THE FUNDAMENTAL QUESTION

BY ELIZABETH MARLOW, MD

During my glaucoma rotation, I came to dread one of patients' most common questions: Will I go blind? Throughout my first year of residency, I enjoyed delivering a reassuring response to patients with flashes and floaters, dry eyes, cataracts, and strabismus, but newly diagnosed glaucoma presents many unknowns, including how aggressive particular patients' disease is and their responsiveness to treatment. For all its simplicity, the question about blindness throws into sharp relief the struggle of glaucoma care, which is to manage a slow, relentless progression of vision loss. Although the disease is highly treatable, it forces both the clinician and the patient to grapple with the limits of our ability to preserve sight. What is lost cannot be recovered; it may be the first time patients hear that truth from a doctor.

My own answer to the question has taken many forms, depending on the patient and the exam findings. I seek to strike the delicate balance of information and hope for the future with motivation to adhere to prescribed treatment and follow-up. Through these conversations, I have come to appreciate that the patient and the glaucoma specialist are a team working together to preserve vision.

For many patients, my fellow practitioners and I will find an effective treatment strategy. For others, a more difficult road lies ahead. We will make action plans, contingency plans, and last-resort plans. We will try things that ultimately fail, and despite our best efforts, these patients will realize that the world is darkening around them. It is in these difficult cases that the fundamental aspect of the physician-patient relationship becomes apparent: we provide as much care and support as we can, even when we cannot provide a cure.

Fortunately, the future of glaucoma care is bright. I am excited about new therapeutic strategies such as implantable drug reservoirs, minimally invasive devices and surgeries, neuroprotective therapies, and depot injections. They may give patients a greater sense of control over their treatment and more freedom from eye drops. Most of all, I look forward to the day when a patient with glaucoma asks me, "Will I go blind?" and I can confidently reply, "No." ■

Section Editor Albert S. Khouri, MD
- associate professor and program director of the ophthalmology residency as well as director of the Glaucoma Division at Rutgers New Jersey Medical School in Newark, New Jersey
- (973) 972-2045; albert.khouri@rutgers.edu

Elizabeth Marlow, MD
- postgraduate year 3 ophthalmology resident, Cornell University, New York
- (646) 962-2020; edm9050@nyp.org