

Jay Duker, MD

Jay Duker, MD, is the Chairman of the Ophthalmology Department at Tufts University School of Medicine and Tufts-New England Medical Center.



1. What technique do you feel will have the greatest impact on vision in the short and long-term?

In the next 5 years, I do not see many radical innovations changing the field of retinal therapy the way that say, OCT or the anti-VEGF treatments have changed our management of age-related macular degeneration (AMD) in the recent past. That said, I believe that there will be a fine-tuning of the current technologies and treatments for wet AMD along with other retinal vascular disorders. In addition, we will also continue to move toward a less risky and less invasive small-gauge retinal surgery.

For the future, I suspect that the greatest advances will be in the area of genetic therapies. I believe we will see improvement in (1) our ability to identify patients at risk for disease by their genetic profile and (2) prevention of the disease through genetic manipulation.

2. How did you become involved in ophthalmology?

My father lost one of his eyes when he was very young, and I think that fact, coupled with my interest in medicine, motivated me to pursue a career in vision and eye care. When I went to medical school, I also discovered that ophthalmology offered me many of the things that I was interested in—a technologically driven specialty, a surgical subspecialty, and the ability to maintain long-term continuity with my patients.

3. Of all the subspecialties you've practiced, is there one that you take a special interest in?

I sometimes joke that I am a jack-of-all-trades, and a master of none. My retina practice is rather disparate; I see patients with tumors, uveitis, pediatric cases, difficult retinal detachments and unusual medical retinal cases. About 8 or 9 years ago I would have said I took the most pride in working with AIDS patients with CMV retinitis. But fortunately because of improvements in their care, we see very little of CMV retinitis these days.

4. What do you find to be the most challenging hurdle in your field?

Along with taking care of patients, academic ophthalmologists also have the additional mission of research and education. That, of course, takes time, effort and money. In most hospital systems however, there is not a lot of additional funding available for the time and effort that we put in to do these things. I feel there is a potential funding crisis for quality educational programs in the coming future. Without money, the best people and the best technology will no longer be available to teach the next generation of ophthalmologists.

We are currently sheltered from this in some ways, but in the future, the only solution is to continue to find endowed funds for the department. We also need to continue educating people on the importance of ophthalmology to the general function of the hospital system and its patients.

5. What is your advice for the next generation of retinal specialists?

My advice to retinal specialists is the same advice I would give any new professional—be passionate about what you do. If you are passionate about it, you will want to excel and you will strive to continually improve yourself. You will continue to educate yourself and stay on top of the advances that are bound to occur in any field.

I truly believe if you feel passion toward your profession, it all falls into place after that. ■