

Meet
the

ROGERS FAMILY



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THE PRINCE OF SPECIALTIES

BY RAYMOND ROGERS, MB ChB, FCS(SA)

It was a wonderfully proud day for my wife and me when Graeme and his twin brother, Alan, were born in August 1978, just after my first 18 months as an ophthalmology registrar at Groote Schuur Hospital in Cape Town, South Africa.

From an early age, they insisted upon being regarded as individuals in their own right and not as “the twins.” Although Graeme and Alan (Figure 1) were close and competitive both academically and at sport, they each seemed to prioritize the other’s success over their own. We were delighted especially that they eventually both chose to study medicine at University of Cape Town, where my wife and I had studied and where their older sister was specializing in obstetrics and gynecology.

LONG-TERM DIRECTION

Some time later, Graeme sought from me advice on a long-term direction in his medical career. I had been in private ophthalmology practice for many years, and I suggested he consider it as a satisfying career option. It was indeed a most fortunate choice, for when he moved to the ophthalmology department in the same hospital where he had been working in pediatrics, his consultant, Meldrick Booysen, MD, gave him an excellent introduction to ophthalmology.

By the time my son became a registrar at Groote Schuur, he had already performed several thousand cataract

procedures with another superb mentor, David Steven, MD, at Eerste River Hospital.

I had the profound honor and privilege to cap Graeme when he graduated as a Fellow of the College of Ophthalmology of South Africa (Figure 2). A year-long

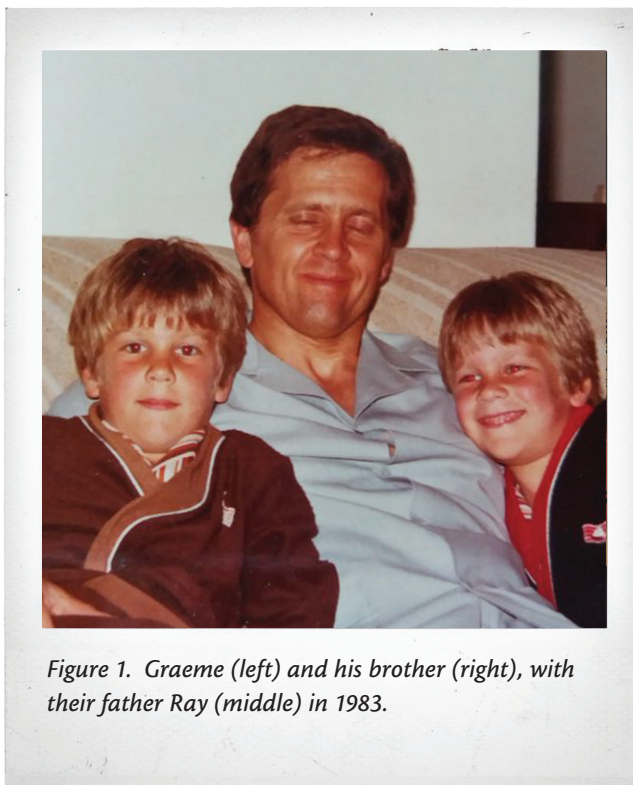


Figure 1. Graeme (left) and his brother (right), with their father Ray (middle) in 1983.

fellowship in glaucoma in Melbourne, Australia, followed, and Graeme has now almost completed a 2-year fellowship in retinal surgery at the Royal Victoria Eye and Ear Hospital in Dublin. His brother, Alan, is currently a consultant plastic surgeon in the largest burn unit in Canada.

ENTHUSIASTIC HELPERS

What more can I say, except that his mother and I are indeed proud of Graeme and his career so far in this prince of specialties. We hope that, after his travels, he may return home to South Africa, where the need for fellowship-trained specialists is so great yet so undervalued by the current regime.

Although Graeme and I have never operated or worked together, I am pleased to have influenced him in a small way, particularly in his enthusiasm for assisting his younger and less-experienced colleagues.

