

NEWSLETTER - FALL 2001

Meeting with the President

By Dr. Fine



Dr. I. Howard Fine shaking hands with President George W. Bush

The Coalition of Medical Specialty Societies is an organization representing over 450,000 physicians. On July 11, 2001, some of the constituent society's leaders were invited to meet with President George Bush regarding the Patients' Bill of Rights. As the current president of the American Society of Cataract and Refractive Surgery, I was there and had the delightful experience of meeting with the sitting president and observing first-hand some of the protocol associated with such a meeting and some of the workings of policy and public relations surrounding legislation. Approximately 20 representatives of component societies and some of their staff members were present at the conference table along with President Bush, Tommy Thompson (Secretary of Health, Education and Welfare), and Elaine Chao (Secretary of Labor).

I was immensely impressed with how personable the President is. He was gracious in his dealings with all of the people present, as well as his staff, elevator operators, clerks, and everyone with whom he came into contact. I was also tremendously impressed with how knowledgeable he is with respect to health care issues and health care policy. He was looking for feedback from those present regarding the failures of HMOs to provide needed care. His concerns with respect

to Patients' Bill of Rights legislation are that there should be timely access to specialty care and accountability on the part of HMOs (which he feels would be best achieved through internal and external appeals processes rather than legal remedies). At the time of our meeting, the different versions of this legislation were similar with respect to access to specialty care but differed with respect to accountability. The Democrats were largely in favor of early litigation to address disputes whereas President Bush was adamantly opposed to legal remedies. He indicated that he would veto such a bill, feeling that it would result in some employers withdrawing normally provided health care benefits due to increased exposure to litigation, thereby increasing the rolls of the uninsured. In his own words, Mr. Bush is adamantly opposed to "practicing medicine in the courtroom".

As you would expect, he had the backing of every physician in the room. He then went on to discuss other issues and, to our delight, condemned intrusion into health care by the legal profession along with government medicine in all its forms. A single-payer system has been, in his words, "demonstrated to be a bad system" by our neighbor to the north.

New Options

By Richard S. Hoffman, MD



Richard S. Hoffman, M.D.

Although excellent results are achieved with LASIK surgery, individuals with extremely large degrees of nearsightedness may not have enough thickness to their corneas to safely undergo corneal refractive surgery. There are limitations in how much nearsightedness can be treated with the excimer laser and some patients may not be appropriate candidates for LASIK. These patients, however, might be candidates for future intraocular lens technologies to treat their severe nearsightedness. Fortunately, our practice is participating in the U.S. Phase III

Clinical Trials of the Medennium Phakic Refractive Lens (PRL) and we can offer this exciting new technology to our patients.

So what is a PRL? The PRL is a flexible lens that is inserted into the eye and positioned behind the iris (colored part of the eye) and in front of the natural crystalline lens. It can be thought of as an implantable contact lens in that it actually floats in front of the crystalline lens without touching it like a contact lens floats on the cornea. The PRL is inserted through a small corneal incision and then gently placed behind the iris. The power of the PRL is calculated before surgery using the curvature of the cornea, the length of the eye, and the depth of the front chamber of the eye as variables in a formula. The power of the PRL is customized for each individual patient to reduce or eliminate their nearsightedness. The wonderful aspect of this technology is that the PRL can be removed if a patient is unhappy with the results or removed and replaced with a different powered lens anytime in the future if the patient's prescription changes.

The clinical trial in our practice has begun. Please contact our Refractive Surgery Coordinator, Tony Reynolds, at 687-2110 or tpreynolds@finemd.com for more information.

Friendly Cuba By Dr. Fine



Dr. Fine and Vicky in front of public building with likeness of Ché Guevera

A contingent of the executive committee of the American Society of Cataract and Refractive Surgery attending a meeting jointly sponsored by ASCRS and the Cuban Ophthalmological Society. The meeting was well attended by

ophthalmologists from Cuba, other Latin American countries, and Europe.

Cuba is a fascinating place; a country and society that has seemingly been frozen in time. Since Castro's takeover in 1958, there has been very little new building; almost all existing buildings are in a state of very bad repair but still show the beauty of the Colonial architecture that pre-existed the Castro regime.

Automobiles are all from the 50's and are in a state of patched-up repair, but most are completely functional. A Cuban cannot have a driving license unless he or she has a car, and therefore every possible measure is taken to keep cars operational.

We were impressed with the omnipresence of Latin rhythms and music. It seemed as if there were a salsa band on every corner in Old Havana. Cuba is responsible for the majority of Latin American rhythms with which North Americans are familiar, including rumba, cha-cha-cha, mambo, and salsa. We had an opportunity to visit a music hall and had a thrilling night of spectacular music, accompanied by our enjoyment of wonderful Cuban cigars.



Dr. Hernandez and Dr. Fine

Cuban ophthalmologists are extremely limited in terms of equipment and facilities for providing patient care and are very poorly paid (as is nearly everybody within this society). The government essentially takes all of the productivity of the people. The average Cuban ophthalmologist's salary is \$25 per month, which is striking when you consider that we thought nothing of tipping our bellhop \$ 5.00. In spite of how poorly they are paid and how limited they are, Cuban ophthalmologists are enormously motivated to learn as much as they can in order to improve their skills and provide better care for their patients.

While in Cuba, we met and befriended a young leader of Cuban ophthalmology, Dr. Raul Hernandez. We sponsored his recent trip to Eugene to spend a week in our clinic, studying our methods and techniques which he will now take back to Cuba and teach to others. We thoroughly enjoyed Raul's presence here. He used his time well and exhibited an insatiable appetite for learning and observing new techniques and modalities of therapy for cataract and refractive surgery patients. He also enjoyed our city and was able to spend one afternoon attending the Eugene Celebration; a unique experience for him.

Hopefully, the United States will be able to strengthen its ties with Cuba and we will be able to return there for more educational and humanitarian endeavors.

“What Can I Say? ”
By Garrison Courtney, Local TV Weather Anchor



Recently, while looking for a LASIK clinic, several people who have had the procedure recommended Dr. Fine and his staff. They raved about the staff's courtesy and professionalism and the special calming effect upon their arrival on their big day. I am the skeptic and like to see for myself. I honestly thought there wasn't any way that these people could meet my standards. I was very wrong.

From my first time in the office, I felt comfortable and pleased with Dr. Fine and his staff. They worked around my difficult schedule and were able to answer all my questions with a genuine smile. They love what they are doing.

Now to the surgery...What can I say? I've worn glasses for twenty years. Without them I couldn't see more than five inches in front of me. Now, I amazingly see without glasses or contact lenses, there is no glare from lenses and colors seem brighter. Being an active swimmer, the biggest thing for me is to be able to open my eyes under water, free of goggles.

The surgery itself was a piece of cake, too. I literally walked in and in about ten minutes I went from being blind to seeing. How can anything like that be put into words?

I just wanted to write a letter to say thank you. It is the best choice I ever made and I wish the wonderful staff and Dr. Fine well. Thank you...even though I feel that is small in comparison to what you have given to me.