Editor's Page

# Diversity in European Cardiology and Clinical Practice

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A 47-state Europe with the same number of different systems for medical education and health care can hardly be said to be homogeneous when it comes to the quality of clinical practice in cardiology.

These differences are widely known and have been a cause of major concern for authorities within the European Union, governmental bodies, and scientific organisations such as the European Society of Cardiology (ESC). The ESC, indeed, recognised the existing reality quite swiftly and for some years now has been devoting special organisational effort towards orchestrating and coordinating both the education and the clinical practice of European cardiologists. The main initiatives in this strategy are the guidelines that have been produced for many areas of cardiology, the recently proposed Core Curriculum covering basic training in our speciality, and the Euro Heart Survey, which is actively evaluating the quality of clinical practice in health care institutions throughout the continent.

Unfortunately, these initiatives, wonderful in their conception and organisation, have been less successful in their application at a national level. At least, they have not produced the desired result so far.

The reality becomes painfully apparent when we look at the all the indices that have already emerged from the whole family of European registries and surveys concerning cardiological matters. Pacemaker and defibrillator implantations, the number of angioplasties, the treatment of acute ischaemic syndromes, even the surgical treatment of coronary arteries, can be seen to differ strikingly from country to country, or sometimes within the same country. Of course, the optimistic observer could note the significant improvement in the homogeneity of European medicine in general, and cardiology in particular, that has been occurring year by year in the European continent. At the same time, one could cite the huge developments in health care that have resulted from recent swingeing political, economic and social changes in eastern Europe. That much is true.

However, there still remain many areas in which inter- and intra-national differences need to be smoothed out and where the common code of practice in cardiology, as set out by the ESC, should find more general application. Undoubtedly, one necessary presupposition for such a normalisation is the improvement in economic conditions in many European states and the allocation of similar proportions of gross national product (GNP) for health care. It is reasonable for there to be differences in the application of modern cardiology between states whose GNP per capita does not exceed €5,000 and those where the equivalent sum is of the order of €30,000. Next must come a unified system of medical education in cardiology and the application of ESC guidelines.

Obviously, it will not be easy to implement all the above measures simultaneously over the next few years. It will require persistence, superb planning and, more than anything, a common European awareness. I am optimistic, however, since a large number of European cardiologists have perceived the need for universal, high quality cardiology throughout Europe, the barriers are falling and some governmental and scientific organizations, such as the ESC are becoming more and more active in pursuit of our common goal.

The coming years will show whether our hopes are justified.