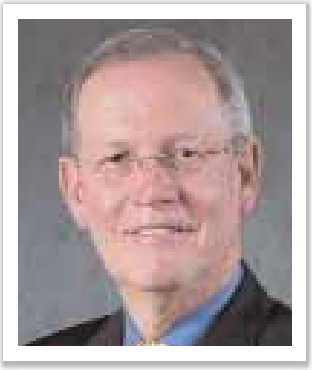
David W. Parke II, MD

David W. Parke II, MD, was recently named President of the American Academy of Ophthalmology.

1. What is your background?

I received my medical degree from Baylor College of Medicine (Houston) and after two fellowships in medical and surgical retina, returned to join the full-time faculty and serve as the director of the residency program . In addition to a passion for retina, I was greatly interested in ophthalmic education.

After 9 wonderful years at Baylor, I began looking to take on a greater leadership role at an academic institution. I had developed an interest in management, leadership, and business. I also wanted to assume more responsibility in an organization. Someone once told me that one difference between being a department chair and serving as a faculty member was that as the chair you got to live with your own mistakes instead of someone else's.



I set out looking for an organization that I felt had a strong foundation but also had potential for growth. I hoped that with my interests in business and finance, I could help take a good organization to greater levels of success. So in 1992 I moved to Oklahoma to become Professor and Chairman of the Department of Ophthalmology at the University of Oklahoma. As such, I also became the chief executive officer of the Dean A. McGee Eye Institute (DMEI) an affiliated but separate nonprofit corporation.

I was immediately attracted to DMEI because of its unique structural setup. I think it may be one of the only institutes in the country that is an entirely separate nonprofit entity from the university. At DMEI, we have all of the advantages of being a part of an academic institution but with the ability to act a bit more freely and entrepreneurially.

2. What do you see as the greatest part of your career?

Although I am not sure can pick just one, I do enjoy my time with the American Academy of Ophthalmology (AAO). Having served for more than 8 years on the Board of Trustees and now acting as president, I view the AAO as a phenomenally robust organization. With nearly 30,000 members and approximately 93% of US ophthalmologists listed among its membership, I'm proud that the academy remains true to its core mission of continuing education. This mission reaches globally beyond our national borders. At the same time, the AAO juggles multiple other mission components. For example, it has a substantial impact on eye care in developing nations while remaining one of the most respected medical advocacy groups in Washington, DC. The AAO is critical to the practice of ophthalmology in this country, and I have enjoyed being a part of that.

Another great aspect of my career has been the mentoring opportunities I have had as both a department chair and an organizational leader. I find tremendous pleasure in watching junior ophthalmologists and professional staff blossom in their careers.

I also really enjoy the business of medicine and growing organizations, from pure finance to personnel issues.

I truly believe that I have one of the best jobs on the planet.

3. What kind of legacy do you hope to leave as president of the AAO?

I have asked myself this question many times. It is important to recognize that being president of the AAO is like being president of any large organization; it does not confer upon you a lot of power. Instead, the power resides with the board and with full-time organizational leadership, and, by extension, with more than 1,000 volunteer ophthalmologists. Being president does, however, give you a bully pulpit to represent the organization before the members and the public to advance its agenda.

There are several issues I want to address during my time leading the AAO. First, I feel strongly about global initiatives in eye care. Ophthalmology practiced outside of the United States is becoming increasingly sophisticated and complex. I believe that for the AAO to restrict its interests to what occurs within the boundaries of the United States would ultimately devalue American ophthalmology. What the AAO must do, and intends to do, is serve as a major force for good on the world stage. There is no other organization in the world with the resources, staff, expertise, and products that can impact global ophthalmology. I am committed to that.

I also recognize that the future delivery of eye care in the United States is going to have to be different from our current model. We have more patients and more treatments for previously untreatable diseases. We are not, however, going to see a dramatic increase in the supply of ophthalmologists. The baby boomers are coming, and we are going to have to determine how to effectively increase our throughput.

(Continued on page 81)

(Continued from page 82)

If we want to continue to provide our patients with the best care, I believe we will have to adjust our current treatment structure. There are a number of ways to deal with this. I strongly believe, however, that whatever method of eye care delivery we envision, the changes must be led by ophthalmologists. This is a huge challenge for our entire profession. There is a risk that if the physician community does not come up with solutions, others will—and we may not like those solutions. We understand our business more clearly than anyone else, so it seems that we should be the ones actively seeking this solution.

4. What is the largest challenge that ophthalmologists currently face?

Today's physicians are faced with information overload. Most of us are committed to the concept of lifelong learning. While we used to read three or four journals to keep abreast of developments in the field, there are now up to 20 journals we should be reading. Add in the rapid advancements in medicine and it makes it very difficult to stay on top of things. Additionally, rapid dissemination through the Internet of both validated science and individual anecdote can make it difficult to separate the wheat from the chaff.

Second, ophthalmologists face a crisis in the devaluation of their services—especially for retina procedures. We currently work in a relative system where what we do is valued against other medical specialties. As a profession, we need to determine, articulate and defend the value of the services we provide. We need to ask, "What is the relative value of professional physician services compared with other competing expense options in our society?" On an individual level, we are challenged to continue delivering efficient and effective care to every patient who needs it—in an environment where revenue is being squeezed and expenses are increasing.

Addressing these issues, while continuing to practice medicine in an appropriate and ethical manner is a continuing quandary for many ophthalmologists.

5. What would people be surprised to learn about you?

My son will begin his residency in ophthalmology this summer, making him a third-generation ophthalmologist. It is my greatest wish that he gains as much personal satisfaction out of his career as I do out of mine.

It has been such a pleasure for me to sit down at the dinner table and discuss ophthalmologic issues with him. It also personally imposes a greater sense of urgency on my work at the AAO and other organizations. I often ask myself, "What am I going to leave my son and his contemporaries?" I am conscious of the legacy we leave our community, and I feel both more personally accountable and personally inadequate to the challenge.

Finally, I suspect that every physician with a newly minted physician offspring shares my awe of their fund of knowledge. Although I have been in retina for years, I frequently discover that his knowledge in some areas of ophthalmology surpasses mine. More than once I have had to reeducate myself on genetics, immunology, and certain aspects of clinical ophthalmology that are not essential in my daily practice. I joke with friends about being upstaged by a kid who has not yet started his ophthalmology residency. But in all seriousness, it gives me great hope for the future of our profession. ■