, we sent one of our graduating residents, Colin McCannell, MD, to resume where we had left off. We instructed him on how to be efficient by addressing only the visibly white cataracts. Upon his return, I asked, "Weren't those cataracts incredible?" He looked puzzled and said, "I didn't see any cataracts." Dr. Pastoral had removed all of them. Curing blindness in an entire nation by training a capable doctor has been the most meaningful achievement of my career.

Daniéle Aron Rosa, MD, January 2004

When developing the Nd:YAG laser, how did you envision its future?

I felt confident in the laser's ability to cut all ocular tissue. I primarily performed posterior capsulotomies but tried to apply it to lens fragmenta-

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tion, vitreous traction bands, iridotomies, and corneal refractive surgery. The nonpatentable, nanosecond Nd:YAG laser was the preferred platform, but my concern with these multimode lasers was the possibility of inducing retinal detachment, vitreous hemorrhages, and permanent glaucoma. I was surprised when intelligent surgeons decided to perform intrastromal refractive surgery with a nanosecond Nd:YAG laser, which is impossible due to the accumulation of ionized gas and reabsorption time that not only inhibit accurate ablations but are extremely toxic to the cornea. Only ablations on open surfaces work effectively. Although I anticipated the transition from posterior capsulotomy and replacement of posterior capsule laser openings with photodynamic therapy to be difficult, I did not expect Nd:YAG laser capsulotomies to exist 25 years after my 1978 patent.

Steven J. Dell, MD, August 2004

If you were not an ophthalmologist, what would you be doing today?

I would like to be able to give a very clever or personally revealing answer to this question, but the boring truth is that I love ophthalmology. We all face certain aspects of our careers that annoy us, but on balance, I think this is the greatest job available. We are allowed to play with all the best technological toys, and patients routinely tell us that we have changed their lives for the better. That is an incredible treat. Those who pine for the days when things were better or easier in ophthalmology should ask themselves what other profession or industry remains static for years and allows those who do not evolve to prosper? Remember, on several levels, the worst day in ophthalmology is better than the best day in internal medicine.

Richard J. Mackool, MD, October 2004

What is unique about the way that you run your facility in Astoria, New York?

In forming the first ASC in New York (we opened in 1983), my staff and I encountered a good deal of adversity, and I think it is fair to say that we blazed some interesting trails. The experience has made us "tournament tough," but we realize that becoming overconfident is a sure way to wind up on our rear ends. If there is anything unique about my staff and me, I believe that it is a combination of our experience and this philosophy. We know that we can get the job done, but we also know that anyone can fail if he neglects to pay attention to the details that got him there. As an example, we pay close attention to what our patients tell us about our services. We do not care how cranky they

are; if they criticize us, we listen very carefully and take action. We have no hesitancy in penalizing or terminating marginal employees. On the other hand, we realize that we have to reward the excellent ones or they will not be with us very long. We may not run the leanest organization (our profit margin is not great), but I do not think we mess up very often, either.

Robert Kellan, MD, January 2005

With such a broad spectrum of interests, how did you decide on a career in ophthalmology?

I always knew that I wanted to be in medicine, but I did not know which specialty. In medical school, I asked myself one question: what would you rather be than blind? Think about that question. Invariably, the answer is, "anything." That really resonated with me. Additionally, ophthalmology offers the opportunity to perform neurology, pediatrics, and surgery; the specialty touches all of those areas. Its ultimate appeal is the precious gift of sight, however. Its preservation was, and still is, my motivation.

Nick Mamalis, MD, September 2005

Why did you go into academics, and why would you advise residents to pursue such a specialty?

A career in academics was important to me because I simply love to teach, whether it be students, residents, fellows, or even practicing ophthalmologists. Teaching residents how to perform cataract surgery and witnessing their development are two of the most rewarding aspects of academics. I especially enjoy when they get what I call the *aha moment*, when, like in a cartoon, the light bulb appears above their heads and they suddenly get it. It happens right before my eyes. Those in academics can see the progress that residents make day by day, and that is extremely rewarding.

Kerry K. Assil, MD, November 2005

What message would you like to impart to your colleagues?

Do not underestimate the value of what you provide for your patients. Because we work in a microsurgical field, the little miracles that we provide to patients seem fairly routine to us. Invariably, I find that eye surgeons undervalue what they are truly giving to their patients. I would encourage my fellow ophthalmologists to stop from time to time and reflect on this idea or to sit with a patient who wants to tell them about the impact this surgery has made on his life. By listening and really trying to comprehend what it all means, surgeons will get the full benefit of the professional satisfaction that they deserve.

