

## *Lessons Learned from an Absent Friend*



*David W. Parke II, M.D.  
DMEI President and CEO*

*"...he was its  
touchstone –  
the  
quintessential  
embodiment  
of the DMEI  
family and its  
mission."*

Hal D. Balyeat, M.D. died on May 24, 2003 at the age of 63. He joined the Institute faculty over 27 years ago, shortly after it opened. Hal was not only its "senior physician", he was its touchstone — the quintessential embodiment of the DMEI family and its mission.

Hal did not consider himself a "surgeon/technician" served by "employees" whose "job" it was to operate on "consumers of health-care". He was proud of being an ophthalmologist/physician as part of a team caring for people. One of his famous (at least to me) statements was "Now don't get me wrong when I say this, I do love getting paid for my work, but I do think I'd also pay for the privilege." Hal's professional legacy is not simply the patients whose lives he changed, but the very organization, profession, and community he served. For that reason (and many others), I'd like to share and celebrate some of his lessons learned.

Hal loved the role of teacher —

and of learner. He was renowned as a teacher of cataract surgery. For many, many more years DMEI residency graduates will periodically stop in the middle of a difficult case and think "Now what would Hal do?" He was also a great teacher to students and residents of the art of medicine—how to best serve your patient; not simply clinical problem solving. Although a lifelong learner of the science of ophthalmology, he was also a lifelong learner of the human condition from individual people. Hal got as great (and sometimes greater) enjoyment from talking with poor panhandle farmers as he did from talking with wealthy captains of industry.



*Hal Balyeat playing "the patient" for a future ophthalmologist.*

Hal's illness wasn't a secret. In the winter 2002 edition of this newsletter, Hal wrote a piece entitled "The Physician Patient" in which he chronicled his life with leukemia and how it had changed him. (That piece has been reprinted nationally and remains one of the most powerful personal statements I've ever read). What are lessons here for all of us? I'd like to quote several of the more remarkable passages in Hal's own words:

First: *"I quit worrying about the small things, which make up most of life. I am certain that this has helped me as a husband, father, and physician."* (Hal usually expressed this as "Don't sweat the small stuff"). Most of us who've faced our own mortality—a potentially fatal accident,

the loss of close friends or family, or a life-threatening illness—recognize this. Some subsequently forget it; for others it becomes a permanent part of our personal credo (as it was for Hal). One of the best examples of this occurred when we were building new research laboratories on the Institute's fourth floor directly below Hal's office of 15 years. We had to run vent pipes through the fifth floor walls to the roof. As a practical joke, I had the contractor make it look like the pipe ran right through the middle of Hal's office directly in front of his desk. His



*The infamous vent pipe in Hal's office*

response was not anger or frustration, but rather "Well, I can live with this—maybe even hang pictures from it". Several people urged Hal to complain about the violation of his private office. He took the opportunity to educate them regarding the Institute's greater need to develop research. (The fake pipe suddenly disappeared two weeks later to Hal's great amusement).

Hal didn't mean "ignore the small stuff". Many times it is the little things that count. Just don't let them get out of proportion and consume you. Let me give you an example. One day the O.R. announced that they would have to cancel surgery on a poor patient from out of town who didn't have a ride to his motel after surgery. (The O.R. requires that patients must have a ride home after surgery with a responsible adult.) Rather than get angry about the circumstances, Hal simply did the surgery, put the man in his car, drove him to the motel, made sure he had money for dinner, and came back to work.

Second: *"It is better to be a health care provider than a health care recipient."* Here's an obvious lesson for physicians, nurses, and all involved in the planning, administration, and delivery of healthcare. Be thankful it's not you with the problem in the examining chair. But treat that person as if it were you (or your

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husband/wife/child/parent) in that chair. And remember that some day it will be you.

Third: "...the natural human emotional responses to a life-threatening disease, once conquered, permit you to better relate to your disease and to your family".

