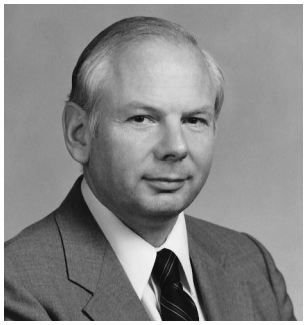
JACC Vol. 30, No. 3
September 1997:843–4

EDITOR'S PAGE



Why Would Anyone Want to Become a Cardiologist These Days?

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The above question was asked by a sincere second-year medical resident who was struggling with the decision regarding career choices. Advice received by many, including the Chairman of Medicine, was to become an internist/primary care physician in order to maximize the probability of future employment security. This advice sounds very convincing in today's marketplace and seems to be supported by data and recommendations of many national and local bodies. Even the pages of this Journal have outlined the difficult problems faced by cardiologists and other subspecialists. The question is a critically important one for young house officers and deserves a thoughtful response. Some of my ideas are outlined below:

1. **Opportunity.** Heart disease remains the number one killer in the United States despite the progressive decline in heart disease mortality since about 1968. With the aging of the population, certain disorders such as heart failure are increasing in incidence and prevalence. Thus, the expertise of cardiologists is still critically important to the health of our country and the world. In a similar way, the research opportunities seem particularly exciting. Never before have we understood the process of atherosclerosis as well as we do today; and never before have the prospects for effecting real change in this disorder been as close. The same excitement and prospects are true for electrophysiology, heart failure and other cardiovascular disorders.

2. **Intellectual stimulation.** One of the exciting aspects of medical school training was the clinical challenge of evaluating a patient to determine the precise nature and severity of their underlying problem(s). This intellectual stimulation seemed especially relevant to a choice to train in internal medicine, where the challenges of diagnosis remain considerable. This further motivated us to become cardiologists, where both the history and physical examination were so crucial in evaluating patients. Although sometimes our technical advancements in noninvasive cardiology, such as echocardiography, have seemed to become more important to some than a detailed history and physical examination; in truth, the intellectual challenge of evaluating a patient has never been stronger, precisely because of our ability to corroborate our impressions. An understanding of pathophysiology is also critical in understanding the varied courses that patients take.

3. **We can really help the patient.** In other subspecialties, the intellectual stimulation is similar to that of cardiology in the evaluation of patients. Neurology comes to mind, where the history and physical examination are essential to understanding the location and pathophysiology of the problem. Unlike many other subspecialties, however, cardiologists have the tools to alter the course of the disease. The explosion of knowledge in the past few decades has allowed us to really help patients. Whether it is prevention or complex treatment, we are blessed to provide so many options for our patients. Thrombolysis, angioplasty, stents, surgery and radiofrequency ablation and a powerful array of medications have transformed the care of patients with heart disease. As we read the journals, we are struck by the enormous numbers of cardiovascular trials and their impact on our abilities to care for people. Nothing is more satisfying than this aspect of cardiology.

4. **My patient is my friend.** Nothing is personally more important in medicine than the relationships we develop with our patients. Disease of the heart seems to especially strike an emotional note with people. Because of the complexities of evaluation and discussions of treatment options, we spend much time with patients. The chronic nature of much of heart disease also allows our periodic visits together to help us to become friends. What better way to practice medicine than to spend time with lifelong friends. I have been struck recently with experiences with patients followed over one to two decades who finally succumb not to heart disease, but to

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Published by Elsevier Science Inc.

0735-1097/97/$17.00
PII S0735-1097(97)00232-5

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cancer. This chronicity of cardiac problems, indeed, frequently makes us their "primary care physician," to whom they turn for advice on treatment of other medical problems that accompany the aging process. Perhaps it is the way that individuals feel about their "heart" as the seat of emotions and their most important "organ" that bonds them to a cardiologist who can care for them. In any event, I find these "friendships" a rewarding stimulus for the practicing cardiologist.

5. **Do what you really want to do.** Many house officers complete their rotations in cardiology and are excited about what they learn. The ability to evaluate and treat critically ill patients and the rapidly changing nature of the specialty are often given as reasons for being interested in cardiology. I have long ago concluded that life is short, and one needs to be excited about coming to work each day. Although this particular aspect of a career choice is difficult to measure, I believe it is of great importance to lifelong job satisfaction. I would rate this idea of doing what you really want to do well above the idea of job security in a less stimulating position.

In outlining the above thoughts, I am not oblivious to the concerns of an "overabundance" of cardiologists or to the decline in numbers of training slots. Despite these problems, I really believe in the future opportunities for a career in cardiology. The next time a resident asks you the question, "Why would anyone want to become a cardiologist these days?" share this Editor's Page with them. As one reviews the above attributes of our specialty, maybe the question could well be, "Why would anyone NOT want to become a cardiologist?"