

Paul P. Lee, MD, JD

Dr. Lee discusses collaborative efforts to improve patient care and the mentors who helped shape the physician he is today.

What do you enjoy about being an ophthalmologist?

I have the opportunity to work with a lot of interesting people and to play a role in helping a variety of patients preserve their vision and live the kind of lives they want to lead. I became aware of the joy of patient care through my father, who is an ophthalmologist. I am also particularly excited by research and the added value of clinical care and research together. More specifically, I value the outgrowth of advances in patient care that have occurred as a result of questions that busy clinicians identified as important, which led to research that ultimately improved the lives of patients. All of us—clinicians, patients, researchers, teachers—work together to try to prevent vision loss and to increase the quality of patients' lives.



all technological and practical advances available to physicians and patients regardless of their location. The rapid growth of technology makes this a particularly interesting time, because we may have very different ways of caring for patients in the near future.

The most challenging aspect of this work—and also the most rewarding—is to find a way to work with successful, busy clinicians to understand what they do without compromising the efficiency of their practices. We could not do this research without the cooperation and involvement of our colleagues. As the number of patients increases and we address the economic issues facing us, we will have to become even more creative in how we ask our colleagues to collaborate with us.

What advice do you have for young ophthalmologists?

The most important consideration is to choose to do work in which you have a true, passionate interest. If you do that, rather than a job, you will have a calling. Choose something that is meaningful to you instead of shooting for a particular position. When you strive to accomplish something, the titles that many people value come as a result of what you have done. In contrast, people who focus on being “somebody” or attaining a certain position tend to be unhappy with their lives later, because their self-identity is external to who they are.

What is the goal of your research?

My passion is to transform the research done by basic scientists, translational researchers, and clinical researchers into care that improves a patient's vision and quality of life. A key to ensuring these improvements in care is the doctor/patient relationship. If doctors and patients do not avail themselves of an advance, it is as if it never occurred. The US healthcare system is built around the doctor/patient relationship. For example, we have sought ways to help clinicians follow practice guidelines in order to provide patients with the best evidence-based care. These efforts required first developing the ability to measure what we do and then determining ways of helping doctors and patients interact better. Our goal is to make

Who are your role models?

As I mentioned, my father enjoyed his work and was productive as an academic and clinician. I was blessed to have several other wonderful role models, starting with

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FAST FACTS

- James Pitzer Gills III MD and Joy Gills Professor of Ophthalmology (2003 to present) and Vice-Chairman, Department of Ophthalmology (2006 to present), Duke University, Durham, North Carolina
- Co-Chair of the AMA/AAO Consortium Task Force on Quality Measures for Pay for Performance, 2006 to 2008
- Recipient of the Alcon Research Institute Award, 2006
- Recipient of the AAO's Senior Achievement Award (2005) and Secretary's Recognition Award (2005 and 2007)
- Senior Fellow of the Duke Center on Aging and Human Development (1998 to present) and the Duke Center for Clinical Health Policy Research (2003 to present)
- Associate Examiner and Mentor Examiner for the American Board of Ophthalmology, 1994 to present
- Recipient of the Lew Wasserman Merit Award, Research to Prevent Blindness, 1997 and 2001
- Primary investigator for Expanding Quality Care for Glaucoma Through a Provider-Patient Partnership (NIH R 01 EY018405-01), 2007 to 2012

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Paul Lichter, MD, during my medical training at the University of Michigan. I completed my residency at Johns Hopkins University with wonderful faculty mentors such as Harry Quigley, MD. My fellowship was at the Massachusetts Eye & Ear Infirmary, where I worked under David Epstein, MD; B. Thomas Hutchinson, MD; and A. Robert Bellows, MD. I was then fortunate to have my first position at Doheny Eye Medical Group, University of Southern California, where I worked with Ronald Smith, MD, and Stephen Ryan, MD, as my chairs and a terrific glaucoma group, which included Dale Heuer, MD; Donald Minckler, MD; and George Baerveldt, MD. From all of these individuals, I learned always to put the patient first and to challenge my assumptions. I continue to learn things every day from Dr. Epstein, who is my chair at Duke University.

An important experience for me was a Congressional internship in Washington, DC, with the House Select Committee on Aging. The late Claude Pepper was the chair. My time on Capitol Hill demonstrated to me the important roles of the political and legal systems, not only in determining funding for research, but also the way in which we deliver healthcare in this country. As a result, I split my time between medical and law school so that I could obtain a law degree from Columbia University. When people ask me about law school, I tell them that the most important lesson I learned is that when you know you are going to lose, then it is time to try to change the rules.

How will physicians see glaucoma patients in the future?

As Yogi Berra reportedly said, "It's tough to make predictions, especially about the future." Certainly, the further into the future your predictions are, the harder they are to make. A key guide is social and demographic trends. Demography is less appreciated these days, but it has been a major force historically. Worldwide, the population is aging, which means a lot more business for ophthalmology. At the same time, economic trends limit the resources for health care, not only in developing countries but in western and market economies. It is therefore imperative that we figure out how to deliver higher-quality care at a lower unit cost. I suspect that there will be a variety of models of health care delivery for different market segments. I also expect the use of technology in patient care to grow, because it will promote greater standardization, reliability, and accuracy. It is an exciting time and one that will require all of us to work toward this goal. With the large economic challenges that our society is facing, we will certainly have the opportunity to change the way in which we do our work. □