Partnership in cardiovascular medicine

A key to success not only for professional organizations

Introduction

Through several years of work within the Board of the European Society of Cardiology (ESC), we have become increasingly aware of an issue of growing importance for the future, not only for the Society but also for other actors within the framework of cardiovascular medicine, *partnership*. Thus, we would like to express our thoughts on partnership between professional organizations, healthcare providers and governments, and the medical industry.

The ESC was founded in 1950, when most of the diagnostic and therapeutic possibilities that are today’s norms were not available and, in many cases, not even imagined. The Society was founded at a time of great hope for the future. Technological and other innovations, partly derived from the war industry, became fundamental for medical progress. Representatives from 14 National Societies of Cardiology appreciated the importance of joint efforts, and created the embryo of the ESC. From then on, the Society grew into a large and powerful organization, highly respected within the profession and by the medical industry, particularly after creation of the Scientific Working Groups in 1976, the administrative office in 1986, and annual congresses since 1989. The platform of the Society, co-operation between National Societies of cardiologists and Scientific Working Groups, became consolidated and the annual congress rapidly grew into a global event. Subsequently in 1993, the European Heart House, our headquarters, was inaugurated at Sophia Antipolis in southern France.

Practice of cardiology — a shared responsibility?

Over the past 50 years, we have seen a staggering expansion of diagnostic and therapeutic options in cardiovascular medicine. Much of this technology is still in the hands of specialists in cardiology. However, as cardiovascular diseases are so common, and due to simplification and thereby wider distribution of diagnostic and therapeutic tools, large patient populations have been transferred from care by specialists based in hospitals towards outpatient clinics run by cardiologists, and also to general practice. Such directional changes are reinforced by a politically triggered re-organization of the provision of care, at least partly based on worries for rapidly increasing costs of health care. Rather than protecting the rights of the traditional specialist in cardiology, the ESC should therefore search for collaboration with new groups of colleagues. We will always have, and must continue to assume, responsibility for the distribution of knowledge and quality control of care in settings uncommon to cardiology in the traditional sense.

An example of a step in this direction is IMPROVEMENT, a timely initiative by the ESC Working Group on Heart Failure[1]. The IMPROVEMENT of Heart Failure survey investigated the knowledge and perceptions of over 1300 primary care physicians from 14 ESC member nations, and the actual practice in over 11 000 of their patients. Guidelines and clinical practice were compared. The survey suggested that the quality of care was higher than previous smaller surveys have suggested, but it did also identify important deficiencies in knowledge and management that can and should be rectified. Accordingly, based on the outcome of the survey, education is high on the agenda in this approach, composed of three steps: survey, education and follow-up. However, in the present context, the most important message is that cardiologists should look for partnership with all others with whom they share responsibility for patient management.

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**Collaboration among professional organizations**

Medicine is international in the truest sense. The Hippocratic oath specifies that physicians should be committed to treat the sick whoever they are and from wherever they come. Medicine has often broken down international barriers by its mere nature of serving the disabled. A good example is the Nobel Peace Prize, awarded in 1985 to International Physicians for the Prevention of Nuclear War, an organization initiated by two cardiologists: Bernard Lown from the U.S.A. and Eugene Chazov from the U.S.S.R.

Thanks to rapid evolution of electronic communication via the Internet, medical knowledge has become globally available within remarkably short periods of time. This not only simplifies international collaboration, but increases demands as well. Several years ago, the ESC took the initiative to create guidelines for the prevention of coronary disease, asking other organizations such as the European Atherosclerosis Society and the European Society of Hypertension to join. This has resulted in two publications and an active joint implementation programme[2–4].

In the same period, the ESC called for joint leadership meetings between representatives of the three major professional organizations in the cardiovascular sector — the American Heart Association, the American College of Cardiology and our own Society. Initial emphasis was on understanding each other’s culture and objectives. Although there are many historical, cultural and linguistic differences within Europe, and between Europe and the U.S.A., it was the similarities in vision that soon stood out as most apparent. This leads to important joint initiatives. A first Heart to Heart House policy conference, calling upon European and American experts to redefine diagnostic criteria for myocardial infarction, was held at the European Heart House in 1999. The topic was very well suited for co-operation between societies across the Atlantic. A uniform definition of acute myocardial infarction will have an impact on patient management strategies, reimbursement policies and epidemiology. A common approach is essential to avoid misunderstanding. The proceedings were recently published jointly in the European Heart Journal and the Journal of the American College of Cardiology[5–6]. Another collaborative effort, just finished with success, were the joint guidelines on management of patients with atrial fibrillation. These guidelines have been written with equal representation from the aforementioned professional organizations, with representatives from other groups, such as the North American Association for Pacing and Electrophysiology (NASPE), invited as well. These guidelines will be published jointly in Circulation, Journal of the American College of Cardiology and the European Heart Journal during the autumn of 2001, and will be followed by a new joint guideline project on atrial tachyarrhythmias.

