Modern medicine, involving as it does a host of complex diagnostic and therapeutic tools, technical and pharmaceutical products, is of course extremely expensive. Many countries provide their health care systems with funds amounting to 8-10% of their gross national product (GNP), while the USA, exceptionally, goes as high as 16-17%. Modern medicine, as expressed by the whole spectrum of prevention, diagnosis, and therapy, has increased the mean human life expectancy by more than 15 years during the last century.

These truths are well known and it is difficult to dispute them. Focusing on cardiovascular diseases—and I would like to stress particularly that these are closely linked with the socioeconomics of each era—it is also well known that they are responsible for most morbidity and mortality in industrially developed countries.

Coronary artery disease and its consequences, heart failure and sudden death, along with cerebrovascular stroke, even today are responsible for around 55% of the overall mortality in many countries. During the last 40 years, significant sums, gleaned from the taxation of patients and healthy individuals, have been made available for research and applications in cardiovascular medicine. Taxpayers have borne a huge share of the burden for the treatment of the dual scourge of our times, namely coronary artery disease and stroke. Nonetheless, thanks to new diagnostic and therapeutic techniques, patients with cardiovascular diseases have had their lives extended by at least eight years on average, with a concomitant improvement in quality.

Inevitably, in these analyses we are all aware of how things are going in that other great arena of human suffering, namely cancer. The sums that large institutions, and health care systems too, have spent in the last 50 years are vast, and exceed those in the field of cardiovascular medicine. Of course, we must acknowledge that for certain kinds of tumour and neoplasms, the therapeutic results are encouraging. More generally, however, for the average patient, it is recognised that the prolongation of life is of the order of a few months.

In recent years, in the field of cardiovascular medicine, there is a lack of new medications. The place of the historically older drugs on the market, such as statins and antiplatelets, has been usurped by generic drugs. I will give two examples. Plavix (clopidogrel), with an international budget of around $10.3 billion, and Lipitor (atorvastatin), with a similar budget of around $9.8 billion, have each suffered a $4 billion haircut. Of course, this is good for taxpayers and health care systems.

A cardiac pacemaker, a product with an excellent therapeutic result, today costs no more than €1 per day of treatment. In contrast, the last 30 days before the death of a cancer patient often cost tremendous amounts of money, unfortunately to no avail, as we know. Other patients, such as those with multiple sclerosis, haemophilia, or HIV, also impose a great cost on national health care systems.

But why then are all these figures not taken into account in the interminable discussions among health care system managers, and indeed journalists? And why, in the various European health care systems, do the newer anticoagulants that are designed to replace vitamin K antagonists face such negativity, even though large clinical trials have shown their therapeutic value? The cost of these newer antico-
agulants is of course higher than that of warfarin, but it is still much lower than that of other drugs for chronic diseases—such as rheumatoid arthritis, for example.

Let me sum up this brief article by saying that cardiovascular medicine has produced really wonderful results in terms of the improvement and extension of the lives of millions of patients. This branch of medicine, and all of us who work day and night in the laboratories, under extremely difficult conditions, could be said to be the victims of our own success. Cardiovascular medicine has become cheaper in terms of cost, but still comes in for constant criticism, whereas dozens of other disease groups consume significant amounts of money in comparison, with unfortunately questionable therapeutic results.