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Editorial



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Dear Readers,

For two thousand years, the oath of Hippocrates has bound its proponents to uphold the highest of professional standards in treating patients. This inviolable commitment continues today and clearly delineates the duties of our vocation.

Nevertheless, much has changed today in comparison with ancient medicine. Modern medical science has progressed tremendously, while also gaining a dependency on complex and costly procedures. Simultaneously, the overall politics of social care have moved far away from the old realities, when there was minimal social organisation and protection.

The new realities inevitably affect the way modern medicine is practiced. Modern methods of calculating the incremental cost-effectiveness ratio (ICER) per quality-adjusted life year (QALY), or the number needed to treat (NNT) in order to save one life, increasingly predominates in the evaluation of medical practice. A typical example is that in industrially developed countries a somewhat arbitrary number, of around 40,000 euros, represents the financially acceptable threshold per QALY.

It is natural that, especially in a time of economic recession, the high ideals of the Hippocratic oath might fall on hard times, since the vertiginous cost of applying the whole spectrum of advanced biotechnology is often hard to attain for those operating within a specific budget. This can lead to an intractable dilemma, and not infrequently to confrontation between physicians and managers of the institutions that comprise the healthcare system. The latter maintain that they are working for the correct management of the invaluable financial reserve that the state makes available for health; the former insist that pride of place, practically and philosophically, must be given to the health and life of the patient.

This confrontation does not have winners and losers, only compromises that acknowledge realities on both sides. Firstly, physicians should become more familiar with the cost-effect relation. They must understand that resources are finite and get to know at least the simpler concepts in the jargon of health economics. They must operate optimally, having respect for taxpayers' money.

Managers, on the other hand, need to understand better that they are in charge of areas that are particularly special and sensitive, quite unlike industrial or similar organisations. They must prove that they are ready to adopt, fight for, and aspire to the utilisation of new techniques and therapies, regardless of the cost, as long as they are effective. Unfortunately, this last is often not very apparent to physicians.

Finally, governments must contribute, by demonstrating that their policies are aimed at supporting the ultimate goal—the health of their citizens. After all, everything is based on a central political philosophy, that should this orientation be for the wellbeing of their citizens, then funds will be found.

Yours faithfully,

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