Rosa Braga-Mele, MD, August 2006

In 2002, you published a report examining gender equity in academic medicine. Do you think academic ophthalmology has since become less of a "boy's club"?

I have noticed a shift toward more equity in academic medicine, in part because men are more involved with their families than in the past, and they are beginning to understand the boundaries and roles that women face. Personally, I have received tremendous support from my male colleagues. Although more women are entering surgical subspecialties, I think this area of ophthalmology, which requires a greater time commitment than general medical specialties, still suffers from inequity. The situation has evolved greatly, however. If the glass ceiling is not disappearing, it is at least getting a little higher as men become more accepting and more active promoters of women in academic medicine. I may revisit the topic in about 5 years to see how much progress has been made.

Stephen F. Brint, MD, April 2007

You performed the first LASIK procedure in the United States. What was going through your mind as you operated?

Due to my relative inexperience with the microkeratome, my initial reaction was fear. Nevertheless, I knew that Lucio Buratto, MD, had achieved good outcomes in Milan, Italy, so I had similar expectations for my patient. I do not think any of the investigators in the Summit Technology High Myopia Study group, which included Daniel S. Durrie, MD; Michael Gordon, MD; Stephen G. Slade, MD; George O. Waring, MD, and me, imagined that LASIK would become the dominant refractive procedure in the United States. As with today's phakic IOLs, we all thought LASIK would probably be a niche procedure.

Over time, we surgeons have encountered some unanticipated problems with this procedure. Ectasia is the most significant and least understood complication associated with LASIK. We do not know how many patients would develop this condition even if they did not have refractive surgery. We did not even think about the possibility of LASIK's causing dry eye until this problem began appearing. We compensated by playing "catch up" at first, but now we pretreat patients more aggressively with cyclosporine, punctal plugs, artificial tears, and nutritional supplements to minimize post-LASIK dry eye.

Mark Packer, MD, June 2007

Do you use techniques from Chinese and alternative medicine in your practice?

I do not use straightforward traditional Chinese medicine or perform acupuncture, but my experience with these disciplines has influenced how I interact with my patients. One of the principles of traditional Chinese medicine is described by a Japanese phrase, *mizo no kokoro*, which roughly translates to *mind like water*. When a doctor meets a patient, he is supposed to open his mind, like water running down a hill, and let the patient make an impression on him.

I follow a similar philosophy when I meet my cataract and refractive patients. I find that many of them already know what is wrong with their vision and what they need to improve. I listen to them and offer a corrective option that will please them. One patient may desire complete freedom from eyeglasses, whereas another may be more interested in overall quality of vision. To determine which option is best for patients, I try to really hear what they tell me. I think the extra effort is worthwhile, because my patients are happy, and they are grateful for what I have done for them.

Steven C. Schallhorn, MD, September 2007

How did you become a Top Gun pilot for the US Navy?

I have always been interested in aviation—I grew up watching NASA and the space program—but I also had an interest in medicine. When I graduated from college, I talked to a recruiter about becoming a pilot in the US Navy. I joined, promising myself that I would go to medical school later. I was confident that I could fulfill both goals, but being a pilot had to come first, because it takes many years to complete medical education, and flying in the military requires a measure of youth.

For the next several years, I flew F-14 Tomcat fighters onboard the USS Ranger and graduated from the US Navy Fighter Weapons School (Top Gun). Just as I was nearing the end of my tour of duty flying F-14s and started applying to medical schools, I was invited to be a Top Gun instructor, an incredible honor I could not pass up. By the time I finished my tour at Top Gun, I had achieved everything I wanted in aviation and was ready to study medicine, my other lifelong interest.

Karl G. Stonecipher, MD, October 2007

What is the oddest experience you have had while traveling?

On more than one occasion, I have helped fellow airline passengers. Earlier this year, I performed CPR on a woman who stopped breathing and assisted another one who went into labor prematurely. Another time, I was asked to check if one of the passengers had died. Fortunately for both of us, he was just fast asleep.

Robert M. Sinskey, MD, November 2007

What do you enjoy most about making wine?

Wine is wonderful, because it is good for your health if it is consumed in moderation. Also, if you ruin a bottle of wine, nobody's vision or life is in danger. Running my vineyard gave me the opportunity to work with my son, who turned out to have a wonderful palate and a good business sense. Winemaking became a career for him and profitable for me! My true love has always been medicine, however, because it can change people's lives. I never thought about medicine as making money. I always tell young surgeons, "Don't worry about money. If you do a good job, the money will come anyway."

