

## Editor's Page

# Greek Cardiovascular Medicine in 2012 and Beyond: The Near Future and Lessons from the Recent Past

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**T**here can be no doubt that the overall quality of cardiovascular medicine in Greece, after the developments of the last twenty-five years, is extremely satisfactory and is comparable with that in countries of traditional western Europe. This quality is determined mainly by the level of clinical practice in public and private tertiary hospitals, the number and training of cardiologists, technicians and nursing staff, the material and technical infrastructure available for the prevention and treatment of cardiovascular diseases, and of course the international presence of Greek cardiologists at conferences for research and education. The high standards of these years have bestowed benefits of inestimable value, not only for patients, but also for the self esteem of Greek citizens who no longer shame themselves and their country through unfortunate trips abroad for medical care, mainly to countries of northern Europe.

These propitious developments, however, have also had another, negative and more onerous side. It is a fact that the economics of health care in general, and of cardiology in particular, have been capricious and frequently injurious to the national economy. Capricious and conflicting too are the numbers involved, since the salaries of working doctors, nurses and technicians are particularly low, the costing of procedures in hospitals is negligible, the long-term follow up of patients has no special cost coding, and rehabilitation programmes for cardiac patients are naturally nonexistent, while in contrast, the cost of the various materials used for the diagnosis and treatment of cardiovascular diseases has been extremely

high, even compared to countries like the USA or Switzerland.

This has also led to conflicting results. The insurance funds have let their reimbursement times to the companies supplying materials slide to an unacceptable length. As a result, these companies have become saddled with crushing borrowing, even while they have generously supported hospitals and the whole health system. It is a vicious circle, in which curiously the patients have not been the main victims. Rather, in this fickle, costly and criminal system, the most capable doctors have staffed the public hospitals.

But that is the past. Now, Greece is living through the drama of an economic crisis. Workers in the National Health System are rewarded with wages at least three times lower than those in other parts of the European Union. Of course, it is not only health care workers and clerical staff in hospitals who are paid so poorly. However, they are, I think, the only ones from whom society demands so stridently such an exceptionally high quality of work. Our patients and fellow citizens insist – and they have every right to do so – that their lives should be enriched by the latest developments in medical science and technology.

So now the big question arises: Do the health insurance funds in Greece, and more generally in Europe, have the ability to provide this? Or will the citizens of Europe, after a century with a developed welfare state, be forced to dig into their savings to pay for their medical care? The coming years will be decisive, as we see clearly how the new circumstances develop.

Unfortunately, in Greek hospitals the first signs

of the emasculation and degradation of the National Health System are already visible. Over the next year it will get worse, if the new situation deteriorates. It is, however, already apparent that the chances of the National Health System being replenished with new specialists are practically zero. New techniques for diagnosis and treatment are only of limited interest to

hospital managers who are struggling to balance their budgets, while the best specialists are slowly dwindling away.

Certainly there is still hope. However, pragmatism is needed, along with knowledge and long experience of management. First and foremost, we need a five-year strategy.