



people like spicy and savory flavors, whereas others enjoy sweet and sour. The same is true for vision after cataract surgery. It is important to understand the daily tasks, profession, and visual priorities of each patient prior to making a recommendation. Incorporating a standardized form such as the Dell Questionnaire (on the previous page) can be quite helpful. If the patient is new to the practice, it is also important to consult the referring optometrist for insight, history, and even recommendations.

Phase No.

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## Discuss the Three Best Options, and Make a Recommendation

Medical ethics rightly dictates that patients take charge of their own health care decisions. Those who are educated on their options, however, benefit from the forthright recommendations of their physicians. Therefore, I begin with a high-level discussion of different options based on the patient's particular situation. I describe both the quality and quantity of vision that each surgical option can provide, with the assumption that every patient would like to enjoy as much of both as I can provide given preferences and individual budgets.

Armed with the information about the patient's visual needs and biometry, I typically feel comfortable making a recommendation of the "good, better, and best" options.

We surgeons must always put the needs of our patients above our own and make the type of recommendation we would for our own family members, free of any financial conflict of interest. This is an extremely high bar of professionalism that should never be crossed. We need to explain the potential for visual complications with each modality, especially when higher-cost options may carry a greater chance of causing unwanted symptoms and requiring postoperative enhancement procedures: "Mrs. Jones, just like a Ferrari, high-performance lenses can require more maintenance."

### CONCLUSION

Patients do best when we can leverage our clinical acumen to make excellent personalized recommendations and our surgical skills to deliver the goods. We must remember to frame the information much like an interpreter, however, because our patients are making a decision that will affect the way they experience the world for the rest of their lives. When we act as educators, advocates, and interpreters, our patients get the information they need from a source they can trust. ■

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- Financial disclosure: None acknowledged