



NATHAN M. RADCLIFFE, MD

Dr. Radcliffe is a cataract and glaucoma surgeon at New York Ophthalmology and an Associate Professor of Ophthalmology at Icahn School of Medicine at Mount Sinai in New York.

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What first drew you to ophthalmology and, specifically, to glaucoma?

I initially became interested in medicine by studying neurobiology and even neuropsychology, and I fell in love with the brain and neuroscience. It wasn't until medical school that I recognized that two-thirds of the brain deals with vision. In some cases, the best way to help people preserve a big part of their brain is to restore, save, or protect their sight. I found there to be enough neurobiology in ophthalmology for me to maintain that interest. In fact, by specializing in glaucoma, I am indeed preserving nerve tissue; it is a somewhat circuitous way to continue to support the brain through the eyes. Glaucoma seemed to me to present some of the most unique challenges that maybe, at first glance, seem simple but ultimately become very complicated.

2

Your nominator referenced your willingness to try new approaches. What motivates you to explore novel treatments and technologies?

So many unmet needs exist in glaucoma. We know that most patients can't take their eye drops properly. In glaucoma, if you depend on patients to treat themselves, you will fail. In my area, the Bronx, a low level of health literacy and other significant barriers to treatment to exist. I couldn't live with myself if I didn't do everything I could to take the potential for treatment failure away from my patients. I have found that the best way to do this is by delivering their treatment myself, usually at the time of their cataract surgery.

NOMINATED BY JONATHAN MYERS, MD

"Dr. Radcliffe is fearlessly willing to try new approaches to simplify patient care."

This has led me to be a strong advocate for laser as a first-line treatment, a strong advocate for sustained drug delivery (eg, bimatoprost intracameral implant [Durysta, Allergan]), and a strong advocate for MIGS. I have also adopted and helped to develop some sustained drug delivery treatments for use in cataract surgery, and I am a big proponent of the use of intravitreal dexamethasone intraocular suspension (Dexycu, EyePoint Pharmaceuticals). Overall, my goal is to make glaucoma and cataract surgery foolproof for my patients so that we never end up in a situation in which they have a bad outcome simply because they could not access, afford, or administer an eye drop.

3

You regularly advocate for patients, particularly in regard to the hurdles they face within the US health care system. What is the first hurdle you would eliminate if you could?

I really feel that the US health care system is unfair to

patients. Clearly, it is set up in such a manner that patients with certain types of insurance have access to a different level of care than, say, patients with Medicaid or Medicaid managed care. I always do what I can in terms of working hard with prior authorizations, for example, to help my less fortunate patients receive a great treatment. But the primary aspect I would eliminate is the varying levels of coverage provided by Medicare and Medicaid. I would try to allow all procedures to be available to all patients, even if it meant changing reimbursement in some way. It is a shame that we first have to ask the patient what insurance they have before deciding how to treat them.

4

You have lent your musical talent to ophthalmology on several occasions. How do music and medicine relate for you?

My life maybe started off more play and less work and, over time, has become more work. But, to me, the guitar symbolizes an outlet that brings people together, encourages human connection, and brings joy into life, whether you just listen to music or make it yourself. Talent is irrelevant. I find value in music's ability to help offset some of the effects of working in medicine, particularly glaucoma, which is a sobering field. Not every patient has a great ending to their glaucoma story. We need things that lift us up so that we can get up the next day and continue on.

5

When did glaucoma last surprise you? How?

Glaucoma is an entirely worthy adversary. The best way to understand it—and I find myself explaining this to patients all the time—is to think of it as dirty, sneaky trickster. Glaucoma is constantly trying to fool us all. It will make a patient think that their disease is stable, only for progression to sneak up on them. It will make a doctor believe that they have had a treatment success, only to thwart the patient's progress months later. IOP is always jumping up and down. So, really, when does glaucoma *not* surprise me? It is a rare day that this devious

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disease doesn't try to put something past me or somehow thwart the care I intend to deliver. Again, for these reasons, I am glad we have access to options for sustained drug delivery and that I can remove at least one variable from this very complex equation. ■

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