

## EDITOR'S PAGE

# A Visit to India

I was safely aboard a comfortable Lufthansa flight from India to Atlanta when I had the chance to reflect on the impressions of the first week of December. The events in Mumbai were continuing as we landed in Delhi and were transported to the Le Meridian hotel among a great show of security, although mostly provided by security guards armed with sticks. Each day brought reams of newspaper coverage, and all the channels lead by CNNIndia provided nonstop broadcasts of the latest rumors. Our group from the American College of Cardiology (ACC) was assembling for the trip to the Cardiologic Society of India Scientific Sessions in Chennai, and there were daily discussions regarding who would come and whether a premature exit was wise. Fortunately, almost all of the 16 ACC members and many of the Europeans honored their commitments and were present for some part of the meeting. Apprehensions were raised with the announcements that the Chennai airport was suspected to be one of the next targets, and, of the 5-star hotels identified as staging sites for an attack, ours, the Le Royal Meridian, was listed first. Anxiety was not limited to the foreigners as the organizers modified some of our tours; the Red Fort in Delhi was scrubbed but other fantastic highlights spoke of the vast diversity of this fantastic land and its people. Although the middle class now outnumbers the U.S., almost 1 million souls remain subsisting on less than basic necessities. Yet they are, in their condition, industrious and proud but not belligerent. The traffic creeps with congestion of cars, buses, motor bikes, motorized Rickshaws, ox carts, wandering cows, and an occasional elephant in a way that, even with blaring horns, reminds one of a school of fish or several schools navigating through an impassable terrain.

With these daily hardships, with which they cope so easily, one might think they would be blasé about a few terrorists. Nothing could be further from the truth. The fear turning to anger in the Indian people we saw on the streets and in meetings was intense. Tragedy is a way of life in India but this organized attack at icons, targeting the elite of society has been a wake-up call. Some of our friends from Mumbai lost relatives and loved ones in the Taj Hotel restaurant and they were understandably devastated. The reactions we witnessed were similar to those we saw in our own country in 2001. Demonstrations resulted in a 1.5-h, 7 km creep to meet my wife and friends for lunch at the Taj Corimander Hotel. Televised chants of loyalty to India, candlelight vigils, and editorials calling for war with Pakistan were familiar reminders of our reactions after 9/11. I almost expected a Bollywood version of "I'm Proud to Be an American." Meanwhile the hopes and expectations of the new American administration are stratospheric but not as a go-it-alone philosophy of the past but as a leader of widely collaborative efforts from strengthened governments.

Obviously minds were diverted from our main purpose, which was to discuss innovations that will be most helpful to India in controlling and treating cardiovascular disease. A live transmission from Dr. Eugene Braunwald examining the future of cardiology emphasized the breakthroughs in genomics with the discovery of genes that seem protective from cardiovascular disease and predict response to therapies for hypertension and other conditions. He projected, I think correctly, that by 2025 interventions will have been overshadowed by prevention. My view is that various mega-drugs or a poly-pill, although perhaps statistically helpful in population studies, will give way to a targeted identification of risk and appropriate therapies based on knowledge of the genetic composition of the individual. This will require a new generation of physicians providing personalized care, be it advanced cardiovascular interventions or advanced genomic-guided medical interventions. Jagat Narula and a team from University of



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California–Irvine stayed behind to lead a massive basic screening project in northern India. We explored ways that the ACC can become more relevant in the educational efforts of the Indian physicians, especially the interventionists.

The headlines in the newspaper the day I left India read, “India to become the heart attack capitol of the world.” This prediction may indeed come true unless extensive preventive measures can be implemented. The problems in India are numerous and cardiovascular disease is now assuming a very prominent role. The ACC/Cardiologica Society of India collaboration provides an opportunity for both organizations to learn from each other.

We all hope that the current and ongoing crises will be managed in new and productive ways and the attempts by

a few to destabilize societies will be defeated by world-wide intelligent assessment of the evidence base. Massive military expenditure has not produced the desired results. Medicine is making progress using evidence to guide therapeutic judgment. Perhaps this can serve as an example to governments, that evidence can also guide judgment in making rational decisions.

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