

Aggressive or Assertive?

LISA BROTHERS
ARBISSE, MD

Why I chose to revise my approach to public speaking after receiving feedback from industry.

In the 1990s, after I began to be recognized as a high-volume, thoughtful, well-educated cataract surgeon, I became what is known as a *key opinion leader* for industry. Speaker panels at major meetings at that time were composed almost exclusively of men. As I became a more frequent teacher and writer, I was recognized as one of the few high-volume female surgeons in the world and was invited to share my experience with others. My sole criterion was what ultimately benefited patients. When I believed in a machine or a product, I spoke or wrote convincingly based on sound reasoning and experience. Although I was never on industry's payroll, I became sought after, even by competitors, both to express my opinions and, I suspect, to diversify some of these panels.



Figure 1. At the beginning of her career, Dr. Brothers Arbisser was one of only a few high-volume female surgeons in the world and would frequently be invited to share her experiences.

I had always worked in a man's world. As a member of the second class of women who matriculated to Princeton University, one of only a handful of women in my medical school class, and the only woman—at first—in my residency at the University of Iowa, I thought I knew how to behave, compete, and contribute as a distinct minority in these settings.

After one particular national ophthalmology meeting, during which I felt I had contributed useful information about surgical technique and technology, one of the big players in industry strongly suggested that I accept pointers from a public speaking coach. This company experienced difficulty recruiting certain individuals for public panel participation who viewed me as “too aggressive.” Had I been a man, I suspect that my behavior would have been interpreted as admirably assertive, and not threatening or offensive.

I could easily have taken offense and refused the offer in anger. Instead, I decided that if my world wasn't changing as fast as I would like, and I wanted to effectively communicate my experience, I would need to adapt. I accepted the offer.

I truly think this experience enhanced my ability to communicate my ideas and techniques successfully, and even to affect practice patterns around the world. It certainly made me more likely to be invited to publicly participate in a meaningful way. I subsequently have had the privilege to perform live interactive satellite surgery and to become involved



Figure 2. Dr. Brothers Arbisser has been a successful advocate for women in ophthalmology.

in the testing and development of equipment and techniques. I have been privileged to help advance our profession and, I hope, my gender. Without the ear of experts within and outside of industry, I would not have been as successful as an early adopter and teacher.

Although perhaps the perceptions of others were unfair or misconstrued, I came to recognize that militancy may not succeed as a first step in communication. Adapting to the needs of others, even if it means modifying one's own style, allowed me to be an advocate for my gender in ophthalmology and to give my patients their best outcomes (Figures 1 and 2). ■

LISA BROTHERS ARBISSE, MD

- Emeritus position, Eye Surgeons Associates, the Iowa and Illinois Quad Cities
- Adjunct Professor, John A. Moran Eye Center, University of Utah, Salt Lake City
- Member, *CRST* Editorial Advisory Board
- drlisa@arbisser.com
- Financial disclosure: None

