

Editor's Page

European Society of Cardiology Guidelines: From Conception to National Level

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The last two decades have seen an important change in the philosophy of the practice of medicine in general and in the area of therapeutics in particular. The age-old medicine that was founded on the experience of individuals or groups has given way to an approach based on evidence gleaned from large, multi-centre studies.

One major weapon in the new clinical armoury is the guidelines that are published by approved scientific groups or societies and whose purpose is to ensure appropriate practice, raise the level of cardiovascular care, strive for the best possible patient outcomes, maximise the benefits of treatment, assist health care authorities in the assessment of drugs and devices, and illuminate areas where further research is needed.

During the last few years the Practice Guidelines Committee of the European Society of Cardiology (ESC) has issued a series of successful guideline documents that cover the most interesting areas of clinical cardiology. This ESC initiative is certainly both crucial and praiseworthy, since our continent has need of modern and consistent guidelines for medical practice, adapted to the rapidly developing new reality.

However, as happens with most European political, economic, or educational initiatives, the ESC guidelines, written in English, come up against the variety of languages, the diversity of health systems and the economic imbalances within the European states. Implementing them is not always easy.

Therefore, a primary concern of both the ESC and the national cardiological societies should be a strategy for the implementation of European guidelines at a national level.

It is reasonable that such a strategy should differ widely from state to state, since it will be a function

of a large number of variables, of which the main ones will be discussed below.

The ability of the national cardiological societies to translate and publish the European documents promptly

Several national cardiological societies have produced their own guidelines from time to time, with creditable completeness and quality. Progressively, however, ESC members have recognised the need for a more unified European approach and have announced that their own activities in this area will cease and be replaced by the translation and implementation of the guidelines issued by the ESC.

This is certainly not an easy task, especially since the ESC requires that the relevant documents be translated promptly, and in any case within nine months of their initial publication. Obviously, only a few national cardiological societies have the necessary capability for translation and publication.

Inevitably, therefore, a significant portion of the ESC guidelines will remain untranslated and available only in the English language.

Of course, it is encouraging that more and more European cardiologists, and mainly those who take a sensible view, speak good enough English to take advantage of the original English language publications of the ESC.

Health care expenditure in the European states, different health systems and implementation of ESC guidelines

The guidelines must be considered as educational tools that help physicians in the better organisation of their clinical judgement and therapeutic choices.

As a previous ESC publication has made clear, the guidelines have no legal force, although they could have if adopted by the official state authorities.

Unfortunately, the different economic conditions in European states and disparities in the resources that are allocated to health care appear to affect, directly or indirectly, the implementation of the guidelines. This latter observation is unquestionably at odds with the Hippocratic ethic. European cardiologists are aware of and surely demand everything that is good and correct for their patients, without allowing their judgement to be affected by financial considerations within the health care systems.

In the face of the financial difficulties that can arise within those systems, the ESC guidelines provide a strong platform for negotiation and for the practice of quality medicine, uniformly throughout Europe. What is needed right now is their full adoption by national societies and, of course, the relevant training of European cardiologists.

Continuing medical postgraduate education and the implementation of ESC guidelines

As mentioned above, the guidelines for correct clinical practice are first and foremost an educational tool, useful and essential for continuing medical edu-

cation. The guidelines, together with a central body of cardiological knowledge contained in the Core Syllabus and Core Curriculum, form the basis for uniform continuing medical education in cardiology.

Unfortunately, on our continent postgraduate education is so far neither uniform nor compulsory, while there are significant differences from country to country, or even within countries, that lead inevitably to significant variations in the quality of clinical practice.

The national cardiological societies must, therefore, develop solid programmes for continuing medical education, within which the European guidelines, promptly and reliably, can contribute to ongoing training.

To recapitulate, I consider that the guidelines for correct clinical practice represent one of the most important initiatives undertaken by the ESC and that those who have worked to produce them cannot be praised too highly. At the same time, though, we must not underestimate the problems faced by such initiatives in a multilingual Europe with diverse health care systems.

I believe that time is on our side, since a multiplicity of factors, paramount among which is the wide realisation of the value of the guidelines, will contribute to their better implementation.