You could write a book (and some have) on this subject. Hal didn't deny the presence or value of emotional response. In fact, he recognized it as natural. However, once he got beyond the anger and sadness, Hal saw himself as just one more person in the grip of a life-threatening struggle with disease. *"Isolating the disease as only a medical problem is beneficial. Viewing the disease as a formidable adversary, which must be dealt with, removes much of the stress..."* Hal learned not to deny his leukemia out of fear or grief, but as a challenge to be overcome. And that approach helped his family enormously.

*Hal's message ... very few of us behave the way we would if we truly knew that our time was limited.*

Fourth: *"Being a physician patient also helps in that there is a clearer understanding of the disease process and the treatment goal."* I think there are two lessons here. First, for the nonphysician patient (and potential patient), disease processes and treatment goals are sometimes maddeningly complex. Coming to an intelligent accommodation with an incompletely understood disease therefore requires a certain degree of faith and trust in your healthcare team. Second, for the physician, nothing may be initially more important than helping your patients understand their diseases and treatment goals—so they may develop faith and trust where understanding is impossible.

Fifth: *"Would I have the disease if I had a*

*choice; perhaps. I believe it has made me a more compassionate, tolerant physician and a more loving husband and father."*

Hal really meant this. I am forever haunted by a close medical school friend of mine (a neurologist) who was admitted to the hospital at age 30 to discover that he had a lethal brain tumor. At 4:00 p.m. the afternoon after diagnosis I sat beside my friend and told him how sorry I was. He told me not to worry. He knew that with treatment he had about two good months of life ahead. He planned to enjoy his children and wife like he never had before. It gave him great solace. By 5:00 p.m. that afternoon he was dead.

Hal's message was this—very few of us behave the way we would if we truly knew that our time was limited. Hal got that message 17 years before he died, and he lived the way he'd like to be remembered for over 6,000 days. He expressed the love he felt; he enjoyed his family, his friends, and his patients. He didn't sweat the small stuff. And when his disease rose up, he confronted it using every bit of medical knowledge he possessed — ultimately choosing to risk a quicker death for the possibility of a cure.

Now as I sit in my office in the early evening, exactly six months later, it is strange and difficult to believe that he isn't still here—down there in the clinic or coming back from the O.R. It's about time for him to come whistling down the hall, pour a cup of coffee, sit down to share the unusual (frequently humorous) events of his day, and then don his OU jacket and wander down with me to our cars. His presence will be palpable here for decades to come, not only as a cherished friend and colleague to many, but for lessons learned—and shared. ▲



Hal D. Balyeat, M.D.  
1940-2003



# HAL D. BALYEAT MEMORIAL FUND

The Balyeat Family requested that, in lieu of flowers, donations be made to the Dean A. McGee Eye Institute in Hal's name. These gifts are a tribute to his phenomenal legacy of teaching, patient care, and many friendships. They have become the Hal D. Balyeat Memorial Fund. These gifts, along with subsequent donations to the Fund, will be used to name and endow the DMEI cataract surgery clinic as the **Hal D. Balyeat, M.D. Cataract Surgery Center**.

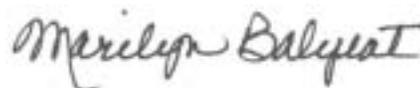
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*“Dr. Balyeat’s family would like to thank his many colleagues, patients and friends for bringing him so much joy during his twenty-seven years at the Dean McGee Eye Institute.”*



