

Pediatric ophthalmology, neuro-ophthalmology, uvea, and oculoplasty: Survival is the only option

Evolution is the unfading law of nature. Ophthalmology has emerged as a rapidly evolving specialty, after a very humble beginning before its separation from otorhinolaryngology in the 20th century.^[1] The progress in the last few decades have been astonishing – introduction of microsurgical techniques, technological infusion in diagnostics and therapeutics, and evolution of subspecialties in ophthalmology and their restless growth have all resulted in a revolution in evolution. Coming of age of cataract surgery, paradigm changes in laser refractive surgery and pharmacological treatment of retinal diseases have all fueled the recent growth spurt. As part of its growth process, ophthalmology has got itself neatly organized into several distinct subspecialties, each of which now is on its own trajectory of further evolution. Choosing and pursuing a subspecialty is now a goal for most residents not only for better professional satisfaction but also to generate a higher income.

What appeals a young mind to a particular subspecialty? In a not so startling revelation, the answer to this question is the anticipated income, which seems the most essential facet to generate interest in a specific medical field.^[2-4] Other factors influencing the choice-making process are the interest that the subject evokes in the individual, lifestyle, gender, personality traits, and family influence.^[2-6] Although most studies that have reported the decisive factors in making a career choice in medicine are limited to selection of a specialty subject in postgraduation, these very aspects reflect on further refinement of career choices as well.

Subspecialty choice is also evidently influenced by the curriculum the residency programs offer. Due to the sparsity of neuro-ophthalmologists, pediatric ophthalmologists, uvea specialists, and oculoplastic surgeons in residency training institutions, these subjects remain rather distant to the residents. With minimal exposure and lack of practical knowledge, very little interest is generated for the residents to pursue these rather underexposed subspecialties as their mainstream career path.

Cataract, cornea, refractive surgery, glaucoma, and vitreoretinal surgery continue to remain the obvious trendsetters in ophthalmology. This trend is partly palpable from the higher number of member societies that these subspecialties enjoy. The Cornea Society of India, Indian Society of Cornea and Keratorefractive Surgeons, Intraocular Implant and Refractive Society of India, Glaucoma Society of India, and Vitreoretinal Society witness greater membership applicants with each passing year, as opposed to Oculoplasty Association of India (OPAI), Uvea Society of India (USI), or Strabismus and Paediatric Ophthalmological Society of India (SPOSI). Despite a timely shrill pitch for neuro-ophthalmology,^[7] the establishment of the formal Indian Neuro-ophthalmology Society (INOS) is very nascent.

Dr Frohman recognized the problem of the declining number of neuro-ophthalmologists and attributed it to the deteriorating interest among the trainees to pursue neuro-ophthalmology as a career choice.^[4] The important reasons for this were stated to be lack of surgeries, difficulty of the subject, and salary prospects.^[4] Uvea, on the other hand, is associated with a multitude of systemic diseases which not many ophthalmologists are keen to deal with. The lack of intraocular procedures in oculoplasty and esthetics dissuades the cataract-trained residents to waver from their streamlined surgical skills.^[8]

A similar scenario is evident in pediatric ophthalmology and strabismus (POS) practice. The time and patience to deal with children (and parents) and the need for general anesthesia for most surgical procedures pushes the residents toward better time-effective subspecialties. In the current issue of Indian Journal of Ophthalmology, Parija and Mahajan discuss the existing trend of POS subspecialty in India, and the various attributes that influence the residents to pursue POS as a career choice, and Kekunnaya does a deep analysis of this concern in his invited editorial.^[9,10]

Evolution results in progress but is never uniform. Carl Sagan strikingly states that “Extinction is the rule. Survival is the exception.” The threat of extinction of fringe subspecialties is quite real, and if no heed is paid at this very moment, they may soon dwindle to insignificance. Inattention to this sounding alarm may diminish the wide spectrum of ophthalmology in the years to come. This issue must be attended to with diligence, and the leaders in these subspecialties must swing into action to converge ideas and bring about sharp vicissitude in the career choices made by the residents. It is up to the illustrious flag bearers in their respective fields to capture the attention of the trainees and expose them to the excitement that each specialty offers, promote intellectual curiosity, and mold the young impressionable minds to take up these subspecialties as their career choice, and help sustain the uniqueness of each subject. Choosing these subspecialties will not preclude a clinician from performing cataract surgeries to fill the available time and surgical slots. Comprehensive ophthalmologists may also be encouraged to have a special focus of interest in one of these subspecialties with targeted training to bridge the skill set. Medical colleges and institutions offering residency training must be mandated to have their faculty trained in each subspecialty and develop specialized clinical units. Until that becomes a reality, externship rotation may be an option to help expose the residents to the best that these subspecialties offer.

The leadership of the All India Ophthalmological Society (AIOS) may assume a proactive role here and help make these specialties visible and interesting (by providing adequate representation in prime time and location, and curating lectures by international authorities and opinion leaders) in their annual conference, and formulate appropriate visionary policies to support and help these specialties to rise and thrive, and not simply leave it to SPOSI, OPAI, USI, or INOS. Let’s hope that all this is

initiated under the able leadership of the current AIOS president, who is a distinguished pediatric ophthalmologist himself. Let the commercially driven evolution of ophthalmology not marginalize and reduce some of its very rich, essential, and interesting aspects into mere vestigial appendages.

Santosh G Honavar

Editor, Indian Journal of Ophthalmology, Editorial Office: Centre for Sight, Road No 2, Banjara Hills, Hyderabad - 500 034, Telangana, India. E-mail: editorjournal@aio.org

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