

IS THIS THE BEST WE CAN DO?

GLAUCOMA VISIONARIES

INSIGHTS FROM INFLUENTIAL



LEADERS IN INNOVATION



When I first entered the field of glaucoma, I considered the standard of care and thought to myself, “Is this the best we can do?” As someone with a propensity to think outside the

box and challenge the status quo, I recognized a significant need for improvement early in my career. Although I was not aware that this would lead to my involvement with innovation, I felt challenged by my patients to do more for them. Patients look to us for help every day, and it is our responsibility to provide them with the best. If what we are doing is *not* the best, then I feel that the onus is on us to create something better.

Not everyone has the desire to innovate. In many ways, the process of innovation can be uncomfortable. For starters, the desire to invoke change requires acknowledging that the current approach is flawed, which can be a hard pill to swallow. From there, the path to truly addressing shortcomings in care is lined with opportunities to fail and to be criticized by the naysayers. Phacoemulsification is a prime example: The pioneers of this approach faced extreme ostracization in their efforts to swing the pendulum away from extracapsular cataract extraction.

But innovators need not—and should not—go it alone. I have been fortunate in my career to find an invaluable collaborator in my senior partner, Ronald Fellman, MD. We routinely sit side by side in the OR and review surgical footage together, while posing questions and encouraging one another to

think differently. We share our victories and our losses, and we use each as an opportunity to learn. In this partnership, there is no room for pride or competition. This synergy fosters an environment in which common practices are questioned and new ideas can thrive.

For this issue of *GT*, the Editorial Advisory Board members nominated individuals who fit the profile of a *glaucoma visionary* and asked them to share insights into their perspectives on and experiences with innovation. As shown in their commentary, these individuals all have asked and continue to ask themselves, “Is this the best we can do?” Fortunately for the sake of progress, they have been willing to accept a hard answer and work to change the course of care. Like myself with Dr. Fellman, they have also partnered with others who are willing to look critically at the routine and inspire change when warranted.

The day we can all answer the question, “Is this the best we can do?” with a resounding yes is the day we have reached the pinnacle of glaucoma care, at which point room for improvement ceases to exist. Until then, I encourage those on the front lines of innovation—or anyone interested in joining these ranks—to be rigorous in their efforts, to stay strong in the face of critics, and to always remember who is at the center of this search for the best: patients who deserve it. ■

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