

EDITOR'S PAGE

Gold Is Not All That Glitters

As I am writing this, the Senate has passed a health care reform bill and, undoubtedly, by the time this is printed some compromise will have been enacted into law. Reform of health care is indeed inevitable; however, the future of health care will depend on much more than has been done so far. Also as I write this, the cuts in reimbursement to cardiologists are still on the table, and many fear they will be devastating to private practice medicine. In the midst of understandable concern I continue to hear discouraging words from some of my colleagues who say that medicine will no longer attract the best and brightest and that the golden days of medicine have passed. This pessimism is consistent with the prevailing attitude during a severe depression that affects most of the world.

Some economies appear to be weathering the storm. I just returned from the country with the most robust economy—China. Each time I visit Beijing it seems more vibrant. The World Congress of Cardiology will be held there this summer, and I was participating in planning the program at the site of the 2008 Olympic Games. Leaving Beijing and its 21st century airport and returning to JFK is an experience that has been described as going from the Jetsons to the Flintstones. It is indeed striking to see the economic progress China has made, although it is worrying to see the lack of progress on the human rights front. While there I had the chance to discuss medical care, which I have witnessed to be excellent in some of the premier facilities and, in the egalitarian spirit of the World Heart Federation, wondered what happens elsewhere. I asked what the process is for care in the villages for someone with symptoms consistent with angina. There are no cardiologists in these villages and the first medical contact is typically with a traditional medicine provider. In my naivety, I suggested that it would be a good opportunity to train these practitioners about who to refer for cardiac care. I was told that these were not physicians, they have no education in medicine beyond their traditions, and referral to cardiac care is not an option. Only about 15% of the Chinese population is insured, and many high-tech therapists can only be available to those who can pay. So despite the “Manhattan on steroids” appearance of Beijing and Shanghai, there remains a great deal to be done. China has a huge problem with providing care, and the U.S. and many other countries have significant problems making it affordable. In these days of significant angst, what will be the reaction of the next generation? Who will be interested and committed to our specialty in its new and untested form?

The inevitable decrease in available funds for health care in the U.S. has caused some to conclude that the best and brightest will not enter medical careers except perhaps to become cosmetic plastic surgeons. If this happens it will be because young people need to be bribed to enter the most exciting profession at a time of the greatest opportunities for dramatic technologic development. That would be a great mistake. The solution to health care problems, from the highest technology to personalized genomic science to health care financing and efficiency modeling, will test the best-trained minds. Countries that have been leaders in medical training should invest aggressively in these endeavors, not only to build their own medical infrastructures, but also as entrepreneurial endeavors to export these solutions to others. Medical education and research is an industry that the U.S. should consider in its national interest.

There is a tendency these days for physicians in health care systems to search for security. This is driving consolidation and joint ventures that are reasonable as they address issues of efficiency and cost control, but there is no guarantee of security. Thomas Friedman, quoting an



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attorney friend in the New York Times on October 21st of last year, wrote, "Lawyers who are used to just sitting up and having work handed to them were the first to go, but those who have the ability to imagine new services, new opportunities to invent smarter ways to do old jobs and to combine technologies will thrive" (1). I believe the same principle to be true for medicine and particularly true for cardiology. The challenge to grasp and keep abreast of new developments in our field is often overwhelming. The opportunities to expand that knowledge for more effective, appropriate, and efficient health care seem almost limitless. An example of the wealth of knowledge generated worldwide comes across my desk every day. Two-thirds of the submissions to *JACC: Cardiovascular Interventions* come from outside of the U.S. Medical research, despite what "talk-radio pundits" say, is alive and well around the globe. China is making massive investments in higher education that eclipse the efforts of other countries. Others should be

challenged to invest monetary and intellectual resources, not just to remain "competitive," but to enable our best and brightest the opportunity to engage in the most dramatic health care revolution we have seen. This may not represent the "golden age" of medicine if judged only in monetary terms, but the opportunities to dramatically improve human health do present a golden opportunity.

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REFERENCE

1. Friedman TL. The New Untouchables. New York Times; October 21, 2009.