

## Editor's Page

# Cardiovascular Medicine in Greece: An Appraisal of Conditions Today and Future Prospects

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**C**ardiovascular medicine in Greece has seen incontrovertible development over the last twenty-five years, at the same time as similar development in all the countries of Western Europe. The reasons for this important progress are well known and beyond question.

First, there was a need to manage the new epidemic, going by the name of ischaemic heart disease and sudden death. The pharmaceutical and medical technology industries responded effectively, contributing to the treatment of the disease and, of course, to their own profitability.

Our country, and in particular its national welfare policy, offered its support to sufferers without limit in the name of free health care. Very often, this generous financing was offered without any schedule, without regulatory filters, without measure and sometimes without reason. It was inevitable that this tremendous economic euphoria would entice the honest and the dishonest, the accomplished and the useless, into its sacraments.

Undoubtedly, cardiovascular medicine, because of this extravagant financial support, developed spectacularly and comparably to levels in large modern countries.

Undoubtedly, the Greek patient with problems of a cardiovascular nature has, during the last twenty-five years, enjoyed a modern diagnostic and therapeutic approach.

Undoubtedly, however, the state of finances in health care, the cost of materials and the extent of their use, was out of control. Overvaluation of mate-

rials was the rule. Within these overestimations there was room for educational grants, legal and illegal benefits, research protocols, and of course company profits.

At the same time, and entirely without justification, the practice of physicians in the laboratories and in the subsequent follow up of patients was always under-budgeted. Often there was no charge code for extremely important procedures, as in almost the whole field of electrophysiology.

It is unknown whether the final product of all this paradoxical overvaluation of materials and undervaluation of the cost of medical practice served the financial interest of the insurance funds. It would be interesting to subject it to scientific analysis. In any case, however, that situation set an example to be avoided.

Always, as the Greek proverb puts it, "Good accounts make good friends." Today, the cost of materials in cardiovascular medicine is being adjusted towards the lower European levels. We welcome that with satisfaction. At the same time, and with the same diligence, the authorities that serve the ideas of logic and economy need to realise that health care workers, such as doctors, nurses and technicians, have important needs for education, research, and development.

If that cannot be understood, then the victim, unfortunately, will be the Greek patient, who shuns a degraded and indifferent Public Hospital and pays out of his own pocket for private care, as often happens today in the case of cardiac surgery.