Foreword
When to Refer

Of all the challenges faced by general internists and other primary care providers, When to Refer is among the most important. Patients present with problems that may be outside their providers’ area of expertise, both diagnostically and therapeutically, and so referral to an appropriate specialty colleague is required.

In no field is this more vital than ophthalmology. As Guest Editors, Drs Paul J. Bryar and Nicholas J. Volpe in Eye Care for the Internist explain in their Preface, there are many reasons for this. Suffice it to say, primary care providers rely on ophthalmologists to ensure their patients are receiving proper treatment for ocular and vision problems.

But that is not to say that these internists and their primary care colleagues should not be handling many ophthalmologic complaints seen in office practice. They can and should. Moreover, these same primary care providers have a critical role to play in ensuring that their patients are receiving appropriate eye care and taking measures that can prevent blindness. Medicine is a team sport, basketball, if you will, and primary care providers need to know how and when to pass the ball, but also when it is best for them to take the shot.

In his recent book, Think Again: The Power of Knowing What You Don’t Know, organizational psychologist Adam Grant correctly points out the value of identifying the boundaries of one’s knowledge. All true. But is it not also valuable to push these boundaries? I want to know as much as I can about the ocular and vision problems my patient brings to me. I want to know how to evaluate their complaints and ensure that they are receiving proper preventive care.

Eye Care for the Internist provides an up-to-date guide to accomplishing exactly that. Drs Volpe and Bryar, and their expert authors, have done us all a great service by bringing together in one issue what primary care providers need to know and what their ophthalmologic colleagues are able to do. Topics range from common ocular complaints that primary care providers should be able to handle, to ophthalmologic, vision-threatening emergencies. Eye problems associated with common
systemic illnesses are covered, as are the highly prevalent ophthalmologic illnesses (eg, glaucoma, cataracts, and macular degeneration), and less common but still important problems managed by our ophthalmology colleagues, such as oncologic ocular issues. The issue also includes an article on eye problems seen on the inpatient service. All these topics are presented specifically for practicing primary care providers, who need to understand the eye and vision problems their patients bring to their attention, and when to refer. This is a valuable resource, indeed.

Jack Ende, MD, MACP
Department of Medicine
Perelman School of Medicine of the
University of Pennsylvania
5033 West Gates Pavilion
3400 Spruce Street
Philadelphia, PA 19104, USA

E-mail address:
jack.ende@pennmedicine.upenn.edu

REFERENCE