be seen as unnecessary. We are really only in the opening salvos of the debate which will inevitably rage as to how the HOPE study should influence clinical practice. It may well fall to the health economists to tell us which patients should receive the HOPE strategy of universal ACE inhibition despite normal left ventricular function. Since no conclusions can yet be drawn on how widespread the HOPE results should be applied, we should not yet (if ever) abandon the tried and tested custom of selecting post myocardial infarction patients for ACE inhibition on the basis of their left ventricular function and it is to this latter question that the data of Talwar et al. [1] make a major contribution.

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References

Joint efforts across national boundaries between professional organizations in cardiovascular medicine: one way into the future

See page 1502 for the article to which this Editorial refers

Medicine is international in the truest sense. With one of its origins in the Hippocratic oath, the practice of modern medicine has as its foundation the commitment of physicians to treat the sick to the best of their ability. Moreover, this commitment means that physicians in every country in the world are to care for the sick without consideration to the race, religion, socioeconomic class, or political persuasion of their patients.

Now, more than ever before, we are witnessing an openness and a spirit of cooperation in the medical world that has broken down closed international barriers. Visits by physicians from the United States to the former U.S.S.R. and from other western countries to the previously isolated Republic of China, served to engender mutual trust between medical professionals. Unlike the past, the art and science of medicine can now basically be disseminated without geographic restrictions. Since the recent and remarkable innovations in the field of electronic communication via the Internet, new and important medical knowledge is now globally available within amazingly short periods of time following discovery and scientific reporting. Thus, medicine has, in many ways, paved the way for global cooperation by its mere nature of serving the sick human being, whoever and wherever the sick individual resides.

Despite the progress made, there are many fields of medicine in which even greater cooperation and deepened relations can be achieved. The American College of Cardiology (ACC) and the European Society of Cardiology (ESC), two of the most distinguished professional organizations in cardiovascular medicine, realized this challenge and acted correspondingly. Several years ago, together with the American Heart Association (AHA), an initiative was taken to conduct Joint Leadership meetings of the three organizations biannually to discuss topics of interest that would benefit patients with cardiovascular disease. The initial emphasis was focused towards understanding each organization and its cultures, traditions, and objectives. Although there are many historic, cultural, and linguistic differences within Europe and between Europe and the United States, the three organizations share similar visions and goals from which to plan collaborative activities, with the ultimate goal being to improve patient care.
worldwide and to reduce mortality and morbidity from cardiovascular disease. With this cooperative spirit achieved, we believe that the words comprising the title of this editorial, ‘Joint efforts across national boundaries between professional organizations in cardiovascular medicine: one way into the future’, will become an increasingly obvious reality in the new millennium. There are many areas in which duplication of work among scientific organizations is apparent and where a combined effort will make limited resources go further, so that more initiatives that are of value in the enhancement of cardiovascular care can be undertaken. Practice guidelines, educational products, methodologies for the distribution of new knowledge in a timely manner, and mutually agreed upon nomenclature and definitions of disease entities, are just some examples of areas in which cooperation will benefit societies across the world.

This issue\(^1\) contains a report from the first ‘Heart House to Heart House’ conference. The document is published jointly in the *Journal of the American College of Cardiology* and the *European Heart Journal*. Under the leadership of Drs Joseph Alpert from the ACC and Kristian Thygesen from the ESC, a group of U.S. and European experts assembled at the European Heart House in southern France in July 1999 to redefine the criteria for diagnosis of acute myocardial infarction. The use of a global uniform diagnostic criteria for this common entity has major implications not only for the individual patient but for any given country which wants to track the incidence of acute myocardial infarction in relationship to the incidence in other countries. A uniform definition of acute myocardial infarction will have an impact on world health considerations in that when the incidence of myocardial infarction is tracked worldwide, it is with the knowledge that all countries are employing the same definition. Thus, this could not have been a more suitable topic for cooperation between societies across the Atlantic.

As presidents of our respective societies, it was not our objective to comment on or critique this document. Its contents are self explanatory. We, as the representatives of two large professional organizations in the field of cardiovascular medicine, are proud of this effort and resulting document, and take this opportunity to congratulate our predecessors for undertaking the planning initiatives that led to this Heart House to Heart House conference. This has paved the way to other combined activities that can be expected in the near future. A second Heart House to Heart House conference, in which the AHA will also participate, will deal with the problems of ethical and conflict of interest issues in clinical research, delivery of continuing medical education and the practice of cardiovascular medicine. This second conference will be held at the Heart House in Bethesda in 2001. Experts in the fields of ethics, law, entrepreneurship in science and medicine and physician-industry relationships will gather, together with representatives of the cardiovascular physician community, representing the three cardiovascular organizations, to develop a consensus document in this timely area of concern to professionals and society in general.

Another example of enhanced relationships among major cardiovascular organizations is the International guideline committee on the Management of Atrial Fibrillation. This is the first truly officially appointed group of professionals creating practice guidelines jointly on behalf of the AHA, the ACC, and the ESC. A final report is due by March 2001. Yet another example of cooperative activity is the project to provide seamless electronic access among cardiology journals published by the ACC, AHA, and ESC.

These ventures are just the beginning of what will obviously be a long process of joint initiatives. There are many other areas in which our three organizations, together with other cardiovascular specialty and subspecialty societies, might undertake joint ventures for the ultimate benefit of individual patients and populations. The field of cardiovascular prevention is one such important area, where global efforts requiring the cooperation of specialty societies throughout the world, will be of paramount importance. The ACC, ESC, and AHA are supporting attempts by the World Heart Federation to inaugurate a Forum for Global Cardiovascular Disease Prevention. Prevention guidelines are already available in the United States and Europe, but they are not of great value until fully implemented. From a worldwide perspective, physicians across the globe with common interests should unify through their professional organizations to fight the battle against cardiovascular disease.

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Reference