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**BIRTHDAY**  
March



**YEARS IN  
PRACTICE**  
30



**FAVORITE QUOTE**  
Water goes under the bridge and the sun rises again every day. There is always something to look forward to.



#### CURRENT AFFILIATIONS AND POSITIONS

- Private practice, central London
- Emeritus Consultant Ophthalmic Surgeon, St Thomas' Hospital, London

#### PREVIOUS AFFILIATIONS AND POSITIONS

- Consultant Ophthalmic Surgeon, St Thomas' Hospital, London
- Professor of Ophthalmology, Kings College London
- Honorary Consultant, Royal Hospital Chelsea, King Edward VII's Hospital for Officers, London
- Civilian Advisor in Ophthalmology, London Metropolitan Police
- Consultant Ophthalmic Surgeon, Charing Cross Hospital, London

## GETTING TO KNOW YOU

**Currently, what book are you reading, what TV series are you binge-watching, what app do you use the most, and where do you get your daily news?**

**Book:** Virtually all of my reading is ophthalmic because, as the current President of the ESCRS, I like to keep abreast of where the action is, and I am always on the lookout for new topics and good speakers for our meetings. Outside of this, I like to read history and biography when I am on holiday. I recently read *Do No Harm*, by my friend and neurosurgeon Henry Marsh, and I strongly recommend this rather idiosyncratic autobiographical account of life as a neurosurgeon, if you have not already read it.

**TV series:** We watch hardly any TV—there is just too much else to do—but we are addicted to the 10-o'clock news each night. It lasts 30 minutes, but I don't think I have ever reached the end of it, as I am sound asleep by that time.

**Apps:** Uber is indispensable.

**Daily news:** If I get the opportunity, it is nice to read the morning paper (*The Telegraph*) over breakfast.

**What is something in your life you would happily do again, and what is something you would never do again?**

**Happily do again:** This easy. Marry my wife and do ophthalmology: no reservations about either!

**Never do again:** [No response]

**What are three places at the top of your bucket list?**

**No. 1:** Easter Island is a place I have always wanted to see after reading Thor Heyderahl's account of his Kon Tiki expedition as a child.

**No. 2:** It would be nice to see more of South America, especially the Inca ruins, ...

**No. 3:** ... and particularly to fish in the world-class rivers there.

**If you had to donate half your income tomorrow, to whom would you give it?**

Medical research.

**If there is one high-risk thing that you have not done but remain curious about, what is it?**

I think I have done most of this now and, fortunately, lived to tell the tale. I really do not have a very good head for heights. One thing I would have liked to do was learn to be a really good skier; my skills stop at motorway skiing.

# YOUR THOUGHTS ON OPHTHALMOLOGY

## What is the health care landscape like in your country?

The public health system in the United Kingdom is bankrupt, and the private system is under constant pressure from the insurance companies. The public system is wasteful and too large to manage. I see a greater role in the future for contracting out so-called *routine* services—including cataract surgery.

## How enthusiastic are you about the future of ophthalmology?

Tremendously excited. During my career, the great advances have been about surgical technique. My forecast for the future is that this will taper off, and the next wave will come from advances in genetics and immunology. If I were starting again, I would probably choose medical retina or uveitis, but the supreme satisfaction of performing cataract surgery remains.

## What products in the pipeline excite you the most?

I am most interested in the ongoing work on achieving a truly accommodating IOL; the new drug recently purchased by Novartis, a lipoic acid choline ester that appears to restore accommodation to a presbyopic lens; and the advances in potential treatments for dry age-related macular degeneration.

## What is your most memorable moment in surgery?

Cataract surgery has given me many memorable moments. One I remember is Jennifer, a 2-year-old child with subluxated lenses, who had been listed for lensectomy but was referred to me and I put in Cionni rings (Morcher) instead. I think she was probably the first patient in the United Kingdom to receive this technology, and she did really well. It certainly made a difference to her life.

In ophthalmology, one does not get the opportunity to save lives very often. I remember one incident, though, when I was a resident at Moorfields Eye Hospital in the 1970s, back in the days of inpatient cataract surgery. A patient choked on his omelet at supper and went into respiratory arrest, and an eye hospital is not the best place to do that.

I put a finger down his throat and removed it, but I nearly pulled out his epiglottis, too. He had a sore throat, but he survived.

## What recent studies or technologies have influenced your surgical technique?

The ESCRS endophthalmitis study<sup>1,2</sup> was a landmark that has become the standard of care and has saved thousands of eyes.

## What was the toughest decision you have had to make as an ophthalmologist?

Surgery is psychological. You have to get out of the mindset of just staying in your comfort zone if you want to move forward and do something that is new and better.

## How has ophthalmology changed since you started practicing?

It has changed totally, in every respect. When I started, cataract surgery was intracapsular surgery under general anesthesia, and patients were in the hospital for a week. I remember a heated meeting when ambulatory surgery came in. A nurse stood up and denounced it, saying “This will take caring out of ophthalmology,” as though putting patients in pajamas and taking their temperature twice a day made all the difference.

## What advice can you offer the new generation of ophthalmologists?

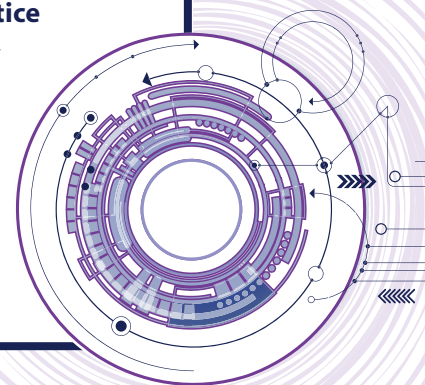
Video your surgery and watch it.

## If you could trade lives with a fellow ophthalmologist for 1 day, who would it be and why?

I am happy as I am.

## If you were forced to limit your practice of ophthalmology to one procedure, what procedure would you choose and why?

Cataract surgery, of course.



## YOUR THOUGHTS ON BUSINESS

### What differentiates your practice from those of your competitors?

Like many British surgeons, I am a so-called *sole trader*, a category that is probably going to die out as practice overheads become more expensive and surgeons are forced into larger group practices.

### How do you feel about private equity, and is there a place for it in ophthalmology?

I really cannot see why anyone would want to do this.

### How do you approach marketing your practice and specific procedures you offer?

I have never marketed my practice as such. My practice is rather traditional: My referrals are largely by word of mouth, and we certainly do not get into offering package deals, credit arrangements, or fee cutting. I aim to give highly personal service and provide high-quality care to every patient and to do the best possible for each patient in an open and honest way. Patients can come if they want to see me. Fortunately, this seems to work, and I have been

as busy as I can manage over the years. One of the constant enjoyments is that I get to meet people who have led the most extraordinary lives.

### How do you or your practice keep staff members happy?

I take the staff out for a lunch every year at Christmas time. It is a really enjoyable event, and one hears the most amazing gossip, too.

### What is your end game?

Move on. There is no such thing as a vacuum in life. Fishing, shooting, grandchildren, and gardening call, and perhaps another edition of my book. ■

1. Seal DV, Barry P, Gettinby G, et al, for the ESCRS Endophthalmitis Study Group. ESCRS study of prophylaxis of postoperative endophthalmitis after cataract surgery: Case for a European multicenter study. *J Cataract Refract Surg.* 2006;32(3):396-406.
2. Barry P, Seal DV, Gettinby G, et al, for the ESCRS Endophthalmitis Study Group. ESCRS study of prophylaxis of postoperative endophthalmitis after cataract surgery: Preliminary report of principal results from a European multicenter study. *J Cataract Refract Surg.* 2006;32(3):407-410.

