Intellectual Honesty: Telling It Like It Is

Despite the outstanding results achieved by refractive surgery—radial keratotomy, keratomileusis, epikeratophakia, and corneal implants—a variety of complications have been reported. In no other field that I know of are adverse results more quickly shared. This is especially significant in the area of refractive surgery. For the most part, disappointing results, complications, and adverse reactions are reported to colleagues by the very surgeons who are the proponents of these procedures and who are the most qualified to study and critically appraise the results. Reports at meetings of our specialty societies and publication in journals such as this one, in addition to quick reporting in news magazines such as Ocular Surgery News, provide rapid dissemination of important information.

It is because of this rapid dissemination of information in our Society proceedings and in our Journal that newer practitioners of refractive surgery have learned to avoid the mistakes and adverse reactions encountered by the early pioneers. The price paid for this intellectual honesty on the part of those reporting their disappointments and poor results is sometimes criticism and occasional harsh judgement by those who have been critics or opponents of new and innovative procedures all along.

As advances are reported, we learn that despite the obvious fact that radial keratotomy is in the main effective and reliable, complications such as overreactions, corneal erosions, iritis, epithelial downgrowth with perforations, progressive hyperopia, and induced astigmatism can and do occur and others will undoubtedly be reported. Epikeratophakia has been complicated by instability, delayed visual rehabilitation, and corneal interface abnormalities and keratomileusis and corneal inlays have had these and similar problems; other complications will without doubt be detected in time. Forthright reporting of these complications, coupled with data analysis of large numbers of cases will help us to understand and overcome many of these problems.

Adverse criticism, though frequently voiced out of questionable motives, is actually a good thing—even healthy.

We cannot and must not assume that all that is new is good. Every new modality must go through a refining process. The consequences of discovery and sharing results, good or bad, is that surgeons learn from their experiences and mistakes and those of others and the result is better patient care. Open, honest reporting of complications and methods of managing these complications contribute greatly to all in our quest for excellence in surgical technique. Another benefit is that we proceed with greater caution.

The Journal of Refractive Surgery is a forum for open exchange of ideas and experiences, discoveries and evaluation.

I applaud those who share their experiences in the pages of this Journal and appeal to those quality surgeons who carefully study their own cases to share their complications and management discoveries, openly and frankly.

"Standing on the shoulder of those who go before, we must stand higher and see farther or we have failed."

Spencer P. Thornton, MD
Director
Cataract and Cornea Service
and Chief of Ophthalmology
Baptist Hospital
Nashville, Tennessee