

## President's Page

# The Role of Cardiac Surgery in Modern Greece

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**T**he specialty of cardiac surgery has a very recent history spanning just 60 years. Nevertheless, it is widely accepted that it has had a significant impact upon the lives of an enormous number of patients. As a specialty, cardiac surgery has always been in the forefront of the clinical arena, with a small in number but very professional group of surgeons. Historically, cardiac surgery has provided successful therapies for the treatment of coronary artery disease, valvular heart disease and congenital heart malformations. More recent developments have included therapies for heart failure and cardiac arrhythmias. It is recognised that the overall success of these surgical procedures has helped lead the way to today's modern therapeutic protocols for heart diseases.

Yet the past two decades have seen considerable challenges to cardiac surgery, particularly through the emergence of techniques in interventional cardiology. Whilst both cardiac specialties share common objectives with regard to patient outcome, each has developed independently of the other. It is now slowly being realised that a team approach towards patient treatment is probably the best way of delivering quality services and ensuring the sustainability of both specialties.

Cardiac surgeons, who generally cherish the idea of independent work, should look towards combining forces and collaborating with cardiologists and other medical disciplines. Cardiologists should see the change and invest in supporting and promoting a team approach to medical practice. A concept of forming so-called "heart teams", whereby cardiac surgeons and cardiologists work together

to provide treatment, should be seen as the way forward.

Frequently, I see colleagues involved in debates such as "on or off pump for coronary artery bypass surgery", forgetting the fact that we are here to implement the right technique for the right patient and not to offer every patient the same technique, whichever we may consider best. We need to embrace new techniques, such as minimally invasive procedures and new materials, which are here to stay, and look to the future with "new eyes".

Although many cardiac surgeons and cardiologists may not like it, there should be a move towards understanding the meaning of "management" and "health economics". Through better understanding and daily involvement with managers and health economists we will become capable of safeguarding our practices and supporting the environment we practice in, and we will be able to use available resources with the understanding that they are neither free nor unlimited. This is particularly relevant to Greece, where the current economic crisis is threatening the number of patients receiving cardiac treatment as well as the quality of services provided across the country. Needless to say, we should never sacrifice high-quality service for profit.

Much of the future of cardiac surgery belongs to the young generation of cardiac surgeons. As new techniques and new materials become available in the years to come, the management of valvular heart disease and heart failure will be radically changed. I believe that neither cardiac surgery nor interventional cardiology will function in the way they do now. The area between interventional cardi-

ology and cardiac surgery will become greyer, to the point that soon these two subspecialties will merge into a new specialty that will drive the future, with interchangeable skills and a prolific approach to the management of patients with heart disease.

The future of cardiac surgery in modern Greece will depend on the way the cardiac surgeons and the cardiologists seize the opportunities available during this economic crisis, while safeguarding the quality of the services they offer to the community.