

# To See and to Feel

Category: Behind Closed Doors

written by Soraiya Thura | April 27, 2021

One of the most interesting aspects of being an ophthalmologist is the daily need to interpret what patients say they see.

Is it a flash or a floater? A gray spot or a fuzzy, broken line? Perhaps a shining area in the upper corner of your vision? Or maybe two images side by side? And what does “blurred vision” mean to any given person?

We ophthalmologists study color photographs and diagrams and read chapters dense with information about human visual phenomena. And then, in the exam room with every patient, we correlate that knowledge with what our patient says they see.

Sometimes, an examination will immediately reveal the source of a patient’s problem. Sometimes, imaging will help us piece together the reason for a patient’s decreased vision. But sometimes, a patient’s symptoms will not be clearly understood—perhaps because they don’t know how to explain the problem, in words they’re comfortable using.

There are times that I wish I could see what my patient sees, feel what my patient feels. When I explain to someone that they will need an intravitreal injection for macular edema, or a laser procedure to open up the drainage system in their eye, they express anxiety and apprehension. “Doc, please be careful,” they say. “It’s not just any body part—it’s my eye.”

I’ve dedicated my life to taking care of eyes. Although I can’t see what my patients do, or feel exactly what they experience in the clinic or the operating room, their trust is absolutely everything to me. Sight gives my patients confidence, a way to view the world, and, for many, their livelihood. I put every bit of my energy and attention into every eye I treat so my patients will not be deprived of the beauty of viewing whatever they can, each moment of their existence.

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