# images from DMEI

—THE INSTITUTE AND THE EYE



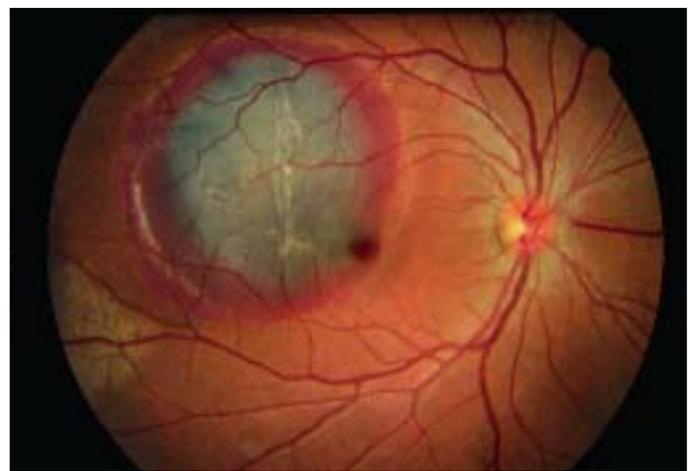
*DMEI ophthalmology residents, clinical fellows, and some of their teaching faculty.*



*Walter J. Stark, Jr.; Richard Abbott, M.D. (the 2003 Stark Memorial Lecturer); and Dr. Parke.*



*A child's eye with a number two pencil tip embedded in it.*



*A large pool of blood under the retina following an injury.*



*A Loa loa worm under the conjunctiva acquired in Africa.*

## DESPITE ALL OUR SUCCESSES, CHALLENGES STILL REMAIN

This past year the physicians and staff of the Dean McGee Eye Institute (DMEI) provided care to more than 120,000 patients from Oklahoma and the surrounding area. The care and compassion these patients receive from the physicians at DMEI is tremendous to witness. Whether an infant needs cataract surgery or an elderly patient suffers from macular degeneration, the physicians at DMEI endeavor to provide the finest quality care to each patient. Its Board of Trustees, physicians and staff are dedicated to making the Eye Institute one of the top ophthalmology institutes in the nation. For example:

- DMEI is one of the largest eye institutes in the nation in terms of number of ophthalmologists and scientists on its faculty.
- Over the past decade, DMEI's vision research program has grown faster in National Institutes of Health (NIH) funding than any other in America.

### "NUMBER 8"

*According to the National Institutes of Health, DMEI/OU Department of Ophthalmology now ranks 8th nationally among all U.S. medical school Departments of Ophthalmology in NIH research funding.*

- DMEI physicians participate in over 20 current, active Institutional Review Board-approved clinical trials, contributing to medical science, and offering our patients investigational treatments and surgeries they otherwise would be unable to access in this region.
- Over half of the ophthalmologists at DMEI's main campus are listed in "Best Doctors in America".
- Over 40% of Oklahoma's ophthalmologists received a part of their training at DMEI.

- Every medical student at the University of Oklahoma College of Medicine learns eye examination skills at DMEI.

So, what are the challenges? Even with all the successes DMEI has achieved over the last 28 years—there still remains much work to be done. Consider these facts:

- The number of people in America who suffer vision loss continues to increase.
- One in five Americans suffer from a visual disorder not correctable by glasses.
- Eye disease can affect anyone, but particularly affects children and those older than 55.
- One million Americans age 40 and older are blind; 14,000 are Oklahomans.
- 3.4 million Americans age 40 and older are visually impaired; 45,000 are Oklahomans.
- Blindness and vision impairment cost the federal government over \$4,000,000,000 annually in benefits and lost taxable income.
- Each year, another 6 million Americans are diagnosed with serious visual disorders.

The challenges are great but the Dean McGee Eye Institute has a vision of the future—that no one will ever have to worry about future sight. That is why DMEI truly has grateful patients and friends who believe in what we do and continue to support our mission.

As the year comes to a close and you are thinking about your charitable gifts, we hope



*Penny Mills Voss, CFRE  
Vice President for  
Development, DMEI*

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that you will consider supporting the Dean A. McGee Eye Institute Foundation. Remember, many types of assets may be given to the DMEI Foundation including cash, securities, real estate, retirement plan assets, and personal property. Your gift can be restricted to vision research, patient care, or education. Similarly, your gifts can be unrestricted, making funds available for the changing needs of the Eye Institute. Whatever you decide this holiday season, please know how important your gift is to the future of the Eye Institute.

