Something gained, something lost: Which way forward?

Thomas Kohnen, MD, PhD, FEO
Frankfurt, Germany

We have been living with the COVID-19 pandemic for over a year now. Most of us are vaccinated, and some aspects of daily life are returning to normal. Nonetheless, living with COVID means individuals, schools, employers, and clinics alike have had to develop strategies that ensure safety and provide reliable continuity through the fluctuating infection rates. Some of the adaptations are improvements on previous practices; others reduce efficiency and increase costs. With our overall immunity to the virus increasing, we can and should begin to discuss the pros and cons of clinical adaptations and evaluate which are beneficial and worth keeping and which are better to leave behind.

One adjustment that affects all our clinical practices is the testing itself. Our clinic in Frankfurt, Germany, has been requiring reverse transcription polymerase chain reaction (PCR) COVID-19 tests for all in-patient services since March 2020. The obvious benefit is that knowledge of a COVID-positive patient allows us to take necessary precautions to protect our staff and other patients and to inform that person and his contacts to avoid further spread. The drawback is the disruption of treatment and surgery schedules because of late or missing test results. The university hospital in Frankfurt has a laboratory on campus and is able to process the tests in a timely manner, but not all clinics are as fortunate. So far, the German ophthalmic association and the German government have not assessed short ophthalmic outpatient contact and surgery as PCR testing relevant when all necessary precautions such as masks, distancing, and symptom-free anamneses are followed. A study published in this issue by Pasricha et al. (page 821) supports this and brings into question the necessity of asymptomatic testing. The study results showed a surprisingly low COVID-positivity rate of asymptomatic refractive surgery patients, 1.7% over a 4-month period, when compared with an infection rate as high as 23% in the county during the same period. The authors conclude that preoperative COVID-19 testing of asymptomatic patients may not be necessary, particularly as more people are being immunized every day. Perhaps, the rapid COVID tests will soon be just as beneficial and less time-consuming. Does preoperative reverse transcription PCR COVID-19 testing for refractive surgeons provide a real health benefit, or is it a costly and time-consuming hurdle that makes it more difficult for patients to receive treatment?

Many clinics have successfully adopted telemedicine practices during the pandemic. Arguments for virtual ophthalmology existed for years pre-COVID, and the pandemic propelled the trend forward. Given that most of our patients are older with higher health risks and limited mobility, being able to remotely evaluate and follow-up with patients is an attractive option. A study of California clinics reported that 94% of respondents believed that telehealth should play an important role in eyecare even after the COVID-19 pandemic. But convenience does not necessarily equate to an improvement. One major hurdle teleophthalmology needs to overcome is developing ways to accurately assess visual acuity remotely. Technicians currently use mobile applications, online refraction tools, and printed charts, but currently none of them are as accurate as testing performed in a clinic. Telemedicine further reduces the social interaction and activity for our elderly patients, perhaps having the greatest impact on patients living in assisted care centers whose only excursion outside of the facility may be a visit to the doctor. Virtual appointments drastically diminish a physician’s ability to assess a patient’s overall health. Does telemedicine in ophthalmology make healthcare more accessible to patients who would otherwise not visit the clinic, or does it weaken the patient–physician relationship and make too many compromises on the quality of healthcare?

This past year has had a great impact on not only how we practice ophthalmology but also on how most of us are using our eyes on a daily basis. Online learning and virtual meetings have been necessary to keep life moving forward while slowing down the spread of COVID, but increased screen time and lack of social interaction are not without meaningful health and mental health implications, many of which are yet to be recognized. As ophthalmologist, we know that increased use of digital devices combined with lack of outdoor activities increases the risk for myopia. Multiple studies have shown adverse ophthalmological impact associated with screen time. Studies have shown that increased outdoor activity reduce the incidence and progression of myopia, especially in school-aged children whose eyes are still developing. The study by Wang et al. in 194904 children aged 6 to 8 years showed that the prevalence of myopia in 2020 was higher than the highest prevalence of myopia within the 2015–2019 period. As
practitioners and researchers, we need to closely monitor this situation and, if necessary, advocate for measures that will protect healthy eye development, particularly for children.

The changes in how we interact and engage with one another outside of the clinic should also not be overlooked as our personal and professional lives have moved online. To be sure, virtual meetings offer an enormous cost-saving, not to mention the added environmental benefit of less traveling. However, online meetings strain the eyes and the ears and, often in the end, are less efficient because of internet disruptions. For me and many others, the loss of personal contact correlates with a loss of inspiration. Personal interaction creates a synergy that gives rise to something new and invites us to challenge what is known. In 2020, ASCRS and ESCRS successfully held virtual congresses and are planning and discussing how to safely hold in-person meetings in 2021. I enthusiastically anticipate the return of visiting with colleagues and exchanging thoughts and experiences at both meetings. Will society members return to sharing their time and intellectual energy face-to-face, or will the future of our societies unfold in chat groups on our laptops in our living rooms?

Despite all hardships of the past year, many clinics experienced an increase in refractive surgeries in 2020. Possible reasons are more flexible work hours due to home–office restrictions, frustration with spectacles fogging up due to masks, and an increase in younger patients who are less fearful of contracting COVID. In this past year, we have had to innovate to work within the COVID pandemic, and by and large, we have been successful. With the continued increase of immunity, now is the time to stop reacting and start making active choices for the best path forward. Which practices will be a temporary solution to a global pandemic, and which are we willing to accept as the new normal?

REFERENCES

First author:
Thomas Kohnen, MD, PhD, FEBO
Department of Ophthalmology, Goethe University, Frankfurt am Main, Germany