

# You Can't Make This Up

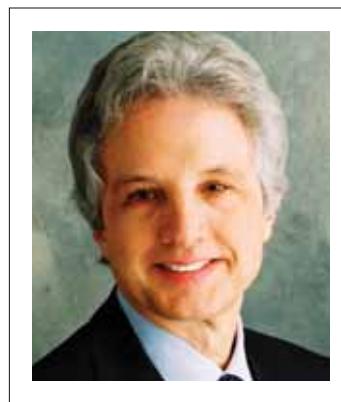
Extraordinary changes seem almost ordinary these days. First, delegates of the Accreditation Council for Continuing Medical Education state that no doctor who consults for industry should be allowed to give talks at meetings that include continuing medical education hours. Have you ever looked at the index of speakers and their disclosures at the back of the AAO or ASCRS program? This policy will certainly open up a large number of hours for other speakers. The council reached its decision despite a recent publication by investigators at the Cleveland Clinic, who are not the first group to demonstrate no difference between continuing medical education supported and not supported by industry.<sup>1</sup> I have written on this topic before, but aren't we ophthalmologists, as technology dependent as we are, in partnership with industry by definition?

Certainly, disclosures are useful, but can't we be presumed unbiased until proven otherwise if we run an FDA trial in our practice, work with a new drug or device, or teach a new procedure along with industry?

The second extraordinary example of the current climate is that Surgeon General of the United States, Regina Benjamin, MD, was asked by the Obama Administration not to attend the AMA's annual meeting due to conflict of interest.<sup>2</sup> Dr. Benjamin has a rich history with the AMA; she was the youngest AMA member and the first black woman ever elected to the AMA's Board of Trustees. She always attends the meeting. Why can't her employers trust her to attend this year?

Finally, a 21% cut in Medicare reimbursement made it through Congress ... sort of. After the House adjourned, the Senate, at the last moment, gave us a 6-month reprieve. Again, we wait for the ax to fall.

This issue of *Cataract & Refractive Surgery Today* should brighten our mood! I was intrigued by the articles in the cover series, with its theme, "Is Your Practice on the Cutting Edge?" Associate Editor Malaika



David provides an excellent overview on electronic health records, the required implementation of which is just around the corner. I was glad to read the financial incentives for adopting electronic health records, which almost pay for the entire project, outlined in her article. Additionally, Paul C. Seel, MD, MBA, reports on patient portals. I was fascinated to learn that the fastest-growing group on the Internet is seniors. I already knew that 31% of people on Facebook are over 40. As our patients' demographics move toward the baby boomers, Dr. Seel's information bodes well for those of us who become "cutting edge" on the Internet. In the feature series on phakic IOLs, I especially enjoyed the point/counterpoint by José Güell, MD, and Roberto Zaldivar, MD, two giants in the field.

In closing, I must note, with actual pain in my soul, that George Waring III, MD, is leaving his position as chief editor of the *Journal of Refractive Surgery* (JRS). George has served in this role for 20 years and is the JRS. His dedication, experience, energy level, and enormous talent might just be irreplaceable. Because the JRS is a journal of the AAO, which signed the recent Council of Medical Specialty Societies' code, no Academy editor can have ties to industry. George, who consults for industry, therefore resigned. We, as ophthalmologists, are all the poorer for this loss. ■

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1. Kawczak S, Carey W, Lopez R, Jackman D. The effect of industry support on participants' perceptions of bias in continuing medical education. *Acad Med.* 2010;85(1):80-84.  
2. Walker EP. AMA: surgeon general asked to skip AMA meeting. *MedPage Today.* <http://www.medpagetoday.com/MeetingCoverage/AMA/20699>. Published June 15, 2010. Accessed June 21, 2010.