

The ophthalmologist's Dilemma

O Dilema do Oftalmologista

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In the health decision chain, the physician has been progressively losing influence in favor of executives, managers, politicians, and more recently investors. It is not the brain commanding the system anymore, it now has a secondary position as part of the work team.

In recent years, the financial market has realized that investing in medicine is a profitable investment. Thus, many hospital complexes are being bought by investment funds. In Ophthalmology, the large clinics traditionally owned and run by ophthalmologists are being progressively acquired and consolidated by investment funds.

At the other end of the market spectrum, large Ophthalmology clinics are being bought by supplementary health companies, solidifying the trend towards the verticalization of health plans which increasingly have their own network of doctors and health services.

In this scenario where large corporations with access to technology, marketing and the synergism of multidisciplinary work progressively dominate the market, and in which the source of payment starts to create and prioritize its own healthcare network, the individual ophthalmologist is unable to react to it in order to preserve their autonomy, and finds an unfavorable environment for setting up or maintaining their personal clinic, especially in large cities. Just like small grocery stores which have been replaced by large supermarket chains, individual offices are likely to become scarce as well.

Of course, there will always be space for “boutique-offices” where custom services are offered, but for that it is necessary that the professional is highly respected in the community. Something that is only possible after lots of investments in the career.

It is possible that in the near future most ophthalmologists will have to choose between working for a health insurance company or a financial group, especially in large urban centers. The Ophthalmology experts little will be able to influence this market dynamics, but we can at least discuss, and eventually implement changes in the education of our experts considering among other things this scenario.⁽¹⁾

We consider that an ophthalmologist with good general clinical training and trained for surgery has a good chance of succeeding as an independent professional, especially in the countryside, because they will be prepared to solve most of the visual problems of their patients with little technology. Meanwhile, the subspecialist who is trained predominantly for a specific area of expertise is unlikely to achieve good working conditions away from large urban centers, and is likely to work for large healthcare companies.^(2,3)

There is currently a distortion in specialty education, as many “specialist” physicians from institutions not certified by the Ministry of Education and/or the Brazilian Board of Ophthalmology, and often unprepared to teach, seek to subspecialize to compensate for their flaws in basic training clinics and be better in at least one area. Eventually, they may be good surgeons or performers/interpreters of complementary exams, but they don't have the proper general training to work outside a system of group care.

It would be good if most of the newly graduated doctors wishing to practice Ophthalmology had the proper conditions to specialize in acknowledged and quality institutions. Just as it would be desirable for the specialization course to have a versatile training program to meet the specific needs of the future specialist, providing good general clinical training for all, and enabling appropriate surgical training in an area to be chosen by the student. Then, the possible option for those who wish to work specifically in a certain area is to have a subspecialization. The young doctor would then face the need to make early decisions in their professional life at the beginning of specialization to define their education and improve their time and the infrastructure of the educational institution. This teaching scenario would be positive for the ophthalmologist, who would gain independence to choose where to work and for ophthalmology, which would have better technically prepared professionals.

REFERENCES

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