Stephen C. Coleman, MD, January 2008

You were involved in a lawsuit stemming from a LASIK case in 1999. Why did you decide to go to trial instead of settling with the plaintiff?

It is important to remember that the decision to settle is not the doctor's alone. The patient/plaintiff must also agree to forego a trial. Surgeons who are facing a lawsuit tend to underestimate this aspect of the doctor-patient relationship. I would advise anyone who is being sued by a patient to step back and assess the situation—not from a medical perspective, but through the patient's eyes.

My only choice in this particular case was to enter the courtroom, because the plaintiff refused to settle. Fortunately, I won my case but not primarily because the jury was convinced by the scientific evidence that my legal team presented. A courtroom trial is like a show, because appearances can critically influence the jury's opinion. Whoever makes the best impression or tells the most believable story has a better chance of winning. You can imagine how frustrating this can be. A courtroom battle can consume as many as 5 years of your life. I cannot remember who said, "I was devastated twice in my life. The first time was when I lost a lawsuit. The second was when I won." These words summarize my experience with the legal system.

Daniel S. Durrie, MD, September 2008

What motivated you to found Focus on Independence?

One day, I was watching Christopher Reeve

on television, and I noticed that his wife had to put the paralyzed actor's reading glasses on and take them off every time he switched from reading his speech to looking at the audience. I began wondering why someone as important as Superman had to depend on somebody else to put on his glasses when we could fix his eyesight with modern laser vision correction.

Focus on Independence grew out of my desire to help the more than 150,000 people in the United States with serious spinal cord injuries. Quadriplegics have little or no movement of their arms. This limitation makes it difficult or impossible for them to handle eyeglasses and contact lenses and thus further curtails their independence. Even if these patients can afford refractive surgery, many of them do not feel that they can justify the expense when they must pay for wheelchairs, transportation, and caregivers.

To date, Durrie Vision has provided free refractive surgery to approximately 50 people in the Midwest. Other doctors have joined in to provide assistance to a few hundred patients elsewhere in the United States. Over the next few years, I would like to create a Web-based network that matches patients with doctors in their area who are ready, willing, and able to help them by donating free refractive surgery. I am currently working with the professional ophthalmic societies to develop such a program.

Francesco Carones, MD, May 2009

What is your favorite leisure activity?

Unlike many of my colleagues, I do not like to play golf. I prefer to go sailing and SCUBA diving. I especially like to dive at night, because I feel like I am visiting a different world. I enjoy the calm, relaxing environment; the fish are less active, and it is easier to touch them. I think the best place to dive is in the Maldives, a group of atolls in the Indian Ocean off the coast of India.

I also spend a lot of time with my daughters. I feel like they are my future. When they grow up, I want them to remember all of the fun we had together when they were little.

Uday Devgan, MD, July 2009

What is your advice to the next generation of cataract and refractive surgeons?

I advise surgeons-in-training to be their own toughest critics and, if given the chance to bet on themselves, always to bet the farm. They will encounter many obstacles and opportunities in their professional and personal lives, and only a combination of hard work and determination will help them to forge a path.

D. Michael Colvard, MD, August 2009

What is your most memorable surgical experience?

Several years ago, my daughter Megan and I were in Namibia. I was working with Surgical Eye Expeditions International in a small village; Megan was working in the same area with the Namibian Red Cross. The Red Cross workers were traveling hut to hut in search of children orphaned by the AIDS epidemic. When Megan walked up to one little mud-walled [home] and called out to see if anyone were home, an elderly woman answered, "No one here, only a blind person." Megan explained why she was visiting, and the woman began to cry. The blind woman said that all of her children had died and that, although she could not work or leave her house without assistance, she was trying her best to raise two small grandchildren.

Megan told the woman that her dad was an eye doctor from America, that I might be able to help, but that they must hurry. Megan and her fellow Red Cross workers bundled the woman and her grandchildren into their jeep and raced back to the village where I was working. Although it was the last day of our camp, and we had just taken down all of the equipment, I quickly examined the woman and determined that she was blind from cataracts. Within a few minutes, we had unpacked our surgical tools and successfully removed the woman's cataracts.

As we made our usual rounds the next day, we found Megan's friend dressed, sitting up straight as African women do, with a giant smile on her face. She recognized Megan's voice, reached out to put her hands on my daughter's face, and said, "God's mercy helped you to find me. God's grace has allowed me to see again. … Thank you, Megan, for helping to make this possible." This was one of the happiest moments of my life.

Kevin M. Miller, MD, December 2009

What is your most memorable traveling experience?