#### 2003 ANNUAL APPEAL IN SUPPORT OF INDIGENT CARE

Gifts received during this year's Annual Appeal will help support DMEI patients who cannot afford treatment and have limited means of paying. The physicians, faculty and staff share a



commitment for providing care to all patients—regardless of their ability to pay. DMEI provided close to \$1.5 million in uncompensated care to patients in the Oklahoma region during the past year.

When we wrote to you last year requesting your support for indigent care, many of you responded with gifts and pledges of all sizes. With your help, we raised more than \$76,000 to support indigent care. The physicians and staff here at the Eye Institute are truly grateful to all of you who responded in such a generous way.

A few weeks ago, you may have received a letter from the Dean A. McGee Eye Institute

Foundation requesting your support for indigent care. We hope you will take a few moments to read the letter and consider making a gift this year. Your generosity will make a difference in the lives of these people and their families.

#### OTHER GIVING PROGRAMS:

##### MEMORIAL/TRIBUTE GIFTS:

You might want to consider making a gift in honor of a loved one or in memory of someone very dear to you. Memorial and tribute gifts allow you to thoughtfully remember family members and friends who have been a vital part of your life.

##### PLANNED GIFTS:

A bequest, gift annuity or charitable remainder trust are just some of the ways you can make a gift to the Eye Foundation while maintaining control of your assets or retaining an income for your life.

If you are interested in learning more about the Dean A. McGee Eye Institute Foundation's giving programs, please contact:

Penny M. Voss, CFRE  
Vice President for Development  
(405) 271-7801  
e-mail: penny-voss@ouhsc.edu



#### HOW TO MAKE A GIFT:

The attached self-addressed return envelope has been included to provide you with an easy way to make a gift to the Dean A. McGee Eye Institute Foundation. Just fill in the appropriate information on the envelope and return it with your check to the Eye Foundation. After your gift has been recorded, we will send you an acknowledgment and tax receipt for your records.

## DR. TRIGLER JOINS PEDIATRIC OPHTHALMOLOGY SERVICE

Lucas Trigler, M.D. has joined the staff of the Dean McGee Eye Institute and the clinical faculty of the OU College of Medicine in pediatric ophthalmology. He joins DMEI from Duke University.



*Lucas Trigler, M.D.*

A native of California, Dr. Trigler graduated with High Honors from the University of California. He received his M.D. from George Washington University in Washington, D.C., spending one summer as a research fellow at the National Institutes of Health. Following internship at Georgetown University, he completed residency at DMEI/University of Oklahoma. Twice during his training he won the annual Acers Resident Honor Award for original research. Following completion of his residency, he dedicated one year to fellowship training in pediatric ophthalmology at Duke University.

“Lucas had the pick of every major fellowship in the country,” notes Dr. Mike Siatkowski, Professor of Ophthalmology and senior pediatric ophthalmologist at DMEI. “It’s not too often you find his kind of patient care talent combined with an interest in clinical research and in teaching. Only our close ties with Duke kept them from hiring him after his fellowship.”

In addition to expertise in pediatric ophthalmology and adult strabismus surgery, the Duke fellowship offers expanded training in pediatric cataract and glaucoma surgery. Dr. Trigler will see patients at the main DMEI campus as well as at its Edmond office.

“Lucas Trigler is already offering so much to the Institute and to our patients,” comments Dr. Parke. “We desperately needed additional help in pediatric ophthalmology. Mike Siatkowski was burning the candle at both ends with his clinical practice, research, and national responsibilities.

Lucas allows us to expand our care to Edmond and provides a new dimension in our teaching and clinical trials work. On top of everything else, he’s simply a superb physician and a wonderful, caring person. He’d been our resident; we knew what we were getting when we recruited him.”

