5Q With Lihteh Wu, MD

Lihteh Wu, MD, is a Consulting Surgeon with the Asociados de Macula Vitreo y Retina de Costa Rica, San José, Costa Rica.

1. What are the starkest differences between practicing retina in Costa Rica versus the United States?

Access to technology and reimbursement issues are the biggest differences between practicing in the United States and Costa Rica. Because I live in a small country of 5 million people, technology is slow to come by. Registering devices and new drugs can be cumbersome, and most companies don't want to invest the time and effort in a small market.

In Costa Rica, medicine is socialized, which in theory means everyone is covered by national health insurance. As a physician, you can elect to work for the government, for private entities, or for both. If you decide to work for the government, you get paid a salary regardless of productivity. As a patient, if you elect to use your insurance benefits, you have to be seen in a government facility. You cannot go to the private doctor's office and have them bill the government. There are long queues for everything in such a system. People with financial means often seek a private physician. Most patients do not have additional private insurance, so they mostly pay cash. This can be problematic because some patients cannot afford the basic (or necessary) services.

2. You are a member of the Pan-American Collaborative Research Study Group (PACORES), which has contributed valuable data to the literature. How do data from the PACORES studies fit into the overall discourse surrounding real-world practice?

Results from clinical trials serve as guidelines for day-to-day clinical practice. However, very few practitioners actually practice according to clinical trial protocols. That is why real-world data have become so popular. PACORES has published more than 30 peer-reviewed papers, which are all indexed on PubMed. Of these, the vast majority of PACORES studies involve retrospective data that are reflective of real-world practice in Latin America. Thus, our data are more indicative of what to expect in a real-life situation. The PACORES data are indeed real-world practice.

3. As a physician practicing outside the United States, how do you decide which retina conferences you will attend?

Why do we attend conferences at all? There are already multiple online resources that can keep us busy forever—if education is the sole purpose of attending meetings. For me, networking and meeting friends, both old and new, are just as important reasons for attending a meeting.

I am a member of the American Society of Retina Specialists, the Retina Society, the Macula Society, and Club Jules Gonin, and I will usually attend these annual meetings if an abstract of mine has been accepted. I also enjoy the Midwest Ocular Angiography Club (MOAC) meeting that is organized by William F. Mieler, MD. He usually finds exceptional places to hold the meeting. For instance, this year we met in Budapest, Hungary, and in years past we have met in Quebec, Canada; St. Andrews, Scotland; Victoria, British Columbia; Guanacaste, Costa Rica; and Reykjavik, Iceland. The MOAC meeting is characterized by presentations of interesting and unusual cases that are discussed in a lively, collegial manner. In addition, there is plenty of down time to enjoy the sights and spend time with family and friends.

4. Which quality of your job do you most enjoy? Which do you most dislike?

I most dislike dealing with bureaucratic insurance issues. Although this is not a big part of my practice, some patients do have private insurance, and the paperwork is a killer.

I derive the most satisfaction from the gratitude

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expressed by my patients for a job well done. This can be following a surgical case such as fixing a retinal detachment or closing a macular hole. Maintaining the visual acuity of a patient with anti-VEGF therapy can be just as satisfactory. As retina specialists, we have a unique opportunity to really improve someone's quality of life. The presence or absence of sight can mean the difference between an independent life and a life dependent on someone else for the basic logistics of daily living.

In addition, I like to try new things, so I consider myself lucky to practice in a time when innovation and new therapies are constantly evolving and allowing us to improve our outcomes and push our therapeutic frontiers.

5. The Costa Rican landscape is a national treasure. What about the beauty of Costa Rica most excites you?

I am indeed blessed to live in this tropical paradise. The Costa Rica Board of Tourism's slogan is, "Costa Rica: No Artificial Ingredients." Within this small area we have several microclimates that are modified by the altitude. So we can go from sea level up to 7000 feet in a couple of hours. From the coast to the top of majestic volcanoes through rain forests, cloud forests, rivers, and waterfalls, there is always a piece of nature waiting to be enjoyed. What really thrills me are the beaches. The water is usually warm. The sand is soft. There are plenty of secluded areas with lush vegetation away from the crowds. It is a great way to get away from it all ■