SJAKON G. TAHIJA, MD

You returned to Indonesia after completing a research fellowship in the United States and your vitreoretinal fellowship in Australia. Was it always your plan to return?

I had always wanted to return to Indonesia and raise the level of care in my country. When I completed my research fellowship with John W. Chandler, MD, in Madison, Wisconsin, in 1990, I wanted to return to Indonesia to do research. This did not work out due to facility issues, and I ended up working as a clinician. I found that the most underserved part of ophthalmology was retina. I heard that there was a fellowship available with Prof. Ian Constable at the Lions Eye Institute in Perth, Western Australia. That's where I went next.

Tell us about your research using anti-VEGF therapy to treat neonatal patients with aggressive posterior retinopathy of prematurity.

I was the first ophthalmologist to use bevacizumab (Avastin, Genentech/Roche) in Indonesia. Roche was quite surprised that an ophthalmologist was ordering it. I used it first in the management of diabetic retinopathy and macular degeneration.

In 2006, my brother's friend brought his premature grandson to my clinic, and the patient presented with vitreous hemorrhage in both eyes. We were not yet performing vitrectomy for neonatal patients, and instead we offered a bevacizumab injection. We told the patient's parents that the patient would go blind with no treatment and that we had no idea if bevacizumab would work. Soon after the injection, the vitreous hemorrhage resolved, and we were able to apply indirect laser treatment. The patient is now a teenager and doing well at school.

We were harshly criticized at first, but people eventually accepted anti-VEGF therapy as an adjunctive treatment in certain cases of retinopathy of prematurity.

What made you decide to organize the Bali International Ophthalmology Review (BIOR) meeting?

It is not enough for a private clinic just to serve patients. It is important to host an academic event to share knowledge and interact with others who share similar interests. The agenda at the BIOR meeting is a mix of medical and surgical ophthalmology, and we cover a lot of phacoemulsification and vitrectomy surgery. What sets it apart from other meetings—other than the casual atmosphere and intimate audience—is that we invite first-class speakers from around the world who are not from our field. Last year, for example, Kenyan anthropologist Louise Leakey, PhD, spoke about the origin of man. Mike Yamashita, the *National Geographic* photographer, has also spoken at the BIOR meeting. It is very rare for an ophthalmology meeting to do this on every occasion.

You are also the founder and medical director of a series of eye care clinics in Indonesia. What tips do you have for retina specialists who want to start their own practices?

The logistics of a business are best left to a professional, so our business hired a CEO. The board—which includes me, my wife, and other family members—ensures that the clinic reflects our family values of integrity, respect toward people, and continual improvement. Cooperation between outside directors and hospital management is key, and my insistence as medical director on service quality and continuous monitoring of medical outcomes results in the highest possible quality of care. This model is expensive, however, and profits grow slowly.

If we went to happy hour, what would you order?

A single malt on the rocks, preferably a Singleton aged at least 18 years. ■

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