

John P. Berdahl, MD, is known for his easygoing sensibility; his expertise in microinvasive glaucoma surgery; his interest in exchangeable, adjustable, and advanced IOLs; and his fervent belief that cerebrospinal fluid (CSF) pressure will eventually be found to play a crucial role in glaucoma. For this cover focus on how opinion leaders work with industry, Dr. Berdahl gets down to basics and answers the fundamental question...

WHY BE AN OPINION LEADER?





Given the extreme demands on our schedules, ophthalmologists know that, every time we agree to do something, it comes at the expense of not being available to do something else. This holds true also for those of us who do research, make presentations at symposia, and perform any of the other myriad undertakings involved in being—for better or worse—what is known as an *opinion leader*.

Being an opinion leader may involve tradeoffs, but the intangible benefits of being involved in advancing the profession are worth it. If I ask myself, “Why be an opinion leader?” the answer comes quickly. We practice in the best specialty in medicine, and we have giants in our field who came before us; if ophthalmologists do not stand up and continue to advance the field, then our profession will stagnate. I believe we have a responsibility to do just that.

Are there challenges inherent in this commission? Absolutely. We must make sure that we are not practicing our profession as the instrument of someone else’s intent. I am referring to making ethical choices when representing a company or a product. The way I ensure that I am doing that is by maintaining a commitment to speak the truth and speak it graciously. I also recognize that I do not have a monopoly on the truth: I could be wrong. As we say in South Dakota, “Say what you mean, mean what you say, and don’t say it mean.”

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AT THE HEART OF THE ROLE OF OPINION LEADER is trust. First, my colleagues need to trust that what I say is what I really believe. Second, the people developing new technologies need to trust that I am trying to help their technology become successful within all ethical boundaries.

There is a widely held belief that working with industry to develop, improve, and present new technologies to our peers is a lucrative endeavor. The truth is that whatever time we dedicate to these pursuits equates to time missed with our family or taken away from our practice, and the financial incentives are usually not worth the effort. Money is clearly not the reason to accept the role of opinion leader. In fact, I believe that most of us are much more influenced by our emotional and intellectual biases than we are by any financial incentives. In simple terms, I believe that we are more interested in being right than in being rich.

For example, we have done a lot of work on cerebrospinal fluid (CSF) pressure in relation to glaucoma. I believe that this work is helping us to understand glaucoma as a two-pressure disease. I have no direct financial interest in this topic (although the underlying concepts led to a medical device startup), but if my work on CSF pressure someday advances glaucoma treatment, that would be extremely rewarding if we are right and intellectually and emotionally disappointing if we are wrong.



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FOR ME, THE REAL BENEFITS of being an opinion leader lie in the relationships I develop with other smart, dedicated ophthalmologists and the fact that, as I look back on my career, I can feel that I helped steer the ship of our profession in the right long-term direction. ■

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Dr. Berdahl on a hike with his wife (above); in his office (below).