Editor's Page

European Society of Cardiology Guidelines and Health Systems Affordability in Europe: The Scientific, Economic & Political Component

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Although the European Society of Cardiology and its associated task forces have been steadily involved in preparing a large number of guidelines in recent years, there is a need for their wider implementation in European countries. All specialists in our field know that within Europe, especially in the case of cardiology, it is extremely difficult to implement evidence-based medicine correctly, as expressed in the special guidelines.

These difficulties are the result of a number of greater or lesser factors that affect medical practice in a complex way from country to country and lead to distressing consequences. Often, during brainstorming at the European Society of Cardiology, these inhibitory factors are evaluated, problems are noted on a case by case basis, and solutions are proposed for achieving the desired aim of a better harmonisation of European cardiology, as training and as practice.

The respective analyses usually evaluate the product on offer, namely the guidelines. We focus on their format, their bulk, the possible difficulties arising from the fact that they are written in English and probably require systematic translation; finally, there may be discussion of the important contributory role of the national cardiological societies and related journals. It is interesting, however, that the affordability of the correct and complete implementation of the proposed modern guidelines is often not seen to be a matter of major importance. It seems to be overlooked that within the European continent there are countries like Norway, with a Gross Domestic Product per capita of $90,180 (source: Economists Intelligence Unit, 2007), as well as others like Greece (GDP per capita $33,850), Portugal ($21,710), Poland ($11,880) and Ukraine ($3,307). There are also significant deviations in the annual percentage spending on health among European countries, which ranges around 8.5% of GDP, compared to 14.5% in the USA.

This brief economic analysis is sufficient to demonstrate the difficulties of implementing guidelines, such as, for example, the MADIT II criteria proposed as a class I, level of evidence A, indication for ICD implantation in primary prevention of sudden cardiac death. The cost is out of all proportion to the money available for health care, given the policy followed by many European countries, namely single figure percentages of GDP. It should also be added that, apart from cardiovascular diseases, there is rapid growth in the needs of other important specialities, such as oncology.

It is therefore clear that the question of the affordability and the implementation of guidelines is both a financial and a political one. Undoubtedly, there is room for European cardiologists to be better informed about published guidelines. There is also room for a more pervasive presence of those guidelines. It is, however, of fundamental importance for real two-way communication to be opened up between the political hierarchies in various European countries, so that they may be made aware of the developments, the needs, and the proposals included in the guidelines, as well as their cost-effectiveness.

There will then be the hope that the single-figure percentages of GDP that are currently devoted to health care can be increased so as to cover the new realities of an ageing population.