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EDITORIAL

Ophthalmologists Are More Than Eye Doctors—In Memoriam Li Wenliang



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ON FEBRUARY 7, 2020, DR LI WENLIANG, A 34-YEAR-old ophthalmologist from the People's Republic of China, died in Wuhan Central Hospital.¹ Much like that of the majority of practicing ophthalmologists, Dr Li's work could not be identified on PubMed Central or Google Scholar, but he should not be judged by the number of peer-reviewed articles in high-impact scientific journals or the amount of competitive grant funding he received. Rather, Dr Li's astute, on-the-ground observational skills led him to warn his fellow medical school alumni of a possible "SARS-like" epidemic via a post on the Chinese messaging app WeChat on December 30, 2019. Presaging the international acknowledgement of the current coronavirus crisis by more than 3 weeks,² he correctly recognized the enormous significance of 7 patients from a local seafood market who were quarantined at his hospital with a SARS-type illness that would later be identified as coronavirus disease, also known as COVID-19. His warning did not depend on sophisticated laboratory testing or expensive imaging studies, but on his own understanding of biological plausibility—the kind of analysis that physicians of all specialties could make.

The New York Times reported that on January 10, 2020, Dr Li developed a cough after having treated a woman for glaucoma who had unknowingly been infected with the coronavirus, probably by her daughter.³ No report suggests that he observed any ophthalmologic complications of the coronavirus infection in his patient.

Peer review demands that editors judge the strength of the evidence in determining what they will publish. Although clinical experience and case reports are at the bottom of the hierarchy of evidence, they have value, particularly when they describe new clinical entities.⁴ How many respected journals would have published Dr Li's warning based on these 7 patients? Probably none. Publication in a peer-review journal usually requires solid evidence and more than just well-reasoned conjecture, so rapid dissemination of such information is usually limited to social media and non-peer-reviewed websites and publications. For that reason, attempts to limit the broadcasting of this kind of communication would be by commercial entities and governments and would fall beyond the purview of editorial boards.

The *American Journal of Ophthalmology* opposes all attempts to limit specific language in scientific literature. In a recent editorial, "What's in a word?," the authors state that "The suggestion that banning, or in any way discouraging the use of, the linguistic bedrock of evidentiary support for new ideas that spawn improvement of our diagnostic and therapeutic capabilities is paradoxical to the notion of sound science and human progress."⁵ The *American Journal of Ophthalmology* wishes to posthumously recognize Dr Li for his prescient and heroic post and hopes that lessons from this ongoing crisis can be learned at all levels, from physicians on the ground to the highest levels of government.

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