

Beliefs in ophthalmology: the need for bread and circuses

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OCE's editor

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Which is reality?

We are living in a world with parallel realities orbiting in different networks around an artificial intelligence that seems to absorb everything. Science and clinical practice are also traveling, crossing complex borderlines. Geography seems to be of little relevance and we forget where the places are because we are used to letting ourselves be guided by cold, exact and comfortably mysterious programs. We have lost the reference of how far away may be another colleague and/or a patient unless we really have to make the effort to travel those kilometers driving on bumpy and dangerous roads or traveling on expensive flights, which in our Ibero-American countries are also infrequent and unpredictable since they are altered by many more causes than climatic conditions. It is worth asking ourselves if we have really considered what our reality is, as physicians, as ophthalmologists. Do you know where you can read and publish your scientific reality? The answer is: in OCE journal.

Hunger and physical presence

A congress or a face-to-face scientific event has become necessary but we don't want to be bored. We want bread and circuses. We need the thrill of watching a live trapezist surgeon balancing so as not to break the posterior capsule in a scientific reality show. Watching a patient faint while their doctor suffers and we sit as if in a theater gives us

chills, but allows us to see and learn with another level of reality. Hearing that a patient complains of pain, that his doctors are not able to mitigate it, allows us to give our opinion and make suggestions, while observing the decisions made and the results achieved. Finally, one can observe and learn if he/she will do that or something different in his/her next case. The added value of the show is to feel the suffering and get excited with the knowledge. As in every show, we want to eat anything on the spot: popcorn, chocolate or a shrimp cocktail. It doesn't matter. It is the excuse that allows us to continue talking face to face with other colleagues. Anyway, at the end of the day we will go to dinner with another group of friends, colleagues and/or sponsors, where food will again be a privileged decoration. Have we lost our hunger? I mean the hunger for knowledge. It seems that even the younger ones have lost their voracity. That is why "scientific bread and circuses" are necessary today and are neither right nor wrong. They are a way to generate hunger to go, to see and to participate. Reality "is" and we all are part of an inclusive show, open and imperfect such as life itself.

OCE in this context

Reality requires imagination and this allows us to disguise monotony with its show clothes. The previous issue of OCE began with an editorial that spoke of imagination, something as necessary in Borges' mind as in the mind of any research process or in the daily practice of an ophthalmologist¹. We imagine what might happen if we do this or any other treatment and we imagine the future that a patient may have -if not timely treated- who is condemned by his or her risk factors to a darkness that is perhaps of bluish-green nebulae. This description of darkness that Borges gave in his discourse on blindness is as limitedly valid as a clinical case report where a physician describes a patient's event due to some peculiarity he has observed and wishes to share. The clinical case is the excuse we also have to train scientific writing. It is a space that we at OCE continue to favor even though we are aware of its low level of scientific evidence,

something already addressed in the article by Dr. Joaquín Fernández on the pyramids of evidence in our previous issue². Because sometimes pyramids become triangles when we see only one of their planes and if we only read what happens in worlds far away from our reality in journals that do not know about our idiosyncrasy we can get into a false pyramid of knowledge, rather a dangerous triangle of information in which a physician often loses the context of his own reality and fails to see what his real problems are and what his flesh-and-blood patients need.

Therefore, OCE is a source of scientific information dedicated to the vision sciences, mainly oriented to Ibero-America, because we feel close to the ophthalmology in Spanish while remaining global through the English language and maintaining a sisterly cordiality with the Portuguese language. Our current issue is seasoned with clinical cases from our region that have a concrete academic-educational usefulness. They are cases with which their authors have first learned to teach us later, understanding that everything can be improved. Dr. Alza also shares a very descriptive surgical technique to be used in challenging cases of chronic uveitis.

What else is in OCE 17.3?

The extensive narrative review of a topic may always seem little when the subject is controversial, as is happening with the work of Balparada and Colombero on central serous chorioretinopathy; this is an updated review in Spanish to understand and not to stress us when we face our next case. The original articles in this issue look at retinopathy of prematurity from different perspectives, where Espósito and colleagues tell us about their experience over 20 years in the center of Argentina, and Zárata and colleagues share with us how they have been managing this pathology for 11 years in an extreme geographical area, climatologically similar to Reykjavik, Iceland, but with the geopolitical limitations of Río Grande, Tierra del Fuego. Iribarren and colleagues provide us with a novel work on how one can innovate by studying refraction to the point of creating lenses

that can modify the evolution of a disease such as myopia. Danza and collaborators study high astigmatism in Salta, Argentina. Casiraghi and his group share a study that reminds us and makes us reflect about the importance of body position and intraocular pressure, whose impact may also be different depending on the type of glaucomatous population. Oleñik and collaborators, in a joint work of Switzerland, Spain and Paraguay, show us that telemedicine can be applied in such fictitiously extreme environments as penitentiary institutions, places where blindness prevention should also be carried out. Finally, the scientific images selected for this issue were prioritized because they are cases that could be seen by any physician in any ophthalmology practice.

OCE grows with protagonist authors and readers who choose to think and look at their regional

realities. We like to be able to care, validate and disseminate what is happening in vision sciences in nearby areas because this also allows the world to look at us more and more attentively. We hope that you will share with us your next studies, seeking through OCE to give space to the increasingly different scientific realities of Ibero-America.

References

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2. Fernández J. Evidence-based ophthalmology: the new “6S” evidence pyramid. *Oftalmol Clin Exp* 2024; 17: e166-e173.