

From the Editors



This Editorial comes to you from the Falkland Islands, a group of remote islands rich in wildlife, sitting at the gateway to Antarctica in the South Atlantic, where I am on my biennial cataract tour. The Islands are in the middle of their elections and the main theme is transparency in government – where have we heard that before? In keeping with the global theme of *Eurotimes*, this edition covers meetings in Lisbon, Fort Lauderdale, London, Berlin and Dubai.

Back home in the UK, it appears to be open season again on attempts to privatise the health service. In Oxford, Netcare, the South African company, have only done 25% of the cataracts they have been paid for: one of the problems with giving patients choice is they can choose, and they have chosen not to have their cataract removed by Netcare, but by the Oxford Eye Hospital. This is good news for us, but not for the local healthcare commissioners (or the taxpayer) as they were required to guarantee Netcare's

income (known as a take or pay contract) so someone will have to pay twice. Don't misunderstand the UK ophthalmologists, we are not against Netcare on a personal basis and we believe they are not against us.

For patients to make a real choice they need to be informed, not just about their procedure but also about who will do it. The report of the study by Groppe (page 38) on patient information is fascinating and very important. It found that written information is more important than verbal and that patients prefer this to come from Ophthalmologists rather than others. In the UK there has been a determined and consistent pressure from the Department of Health to anonymise healthcare with the surgeons becoming mere technicians with personal referrals actively discouraged.

Elsewhere in this issue we explore two possible myths in refractive surgery: that wavefront is better than standard laser

treatment and femtosecond laser flaps are better than those cut with a microkeratome. There are several articles in this issue which stimulate the debate as to which treatment is best although as always one must be aware of commercial bias.

The next Winter Refractive meeting is in Monte Carlo and for the first time we will have a Cornea Day prior to the main meeting. This innovation along with the launch of the Refractive Surgery Outcome Information System is two of the latest initiatives from the Society.

This is the last issue of the year and I would like to thank everyone for their support and hard work, in particular our hardworking team of editors and writers.

Happy New Year.

Paul Rosen

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