

Burning bright or burning out?

Ophthalmology is a rapidly evolving field: Therapeutic models are constantly evolving and so are the drugs used. Striking examples of this would be the treatment of choice for age-related macular degeneration. A decade or so ago the treatment would have been different from what is advised today; refractive surgery too is another subspecialty where one has to be constantly updated with current research and techniques. The need to be constantly updated with one's profession can be an added source of stress to an already stressful life that a doctor leads. While it is only prudent that the patient himself or herself, weighs all options, evaluates the pros and cons of any treatment or surgery, and willfully consents for it, often times, we find ourselves in the unenviable position of being asked to make decisions on the patients' behalf.

Other factors such as unpredictable work hours, mental exhaustion, emotional fatigue, challenging patients, and workplace related issues can all contribute what is now becoming a significant issue – physician burnout. It is a state of mental exhaustion caused by the doctor's professional life, and is characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment or success and it is largely an unrecognized entity.^[1] Burnout can also affect professionalism, the quality of care offered, and even increase the risk for medical errors in addition to cause issues with personal lives as well.^[2] Beyond the clinical aspect of practice, it is time to introspect, assess, and look into the quality of the lives, we ourselves are leading. It is time leaders in ophthalmology who make an attempt to tackle these issues.

Staying on the same topic of life beyond the realm of clinical practice, Saurabh *et al.*^[3] in their insightful study have attempted to assess the work-family balance and satisfaction among male and female ophthalmologists in India. This information is vital as work satisfaction directly affects the efficiency of health care delivery system of a country. While on one hand, it is reassuring to read that male and female ophthalmologists alike find the field equally rewarding, it is of concern to find that a significant number of female ophthalmologists reported having been subjected to physically uncomfortable gesture or being in physically uncomfortable position due to their gender at workplace. Only if the morale and job satisfaction levels of the entire work force are high can they be more productive; only if we are able to achieve good work-life balance can we lead fulfilling and gratifying lives and this applies to us, ophthalmologists as well.

In this issue, we have a host of interesting articles: Raizada *et al.*^[4] presented and discussed the management of nontractional diabetic macular edema comparing the outcomes of pars plana vitrectomy with three intravitreal injections of bevacizumab in a comparative study. Yadav *et al.*^[5] have presented the outcomes of different techniques of pterygium excision with conjunctival autografting in a pediatric population. This issue also carries an article on a highly debated topic – comparison of cost effectiveness of small incision cataract surgery versus phacoemulsification and the quality-adjusted life years of subjects. This article by Dr. Amitava *et al.*^[6] studies a sample of 52 subjects.

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