This issue of the *Journal of Refractive Surgery* is predictably filled with multiple studies built on hard, objective data. However, unlike many issues, this one also contains many articles primarily addressing subjective outcomes, both patient-derived and physician-derived. Objective data are satisfying, clean, and comfortable to research, read, and write. Subjective outcomes are messier to measure and often less satisfying to read, and harder to interpret. Yet these outcomes frequently more accurately measure the place we inhabit in our “real world” experiences, both as patients and physicians, representing the way patients measure the success of their surgeries and how surgeons are practicing in their clinical environments. They thus warrant our attention.

**Subjective Patient Outcomes**

Knorz et al. report subjective outcomes from a prospective clinical trial evaluating the subjective efficacy of a multifocal toric intraocular lens. They found positive outcomes overall that nonetheless remain subject to interpretation in some important aspects. Although 90% of patients reported complete spectacle independence, a wide range (27% to 95%) reported satisfaction with vision depending on how satisfaction was determined. Further, one might wonder, “Satisfied as compared to what?” Patients undoubtedly use some unseen variable against which they measure their satisfaction. And therein lies the rub: the challenge is to make subjective responses more quantifiable and therefore applicable across populations, even though each “result” is by definition individualized.

**Subjective Patient Complaints**

For LASIK, night vision complaints (NVCs) remain a rare but elusive subjective complaint after otherwise uneventful surgery. The subjective nature of NVCs makes them especially challenging to quantify. Common thinking has held that pupil size is an important contributor to NVCs. However, in their comprehensive review of the topic, Myung et al. found minimal evidence that pupil size and NVCs are in any way related when now-standard optical zones are used. Despite this, the subjective “logic” that large pupils predispose to NVCs persists in the minds of the general public, patients, and some surgeons.

**Subjective Physician Practice Patterns**

Subjectivity is a part of the physician’s practice as well as the patient’s experience. Ramos et al. report significantly variable subjective outcomes of topographic classification between experienced observers. In disclosure, I was a co-author on this article. This article highlights the gap between the objective parameters many authors put forth for topographic evaluation and the subjective way in which the evaluation process actually occurs. This gap is uncomfortable but real, and narrowing it will depend on two independent but related phenomena: first, providing refined criteria supported by clear, objective data to further strengthen the accuracy of the screening methods used, and, second, widely disseminating this information to surgeons so they better standardize the way these maps are interpreted. On some occasions, variability in practice patterns may imply differences in rigor or accuracy; this can and should be minimized using the same strategy of robust data presentation and wide dissemination of data, but this will require active participants at each end to move the process forward.

Ultimately, some subjectivity in patient and practitioner outcomes is inevitable, so the data are important to absorb. The challenge lies in quantifying and refining this subjective information, eliminating variance where possible and beneficial, and embracing it where appropriate.