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Editorial

Ethical Care in Cardiac Care: Bangladesh Perspective

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Cardiac care is one of the most important components of medical science today. Statistically heart ailments are responsible for a third of all deaths worldwide. This makes cardiac care a very significant issue for human wellbeing. Cardiology is supported by state-of-the-art medical technology. Evidence based medicine has been incorporated in the exercise of cardiology and cardiac surgery. There has been a remarkable progress in these areas over the last couple of decades. Advancement in these subjects has created hopes among the patients. Hopes encourage adoption some extra effort sometimes beyond the limits set by ethics.

Ethical dilemmas may arise from the decisions to be made between what could be done and what should be done for varieties of cardiovascular pathologies. With accumulation of new knowledge and newer technologies, the practice of cardiology is increasingly dictated by guidelines, regulations, and legal considerations. However, there remains some grey areas and some overlapping modalities despite establishing these protocols. There is option of bringing personal choice and judgement in these areas. And where there is application of personal judgement, there is risk of misjudgment and injustice.

The complaints raised by the patients and their relatives reflects a serious chunk of ethical issues. How many of the busy practitioners do spend the minimum time required to establish a clinical diagnosis? It is not uncommon that a clinician is giving just two to three minutes for a patient. Some popular practitioners even set up their chambers like a pace bowler's slip cordon with four assistants sitting in a room taking history of patients simultaneously even without maintaining privacy and basic decency. The practitioner then dictates treatment like a lord. Though more common among other medical subspecialties, cardiologists are not immune to these sorts of practices. Is it possible to deliver proper medical attention in this manner? This remains a big ethical concern in Bangladesh.

Cardiology has gained special importance with the introduction of modern diagnostics, drugs, and devices. Early recognition and appropriate intervention reduce the adverse consequences of cardiac illnesses, which in turn reduces the cardiovascular mortality and morbidity. Awareness about cardiac care among community members has increased their expectations. Cardiac pharmacology has made tremendous progress recently. Several new drugs have been introduced to combat hypertension, thrombogenicity, dyslipidemia, arrythmia and heart failure. These along with better understanding of the disease pathology and appropriate lifestyle modification have significantly strengthened the non-invasive modalities of cardiac treatment. However, this progression of non-invasive cardiac care is often ignored by the invasive cardiologists and cardiac surgeons.

A new generation of drug belonging to the same group with minor or borderline clinical advantages may be marketed with a huge price tag. The pharmaceutical industry runs serious promotion of

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these newer generation of medication with a higher price tag to convince the medical practitioners about their efficacy. In the name of continued medical education and continued professional development, various programs are organized ranging from CME meetings in a local restaurant to organized overseas trips to Istanbul or Paris as if the process of learning by the mature brains work much better while on a Bosphorus cruise or walking along Champs-Elysée. Not that all the participants of these luxurious educational tours get carried away to choose the expensive version on their prescriptions, but some do, and the others become the part of a collective bias. Even though going unnecessarily for an expensive version of medication may not be compared with the unethical practice of prescribing needless medications, the issue of ethical practice comes into play.

Invasive cardiology and cardiac surgery also have made enormous progress over the years. Availability of various treatment options for ischemic heart diseases have created the opportunity to choose. Similar situations also exist in valvular and congenital heart diseases, a potential competition prevails between the various modalities of treatment. Here comes a very important role for the treatment provider, which is not often sincerely carried out. There are reports of coronary intervention or CABG, where medical treatment alone would carry the same outcome. What is the point of revascularization of a diseased single vessel specially when supplying an area already infarcted. So, stents should be implanted judiciously. Just opening an artery doesn't necessarily yield survival benefit.

Another bad practice is incomplete PCI. Incomplete or in-coordinated PCI and then referring the patient for surgery may put the patient into jeopardy. In such complex situations, the heart team approach by the cardiologists and cardiac surgeons offers the best solution. Unfortunately, the heart team approach is virtually non-existent in Bangladesh.

WHO latest definition of health covers complete physical, mental and social well-being and not merely the absence of disease or infirmity. Healthcare providers have an immense responsibility to take the socioeconomic condition of the patient into consideration while offering treatment options. This is particularly true for Bangladesh, where out of pocket expenditure related to the catastrophic health event of a member is a major reason for poverty. Inadequacy of state-supported healthcare system and absence of a national health insurance scheme make catastrophic health events unmanageable for almost 80% of the population. It is quite common that a family sells their last piece of land or enters a vicious cycle of loan to bear the expenses of an unproductive member to bear the expenses of a medical or surgical procedure. Here comes an ethical issue whether an emotional ploy of extending the life span of an elderly member by a few months should get priority over placing rest of the family in a painful course of poverty. The healthcare providers often remain indifferent on this matter while deciding the treatment option depending solely on clinical indications. This may become a serious ethical issue as the decision may often be influenced by a conflict of interest.

The patients and their attendants deserve proper counselling from the attending the physician or surgeon. Be it PCI, CABG or any intervention, the pros and cons of the procedure should be explained. The busy schedule of our doctors often doesn't allow time for those. These may have serious consequences on the outcome of the patients. No patient will prefer to have his or her chest opened unless proper counselling about the indications and outcomes is not done by the attending physician. This delicate balance between the role of a player and a referee is often quite difficult to maintain. Similarly, the surgeons should take time to explain the choice of valves and their consequences.

It should be remembered that unlike others, doctors have to take the Hypocritic oath and are always subjected to strict regulations. They are liable to follow these regulations and maintain patients' privacy. There may be a long list of complaints against the cardiologists and cardiac surgeons of Bangladesh. Most of these are false and baseless. However, most doesn't mean all. Each of us must carry out an introspective examination in search of the truth. A serious self-inspection may figure out some dark shadows on our conscience. A doctor's soul is not for sale. Maintaining medical ethics is a very important responsibility for all doctors. The physicians and surgeons responsible for taking care of the heart must perform their task with clean hearts.

Conflict of Interest - None.