THE FAMILY TABLE

BY GRAEME ROGERS, MB ChB, DCH, DO, FCOPTH(SA), MMED(UCT)

I grew up in a medical home; five out of six of us are surgeons. My maternal grandfather was an anesthetist during the heyday of Groote Schuur Hospital as the heart transplant capital of the world.

Medicine was not necessarily all I ever wanted to do for a living, but, thus far in my short career, I have come to appreciate ever more the impact my father's example has had on me. My lack of passion for pure science and the politicized position of doctors in South Africa were possibly reasons that other options were encouraged, but the immersive environment I grew up in and the fascinating dinner table conversations made medicine seem a stimulating and intellectually rewarding career.

While studying at the same medical school as my parents, ophthalmology was but one of numerous possible exciting surgical specialties to pursue. Still, watching my father perform cataract surgery during my holidays was one of my medical school highlights. Only many years later, during my community service obligations 2 years after graduating, did the opportunity to work in eye care arise.

REMOVING THE DRESSINGS

Almost 30 years after my father had performed intracapsular cataract surgery in remote villages in South Africa as a registrar, I began volunteering to perform small-incision cataract surgery at weekend cataract camps for the South African Bureau for the Prevention of Blindness. Initially, the prospect of working in a field in which, as they say, "eyes close at night," was most enticing. However, it was after removing

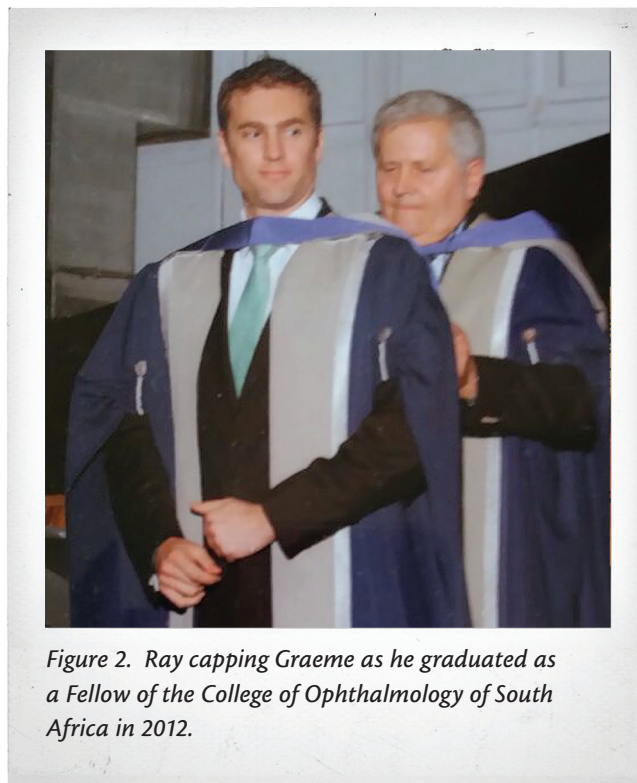


Figure 2. Ray capping Graeme as he graduated as a Fellow of the College of Ophthalmology of South Africa in 2012.

the dressings from my first cataract surgery patients and realizing the impact such surgery could have on indigent people's lives at those camps that I decided ophthalmology was for me.

Being able to specialize in ophthalmology at Groote Schuur, where my father was a specialist when I was born, was an enormous honor. Several patients of his from before my birth still remembered him. I saw one patient in particular whose trabeculectomy my father had fashioned; it was still functioning, unaltered, 3 decades later.

PROFIT < ETHICS

My father had a rewarding career in private practice in ophthalmology, and he is still approached in shopping malls and restaurants by patients grateful for their restored vision and for his careful, warm, meticulous manner. My father, by his example, instilled in me a respect for surgery and the necessity for an honest dialogue with patients about each potential management decision. Although he was of course a talented surgeon, he might, for example, recommend against cataract surgery and instead refract patients to near 20/20, while others would think nothing of booking such patients onto the very next surgery list. Again, eyes close peacefully at night when profit does not supersede ethics.

An ideal in a successful early career must be the presence of encouraging mentors. I have been fortunate to have had a few, but no one was more important in that role than my dad. ■