Is human ingenuity changing the face of ischaemic heart disease?

‘We have this history of impossible solutions to insoluble problems.’1

I have been reflecting on the changes in clinical practice over the 30+ years since I graduated from medical school. So many interesting ideas have now become accepted wisdom. For example, as I graduated, the first streptokinase studies into clot lysis for acute myocardial infarction were just starting in Australia. Discussions among my clinical leaders at that time were fairly evenly divided between the ‘cautious’, those sceptical of new and as yet unproven developments, and the ‘early adopters’, who were excited to embrace the future. Needless to say, the trials were a success and were soon followed by an apparently endless succession of new investigations, medications and treatment modalities that have changed the face of cardiovascular disease management to what we see today.

Despite the enormous advances, cardiovascular disease remains the leading cause of death in Australia at 136 per 100,000 population, especially among men (5.5% versus 4.5% in women) and those most disadvantaged (6.5%, compared with 3.3% among the least disadvantaged).2 To help place this in perspective, in Nepal, one of the world’s poorest nations and one with limited health services, as indicated by a maternal mortality rate 210 times higher, the cardiovascular mortality rate is 3 times higher than that in Australia. This suggests that cardiovascular disease is a global problem requiring new ideas and processes to help lower its impact.

In the 1980s and early 1990s I provided forensic pathology services to my community as the Government Medical Officer in addition to my general practice clinical work. In this role I performed autopsies on those who were unable to perform a physical examination remain paramount in the provision of timely, effective and personalised care. These basic skills, which form a key component of both undergraduate and general practice training, are sometimes overshadowed by the glamour of new discoveries.

Cardiovascular disease rightfully remains a key focus of healthcare. I am looking forward to future innovations and watching how new ideas will be translated into standard practice.

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References

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