

On June 21, 2009,
Dr. Howard V. Gimbel received the
Lifetime Achievement Award
given by the Canadian Ophthalmological Society.

This is the transcript of the introduction given by his colleague,
Dr. John van Westenbrugge.

It is an honor to introduce Dr. Gimbel. It has been my privilege to work together with Dr. Gimbel for nearly a quarter of a century.

Dr. Gimbel's many accomplishments are a matter of record and I will not attempt to list them all in this brief introduction.

However, for those of you who are younger and less familiar with the history of recent ophthalmology, allow me to summarize four areas of achievement:

1. I believe I can say, without fear of contradiction, that Dr. Gimbel remains the greatest living master of the lens capsule, most recently showing how lenses can be sutured to the capsule.
2. Any current approach to phacoemulsification and lens implantation has to a greater or lesser extent borrowed from principles developed by Dr. Gimbel.
3. The movement of cataract surgery from the stifling restrictions of the hospital to the freedom of outpatient surgical centres owes much to his leadership.
4. His constant struggle to communicate his new ideas more effectively has done much to move ophthalmic education from the era of slides to that of video and computer.

Of course, even describing someone of Dr. Gimbel's stature in such a short time will be an impossible task but I will do my best to draw a personal verbal portrait by using a few selected illustrations.

Lest anyone think that any words of praise I have are influenced by connections that might be a source of bias, let me define that relationship by what it is not. We have no financial relationship. Neither of us are golfers so we have no significant social relationship! And we have no significant legal contractual bond.

What we do share is an intellectually stimulating and professionally satisfying working relationship and a single unified purpose to deliver patient care as effectively as we can. This relationship has been absolutely remarkable for its complete lack of disagreement or conflict over these twenty-four years. I know that has been made largely possible because of the remarkable generosity, kindness, encouragement, and helpfulness of Dr. Gimbel.

Actually, it was never my intention to work long term with Dr. Gimbel when I first began working with him in 1984. How could I expect to make any headway as a new unknown ophthalmologist next to someone of Dr. Gimbel's already formidable reputation?

I needn't have worried. From the start, Dr. Gimbel treated me as an equal before patients, staff, and colleagues. He was always encouraging me to explore new areas, expressing more confidence in me than I had in myself.

Although I was reluctant to embrace the radial keratotomy that Dr. Gimbel practiced with great success from the mid 1980's on, the concept of the excimer laser captured my imagination. So when the time came near for approval of PRK in the spring of 1990, Dr. Gimbel asked me to do the preparatory ground-work so that we would be prepared for doing the first case. The reasoning he gave for that request was that he was going to be too busy preparing for our annual summer conference.

I knew that because he was the one investing significant resources in this potentially risky venture and had significant refractive surgery experience through his radial keratotomy work, he should do the first case, to add to an already impressive list of firsts in his career.

Instead he entrusted that first PRK in Canada to me, a gift, so to speak – a remarkable example of generosity - boosting the confidence of a younger colleague. Even now – almost twenty years on – it still seems amazing to me.

I first encountered Dr. Gimbel in 1981, not in person, but quite appropriately, it was both literally and figuratively through the eyes of one of his patients, while doing an internal medicine rotation at the University of Alberta.

I had heard rumors, even at that time, of the maverick ophthalmologist from Calgary, who was too aggressively pushing the boundaries of the still questionable lens implant and using a technique – phacoemulsification – that was even more questionable. So when I took the patient's admission history, I was intrigued to hear her tell of her cataract surgery done by Dr. Gimbel and the marvelous vision she now had with her lens implants.

Despite doubts I expressed to her about the radical new ideas of lens implants and phacoemulsification, she cheerfully dismissed my concerns and went on to speak of Dr. Gimbel with both a reverence and enthusiasm I had never heard expressed for any other doctor.

To this very day, Dr. Gimbel has the ability to impress and reassure patients when talking to them and working with them that goes beyond his actual words and actions. His manner with each patient is that of methodical thoughtfulness that never conveys a sense of haste.

I took a look at her eyes with the only instrument I had available at the time – a direct ophthalmoscope – and marveled at the surgical skill indicated by the pristine state of her eyes.

Fast-forward with me a number of years to when I had a front row seat, witnessing the development of another one of his radical new ideas.

You may have heard that the reaction of outsiders to any new idea follows three stages:

1. It won't work.
2. It'll work, but it's not worth doing.
3. I told you it was a good idea all along!

Dr. Gimbel suffered repeatedly through those stages and the associated skepticism of armchair critics whenever he was trying to introduce a new idea, but I never detected any sense of resentment while he was trying to put those ideas forward or an "I told you so" attitude when those ideas finally made progress.

He was always pleased when others adopted his ideas, especially when it included those very same critics. He was most pleased to see his efforts multiplied when his ideas began helping patients by being applied through the hands of others.

I shared those stages of skepticism while witnessing him develop the continuous tear capsulotomy. When I watched him struggle to extend a quarter round tear to a complete circle, I thought, "It won't work!" but of course he finally succeeded in doing so consistently.

Then I thought, "That's all very well for a surgeon like Dr. Gimbel who does several thousand cataract surgeries a year, but how will that skill ever be transferred to more ordinary surgeons." In other words, "It'll work but it's not worth doing."

Then when he presented it to the ASCRS in an award winning film festival entry and everyone started doing it, I thought, along with everyone else, "This is obviously the best way to do this. Why didn't anyone think of it sooner?"

Despite his strong position for being able to claim a 'first', when Dr. Thomas Neuhann in Germany shared with Dr. Gimbel the work that he was doing of a similar nature, Dr. Gimbel saw it not as a challenge to his claim of first, but rather an opportunity to promote this wonderful new concept.

Credit is due to both Drs. Neuhann and Gimbel because, rather than fighting over who was technically first, they put the importance of the idea ahead of personal considerations and wrote a joint paper to further promote the idea – surely a rare event in the history of science and medicine.

In fact Dr. Gimbel is a man of remarkable contradictions.

Despite being a physician placed on a pedestal by admiring patients, he nevertheless has a remarkable ability to enter the mind of the patient to determine what they need and want.

He has a large and active practice that might be the envy of many, but to him it is only a necessary means to help finance the next step forward in patient care so he doesn't need to depend on the glacial progress of government to do so.

In fact I am certain that wealth would not have much influence on him.

Consider this:

He follows a regimen of a vigorous daily walk and a simple vegetarian diet while living in a home he has lived in for decades, notable for its quiet solitude and simplicity but not at all for any luxury.

He travels, but only to learn and to teach. He vacations for two weeks every year at a quiet lakeside with family, simply to regenerate his energies for the next year.

A luxurious indulgent retirement has no appeal. Long after most people would have retired, he continues to work happily with a workload that might tire many men half his age.

He has a drive to accomplish and succeed that has nothing to do with a type A personality or a workaholic mindset or a striving for fame and recognition but has everything to do with a strong desire to improve care for the next patient and all those that follow.

So where does his motivation, energy, and drive come from?

My interpretation, after 24 years of observation:

He is, basically still, a simple Alberta farm boy, who has a strong and unshakeable faith in a generous and benevolent Creator. As he perceives it, that Creator has blessed him with a few simple talents and it is simply his job to joyfully use those talents to the best of his ability for as long as he has the health and energy to do so.

As for his retirement plan – I don't think he has one for this planet. Like the well-known Energizer bunny, he just seems to keep on going and going, so I am sure we can all still look forward to a good many additional new ideas from Dr. Gimbel in future.

Thank you for your kind attention.