Dr. Trigler’s wife, Stacy, is an attorney. They live in Edmond with their daughter, Grace. “My family and I are glad to be back in Oklahoma, and I’m excited about the opportunity to make a meaningful contribution to pediatric ophthalmology in our community,” says Dr. Trigler. ▲

### SELECTING CHILDREN’S EYEWEAR



#### *Tips to Consider:*

- **STYLE** – Allowing a child to choose a frame they like is essential. It gets them excited and encourages them to wear their glasses.
- **COMFORT** – No matter how great the glasses look, if they aren’t comfortable, the child won’t want to wear them.
- **FIT** – Children’s frames should fit properly on their nose and behind their ears. If you don’t start with a proper fit, no amount of adjusting will make them comfortable.
- **DURABILITY** – Children are active and can be tough on glasses. The glasses should be durable enough to stand up to almost anything.
- **AFFORDABILITY** – Good quality eyewear for children can be affordable. Always ask about warranties on frames and lenses.

## THE KEEN CHARITABLE TRUST: DEDICATED TO CHILDRENS' VISION

When most of us think of blindness in America, we think first of macular degeneration, diabetic retinopathy, and glaucoma. These are serious diseases with a profound public health impact on adults in the U.S. The general public doesn't generally connect the terms "blindness" and "children". Fortunately, for Oklahoma, the Keen Charitable Trust does understand the connection.

In developed countries such as the U.S., about 2 in every 10,000 children are blind. Many more have serious vision problems that can impair their ability to learn and to function as normally sighted children. Amblyopia (or "lazy eye") can cause profound loss of vision and affects between two and five percent of the population. Certain specific groups of babies and children are at particularly high risk for vision loss. For example, more and more premature infants are being thankfully saved due to better neonatal care. Unfortunately, 50-60% of infants with a birth weight of less than 1250 grams develop retinopathy of prematurity (ROP). In ROP the retinal blood vessels fail to develop normally. This can lead to abnormal blood vessel formation and detachment of the retina.

During the past several years, DMEI has intensified its clinical research programs in pediatric ophthalmology to address some of these issues. Much of this has been due to R. Michael Siatkowski, M.D., Professor of Ophthalmology and Director of Pediatric Ophthalmology at Childrens Hospital at OU Medical Center. These have included participation in the National Eye Institute's Early Treatment of Retinopathy of Prematurity Study. The results of that study (released just last week) identified a group of premature infants who clearly benefit from early treatment, reducing the risk of a poor visual outcome by nearly 50%! Dr. Siatkowski was also a leader of early trials to evaluate a new medication to retard the development of myopia in children. The results announced last spring showed that one year following initiation of treatment, there was a 50% decrease in myopic progression compared with placebo.



*Dr. Trigler and one of his patients*

The Loris and Pauline Keen Charitable Trust of Blackwell, Oklahoma has been a dedicated partner of DMEI in our shared quest to bring high quality eye care to more needy Oklahoma children. The Trust recognizes the fact that more of our state's most vulnerable citizens—our children—live in poverty than the national average. Nearly 42% of DMEI's pediatric ophthalmology patients receive Medicaid—or have no coverage at all.

The Keen Trust has provided invaluable help to assist DMEI's pediatric ophthalmologists, Drs. Siatkowski and Lucas Trigler, in serving the children who seek their care.

"Our goal is to become a top ten national pediatric ophthalmology division; to be a leader in clinical care, education, and clinical research," says Dr. Siatkowski. "We have been invited to join the Pediatric Eye Disease Investigators Group, sponsored by the National Institutes of Health to initiate studies on amblyopia treatment. Dr. Trigler will be in charge of those studies as well as another study pertaining to pediatric glaucoma. I am developing a group to investigate in a rigorous, scientific fashion whether vision training has any impact on reading. We intend to be a part of DMEI and of OU that everyone points to with great pride. The Keen Trust is helping to make this possible."

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