

Opinion

BY RICHARD P. MILLS, MD, MPH

Academic Eye Departments: Why Don't We Get No Respect?

Rodney Dangerfield's lament could be the refrain for most ophthalmology department chairs these days. Academic medical centers, squeezed to the max, are retreating to their spoken and unspoken core missions: educating medical students and generating revenue.

In neither arena does ophthalmology excel. Ophthalmology has been deleted from the core curriculum at most schools, except for a cameo appearance during physical diagnosis labs. Our patients are cared for as outpatients and contribute little to hospital revenue streams. Deans of medical schools, according to remarks at the Academy's Mid-Year Forum by Joseph E. Robertson, MD, dean at Oregon Health & Science University (and an ophthalmologist), are focused on the 4 "Rs": 1) Ranking, relative to other medical schools in NIH funding, *U. S. News* lists, etc. 2) Risk, in terms of billing compliance and regulatory affairs. 3) Recruitment, though only a few chairs or leading researchers can be afforded per year. 4) Revenues, despite declines in state appropriations, endowment income, philanthropy and the like.

Small wonder that ophthalmology isn't even on the deans' radar screens.

Barrett Katz, MD, chairman of ophthalmology at George Washington University, pulled together some interesting information for his presentation at the 2004 Mid-Year Forum. In June 2002, the Association of University of Professors of Ophthalmology newsletter advertised

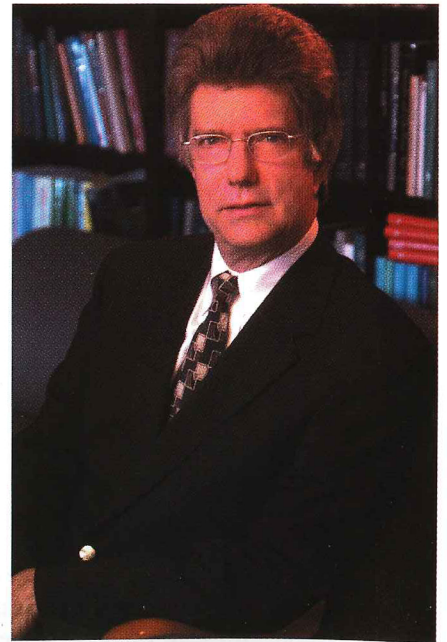
12 open ophthalmology chairs. Two years later, only six had been filled, and five of those six were filled with internal candidates. "When a dean fills a chair from inside" (especially after a national search), according to Dr. Katz, "nine times out of 10 it tells you that the dean has no resources or interest in allocating resources to an outside candidate."

Of course, this doesn't apply to all eye departments and medical schools. The cream of the crop doesn't need respect; they have large endowments, well-funded research and good clinical practices. The best these few premier departments can hope is that their dean doesn't try to steal their resources to subsidize other departments. At the other extreme, the bottom-tier departments function essentially as private practices with little teaching and no research. The problem of inadequate resources applies to the remainder, the great middle class, within which each department classifies itself as "above average," just like all the children of Garrison Keilor's *Lake Wobegon*.

So what is the consequence for eye departments if they don't get no respect? Vulnerability. Without resources, high-profile recruitments are difficult. Funds

for labs are lacking. A department cannot pay a professor's salary while his or her new practice builds to generate enough income to support it. The dean's tax on clinical income exceeds the returning benefit. The budget is balanced too often at the expense of fair faculty salaries. Worst of all, the fertilizer for growth for ophthalmology programs is being withheld.

This is not the first time we've had to hunker down and weather the storm. We can survive because we have the brightest and the best in medicine. Although my personal decision was not to continue in academics, my hat is off to those who stick it out. At least in this column you're gonna get some respect.



RICHARD P. MILLS, MD, MPH
SEATTLE