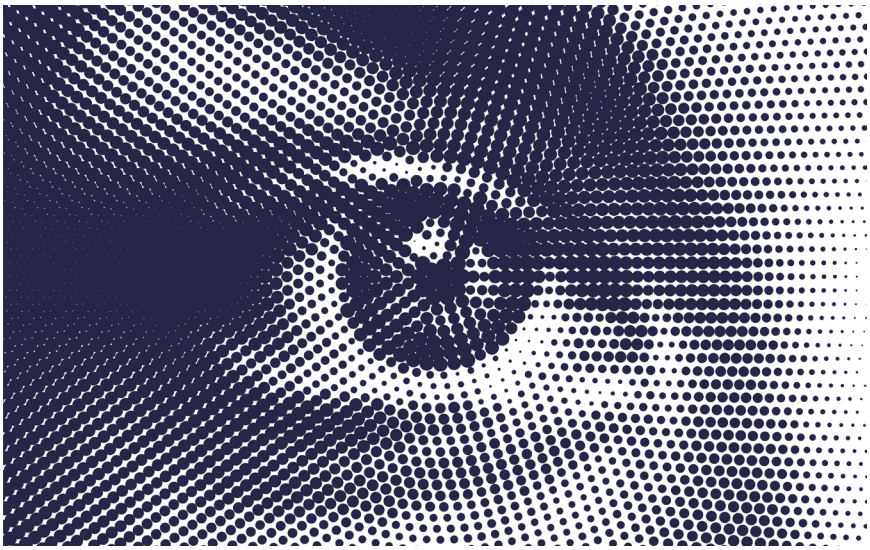
The visual field of empathy: What ophthalmology taught me about seeing the patient

BY IAN CARMODY AND AMAR ALWITRY

It was a busy shift on the ward. Amongst the chest pains and fevers was an older woman referred for confusion. She was quiet, polite, and compliant – the kind of patient who doesn't raise alarms. As we spoke, I noticed she kept turning her head to follow my voice. Her gaze never quite met mine. When I'd finished my clerking, she whispered, "I can't see out of my right eye. I didn't want to be a bother."



Seeing the shadow

Working in ophthalmology has shown me how sight loss rarely arrives alone. It brings with it fear, grief and often silence. Some patients speak openly about their anxiety: about giving up driving, reading or walking unaided. Others, like the lady on the ward, say nothing unless prompted. They quietly adjust, reshaping daily life around a shrinking visual field.

In a recent scoping review I conducted on avoidable vision loss and behavioural change (abstract submitted to the World Ophthalmology Congress 2026), I found that visual impairment can trigger huge life changes. Some patients move house, leave work or even reframe who they are and how they live. A few make major health changes. Others withdraw. The COM-B model (Capability-Opportunity-Motivation) helped us understand these responses, but in reality, the reasons behind these changes often came out in the most human of ways – a passing comment, a tremor in the voice, or a moment of unguarded reflection. What struck me most was how behaviour change rarely begins with information alone. It begins with how patients feel they are seen.

More than OCTs and visual fields

There is a paradox in ophthalmology. It is a specialty rich in diagnostics – visual acuity charts, OCT, fluorescein angiography – yet often allows limited time for conversation. In the face of images and graphs, it can be easy to forget that every distorted retina or pale disc belongs to someone navigating profound change.

One patient with diabetic retinopathy once told me, "My consultant shows me my scans, but I don't think he sees me." That stayed with me. It reminded me that empathy isn't just about being kind; it's about recognising what vision means to someone, and what losing it might take away.

The behaviour behind the behaviour

Some patients adapt astonishingly well to vision loss. Others resist help, miss appointments or disengage. My review helped me think differently about these reactions. Instead of seeing non-attendance or delay as non-compliance, I began to see them as protective behaviours – ways to avoid the confirmation of decline, or the vulnerability of asking for help.

These insights changed how I speak to patients. I now ask, "How has this affected your day-to-day life?" before explaining the scan. I try to understand the emotions shaping their choices, and to see disengagement not as a problem to fix, but as a story to listen to.

This approach aligns with national concerns. The GP Patient Survey has repeatedly identified communication issues in eyecare [1], and rates of non-attendance remain high in glaucoma clinics, often driven by fear, denial or a perceived lack of benefit. These behaviours make sense when we understand their emotional roots. We must meet patients where they are and not just where we want them to be.

Sight loss in context

In the UK, over two million people are living with sight loss – a figure projected to double by 2050 [2]. It is not only a medical

issue but a public health challenge, with implications for mental health, falls risk and social participation.

Recent analysis of the Health Survey for England highlights that people with vision impairment are more likely to experience loneliness, unemployment, and reduced quality of life [3]. The UK National Eye Health and Hearing Study, launched in 2025, will shed more light on these realities [4]. But we already know that how we communicate in eyecare, and how we support behavioural change, has real consequences.

Conclusion: Seeing the patient, not just the problem

Ophthalmology, like the wider NHS, is being called to evolve. The NHS Long Term Plan emphasises the importance of personalised care, shared decision-making, and empowering patients to take part in their own health decisions [5]. We need to ask: What matters to this patient? What are they afraid of? What would help them feel safe enough to engage?

The lady on the ward wasn't unusual, but she was a turning point for me. She reminded me that visual fields don't just test eyesight – they challenge our ability to see the whole person. Ophthalmology, too, has taught me to look closely – to notice the subtle cues, the quiet words and the missed appointments, that hint at something deeper. Behavioural change doesn't begin with health promotion leaflets. It begins with how we listen, how we open the conversation and how we choose to see the person in front of us. And perhaps, above all, it has taught me that in a specialty so focused on sight, empathy is our most important lens.

References

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[All links last accessed September 2025]

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