By avoiding duplicate work, joint efforts liberate resources to other fields in need of improvement. Mutual definitions and nomenclature, practice guidelines, educational material, tools for distribution of new knowledge, and seamless electronic access to cardiology journals are a few examples, some of them already in progress. With successful achievements, understanding and confidence will increase, promoting ideas on new fields for collaborative exercise.

The challenge to counteract the rapidly expanding global burden of cardiovascular disease is a shared responsibility. Not least in Asia and in Africa, demographic and social transitions lie behind a new epidemic of coronary artery disease and stroke[7]. A joint session with the Pan African Association of Cardiologists held at the ESC annual congress in 2000 focused on the situation in Sub Saharan Africa. A Forum for Global Cardiovascular Disease Prevention has been established under the auspices of the World Heart Federation. The Global Forum presented itself and its programme in one of the main sessions at the annual ESC congress in 2001. Representatives from the leadership of the ESC will assume important positions in this work, hand in hand with representatives from many other organizations, some from the non-medical world.

**Healthcare policy**

The mission of the ESC is: ‘to improve the quality of life of the European population by reducing the impact of cardiovascular disease!’ To accomplish this without being known and respected beyond those who, in the limited sense, have a professional interest in our Society is impossible. We must become respected as a natural partner for politicians and healthcare administrators when handling matters within such diverse fields of cardiovascular medicine as prevention, distribution and utilization of resources for health care, the quality of practice and funding of research. These are matters of great concern for politicians worried over increasing healthcare expenditures. We should offer our support in making wise decisions on these crucial issues. For the profession, the only way ahead is the rule of the good example. We have accomplished a lot, as witnessed by the
history of both the ESC and of cardiovascular medicine in general. However, it deserves to be repeated that cardiologists, in practice as well as in academia, need to expand their interest beyond refining already excellent drugs and technical tools. Professional organizations need to take a leading role in changing attitudes towards a comprehensive approach to cardiovascular medicine. We must assume a leading role in priority discussions that will inevitably become increasingly common on future agendas. The ESC will take several new initiatives in this field.

Much has already been done to pave the way towards influencing policy making. Examples can be taken from activities within the field of coronary prevention and from the EUROHEARTSURVEY project on cardiovascular practice in Europe. There are obvious dissimilarities in the distribution of cardiovascular diseases and also in cardiovascular practice across our member nations.

Geoffrey Rose, a pioneer in cardiovascular epidemiology and prevention, once said that prevention of coronary artery disease is too important to be handled only by the profession. It can never flourish without political support.

This was the background to the Winning Hearts programme, a joint activity from the European Heart Network and the ESC held in Brussels on 14 February 2000. A well-attended 1-day conference was held with support from the European Commission and participation of members of the European parliament. A declaration was made in which the European Commission and all European and national policy makers were asked to share the common vision that: ‘Every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease’.

EUROASPIRE 1 and 2\cite{4,8}, a survey of secondary prevention of coronary artery disease in relation to the established European guidelines, is part of the EUROHEARTSURVEY programme. Conducted under the auspices of the Working Group for Epidemiology and Prevention, it offers an opportunity to see whether activities introduced by the joint implementation group for coronary prevention in Europe had an impact on actual practice. A total of 8818 files from patients with coronary artery disease from 15 European countries were reviewed. Although there have been some important improvements in the practice of preventive cardiology since the first survey, conducted 5 years ago, there is still much work to be done. Thus, patients continue to suffer unnecessary morbidity and premature mortality.

At the annual congress 2001, the ESC presented similar data on other aspects of the practice of cardiovascular medicine: heart failure and acute coronary syndromes. On the agenda for the coming years are topics such as valvular heart disease, atrial fibrillation, stroke, diabetes, cardiomyopathies, congenital heart disease and the use of different diagnostic and therapeutic procedures. This will considerably increase the strength of our voice in the corridors of policy makers.

**Collaboration between the ESC and industry**

EUROASPIRE 1 and 2 and other parts of the EUROHEARTSURVEY are funded by the ESC in partnership with industry. This may be taken as an example of mutual interest in improved patient care. Whether in the industrial or the professional sector of cardiovascular medicine, it is not difficult to subscribe to a mission statement such as that of our Society, to decrease the impact of cardiovascular disease in the European population. Some of us do so by practising medicine, others via research and industrial developments, as is highly visible from the growth and success of cardiovascular medicine over the last 50 years (Table 1).

