Greetings to the readership, and welcome to another issue of CRST Europe. We start a new decade of this millennium amidst a number of concerns, including a recession and downturn in elective activity; a period of consolidation for both the profession and the industry; and increased scrutiny over relationships between doctors/health care professionals (HCPs) and the industry. This issue touches on all of the above topics.

**PHAKIC IOLs**

Adding new tools and technologies to our armamentarium increases our potential to deliver quality health care to patients and grow our practice. Phakic lenses for the correction of refractive error, which is this month’s cover focus, is one technology that has phenomenal potential for growth. With the AcrySof Cachet (Alcon Laboratories, Inc., Fort Worth, Texas)—a new entrant into the market although not new technology—phakic lenses will again receive more interest and, in my opinion, they should. The various articles in this cover series, providing pros and cons as well as technique pearls, are valuable for both those surgeons teetering on the edge of getting started and those who are adept with one technology and considering another. Reading through the articles, it struck me that there are well-demarcated camps (almost evangelical) in terms of preference of type of lens. As a user of both the Visian ICL (STAAR Surgical, Monrovia, California) and iris-fixation technologies, I recognize that there is considerable overlap. However, both designs have unique advantages and disadvantages based on their use in individual patients. Our readership is encouraged to consider the additive option of phakic lenses in their respective practices, as these lenses provide numerous advantages, including exceptionally good refractive optics for high levels of correction, accuracy of correction including astigmatism, and, most of all, reversibility.

**EUCOMED’S UPDATED CODE**

Moving from refractive technology to the issue of ethics, we think that Medical Technology Collaboration: Getting the Balance Right (page 70), which highlights the updated Eucomed Code of Business Practice, will be of interest to readers. It is laudable that this area is addressed and that several major industry players are signatory to Eucomed. It is well worth reading the Eucomed Code of Business Practice and in particular the Guidance Document, which provides a series of questions and answers. The spirit of the code is excellent; however, like anything else, applying it raises some challenges. Some of the examples provided in this article, such as informing the employer of the nature of a relationship between the industry and HCP, are debatable and may work adversely. Surely if there is a relationship that an employer must be aware of, isn’t it best declared by the employee (a professional) rather than a third party? The role of the industry is to come clean and, in this world of openness, perhaps declare all transactions publicly for any to evaluate (personal view). The key issues are transparency and integrity. Where the latter might be lacking and assumed to be so because of exchange of benefit, there will undoubtedly be a level of discomfort in the knowledge that the content of the relationship is disclosed somewhere.

It is CRST Europe’s intention to constructively debate these ethical issues in a series of articles, and we shall be grateful for your contribution. As usual, please do not hesitate to write to us at letters@bmctoday.com.


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