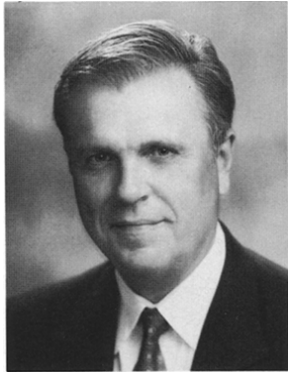


ACC NEWS



President's Page: Politics and Preventive Care

DANIEL J. ULLYOT, MD, FACC

President, American College of Cardiology

The American College of Cardiology (ACC) places great importance on the prevention of cardiovascular disease and views prevention as one of the major functions of the cardiovascular specialist. "To encourage the prevention of cardiovascular disease" is prominent in the College's Mission Statement. The topic of prevention figures importantly in our Annual Scientific Sessions. The ACC Prevention of Cardiovascular Disease Committee recently crafted a statement, approved by the Board of Trustees and scheduled for publication in *JACC* in September, that updates and gives additional emphasis to our efforts to prevent heart disease. The College has sponsored Bethesda Conferences on preventive care, testified in support of federal funding for research in preventive care and supported the American Heart Association in its public awareness programs on prevention of cardiovascular disease.

One might ask what this advocacy means for our membership. What should be expected of the cardiovascular specialist with regard to prevention? What is the experience of the cardiovascular specialist in preventive care?

In the course of caring for patients the cardiologist provides advice about a wide variety of factors that impinge on the patient's health and well-being. Advice, generally summarized as "promotion of a healthy life-style," includes recommendations about diet, physical activity, attainment of ideal weight, exercise, proscription of smoking and stress reduction. Other preventive strategies include antibiotic prophylaxis for patients with valvular heart disease, early detection and treatment of hypertension, intensive lipid-lowering diet and drug regimens for patients with myocardial infarction or saphenous vein grafts or who are otherwise susceptible to coronary heart disease, anticoagulant regimens for patients with atrial fibrillation, angiotensin-converting enzyme inhibitors for those with heart failure, to name several, are examples of preventive actions regularly used by cardiovascular specialists. On a broader social front,

cardiovascular specialists have taken advocacy positions on issues such as curbing urban violence, gun control, food labeling, tobacco use in public places and cigarette advertising.

The cardiovascular specialist has a special advantage in commanding the attention of patients for advice on prevention. Patients with a "wake-up call" in the form of a cardiovascular event or when alerted to an underlying condition, such as a heart murmur, rhythm disturbance or congenital abnormality, are much more receptive to advice about preventive care. Patients with conditions such as idiopathic hypertrophic subaortic stenosis or Marfan syndrome, for example, are more likely to listen to the blandishments of the physician with respect to preventive strategies than are patients without these conditions. Such is the nature of "secondary" prevention.

Notwithstanding the emphasis the College places on prevention and the many efforts of cardiologists in providing preventive care in everyday clinical practice, there are disquieting attempts to politicize preventive care in the health care reform debate. Quoting from *Health Security: The President's Report to the American People* (1):

Prevention is the cornerstone of the Health Security Act. Incentives for patients and doctors alike to use and prescribe preventive methods are woven throughout. . . . The Health Security Act will fundamentally restructure incentives in the Health Care System. . . . As the American Health Care System has become more complex, specialized, and technical, it has neglected some simpler and, ironically, less costly needs. The cost of treatment for acute illness has soared, but we continued to spend relatively little on preventive and public health services. Good primary and preventive care is one of medicine's essential responsibilities. Meeting that need represents one of the essential requirements under Health Care Reform. If the American Health Care System is to provide high-quality care at affordable prices, it must strike a better balance between physicians, nurses, and other professionals who take care of basic needs and those who provide the most sophisticated and specialized treatment for serious illness. . . . But the number of doctors providing basic,

Address for correspondence: Dr. Daniel J. Ulliyot, 1828 El Camino Real, Suite 802, Burlingame, California 94010.

routine care has declined and many states have prevented advance-practice nurses and other health professionals from taking on as significant a role as they might. . . . Health Care Reform will increase the demand for primary care physicians, nurses, and other health professionals, correcting the long standing incentives that discourage medical students from becoming family doctors.

The assumptions behind the foregoing are several: 1) Preventive care is a matter of simple, good advice and is not very costly. 2) Preventive care is synonymous with primary care. 3) Speciality medicine focuses on costly, highly technical care and is indifferent to prevention. 4) Preventive care can lower overall health care costs.

Notwithstanding the importance of either the primary care physician or preventive care it is important to point out the fallacy of these assumptions. Although advice about healthy life-styles is useful, it has a small effect compared with the quantum leap in prevention that comes from research into fundamental biologic mechanisms leading to better understanding of complex processes and, ultimately, prevention of disease. Research in vascular biology, thrombosis and thrombolysis, lipoprotein metabolism and the molecular genetics of smooth muscle cell proliferation come to mind as likely pathways by which meaningful prevention of coronary heart disease will come about. It needs to be emphasized that a major thrust of specialty care is prevention. Both the specialist and the primary care physician play important roles in patient education. Arguably, the specialist

may be more influential in promulgating preventive care messages in the area of "secondary prevention," where the likelihood of patients being receptive is much greater. Effective preventive care is certainly desirable, although it should be acknowledged that it may, in fact, increase rather than decrease overall health care costs.

Those seeking to alter in fundamental ways the health care delivery system in this country must be careful not to oversell preventive care. We must not allow simplistic, superficially attractive arguments based on faulty assumptions to dictate health care reform. Patients will continue to demand and require sophisticated care for serious illness despite continued progress and emphasis on prevention. The best hope for preventing conditions that inflict early death and suffering will come from innovation, technologic advances and basic research, all of which flow from speciality medicine and will cost money.

We must further the public appreciation of the role of the specialist in prevention both in our everyday care of patients and in our research efforts to ensure continued medical progress.

Reference

1. Health Security: *The President's Report to the American People*: White House Domestic Policy Council with a Letter from President Clinton and a Foreword by Hillary Rodham Clinton. New York: Simon & Schuster, 1993:64-7.