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Returning to Ophthalmology Practice

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On March 18, the American Academy of Ophthalmology issued a practice guidance document titled "New Recommendations for Urgent and Nonurgent Patient Care" that said, in part, "Due to the COVID-19 pandemic, the American Academy of Ophthalmology now finds it essential that all ophthalmologists cease providing any treatment other than urgent or emergent care immediately."

It is now time to consider the process of reopening ophthalmology care.

Our efforts and the efforts of millions of our fellow citizens have succeeded in flattening the curve compared with the prognostications of many of our most thoughtful public health experts. Some parts of our country (most notably places like New York City, New Orleans and Detroit) have suffered horribly. Other areas, thankfully, have had a considerably more muted experience.

A key observation from this experience is that the impact has been regional, but that we are all connected. A hot spot in one area can impact other areas if we don't take care to limit transmission.

And so, while the Academy made a national recommendation to curtail ophthalmic practice, the decisions to reopen more normal practice will be local and regional. They will be based on local and state governments, on public health authorities interpreting local patterns of disease, on testing availability, on institutional policies and ultimately on individual ophthalmologists. While we closed routine practice nationally, we will open locally.

We are not returning to normal. The lessons learned from COVID-19 may mean that the normal of January 2020 may never approximate the normal of the future. We will have the SARS-CoV-2 virus with us for years. We will always have the memory of what it means to shelter in place for weeks on end, to furlough staff and to defer patient care. What we must do now is develop the processes to provide patient care in a new normal.

This will not be an issue of waiting for someone to signal the "all clear" and turning on the lights. We all will have to make decisions about protocols for use of personal protective equipment, antibody testing of staff, expectations as to social distancing, and scheduling templates to accommodate new clinical protocols. Patients will not be comfortable sitting shoulder to shoulder in a packed waiting room. And that's just the tip of the iceberg.

In the ensuing weeks, the Academy will issue guidance documents detailing specifically how to approach and manage some of the key decisions in reopening more normal practice in the COVID-19 era.

Make no mistake, SARS-CoV-2 is still with us. The risk of virus transmission and serious illness or death is still with us. We simply must use our accumulated experience and scientific information and adapt to it. We must be thoughtful and careful—for our patients, our staff and colleagues, and for ourselves and our families.

Each practice and organization will need to make its own decisions based in part on local factors. The Academy will try to provide you with tools, resources and suggested options in the coming weeks. We all want to get back to work, do what we were trained to do and fulfill our mission of protecting sight and empowering lives—while keeping everyone as safe as we can.

Thank you for all you've done. We pledge our support as you resume your more complete scope of ophthalmic care.

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