I have traveled to places most people would never want to visit, so my most unforgettable experience is memorable in a bad way. I had gone to Jerusalem, Israel, for a meeting, and I was walking around by myself. I wandered into the West Bank and did not know it. Looking like a typical American tourist, I walked into a village. Slowly, 100 yards in front of me, kids started coming out of houses. It seemed like they were just milling around until, all of a sudden, they turned in unison to face me. They started running toward me while pulling knives out of their pockets and picking up stones from the ground. It was like a flashback from the nightly news. Within seconds, I was surrounded by 20 to

30 "kids" between the ages of 5 and 30 years, and I had 15 or more knives pointed at me.

Not knowing what else to do, I pointed my finger at the meanest looking guy in the group and said, "Do you want to be my tour guide?" His eyes lit up, and he replied, "okay." I said, "If you want to be my tour guide, then make all of the other 'kids' go away." He did. After a 1.5-hour tour, I was somehow able to persuade him to take me to the Jerusalem bus station, and at that point, I was in relatively safe territory. I reached into my pocket and gave him everything I had, which was about $70. He started screaming at me at the top of his lungs. I walked off, and he did not follow me, fortunately! The moral of this story is, do not walk around the West Bank of Israel alone. Go with a really big group.

Bonnie An Henderson, MD, February 2010

What would you like to accomplish in the next 5 years?

Besides solving world hunger and eradicating all causes of blindness, I would like to send my oldest son off to college and keep my younger two from causing vehicular homicide when they obtain their drivers' licenses. I have also developed a fairly recent obsession with triathlons. Having competed in eight so far, I hope to ward off arthritic injuries and continue to compete in them for another several years.

Henry F. Edelhauser, PhD, June 2010

Considering that you gave the ASCRS, Charles Kelman, MD, Innovator's Lecture on the evolution of surgical pharmacology this year, could you provide some advice on how a surgeon makes his or her way to the podium?

Develop an expertise in a specific area. Once you are recognized by your peers, you may be asked to speak at a professional meeting. Ophthalmologists are always looking for new techniques and treatments, so you should be at the forefront of new developments. You should also collaborate with your peers, because advances are not made by a single person. Once you have the opportunity to share your ideas, they will develop into a new therapeutic treatment or a new surgical technique.

Herman D. Sloane, MD, August 2010

What is unique about the way you run your practice in Chicago?

My practice is limited to fee-for-service care, and I see one-third to one-fourth of the patients that most Medicare-tethered ophthalmologists are forced to see. As a result, I run a much more customer service-oriented practice. I get to develop relationships with my patients. I choose to run my practice in this way, because I do not want to have to see 90 patients a day. Typically, I see about 20 to 25 patients a day. This gives me the luxury of getting to know them. Good things can happen when I am not waving at patients through the doorway and when I spend the necessary amount of time with them. It is a very different transaction when patients pay a physician than when the insurance company pays a physician. In the latter scenario, the doctor is like a Kleenex. If patients do not like the one they have chosen, they just pull out another. Because my patients pay me, that means they trust me, they are concerned about me, they invest in me, and I invest in them.

William B. Trattler, MD, October 2010

What is your advice to young ophthalmologists who are new to practice?

My first piece of advice is to attend a lot of meetings and be prepared to learn new surgical techniques and new approaches to patients. All ophthalmologists receive great training during their residency and fellowships, but one quickly realizes that there are different approaches and different techniques. Since my training, I have become able to offer patients femtosecond LASIK, implantable contact lenses, Intacs (Addition Technology, Des Plaines, IL), selective laser trabeculoplasty, Descemet's stripping endothelial keratoplasty, presbyopia-correcting and toric IOL implants, corneal collagen cross-linking, intraoperative wavefront aberrometry, the Malyugin Ring (MicroSurgical Technology, Redmond, WA), and amniotic grafts (I guess this dates me a bit). In the next few years or so, I hope to be treating patients with a device for femtosecond cataract surgery as well as providing dual-optic accommodating IOLs and microstents for glaucoma patients at the end of cataract surgery.

My second piece of advice is not to compete with local doctors in your community. There are plenty of patients. Working together and being positive about local colleagues will be far more valuable than having a competitive, cutthroat attitude.

Eric Weinberg, November 2010

What would you change about the ophthalmic industry if you could?

Make bigger pies, not bigger slices. Competition pushes us all to get better. However, I see companies focusing far too much on individual product battles with negative marketing campaigns and not enough on building healthy markets in which to compete. These surgical markets are huge with tremendous opportunity for growth, which will only help everyone do better. ■