

THE ART OF LISTENING

Glaucoma care should be shaped by the patient.



BY MONA A. KALEEM, MD

During my 12 years of practice, the pearl that has elevated the care I deliver is simple: Listen to patients. When I am conducting an examination, I do not assume that I am the most knowledgeable person in the room. I ask patients open-ended questions about their lives. Which activities do they enjoy, and how well can they perform them? How comfortable are they walking and driving? How do they feel about reading? Based on their responses, I can

recommend a medical or surgical option that best fits their lifestyle and goals, and I can teach them tips and tricks to improve their functional vision.

A doctor's education does not end with residency. Over the years, I have learned a great deal from my patients. In training, we physicians are so focused on assessing disease from a structural viewpoint that we often lose sight of our patients' functional vision and daily lives. As a trainee, I thought glaucomatous vision loss consisted of tunnel vision. From listening to my patients, however,

I have come to understand that blurred patches of vision, glare, and poor lighting can be disabling. Although I cannot restore ganglion cells, I can help patients manage their limitations with simple strategies and devices. Mobile phone applications and AI technology are helping to make these solutions more accessible and lower in cost. My patients are actively investigating ways to manage their disease, and they have educated me on many of the resources that are available to the public.

I feel strongly that we ophthalmologists could all benefit from attending a seminar that addresses glaucoma and lifestyle and from getting to know vision rehabilitation providers in our area to whom we can refer patients. To quote Sir William Osler, FRS, FRCP, one of the founders of Johns Hopkins University School of Medicine, "The good physician treats the disease; the great physician treats the patient who has the disease." ■

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