

## OPINIONS AND COMMENTARY

### Knowing When to Make a Timely Exit

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by **I. Howard Fine, M.D.**

*Dear Editors —*

**A**t the completion of my medical training, I was inordinately idealistic and felt absolutely privileged to be a physician.

Soon after opening my practice in ophthalmology, however, I was dismayed to discover that one of the respected senior ophthalmologists in our community was functioning at a sub-standard level and subjecting his patients to complications with poor surgical outcomes.

As a young member of the medical community, I was afraid to even suggest that the competence of this physician was questionable, and I shied away from participating in any activity that would be critical of him. During the ensuing years, I was increasingly disturbed by his poor judgment, declining surgical skills, and resulting complications, but remained timid with regard to taking any corrective action.

After I had been in practice for about a decade, I was invited to become a member of the Oregon Medical Association's Quality of Patient Care and Peer Review Committee. In that capacity, I participated in several investigations of clinical practices. They involved senior physicians who weren't functioning to the standard of care, with junior physicians assisting surgeries and being aware of the incompetence.

I identified with the young doctors and sympathized with their inability to act in the face of sub-standard care. In some instances, the incompetence was on the part of their senior partner and their own livelihood would be jeopardized if they were critical.

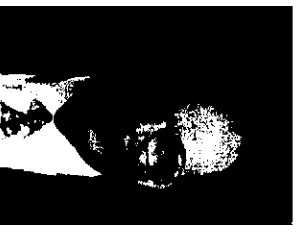
During that time I thought a great deal about the ways in which physicians try to ensure competence and the difficulty of evaluating one's own surgical technique and judgment. As a result, I made a vow to myself that at age 65 I would voluntarily choose to be monitored by someone I trusted who would give me a truthful, accurate, and appropriate opinion.

When I turned 65, I asked John Polansky M.D., and ophthalmologist from Eugene Ore., a friendly competitor who is concerned with moral and ethical issues in medicine, to spend a day observing me during routine cataract surgery.

I offered to pay him for the loss of income for that day, but he refused. After the surgery was over, he said that he felt my skills and judgment were not only intact but excellent. Two years later, at age 67, still feeling fully competent, I asked him to come to the OR with me again. He did, and gave me the same reassurance he had before.

Some senior physicians may not realize that they have become less than competent, especially with evolving modalities, technologies and techniques.

It is difficult for junior physicians, who may have a vested interest in keeping a senior physician in the practice or who are fearful of criticizing the senior physician, to act upon their recognition of sub-standard care. I believe that the need remains for ensuring competence on the part of those who operate on human eyes, and feel that my solution to this problem is reasonable and efficacious. All physicians who are sincerely



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interested in maintaining an excellent standard of care could choose a similar evaluation of their skills and judgment. h

Sincerely, **I. Howard Fine, M.D.**  
Eugene, Ore.

