**6-6-2020: A date gone viral**

**Abstract:**

6-6-2020 was a landmark date for the ophthalmology community not only because of the normal visual acuity connotation of 6/6 and 20/20, but because it genuinely reflects every ophthalmologist’s dream to bring back this vision for every patient**.** The COVID-19 pandemic has forced ophthalmologists to ‘refuse to operate’ albeit for a short period (hopefully). This narrative describes how, during a telemedicine call, a surgeon experienced the distress of refusing to operate a mature cataract and the trauma caused by the disordered goals of eye care during the pandemic

**Main article:**

Today (6-6-2020), the usually bubbly ophthalmology community, very quietly observed this unique day - as the date went *viral* on the social media - not simply because the date matched 6/6 or 20/20- the connotation for normal visual acuity, but it symbolized the goal of every ophthalmologist: ***6/6 or 20/20 in every eye, in every patient***. Despite strong government push and notwithstanding the active efforts of non-governmental organizations in creating an environment for attaining the goal of normal vision in the population, we still face many challenges in reaching the target of “universal eye care” as a part and parcel of “universal health care”1.

“Perfect vision” is what any ophthalmologist worth his salt, genuinely dreams of, for her patient. After a successful cataract surgery when the postgraduate student smilingly reports “Patient’s vision is 6/6”, the ophthalmologist’s cup of joy overflows. In the heart of an eye surgeon, this number has great significance.

Seems wistfully long back...I recall in a typical theatrical style*...those were the days...*when the goal of every cataract surgery was a “6/6 or 20/20”. These days, the number has taken on a new meaning - the minimum “safe distance”. So, don’t look surprised if I tell you that on this day, 6/6/2020, a telemedicine call numbed me and my goal, like a frozen globe.

I said “hello” and the patient said “Doctor, I am Krishnappa speaking” (all names changed, language changed). He narrated his story “Doctor, 6 months back, I had visited your hospital with my wife Sharadamma. Then, you had advised her cataract surgery. Unfortunately, we had deferred the surgery because our granddaughter had just then delivered a baby, and there was no one to take care of the chores at home. Also, her vision was not so bad, you know; she could see till the end of the room and even recognize faces. Now her vision is very poor. She is unable to identify faces. She can only see some light and nothing else. Not in one eye, but both. Yesterday, she added salt instead of sugar to my coffee. Doctor, please tell us what to do? Can we come to the hospital for cataract surgery tomorrow?”

Well, that was his story. Surely, a salty coffee must not have tasted too good.

As I visualized the likely outcome of this unfolding story, I was frozen to the spot. Vivid images, polyopias crowded my vision...“COVID-19, pandemic, lockdown, quarantine, healthcare workers, Personal protective equipment (PPE), aerosol-generating-procedures, PCR testing, false negatives, surgeon-got-infected-died”. These were the many keywords going round like floaters in front of my eyes - *muscae volitantes,* as ophthalmologists would call them*.*

Well, this was my story. My tongue turned ashen. Krishnappa’s salty coffee must surely be tasting better than this!

I recollected the consensus statement released by the All India Ophthalmological Society (AIOS) and pondered the collective wisdom that was shared with us all2. I said “Wait, Krishnappa, can you send me a picture of Sharadamma’s eyes on my WhatsApp number?”. He did, in the next 20 minutes. And in those 20 long minutes, I found myself operating on my cataractous thoughts- *blocking* my anxiety with the anesthetic dose, *incising* into my thoughts with blades and knives, *extracting* ideas as deftly as I would a cataractous lens, *irrigating* with a balanced-mind-solution, *aspirating*  fears, *implanting* confidence with the ease of an intraocular implant and finally *suturing* the right words into the right place- neither too tight- nor too loose- and well placed. I saw myself consolidate into a single-piece.

And there I was, looking at the picture of Sharadamma’s cataract - what an undergraduate student typically describes as ‘pearly white’ - which meant that the cataract was mature and needed surgery urgently for two reasons: the eye was needlessly blind and if left alone longer, could result in complications and permanent loss of vision. I needed some breathing time...a shot of high-flow oxygen. “Please send me clearer and closer pictures of each eye, once again”. I said in a heavy voice. 10 minutes later, the cataract hadn't changed a bit. And to my big relief, it had not turned milky white like the more advanced hypermature cataract! The next task was ‘deep breathing’?.

