Rubens Belfort Jr., MD, PhD

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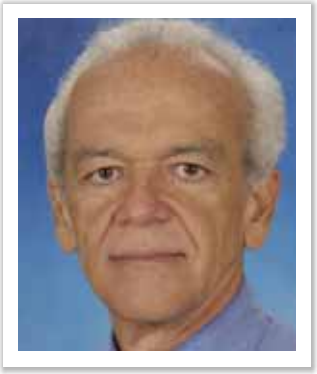
1. How will intravitreal implants change the way retinal diseases are treated and monitored in the future?

Intravitreal injections will soon be replaced by implants that will be able to deliver not only steroids or anti-vascular endothelial growth factor agents, but also neuroprotectors, regenerators, and antiglaucoma drugs. It is improbable that we will be able to systemically deliver drugs at high concentrations for long periods of time to treat ocular diseases without causing extraocular side effects. We must take into consideration that we will be treating older patients who, generally speaking, already take many medications (polypharmacy), which make them more sensitive to side effects and prone to low compliance due to cognitive and memory problems. The implants will probably deliver fixed combinations of drugs, and this is a fact that regulatory agencies will have to face and allow to exist in ophthalmology. It would be a great mistake not to scientifically evaluate the advantages of fixed combinations of drugs for the treatment of ocular diseases just because some people believe they should not exist.



2. How has serving as President of the 2006 World Ophthalmology Congress (WOC) in São Paulo influenced your approach to the practice of ophthalmology and retina research?

This experience has encouraged me to think and act on a global level. A global approach is essential when dealing with clinical and translational research and testing new drugs in large groups of patients that represent the population with which one primarily deals. In general, the WOC has helped to create a working relationship among the government, ophthalmologists, and industry that is transparent and professional. For this relationship to be successful, professionalism—defined as placing patients' interests above self-interest—must always be present. The WOC is held every 2 years in different countries. The primary goal of the congress and of its parent organization, the International Council of Ophthalmology, is to present a global perspective on ophthalmology.

3. As an educator, what skills do you try to instill in your students?

Information is everywhere, and professors are not necessary for transmitting it. The role of the educator is to coach students throughout the learning process, to stimulate them and help them to integrate the flux of information that bombards them.

For better or worse, the Internet has made most information easily accessible. Unfortunately, much of the peer-reviewed literature includes clinical trials designed to prove points that are of interest to industry. One of the roles of the professor is to use his experience and judgment to help students develop methods to discriminate between information that is valuable and information that is not. Teachers also must encourage their students to be creative and to be focused on what is important. Most so-called new and important information is relevant only for a few years. Students must understand that much of the information found in journals and presented at congresses will eventually become irrelevant and even useless in everyday clinical scenarios. Some procedures that seem state-of-the-art now will no longer be performed in a few years. Therefore, it is our job to teach students how to identify and apply useful and meaningful information.

4. What is your greatest motivator to practice medicine?

The intrinsic core of medicine is the act of helping other human beings avoid and fight disease and promote health. The skill of helping people does not depend on technology, but it is obviously helped by it. Medicine was practiced thousands of years ago and will be practiced forever. It is disheartening to see people enter medicine only because it is a good way to make money or to achieve status in society. For me, the greatest motivator in medicine is to care and to do all that I can to help others live better, feel better, and, in the case of ophthalmology, see better.

I also have fun trying to understand what we observe in the eye. Exploring how ophthalmology will continue to change on behalf of our patients and the community also motivates me. I like to participate in the education of young ophthalmologists, preparing them to develop the best ophthalmologic skills and also to be active politically in society.

5. What are your interests outside of ophthalmology?

I enjoy studying the role of the university in society. Other passions include my wife, reading, politics, philosophy, and photography. ■