

Editorial

Sometimes Boring is Good

Susan Resnick, OD, FAAO, Dipl.¹

¹ Editor in Chief, CRO (Clinical & Refractive Optometry) Journal

Keywords: Editorial

CRO (Clinical & Refractive Optometry) Journal

Vol. 33, Issue 3, 2022

One day about three weeks ago, just having diagnosed a Herpes Zoster Ophthalmicus corneal ulcer, fitting two new keratoconus patients, a Pellucid Marginal Degeneration, and four astigmatic presbyopes with contact lenses, my one-month post cataract extraction/IOL implantation patient presents with acute onset reduced visual acuity in that eye.

After taking a thorough history to confirm she had adhered to her post-operative medication regimen, I proceeded to check unaided visual acuity and manifest refraction. As I was doing so, she rather nonchalantly asks me, “Don’t you get bored doing this every day”? Of course, I knew she was referring to the “which is better, one or two” refrain. I politely answered “no” and continued with her exam, highly suspicious of cystoid macula edema. Dilated fundus exam and macula OCT confirmed the diagnosis and I promptly called the cataract surgeon to coordinate treatment.

This encounter was surely not the first of its kind for me and I took no offense. It did, however, get me thinking about my personal career, the optometric profession at large, and finally, of the most important components: patient perceptions and expectations.

I started practicing optometry in 1983. At that time, in New York State, our scope of practice laws did not yet include the right to dilate. Another several years then passed before we could prescribe ocular pharmaceuticals, with the treatment of glaucoma being phased in separately.

Despite those limitations and the uphill (legislative) battles we had to endure; I do not recall ever being “bored”. I took care and pride in my ability to diagnose and refer pathology. But I derived most of my professional satisfaction from “simply” helping my patients to see. After all, my patients’ measure of my expertise was based on their visual quality and comfort, and that is what ultimately drove their loyalty, confidence, and referrals.

Thanks to the untiring efforts of the American Optometric Association and their global counterparts, optometry continues to thrive and advance. The pace may seem painstakingly slow at times, but we continue to move forward. While New York State is certainly at the lowest end of the climb, we applaud and envy our colleagues in those states having privileges including injectables, laser procedures, and minor surgical procedures. We are truly excited and grateful to the countless volunteers and for the grass-

roots groundswell we witnessed as we finally achieved passage of our oral legislation one year ago.

Also contributing substantially to our professional growth, clinical acumen, and success in patient care, are the contributions from supportive ophthalmic device and pharmaceutical industry partners. The ever-increasing array of clinical trials, along with the continuous introduction of advanced diagnostic and therapeutic technologies, greatly strengthens our ability to provide state of the art care. We certainly value and welcome the challenges and opportunity to continue to critically evaluate evidence-based developments.

I recall upon graduation 39 years ago being told that “commencement” referred to beginning the lifelong process and dedication to learning. Boy, a truer statement there never was! That clinical day a few weeks ago, (and to be honest, most every day) with the multitude and variety of challenging cases, surely only ended on a positive note for both my patients and me because of continual diagnostic and therapeutic hands-on training and didactic educational activities.

Finally, while we have come a long way in bringing our profession to new and greater heights, we clearly need to do more to improve “our visibility” and prestige across both the medical and lay arenas. While we should never take our sights off our professional calling to provide the very best refractive care, fostering a better understanding of our training and ability in the eyes of patients and our allied medical colleagues is imperative. I call upon each of us to do this one patient at a time, communicating with the patients’ other healthcare providers.

So, do I get bored doing this every day? In almost forty years of practice, I cannot recall two days being alike. I continue to scratch my head daily with either out of the ordinary chief complaints, unexpected incidental findings, or lack of a definitive diagnosis. What will be my parting words to the next patient who presents with no complaints, healthy eyes and needing only a minor prescription update? That’s an easy one: “Boring is good”.

Submitted: October 10, 2022 EDT, Accepted: October 12, 2022 EDT



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-NC-4.0). View this license's legal deed at <https://creativecommons.org/licenses/by-nc/4.0> and legal code at <https://creativecommons.org/licenses/by-nc/4.0/legalcode> for more information.