

# A foundation doctor's top five misconceptions about ophthalmology

BY CARINA MOURITSEN LUXHOJ

Choosing a specialty is challenging. As a foundation doctor, it often feels as if this choice is based solely on fleeting experiences. Compared to other specialties, there is relatively little exposure to ophthalmology during either medical school or foundation years. This can lead to misconceptions which may deter junior doctors from considering this excellent specialty as a career.

As a foundation year one (FY1) doctor, you are entitled to five days of study leave to be used for a taster week of your choice. This time is 'borrowed' from the foundation year two (FY2) study leave quota which allows for a maximum of 10 days that can be used to undertake taster placements [1]. Whether you choose to undertake a taster week in FY1 or FY2, it serves as a useful tool to gain insight into the specialty and ultimately make a more informed decision. For some specialties, having undertaken a relevant taster week also counts towards applications points.

In this article, I would like to share my top five misconceptions of ophthalmology as a foundation doctor, and how I debunked these in my taster week during FY1. I hope this will be useful to others having similar thoughts and will help them in some way benefit from my own experience.

## 1. Ophthalmology is not real surgery

During medical school and my first year as a foundation doctor, I developed a keen interest in pursuing a surgically oriented career. To evaluate this, I undertook numerous attachments and electives in neurosurgery, cardiothoracic and general surgery. As I contrasted this with ophthalmology, I became apprehensive with regards to considering a career in this fine speciality as within my misconceptions I believed that I would not get to do much of what I thought of as 'proper' surgery.

However, during my elective I was proved very wrong. Spending time in different ophthalmology theatres allowed me to see oculoplastic, vitreoretinal and cataract surgeries. Observing suturing with 10-0 Nylon (finer than a human hair!), learning about corneal transplants, enucleations and eye cancer operations made me realise I could not have been more wrong. For the surgically minded there are certainly options within the specialty for long, complex procedures requiring a high level of dexterity, skill and knowledge.

## 2. Eyedrops are the only solution!

Limited exposure in medical school and inadequate knowledge of ocular pathologies can lead to the misconception that within ophthalmology, treatments consist mainly of prescribing eyedrops. Whilst it is correct that topical medications allow for effective treatment of some ocular conditions, as well enabling and facilitating examination, treatment options are varied. Several types of surgery and laser treatments are common, as are the use of systemic oral medications including immunosuppressants and intravitreal injections. Drops are useful and common, however they are far from the only means of treatment.

## 3. "You won't be saving lives, just quality of life"

This is something I discussed with my FY1 colleagues on several occasions and realised that it weighs on the minds of others too.

After my taster week, I would argue that this statement is simply incorrect. For instance, a good example is the special interest area of ocular oncology which focusses on evaluation, diagnosis and management of eye cancers. There are numerous ocular and lifesaving treatment options which in some cases may alter more than just the patient's visual prognosis. Secondly, a person's independence and livelihood largely depend on their vision, the loss of which could cost them their job, leading to serious implications. Blindness is life changing, so if as a doctor you can prevent it, have you not saved a life?

## 4. There is very little variation in your practice

Prior to undertaking my taster week, I was not fully aware of the numerous subspecialties within ophthalmology, such as cornea, glaucoma, medical retina, vitreoretinal, paediatrics, oculoplastic and neuro-ophthalmology. Trainees and consultants in these fields have working weeks consisting of a variety of theatres, teaching and specialist clinics. The specialty allows for a mixture of medicine and surgery allowing for a greater variety of tools and treatments at your disposal. The ophthalmology training programme in the UK ensures that doctors gain sufficient experience in almost all these fields.

## 5. Two words you never hear together: ophthalmology and emergency

Some foundation doctors thrive off the urgency and excitement of emergencies. One misconception that I came across is that ophthalmology emergencies are few and far between. This is not entirely true as in most hospitals, trainees will need to do on-call and night shifts to provide cover for emergencies such as primary angle closure, penetrating globe injury and investigate causes of presentations of acute visual loss. If emergencies appeal to you this is certainly not something you would have to give up if you are considering ophthalmology.

Whether these misconceptions I have described above are similar or very different to thoughts you may be having about ophthalmology, I encourage you to undertake a taster week of your own to see if your ideas and worries about the specialty are well-founded.

### References

1. Careers. *UK Foundation Programme*. <https://foundationprogramme.nhs.uk/resources/careers/> [last accessed June 2023]

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