A New Beginning

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When I looked back at my new year’s resolutions for 2010, somehow becoming Editor-in-Chief of the Journal of Refractive Surgery hadn’t made the list! And yet here I am, launching myself into this daunting but exciting position.

Change in leadership is inevitable, and often uncomfortable initially. However, change can stimulate great results if the new leadership is provided the resources and opportunity to thrive. I am confident that I will receive the necessary support from all of you. I have had the honor and pleasure to train, write, and work with George O. Waring III, MD, FACS, FRCOphth, at each stage of my career, and I am delighted to have his support now as I take on this new role.

And what an exciting time this is! Refractive surgery is fast approaching a variety of crossroads simultaneously, with both expanding clinical practice opportunities and concerns about bias that demand our immediate attention. Once primarily defined as “corneal” surgery, refractive surgery now encompasses most lens- and corneal-based procedures, from intraocular lens implantation and corneal transplantation to laser refractive procedures and corneal implants. The various techniques available to treat all refractive errors now exist on a continuum, allowing surgeons to uniquely tailor treatments to maximize outcomes. But with more options comes more decisions, and we must constantly educate ourselves to best match patient with procedure to optimize safety and outcomes. The Journal will stay at the forefront of refractive surgical education by incorporating the best information available regarding all refractive procedures, and we welcome manuscripts on every relevant topic.

Simultaneously, the safety and efficacy of LASIK is under newly increased scrutiny. A great body of high-quality, peer-reviewed work already exists demonstrating the success of LASIK worldwide; nevertheless, we will be called upon as clinician-scientists to produce even more rigorous, balanced investigations into LASIK and all other refractive procedures. We must produce this information for the sake of our patients—past, present, and future. Finally, we must do this with greater transparency than ever before.

Transparency is critical, as perceived conflicts of interest have become a hot topic of late. There have been criticisms from both outside and within the medical community that some of our “facts” may be biased by those reporting them. It is fair and reasonable to debate the validity of these claims, and we should do so openly and honestly. It is also reasonable to debate the best strategies for identifying and controlling influences and biases. However, bias certainly can exist, and in those instances must be effectively managed. The Journal will continue working through this issue along with all of you, and will maintain its efforts to maximize the transparency of and minimize bias in the work published.

Given these factors, the Journal of Refractive Surgery will provide a service perhaps more vital than ever before. The Journal can, must, and will serve as the place clinicians and researchers look to find and submit the best available information in our field. The dissemination of information is truly an international phenomenon, now like never before, and we need the very best efforts from authors, readers, and reviewers from every region of the world to embrace this global phenomenon.

I am honored and humbled to take on the role of Editor-in-Chief and will put forth great energy and my best efforts, doing my part in keeping the Journal of Refractive Surgery a great resource for groundbreaking articles, heated scientific debate, and the unending quest for truth in science. I am particularly excited by the possibilities that lie ahead.