The progress of cardiovascular medicine is the result of close collaboration between academic medicine and industry. However, some authors have reported a retardation of innovation during the last 20 years. You may say that this view is too pessimistic and that progress continues. Indeed, there are examples of further refinement of what was gained during the golden years between 1950 and 1980. The discovery of statins and GP IIb/IIIa inhibitors has had a major impact on coronary prevention and handling of acute coronary syndromes, respectively. Stents were introduced, and more recently brachytherapy. Still, it is not useful to deny a visible retardation of progress. The almost religious belief in

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<th>Year</th>
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<td>1958</td>
<td>Implanted pacemaker</td>
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<td>1962</td>
<td>Beta-blockers</td>
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<td>1965</td>
<td>ACE inhibitors</td>
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<td>1980</td>
<td>Implanted defibrillator</td>
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<td>1984</td>
<td>Statins</td>
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<td>1993</td>
<td>GP IIb/IIIa receptor blockers</td>
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Table 1 Some examples on important progress in cardiovascular medicine made in collaboration between industry and academic medicine

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molecular biology and molecular genetics has so far contributed astonishingly little, particularly considering the enormous investments made in such research, almost killing traditional bedside-originating clinical research and integrated physiology. This needs to be taken into consideration. Perhaps one possibility is a closer and more open partnership between industry and academic medicine.

A critical analysis on this subject may be found in the recently published book *The Rise and Fall of Modern Medicine* by James La Fanu, and in some recent editorials in the *New England Journal of Medicine* [9–11]. In the past, there was more of a give-and-take exchange of ideas between industry and academic medicine. This was certainly more to the benefit of science and patient care than present-day revenue-triggered and not always well-thought-through mega-trials, conducted at incredible costs and, not infrequently, testing what have been baptised as ‘me-too’ drugs. It must be underlined that, from this perspective, revenue triggering is in no way restricted to industry. It is obvious that many of us in the profession have to look for our own integrity, whether we are academics accepting to stand behind less well-designed or even unnecessary trials, or as practitioners who include patients in such trials for revenue. We need to jointly search for new ideas of innovative partnership. It is to be hoped that in partnership, we may lay the foundations for a continuing productive co-operation between clinicians, physician-scientists and representatives from industry as effective as the last century of amazing progress.

Certainly, there are areas that would flourish via improved co-operation at a senior executive level, whilst maintaining integrity and respect for independent interests. Our Society expanded over the years not least through industrial support of its many activities. It has grown into an established organization with policy making ambitions and a wide network of contacts. Still, it is almost 15 years since direct contacts between the very highest industrial and ESC leadership was last on the agenda. Our ambition is to reinitiate regular contacts between those who share responsibility for the development, growth and public acceptance of cardiovascular medicine. In November 2000, we took the initiative to create the Cardiovascular Round Table. At this table, leaders from the ESC and, at present, 18 corporate members will meet regularly to discuss areas of mutual interest, including development and assessment of new diagnostic and therapeutic modalities, Continuing Medical Education (CME) and development of a public information service on cardiovascular disease, using the Internet.

**Collaboration between the ESC and political organizations**

We indicated above that the ESC, as a professional organization, should offer advice and support to healthcare providers and governments. Too often, regulations by governments are considered to be constraints, limiting the freedom of us professionals. Nevertheless, it should be appreciated that governments are responsible, and assume responsibility, for the health of their population. Of course, there are financial and organizational constraints in all countries, but we can and must work with the governments and other healthcare providers to achieve our mission. It seems that priority settings in medicine will become inevitable. We in the profession cannot avoid participating in this process, taking responsibility by utilizing our knowledge to the best for our patients. In this process, information gained by several ESC programmes will be helpful to initiate the process by saving resources through implementation of practice guidelines and making practice patterns transparent via our surveys.

In the past, the ESC, together with the European Heart Network, has taken several initiatives to approach and to collaborate with European political organizations. It is our vision that the political structures, industry, academic and practising cardiologists (the latter represented by the ESC) will meet regularly in the future to discuss areas of shared interest or mutual concern, and collaborate to provide the best (i.e. most effective and also cost-effective) prevention and care.

**Professional visibility and responsibility for the public**

The annual cardiology congress is the biggest event organized by the ESC, attracting interest not only among colleagues but also representatives for the pharmacological and medico-technical industry. Its purpose is to create an atmosphere for the exchange of ideas between various categories of those with an interest and responsibility for cardiovascular medicine in a broad sense from research to patient care. Starting in 2000, at the occasion of the 50th anniversary of the ESC, we organized a manifestation for the public: ‘For Your Heart’s Sake’. This has become possible through collaboration between the ESC, an industrial partner (AstraZeneca), charity organizations (the Dutch and Swedish Heart Foundations) and National Societies of Cardiology (the Dutch and Swedish Societies of Cardiology). This event features a mix of fun and education,
In conclusion

In conclusion, we will continue to contribute to decrease the impact of cardiovascular disease to the best for the public if we keep to our mission and if we set goals high, and continue to work in faithful partnerships with people and organizations working for similar ideals in Europe and abroad.

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References