Not a Bad Gig

A recent article by Michelle Lim, MD, and colleagues suggested that patients with glaucoma had significantly higher hypochondriasis, hysteria, and health-related concerns than the control group.[1] This finding will not come as a complete surprise to many of us caring for patients with glaucoma. These individuals are struggling against an oppressive, incurable disease for which there is inadequate treatment directed at lowering pressure rather than maintaining quality of vision. Glaucoma is often a frustrating disease. One might therefore presume that those of us treating it are a depressed lot as well.

Without any published data to support this, my impression is that specialists treating patients with glaucoma are reasonably content. We enjoy the challenges of and are gratified by our work, and we take pleasure in our often decades-long relationships with patients. My assumption is consistent with my discussions and interactions with attendees at the recent meetings of the AGS and ASCRS. I would say that most of us feel appreciated by our patients and are able to maintain quality personal lives despite the usual professional pressures. Perhaps misery loves company, but I wonder if the same can be said of our colleagues in other ophthalmic subspecialties.

Physicians' lifestyles are often discussed at national medical meetings, and they are now a part of current medical school curricula. At the 2008 ASCRS Glaucoma Sub-Specialty Day in Chicago, Reay Brown, MD, delivered an uplifting presentation titled, "How to Enjoy a Glaucoma Practice." In it, he outlined why we should feel good about our job. His points are worth sharing:

1. Compared with doctors treating other chronic diseases (eg, diabetes or hypertension), we have many reasons for pride. Patients' loss of vision is typically slow and insidious. Sudden visual loss is rare. If readers need an example of the snail's pace of clinical change, they should consider the problems of defining the progression of visual field or optic nerve imaging studies in multicenter, NEI-funded trials or the recent studies of memantine.
2. Although not perfect, many therapeutic options are available, and the list is growing.
3. An upbeat attitude is essential when treating chronic disease. Don't pass your doubt and concern on to patients. Share your plan. Show that you are in control. Take the approach that you are succeeding until you fail. Clinical successes are worth celebrating!

I recently read a quotation attributed to Winston Churchill. When asked to say something nice about a colleague, he replied that the fellow was a modest man with a lot to be modest about. This remark can easily be applied to those of us dedicated to the treatment of patients with glaucoma. ❑

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1. Lim MC, Shiba DR, Clark IJ, et al. Personality type of the glaucoma patient. *J Glaucoma.* 2007;16:649-654.