



WELCOMING DIGITAL DISRUPTION

This issue of *CRST Europe* is dedicated to innovation and inspiration. COVID-19 truly disrupted the world as we know it and changed eye care in ways we are only beginning to understand. Recent articles in *CRST Europe* demonstrate that COVID-19's disruption has brought forth many positive developments, largely out of necessity. Innovations around patient safety and practice efficiencies have been implemented, and we providers have come to regard many of these as the avoiding of detours rather than the taking of shortcuts.

I hope that the innovative approaches to global ophthalmic care presented in this issue's cover series will inspire you to ascend to greater heights, especially as we near the end of the current pandemic. Perhaps it would be more accurate to say that we are nearing the end of the initial pandemic response as we begin to understand how the world has responded to the pandemic. Life is starting to return to something a little more familiar. The virus, however, is going to be with us for the foreseeable future, and we must learn to live with it while protecting the vulnerable and getting economic activity back to prepandemic levels.

As COVID-19 brought unprecedented disruption and innovation, so will digital technology.

Digital disruption is a ubiquitous buzzword, but what is it, and what does it mean? Duncan Welling's op-ed, "Bringing the Future Into Focus" (see pg 6), goes some way to answering these questions. I recently completed an 8-week online course on digital disruption presented by Cambridge University's Judge Business School, and I learned a few things that were new to me. I learned that disruption is likely to come from outside of our industry. Take, for example, Kodak. This company was iconic in the world of photography but failed when it did not convert to a digital medium. Blockbuster Video is another great example of a failed giant that did not adapt to a digital transformation.

Ophthalmology can be readily disrupted by big tech—the technology companies with household names that are part of the fabric of everyday life—so we need to remain both vigilant and open-minded. Disruption may change our industry, but it will not remove the need for medical

expertise and good patient care. I would characterize our field as vision-as-a-service rather than as the ophthalmic industry. When we think *industry*, we have a silo mentality. With an as-a-service model, we think broadly and collaboratively. Digital-based ophthalmology-as-a-service is coming. Can you afford not to participate?

Education across the world has been transformed. Professional societies are feeling the pressure acutely with lower numbers of meeting attendees due to travel restrictions. We all know the power of divide and conquer from phacoemulsification, and we do not want to be on the receiving end of a divide-and-conquer assault. Collaboration and alignment must be at the heart of our actions, but change is afoot.

Uncorrected refractive error and cataract make up about 75% to 90% of the global burden of visual impairment, depending on the reference. Unfortunately, the year 2020 did not mark the eradication of unnecessary treatable refractive visual impairment as was proposed decades earlier. A new approach—a new initiative—is required. The World College of Refractive Surgery and Visual Sciences was established on July 2 with a mission to make refractive surgery its own specialty. I believe that this change is inevitable and that it is for the good of all. Stay tuned to learn more. All who identify primarily as refractive surgeons will finally find a home for their skills, a specialty to belong to, and a mission to identify with.

The more things change, the more they remain the same. Take care of patients first, and the rest will follow. I hope you enjoy this issue of *CRST Europe*, and I look forward to seeing your innovations and how you inspire others in the coming year. ■



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