When the Obvious Is Not Clear

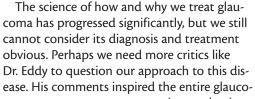
n its May 29, 2006, edition, *Business Week* had a cover story on healthcare in the US.¹ With Americans spending 16% of the gross domestic product on healthcare and more than 20% of the population uninsured,² there is plenty to discuss. As a business publication,

Business Week featured an interview with one of the architects of evidence-based medicine, David Eddy, MD. For many of us specializing in glaucoma, that name should bring back interesting memories.

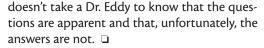
In 1988, Dr. Eddy published a study questioning whether treating patients with glaucoma by lowering their IOP was warranted.³ Not only did this article raise concerns about how

we were managing the disease, it also called into question whether glaucoma therapy should be reimbursed. The challenge had been presented.

In this issue, Paul Palmberg, MD, PhD, summarizes the various pivotal studies completed during the past 2 decades that have validated that lowering the IOP is an effective means of preventing visual loss in glaucoma. Dr. Eddy declined an invitation to share an update on his work.



ma community, academic and private practice, to advance our field. That we cannot rest on our laurels, however, is both obvious and clear. For example, we know that lowering the IOP decreases the risk of visual field loss, but the optimal means (medical or surgical) of reducing the IOP remains a subject of debate. How can we apply our knowledge of diagnosis and treatment to developing countries? It



- Carey J. Medical guesswork. Business Week. May 29, 2006. Available at: http://www.businessweek.com/print/magazine/content/06_22/b3986001.htm ?chan=gl. Accessed July 18, 2006.
- 2. Mullaney TJ. Business, heal health care [book review]. *Business Week*. August 14, 2006. Available at: http://www.businessweek.com/magazine/content/06_33/b3997114.htm?chan=search. Accessed September 6, 2006.
- 3. Eddy DM, Billings J. The quality of medical evidence: implications for quality of care. *Health Aff (Millwood)*. 1988;7:19-32.

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Richard A. Lewis, MD Chief Medical Editor