



# TWENTY YEARS ON: REFLECTION, RESPONSIBILITY, AND THE ROAD AHEAD

Twenty years ago, *Cataract & Refractive Surgery Today Europe* (CRST Europe) was born of a simple recognition: ophthalmology was changing, and surgeons needed a publication that could keep pace with that evolution. I was flattered when David Cox, founder and then president of BMC, the company that produces this and other medical content, invited me to join Joseph Colin, MD, as a founding medical editor of *CRST Europe*. As with its US counterpart *CRST*, the goal was neither purely academic nor purely commercial but practical, immediate, and grounded in real-world surgical experience, with short articles that delivered clear take-home messages.

What began as a European initiative has evolved into *CRST Global*, reflecting an unmistakable reality: innovation in ophthalmology does not respect geographic boundaries. Techniques, technologies, and ideas move fluidly across continents and are shaped by surgeons working in very different environments but united by a common purpose. That global exchange has been central to the identity of *CRST* and remains one of its greatest strengths.

For me, this anniversary carries particular significance. As a founding editor, it marks my 20th year with *CRST Global*—an opportunity not only to celebrate what has been achieved but also to reflect honestly on what we anticipated, what we understood well, and where our expectations have not yet been realized. The publication has had a considerable impact on practice by offering pearls and pitfalls to avoid as well as a sense of what lies ahead. Many colleagues, I know, have kept copies of landmark issues, particularly those charting the evolution of refractive and cataract surgery.<sup>1,2</sup>

Through numerous editorials and contributions, I have returned again and again to the same fundamental questions. Where is our field going? What should we adopt? What should we question? Perhaps most importantly, how do we balance innovation with responsibility? Even the effort to keep lens terminology simple has reflected that balance.<sup>3-5</sup>

Our foresight has proven accurate in several areas. We recognized early that cataract surgery would not remain limited to the removal of an opacity but would become a refractive intervention. That transition continues to mature. Patients rightly expect not just clarity but quality of vision, and surgical planning has to reflect that. Advanced biometry, corneal analysis, and increasingly sophisticated IOLs have redefined both outcomes and responsibilities.

We also anticipated the growing importance of technology, not as an adjunct to but as a central component of surgical care. Imaging, laser platforms, and digital guidance systems have all contributed to

greater precision. AI promises to extend this further still by influencing diagnostics, planning, and potentially intraoperative decision-making.

Although some predictions were realized, others remain aspirational. Nowhere is this more evident than in the search for a true solution to presbyopia. We have long called it the holy grail of ophthalmology, and so it remains. The restoration of natural, dynamic accommodation continues to elude us.

*CRST Global's* work has been shared by an exceptional group of colleagues. Following Dr. Colin's foundational contribution, the publication has benefited from the leadership of many distinguished editors and contributors. I currently have the privilege of working alongside Chief Medical Editors Erik L. Mertens, MD, FEBOphth, and Arthur B. Cummings, MB ChB, MMed (Ophth), FCS(SA), FRCSEd, FWCRS, whose perspectives continue to shape the direction of *CRST Global*. Additionally, I am grateful to the editorial and publishing team at BMC, past and present. The strength of the publication also depends on its contributors—a global community of surgeons willing to share information openly, critically, and constructively.

The challenge for the next decade is not simply to innovate but also to integrate—to ensure that new technologies are adopted thoughtfully, equitably, and with patient outcomes at the center of every decision.

Anniversaries invite reflection, but they also mark a continuation rather than a conclusion. Much remains to be achieved. Some of the questions we asked 20 years ago are still unanswered; others have evolved into new ones.

The future of ophthalmology will not be defined by any single technology or technique but by the collective efforts of those willing to question, refine, and improve the field. It has been a privilege to be a part of that journey thus far, and it is a privilege to continue. ■

1. The history of modern cataract surgery. *Cataract & Refractive Surgery Today Europe*. September 2006. Accessed May 6, 2026. [https://crstodayeurope.com/articles/2006-sep/0906\\_01-pph/?toc=true](https://crstodayeurope.com/articles/2006-sep/0906_01-pph/?toc=true)  
2. The future of refractive surgery. *Cataract & Refractive Surgery Today Europe*. June 2007. Accessed May 6, 2026. <https://crstodayeurope.com/articles/2007-jun/0607inno-pdf/?toc=true>  
3. Daya SM. Let's speak lenspeak. *Cataract & Refractive Surgery Today Europe*. February 2021. Accessed May 6, 2026. <https://crstodayeurope.com/articles/feb-2021/lets-speak-lenspeak>  
4. Ambati B, Daya SM, Trinh T. Standardizing terms in cataract and refractive surgery. *Cataract & Refractive Surgery Today Europe*. March/April 2023. Accessed May 6, 2026. <https://crstodayeurope.com/articles/mar-apr-2023/standardizing-terms-in-cataract-and-refractive-surgery>  
5. Daya SM. What's in a name? Making a case for simple language. *Cataract & Refractive Surgery Today Europe*. September/October 2024. Accessed May 6, 2026. <https://crstodayeurope.com/articles/sept-oct-2024/whats-in-a-name-making-a-case-for-simple-language>

SHERAZ M. DAYA, MD, FACP, FACS,  
FRCS(ED), FRCOPHTH  
CHIEF MEDICAL EDITOR