

# Pandemic Brings New Standards to Eye Care

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The coronavirus disease 2019 (COVID-19) is a public health emergency of global magnitude. The disease is caused by the severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) which spreads primarily during close contact, through droplets of saliva from an infected person. A study by Lu *et al.* suggested that the ocular surface might also be another mode for transmission, putting the ophthalmologist at risk of contracting the disease.<sup>1</sup> It was an ophthalmologist, after all, who sounded the alarm about a possible outbreak of COVID-19. Dr. Li Wenliang was the ophthalmologist in Wuhan, China who recognized the escalating number of cases with suspicious symptoms. Unfortunately, he got infected from an asymptomatic glaucoma patient and later died in February 2020. This draws attention to the crucial role of ophthalmologists in this pandemic, even if they are not directly involved in saving lives.

While history will remember COVID-19 pandemic as the menace that upended the ophthalmology profession, it is likely that it will also be regarded as the impetus for new standards in eye care delivery. Over the past two decades, the Philippine Academy of Ophthalmology has embraced the rigor of developing evidence-based clinical practice guidelines. This process of guideline development can be resource-intensive and time-consuming. To ensure that our guidelines were trustworthy, study eligibility criteria, search sources, data extraction and quality assessment were utilized to describe the quality of evidence and support clinical recommendations. Yet in the blink

of an eye, the profession has been abruptly disrupted and compelled to adapt to the pandemic in ways never imagined. Without a blueprint for responding to this crisis, governing bodies across the globe rallied to develop guidelines and protocols in no time, eliciting some uncertainty in benefit-risk determinations. Although this is understandable in times of urgency, suboptimal alternatives to systematically developed guidelines should not be an option where patient care and health worker safety is concerned.

From the onset of the COVID-19 pandemic, several practice protocols and infection control precautions have emerged one after another. However, the practice of ophthalmology poses a unique challenge because of the proximity and prolonged contact time by which eye exams and procedures are conducted. With respect to every patient seen, the goal is to balance the need to deliver optimal eye care while mitigating the risk of COVID-19 transmission. It is in this framework that the PAO Committee on Standards presents this compendium of practice guidance for safe and effective ophthalmic care in the era of COVID-19. As more data become available with the evolving pandemic, these recommendations are expected to change. But one thing is clear; the duty to save sight will remain unchanged.

## REFERENCE

1. Wei LC, Fen LX, Fang JZ. 2019 n-CoV transmission through the ocular surface must not be ignored. *Lancet*. 2020;395:e39.