

Editor's Page

Economic Crisis: The Role of Cardiovascular Medicine

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For the first time since the Second World War, the countries of Europe, and particularly those in the South, such as Greece, Spain, Italy and Portugal, are going through an obvious economic crisis, which has also not left the other side of the Atlantic untouched. It is natural that the prolonged economic recession, the scourge of our society, has also had painful consequences in the area of health care, at many levels. First of all, because of the high stress and enduring insecurity that permeates a society where the conditions for survival become less favourable, we have seen a dramatic increase in morbidity from infections, psychiatric disorders such as depression, and of course cardiovascular diseases. In addition, there has been an increase in the number of indigenous and foreign uninsured patients who visit public hospitals with an urgent need for care or for costly treatments. Many patients are also finding it difficult to pay for their essential daily medication. On top of the economic recession, patients have also had to deal with protests and strikes by health care professionals, pharmacists or physicians, occasional malfunctions of the electronic system for prescriptions and ordering medical examinations, and shortages of drugs and materials in hospitals and pharmacies. All these things make it harder for patients to get access to the appropriate medical care and treatment.

In this unfavourable economic climate we are being called upon to mobilise ourselves and provide the patient with the optimum medical care at the lowest possible financial cost, for both the patient and the insurance funds. One could say that such an enterprise seems difficult, if not impossible. Nevertheless, it is time for us to accept the responsibilities that we bear, even though they may be thrust upon us. Now is

the chance to prove that we understand society and its needs. Unquestionably, money is essential; however, it is not absolutely true that the more you spend the better your health will be. First of all we need to turn to prevention, which does not cost a lot and is of fundamental importance. Prevention means informing families, parents, children themselves, as well as teachers, about the importance of correct diet, daily exercise, and the avoidance of damaging habits such as smoking and consuming large amounts of alcohol; namely things that, apart from ensuring good health, also contribute to reducing the number of hospital admissions. On the other hand, and this is our greatest obligation, every medical action, every diagnostic approach, every invasive procedure or medication, should be individualised so as to conform precisely with the needs of the particular patient. It is reasonable to expect that no patient should go without any examination or any treatment, however expensive, once it has been determined to be necessary. Thus, all our actions should be impeccably documented and above all should be based on unquestionable data and valid scientific evidence, such as multicentre randomised studies and the guidelines that are issued regularly by European and American medical associations. Indeed, more now than ever, it is essential to carry out research and conduct studies that demonstrate the special characteristics of the population in each area so that every patient may be managed in the best possible way, one tailored to the individual. Finally, we must not forget to reinforce the local economy by supporting domestic industry. It is our obligation to prefer domestically produced medical devices, materials, and medications, and to honour them with our choice. After all, they have passed

the required checks regarding safety and efficacy, and they have received official marketing approval.

To conclude, the correct training of cardiologists is the means for accomplishing these changes and the rationalisation of medical expenditure. Training, however, is also expensive. Buying books and journals, attending congresses, and keeping up with the medical literature cost a lot of money, money that the average private cardiologist or hospital doctor cannot be sure of having available. It is the responsibility of University hospitals and large departments in the National Health System, always in collaboration with national cardiology societies and other scientific associations, to undertake continuous medical edu-

cation and postgraduate education of their members through congresses and specialised seminars and providing them with access to approved national and international medical journals at little or no cost.

Unfortunately, the economic crisis is a worldwide phenomenon that has taken on disturbing dimensions. It is not limited just to the poor Mediterranean and Balkan countries, but also threatens countries that have historically been more powerful and that are attempting directly to take appropriate measures. The role of cardiologists in this unfavourable climate can be decisive in the creation of a better health system based on timely prevention and the optimum provision of services at the lowest possible cost.