

Daniel S. Durrie, MD

Dr. Durrie shares tips for conducting clinical research and describes how he is giving back to the community.

What do you enjoy about practicing in the Midwest?

I was attracted to the area around Kansas City, Missouri, because it is a great place to practice medicine. In addition to having a reputation for producing high-quality clinical research, physicians from this region are known for maintaining high standards of ophthalmologic care.

I also enjoy the strong relationships I have with my patients, who seem to appreciate what my colleagues and I do for them. They express their gratitude by conscientiously following our advice and returning for follow-up examinations. I think my patients have the highest rate of follow-up in the country.

How do you conduct research in your practice?

A lot of people who are interested in clinical research only want to do it on the side or for a short period of time. I believe that it is easier to meet all of the guidelines imposed by the FDA, internal review boards, and studies' sponsors by hiring employees who are dedicated to overseeing and conducting clinical research. I therefore established a separate research department in my practice 15 years ago that has its own budget and manager, as well as six full-time employees who handle all of the administrative tasks needed to ensure a study's success (ie, recruiting patients, ensuring participants' compliance, managing paperwork). I believe creating a separate research department in my practice was one of the best decisions I have ever made, and I feel that it has enhanced my practice's reputation as an award-winning center for clinical research.

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.



How will refractive and cataract surgery change in the next 5 years?

I think the biggest change in the near future will be the age at which people undergo refractive and IOL surgery. Traditionally, most corneal refractive surgery patients are in their late 30s or early 40s, and they are considering the procedure only when they can no longer wear eye-

glasses or contact lenses. I think a combination of improved technology and recent problems with the safety of contact lens solutions will attract patients who are 18 to 25 years old. By this age, their eyes will have stopped growing, and they will be unlikely to have dry eye or other problems that affect healing.

IOL patients will also be younger than they are now. Instead of waiting until they are 75 years old with severely impaired vision, they will be more likely to replace their natural crystalline lenses with a presbyopia-correcting IOL when they are in their mid-50s. The average age for IOL surgery in our practice is now 54 years and dropping. Seeking surgery earlier preserves patients' vision in two ways: (1) by preventing further cataractous changes and (2) by reducing or eliminating their dependence on reading glasses.

Of what aspect of your career are you most proud?

I consider myself one of the luckiest people in ophthalmology. The emergence of refractive surgery coincided with the completion of my corneal training, which allowed me to get involved early and ride the wave all the way to the most recent advances. I am also proud of my family and practice. My wife, Anne, and I just celebrated our 36th wedding anniversary, my son-in-law Jason Stahl, MD, is making great contributions to IOL surgery, and I am eagerly anticipating my daughter Erin joining us after she finishes her fellowships in pediatric ophthalmology and refractive surgery. Life could not be better. ■