

Editorial

From the Editor's Desk



Empathy and Human Connect: Winning Combination for i- Drugs Adherence

“Doctors put drugs of which they know little into bodies of which they know less for diseases of which they know nothing at all.” Voltaire’s cynicism has its roots in some truth especially when it comes to understanding of the bodies which house the eyes of our patients.

Trained as surgeons, ophthalmologists focus on repairing and restoring damaged anatomy-physiology. This often makes them lose touch with the human housing our surgical battle field. Often it is a professional necessity to detach from the patient on whom we operate, however more often it is reflex derived from our emphasis on technology, precision and lack of empathy.

Ophthalmology has evolved with large treasure trove of drugs and eye drops to choose from. Listening to patients, understanding their systemic comorbidities, looking at their family dynamics, their needs, disabilities and inabilities, all is often ignored in our zeal to deliver vision to our eyes. We forget a basic truth, eyes are hosted by a body with an imperfect mind, often ailing spirit and accompanied by unwilling family members. Glaucoma being the established rogue disease causing maximal visual casualty is very vulnerable to this, as most patients fall in the category of not being able to take care of themselves and yet require multiple eye drop usage. The cover picture of this issue, details few of these difficulties.

For our eye drops to be effective, we need to address the patient aspect of the eyes we treat. We need empathy so as to ensure adherence to medication. Most adherence studies corroborate poor adherence to long term medications, glaucoma being prime example. Reports state 93% self-reported ease of instilling anti glaucoma drops, with actual correct administration being only 31%. (Stone JL et al. An objective evaluation of eyedrop instillation in patients with glaucoma. Arch Ophthalmol. 2009;127(6):732–736.)

Where does my patient live, can she travel for health care, is she able to comprehend the need for lifelong medication without perceiving any visual improvement (glaucoma) , will she go for a refill from the ever friendly chemist or will she come back to me, is she better off with surgery or will her drops maintain functional vision for her lifetime, will she be able to afford the drops ? The questions are many, the answers often incomplete , nonetheless this checklist of queries would need to be tackled during patient doctor encounters, if a successful rapport and effective medication regimen is to be established. My doctor listens to me, cares for me, is often the highest accolade a patient can pay , however few of us get this honour.

Digital munificence of current century has resulted in a digital divide between emotive and cognitive aspects of patient doctor relationship. This is in part, the villain of the distrust and mala fide pattern prevalent in patient doctor relationship of today.

This issue with its focus on ophthalmic drugs and guest editorial of rational use of drugs, seeks to incite thoughts on when too much is not good. Optimization and connect with the human aspect of the patient is the answer for continued vision of the eyes entrusted to us, while maintaining trust during tryst with our professions.

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