

## Ethics and Esthetics in Ophthalmology

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Many years ago, a shy boy was brought to me from a distant village and in order to soothe him a little, I asked him about a family from his village, the child froze, and after a long pause he said: "Doctor this family killed my father". It was definitely a harsh lesson for me and a first golden rule I learnt when addressing a patient in particular and in life in general "what is not helpful, is harmful".

In medicine, sometimes you may not be able to help the patient, but you don't have the right under any circumstances to kill his hope. A short story from a Golovin's book written in the twenties of the last century: "I had a young man once approaching me in Odessa in 1903, he had been blind for five years due to optic atrophy and was worth nothing as a teacher in the school of blind, he jokingly explained to me, with a desire find out from an ophthalmologist who arrived from the capital whether science had come up with any remedy for his disease. I told him the whole truth and explained to him that under such conditions, the disease is incurable. It seemed certain that the patient reconciled with his misfortune, he took my words calmly with an ironic grin, excused himself in friendly manner and left, only to commit suicide on the same night. It turned out that he was still grieving over his misfortune, falls at times in a state of deep despair, did not want to live blind, but keeping some hope he decided to postpone suicide, until the sentence of another new doctor who was considered authoritative".

There has been a misconception among the sighted regarding the life and the psychology of the blind that dates back to ancient times, and it still exists, as evidenced by world literature. Take the Sophocles king Oedipus having convinced himself that he is the cause of national disasters and wanting to atone for his sins before the gods and people, he does not deprive himself of life, but instead poked his eyes. Why? Because ingenious Sophocles and the entire ancient world believed that losing sight is worse than losing life. Take King Richard III, the hero of one of Shakespeare's works, who instead of stabbing and killing his sworn enemy, decided to poke his eyes out. "The country of the blind" by Herbert Wells, tells the story of a man who faces a dilemma between losing his sight to be with his beloved girl or certain death, decides to choose the latter.

In our profession as eye surgeons, you should not get tired, moreover, you should not even think about fatigue as the smallest mistake may become catastrophic for the sight. A few years ago, I suffered from renal colic which is probably one of the most intolerable of all pains, and as I entered the operating room and started to operate I totally forgot about the pain but just as the last operation finished, the pain exploded so that I was lying on the operating table and asked for an urgent intravenous injection of Voltaren.

It's only those who do nothing that make no mistakes. Every surgeon is susceptible to various complications in his everyday practice. The difference between surgeons is how to handle these situations. I know from experience that if you criticize a colleague for something, you may soon find yourself in the same situation. Always remember, no matter how smart you think you are, life will someday put you in a foolish position.

I completed my medical residency in the former USSR, where medicine was free and where a gift or even box of chocolate was considered to be a bribery. As I returned back to my home country, and before having my own clinic and secretary, I stayed four months not being able to take a penny from patients. Although I needed the money, I simply couldn't do it.

When scientific research used to be funded by the state, science was the ultimate goal, but as companies started to take this role, results started to become somehow biased.

When King Charles IX became ill, he told the doctor; I hope that you will treat me better than the patients in the hospital. No, the doctor answers, because I treat the patients like kings.

One the Abbasid caliphs wanted to test Isaac Bin Yaqub, a famous physician at the time, in order to make him his own private doctor. He invited him and offered him money and gifts in return for a poison that would get rid of his sworn enemy in the most secret and fast possible way. Isaac apologized saying:” Lord, I have received all useful things from knowledge and aside from that, I’m ignorant.” The caliph then let him choose between either making the poison or prison and death. He unhesitatingly chose the latter and stayed imprisoned for a year until the caliph was sure of his honesty, he released him, made him his doctor, but asked for the reason for refraining from his request. The reasons for that are two, Isaac replied, my religion forbids me from doing malicious things and my career only commands me to do righteous things.

7 years ago, I had a few cases of endophthalmitis. Thankfully all of them went through minimal damage, but it was necessary to determine the causes. All kinds of laboratory analyses and cultures were made, even for BSS, but the results were negative. I had to stop the surgery, went through a rough psychological phase, I even thought of retiring. It wasn’t until that I ran across a little girl in a wedding that I was invited to, who had strabismus that I previously operated on, hugging me and kissing me, that gave me the motivation to proceed. One day, shortly before going to surgery, I went to the operating room just to realize how the staff were having endless conversations without wearing mouth or head covers. It was enough to transfer the operations to the early mornings instead of the usual afternoon that everything went back to normal. It was clear that the air at the end of the day in the operating room was unsuitable for such delicate eye surgeries. A proverb says: Clean is not where you clean, it is where you don’t dirty.

I categorically forbid the entire medical staff, including the anesthetist, to go without mask and I limit conversations to the minimum required, especially since the patient’s attention under local anesthesia, is at the highest level. By reducing conversations, you reduce the number of germs poisoning the air of the operating room.

It’s always necessary to pay a lot of attention to anamnesis morbi and vitae, and to include all the information in the medical history. I was called from the hospital one day regarding a patient, who complained of a severe headache after cataract extraction. I ran to check on the matter but his IOP, blood pressure and everything was normal. I knew that the patient is chronic Mate consumer and that he still did not drink it as usual but as soon as he had the first sip, her headache was gone. Another patient, who was a chronic smoker, started to have this terrible cough right after his cataract extraction, which we couldn’t calm in any possible way. I asked to give him a cigarette and surprisingly as soon as he took the first puff, the cough went away. When we were preparing for the second eye, we prepared in advance a cigarette, and the same thing happened once again, when we gave him the cigarette, even without lighting it, the cough subsided.

I have to say a few words about the materialistic relation between the doctor and the patient. First of all, the patient is not a client, he is a suffering person but at the same time, the doctor is also a living person, who does not have any life income other than his profession. There are somewhere three standing statues that represent the relationship between the doctor and the patient, the first one introduces the doctor as an angel, who will be asked to help the suffering patient. The second statue will introduce him like an ordinary person as he finishes the treatment, and the third one as the devil when he asks for his right.

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