

## EDITOR'S PAGE

# Where Will the Mentors Come From?

I am writing far from home as my wife and I spend 2 months in South Africa at the invitation of the South African Heart Association and the South African Society for Cardiovascular Intervention. Soon after arriving, I learned of the death of my long-term mentor and chief, Dr. J. Willis Hurst. I visited him before my departure for Africa and told him what I was doing. Although his stroke had left him without speech and his attempt at writing was unintelligible, his eyes and expression conveyed his intellect and support. It is impossible to overstate the importance of Dr. Hurst's support for my career. He will be remembered for many things, but his role in clinical medical education and his embrace of the advances in cardiology, including coronary bypass surgery and subsequently percutaneous interventions, have been most important for our specialty. Some are surprised because they think of Dr. Hurst as medically conservative, but when the benefits of surgery were demonstrated in his patients, he became a major proponent. And despite initial skepticism toward percutaneous transluminal coronary angioplasty, his enthusiastic involvement in the recruitment of Andreas Gruentzig to Emory was essential. I was reminded of his long and productive life while in a safari camp a few days ago. I learned that elephants live a long life, during which they use up 6 sets of teeth. Had Dr. Hurst been an elephant, he may have been working on his seventh set of teeth, and they would have been as sharp and effective as the first 6 were. He was a great mentor.

## Where Will the Mentors of the Future Come From?

In many parts of the world and certainly in the United States, subspecialization has become the norm. In cardiology, electrophysiology and interventional cardiology have led the shift from the broad-based cardiologist. Here in South Africa, it is quite different. To qualify in cardiology requires 4 years of internal medicine and 3 years of cardiology without subspecialty certification. This seems appropriate because most "interventional cardiologists" practice not only broadly in cardiology, but they also provide substantial internal medicine care.

I am a bit intimidated by the breath of practice of the cardiologists here. Yesterday, I saw patients with post-partum cardiomyopathy (which seems particularly prevalent here), diffuse coronary thrombosis in human immunodeficiency virus patients, rheumatic heart disease with isolated aortic valve involvement, and the loudest Austin Flint murmur I have heard. This is in addition to the pheochromocytoma discovered by a resident.

One might question why the South Africans invited an interventional cardiologist to be a visiting professor to medical schools in South Africa. I first visited Baragwanath Hospital 33 years ago at the invitation of John Barlow. In those days, it was all about rheumatic heart disease. Now, within South Africa, active rheumatic heart disease is becoming less common and cases are mostly among immigrants from Zimbabwe. The epidemic that is coming to South Africa is the same that has come to Egypt, India, and many other countries—coronary heart disease. As the South Africans try to cope with the fact that 80% of the population have no private health insurance, the government's emphasis on prevention and primary care is understandable. However, as longevity with human immunodeficiency virus improves, the leading cause of death will become cardiovascular disease. The government investment in cardiovascular facilities is meager. The government hospitals I have visited so far are in great need of equipment to cope with the large number of coronary disease cases they are seeing. The number of experienced mentors is shrinking. Yet, the dedication of the residual faculty and volunteer instructors is remarkable.



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The transformation of South Africa is something I detect that all groups embrace. However, the challenges in medicine remain daunting and are mostly due to inadequate funding. In the United States, the problem is not so much a lack of funding but a lack of political will to direct resources in a cost-effective manner, with quality of outcomes being the main measure of success. The brain drain from South Africa has robbed the country of many mentors. As the new generation of physicians is trained, a new cadre of mentors will emerge. The hard lessons learned in countries like South Africa should provide ideas for dealing with the coming global crisis in health-care worldwide. Devising solutions to our most prevalent

healthcare needs, including cardiovascular morbidity and mortality, will remain enormously rewarding for inquiring minds throughout the world. Mentors like Dr. Hurst are needed to enable those who follow.

Become a mentor.

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