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### Editorial



**Panos Vardas**

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\*\*\*\*\*@\*\*\*med.uoc.gr

Immediate ESC Past President  
Chairman European Heart Agency  
(ESC) Brussels  
Head of Cardiology Department  
University Hospital of Heraklion,  
Crete, Greece  
LMC Forum Chairman

[LinkedIn](#)

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Dear Readers,

Medical science in practice has always been closely dependent on prevailing economic, social, and cultural conditions. This was true in ancient times and has remained true until the present day. Never before, though, has that science shown such rapid advances, while at the same time being so crucially tied to costs, priorities, and political choices. Inevitably, therefore, the rational management of healthcare services has become a goal of major importance.

Management itself, in theory and in practice, has a multi-factorial character, in which many, often disparate, components act synergistically towards the realisation of a strategic objective. When the latter is healthcare—whether it be prevention or the treatment of disease—it is evident that management plays a much more complex role and that managers must combine fiscal rationality with the higher value represented by the uniqueness of each individual life.

Indeed, Hippocratic medicine lays down the non-negotiable principle that the physician must constantly and unswervingly choose what is best for the patient. Fortunately, this premise continues to hold sway as a central perception in the philosophical core of modern medicine and to oversee the swearing in of new doctors all around the world. Its official repudiation, even in a limited way, would have huge repercussions with respect to the anthropocentric focus that our civilisations and religions have maintained for centuries.

However, the idealistic Hippocratic approach has recently fallen on hard times, in the light of the reality imposed by the increase in healthcare costs. Medicine has long since ceased to be a game of solitaire and has become a multi-player game in which other participants, not the physician, may shuffle, deal, and set trumps. The complexity of the factors that determine costs, the questioning of the result of each and every priority within the sphere of healthcare, have created a need for rational management. The task sounds reasonable, even easy; but it is not. If the financial management of healthcare and the priorities for human and economic resources were the simple result of logic, there would not be so many alterations, altercations, publications, and not infrequently, calamities.

This Journal will be published quarterly, with a well-defined purpose: to present, primarily to cardiologists and secondarily to hospital managers, a spectrum of topics related to evidence based cardiology, such as guidelines, the affordability to caregivers of their implementation, patients' access to medical technologies, management of available resources, and of course, matters pertaining to daily nosocomial reality.

Cardiovascular medicine has had many successes in recent years, but there are also practical necessities. One voice, we hope a strong one, from this publication can surely make a positive contribution to the rationality of all kinds of decision making. In this effort it is our hope and wish that we will have your support.

Yours faithfully,

**Panos E. Vardas,**  
*MD, PhD Professor of Cardiology*

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