



IQBAL IKE K. AHMED, MD, FRCSC

Dr. Ahmed is an Assistant Professor of Ophthalmology at the University of Toronto in Canada and a Professor of Ophthalmology at the John A. Moran Eye Center, University of Utah, in Salt Lake City.

NOMINATED BY CONSTANCE OKEKE, MD, MSCE

“Dr. Ahmed is unparalleled in his unrelenting quest to challenge the present with visions of a better future by conducting innovative research, teaching surgical techniques, and taking time to observe, think, and ask great questions to move glaucoma care forward.”

NOMINATED BY SAHAR BEDROOD, MD, PHD

“When I think of a glaucoma visionary, I think of Dr. Ahmed. He not only goes against the grain of how things are “supposed to be” but reinvents himself along the way and inspires everyone around him to do the same.”

Editor’s note: The following is an excerpt from an interview conducted by Richard A. Lewis, MD, at the 2021 Interventional Glaucoma Congress.

Richard A. Lewis, MD: You decided in residency that you would pursue glaucoma. You could have specialized in retina or oculoplastics to satisfy your love of surgery. Why did you pick glaucoma?

Iqbal Ike K. Ahmed, MD, FRCSC: I grew up being an outsider. I was born and raised in the province of Saskatchewan, Canada, where no one could pronounce my name. I always felt different from everyone else. Although this made me uncomfortable for many years, I grew to

embrace my identity and my differences over time.

In medical school, I saw the crowd rushing toward cataract and refractive surgery, and I didn’t want to go with them. I wanted to remain on the outside, and, at the time, that meant glaucoma. Glaucoma fellowship spots were going unfilled, and the disease was usually the last topic covered at the major meetings. I was immediately attracted to that. Although there were not a lot of players in the field whom I identified with, I was lucky enough to meet Alan Crandall, MD. With his guidance, a light went off, and I realized that there had to be a better way to address glaucoma. I didn’t know *what* we would do to change the field, but I knew it was where I’d be most comfortable in my career.

R.L.: In the 80s, several fellowship programs would not let participants perform surgery. In fact, surgery in general was underemphasized. Alan was one of the few people who recognized its potential, and what a true giant he was. He embraced surgery, always enjoyed a challenge, and loved to innovate. Was that the draw for you?

I.A.: For sure. The surgical approach to glaucoma is now common, but those who have been in the space for 20-plus years know that was not always the case. It took a different set of views and values to change the paradigm. Alan and others who were ahead of their time had to struggle with that, but those challenges served as the impetus needed to start the discussion around changing the status quo.

R.L.: MIGS was met with a lot of resistance initially, but you have a way of combining innovative surgical technique and thoughtful discussion around new ideas. I think that is a skill we could all benefit from.

I.A.: I struggle when asked about any successes I've achieved because I don't think there are any big secrets behind them. I simply entered the field with passion and energy (and a bit of naivete). I was also fortunate to be in the right place at the right time and with the right people. Being in Canada, I didn't face some of the bureaucratic challenges that others elsewhere do. I was in a less traditional academic setting and didn't have a microscope overseeing my every move. I learned to do things in the shadows and quietly in many ways. That allowed me to gain a certain level of confidence and the comfort to then share what I learned. I was all about surgery, and I was fortunate to stumble upon the beauty of glaucoma microsurgery. I think we each have our own path to take, and that's the one I was lucky enough to be able to follow.

R.L.: You often talk about the importance of family. Could you tell us about the role relationships play in your life?

I.A.: Personal relationships—not accomplishments or accolades—have always been my biggest driver. I think this value has helped to shape my conviction to drive change and make a difference for people. There is so much to learn from everyone around us, and I regularly find inspiration in talking to complete strangers. I try to practice humility and treat everyone with respect. Ego is a driving force for us all, but it can be incredibly destructive and is one of the biggest threats to innovation.

R.L.: Do you feel like as much of an outsider now as you did growing up?

I.A.: 100%—once an outsider, always an outsider. We all have our own way of doing our work. Some do a tremendous job from the inside, but I think I will always come at things from the outside.

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R.L.: What goals would you like to accomplish in the future?

I.A.: I never sit still, and I like moving on to new ventures. I am excited to now be placing a greater focus on basic science and to be conducting more preclinical work, and I have been fortunate to collaborate with industry on these efforts. My plan is to scale back on the clinical and surgical aspects of my practice and to concentrate more on our basic understanding of the disease. I've learned that we don't understand what we think we do about glaucoma.

R.L.: I'm going to end by asking you for a book recommendation.

I.A.: I don't read often, but one book that has influenced me is *The Structure of Scientific Revolutions*, by philosopher Thomas Kuhn. Kuhn's work was polarizing in that he maintained that scientific theory does not progress via a linear accumulation of knowledge but instead undergoes periodic revolutions, or paradigm shifts. Progress is difficult in this sense because it entails convincing society to see things differently. Although the backbone of knowledge is essential, the biggest driver behind scientific revolutions is social behavior. Innovation is driven by the human spirit. ■

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