No, the next task was ‘counselling’. But before that, I needed some comforting “No’s” from him. Is the eye red? Is the eye painful? Is the eye watery? These were my questions to remotely assess if the cataract already had developed complications and the answers were relievingly “No”, “No” and “No”. That meant it was not an ‘emergency’. Well, I needed to hear more of these “No’s”. Is she a diabetic, hypertensive? Any other illness? It was again a triple No. This meant ‘no co-morbidities’ and the risk of surgery was not high. I wasn't happy yet. I was craving for more. And then occurred to me what I often teach my students “Don’t treat a patient only as two ‘eyes’, treat the patient as a whole” with due consideration to the context. Now I thought of her, as one part of this whole pandemic.

I resumed my enquiry. “Any episodes of fever? Or cough? Or shortness of breath?” I heard the triple ‘No’ again and each ‘No” was a firm ‘No”. I realized by now, that there was only one ‘No’ I wanted to hear. “No for surgery”, at least right now. I mustered some courage “See, Krishnappa, Sharadamma is very lucky. Her cataract is mature, but not hypermature, yet. So, it is not an emergency, right? You know about the Coronavirus. It has affected so many people and so many have died. Therefore, we have temporarily stopped operating. We are planning to start operations very soon, maybe in 2-3 weeks time, once the pandemic comes under control. And it is very unlikely that Sharadamma’s cataract will develop complications within that period. You can definitely wait. No problem. Once the OT starts functioning, we will call you. And Sharadamma will be one of the first to get operated. So don't worry. But remember, in case she develops redness of eyes or watering or pain in the eyes, come immediately- then don't delay. Because, once it gets complicated, vision cannot be guaranteed. Right now, preventing corona infection (read saving life) is more important than vision. To me, I sounded convincing.

There was silence on the other side of the phone, along with blindness. I heard what he never said:

*“Is it not too late, already?”,*

*“Did you not say, don't wait for the cataract to mature, during the last visit?”*

*“What happened to the goal of Vision 2020 and preventing anyone from becoming needlessly blind?”*

*“What will come first: the day of complication or the date of surgery?”*

Only time would tell.

Pre-corona, the distress among ophthalmologists was different. We had to deal with the combinations of successful surgeries, but unhappy patients: we call them- 6/6-yet-unhappy patients. Such patients scrambled our sleep. Today, in the COVID-19 pandemic, we are wishful to find a blind-yet-very-happy patient. Letting them remain in the dark,is going to scramble our waking hours too. Our goal has shifted from an acme of perfection of 6/6 vision without any of the minor imperfections like astigmatism, glare or dryness of eyes, to serious preoperative concerns of contracting COVID-19 infection or spreading it during the preoperative work-up: infinite questions come to mind: whether to do syringing or not, tonometry or not, phaco or not, PCR or not, aerosol-generation or not, admission or not, testing or not and operate or not!

We were never warned of such a possibility.

The ophthalmology community today (6-6-2020) therefore quietly observed this unique day with a distinct lack of enthusiasm. Now we know why! We are confused whether tears bring corona to us, or corona brings us to tears. Hands that typically turned itchy on seeing a cataract, are now busy getting sanitized. We, the surgeons, are maintaining social distancing from the 6/6 goal and wearing a mask to hide our helplessness about our duty to care. By the year 2020, the goal of the World Health Organization was to eliminate all preventable and curable blindness as a part of the Vision 2020 Global Initiative.3

Notwithstanding, we are at such a chiasm, where we are uncomfortably, but surely avoiding surgeries on patients to prevent spread of infections in a pandemic, albeit, temporarily and not permanently. Our duty to care and self-protection are in a conflict. It has taken several years and tons of hard work to achieve the goal of 6/6 for our patients and now it has taken one little virus to drive that goal away from us. Hopefully this phase will become evanescent soon. The gold standards will return, so also the goals of the subdued ophthalmologist.

References:

1. Rao GN. Universal health care: Can Indian ophthalmologist community set an example?. Indian J Ophthalmol [serial online] 2020 [cited 2020 Jul 31];68:281-4. Available from: <http://www.ijo.in/text.asp?2020/68/2/281/276162>
2. Sengupta S, Honavar SG, Sachdev MS, Sharma N, Kumar A, Ram J, Shetty R, Rao GS, Ramasamy K, Khanna R, Jain E, Bhattacharjee K, Agarwal A, Natarajan S, Lahane TP, Writing Committee on behalf of the All India Ophthalmological Society - Indian Journal of Ophthalmology Expert Group for COVID-19 Practice Guidelines. All India Ophthalmological Society – Indian Journal of Ophthalmology consensus statement on preferred practices during the COVID-19 pandemic. Indian J Ophthalmol 2020;68:711-24. Available from: <http://www.ijo.in/text.asp?2020/68/5/711/282906>
3. <https://www.who.int/blindness/partnerships/vision2020/en/#:~:text=The%20mission%20of%20the%20VISION,issue%20by%20the%20year%202020.>