

Richard A. Lewis, MD

Dr. Lewis reflects on his tenure as chief medical editor of *Glaucoma Today*.

What are the most important issues facing the subspecialty of glaucoma today?

First, we have to attract talented people to our specialty. Second, we have to get past the conventional, century-old approach to filtering surgery and strive to focus on better, safer, and more effective technologies. Third, we need to develop alternative ways to treat glaucoma other than just lowering pressure. Future approaches, perhaps with stem cells or genetic manipulation in regard to neuroprotection and the regeneration of ganglion cells, should give our patients better visual outcomes. In 20 years, I suspect we will look back and shake our heads over the way we currently manage glaucoma.

Of which of your contributions to the field are you most proud?

I am proudest of my work on the organizational side of the subspecialty of glaucoma: starting Glaucoma Subspecialty Day for the AAO, spearheading the Innovative Glaucoma Surgery Symposium with Ike Ahmed, MD, and serving as past president of the American Glaucoma Society. I think those are the areas where my contributions have been most felt.

In addition, as the chief medical editor of *Glaucoma Today*, I have tried to increase interest in innovative surgery. I have worked to shake glaucoma physicians out of the old mold in which we have been stuck. I believe I have had some success in these efforts, and many new glaucoma procedures are gaining traction.

Glaucoma specialists are caring, hardworking people who truly put the patient first. We are now treating glaucoma earlier and more aggressively—both medically and surgically. That said, there is still an “old school” mentality in this specialty that makes some physicians very hesitant to try new things. In my view, these individuals wait too long either for data or long-term studies. In order to spur innovation in the field, more of us need to be willing to push the frontier.

How has *Glaucoma Today* changed during your tenure as chief medical editor?

Working on *GToday* has been fun. I give the editorial team a lot of credit. Once a publication that was under the radar, physicians and industry now talk about *GToday*. It offers cutting-edge information that is focused on diagnostics, surgery, and medicine. Our ability to turn an idea or news item into an article is unique for a medical publication. The editors, contributors, board members, and I

have been able to highlight the new and exciting things that are happening in the field. My time as chief medical editor has also been special, as it has coincided with a unique period, a renaissance of diagnostic and surgical therapy for glaucoma care.

You are an active advisor to industry, both on the surgical and medical sides. Is that role more satisfying to you than providing direct care to patients?

I enjoy both parts of my career and feel very lucky to have been able to fill these roles. I love the contact with patients. There is nothing better than greeting a patient after a successful surgery who is now seeing well and wants to give me a hug. Other parts of being a physician can be frustrating, however, such as dealing with insurance companies and the various headaches of running a private practice.

My work consulting with industry has very different rewards. With some of the companies, I have an opportunity to participate early on with direct input regarding the direction that glaucoma therapy will take. The chances to interact at various levels in the development of a project from the conceptual side with basic scientists and to work with the marketing/sales group and CEO are each challenging and special.

You are well known for your skills in tennis and golf. Would you trade your career in glaucoma to have been an average professional on the golf or tennis tour?

I think participating in sports has helped me greatly in my personal interactions and has enhanced my ability to get together a team to achieve a goal. I would love to have been a professional athlete, but the reality is that I am not good enough. I am a much better glaucoma doctor than athlete, and I am very proud to say that! □



FAST FACTS

- Consultant in glaucoma, private practice, in Sacramento, California, 1983 to present
- Cofounder and director of Capital City Surgery Center in Sacramento, California, 2003 to present
- Chief medical editor of *Glaucoma Today*, 2006 to present
- Recipient of a Heed fellowship, 1982 to 1983
- Recipient of the AAO's Honor Award (1990), Senior Honor Award (2001), and Secretariat Award (2010)
- President of the American Glaucoma Society, 2000 to 2002
- Participant in 10 surgical missions, including eight on Project Orbis