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EDITOR'S PAGE

Of Cardiologists, Future and Past

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I find myself without a specific topic to which to devote this entire Editor's Page. Instead, I have recently experienced several events involving cardiologists, both young and old, which seemed worthy of comment. Therefore, for want of a better term, I adopted the title "Of Cardiologists, Future and Past." As will follow, the events were related to both cardiology fellows and very senior luminary cardiologists.

This past week our Division of Cardiology completed the final ranking of candidates for next year's fellowship class. As is likely true of most training programs, we received hundreds of applications from which we selected approximately 30 candidates for interviews. At the end of the interview process, the entire faculty met to rank the applicants. Our goal is to select the cardiology thought leaders of tomorrow, particularly in the academic setting. Despite our greatest efforts, I never cease to be amazed at how imperfect our ability is to predict which candidates will be most likely to pursue this course.

More is expected of applicants for cardiology fellowship than ever before.

As I wrote in last month's Editor's Page on manpower, it seems quite clear that quality of life considerations are playing a much greater role in the career decisions of applicants and new trainees than in the past. Time for family and outside interests is important, as in time for and access to recreational activities. Medicine does not seem to be as much of a "jealous mistress" to the younger generation as it was to my own. Lifestyle considerations seem to be clearly impacting the choice of specialty and post-training positions. I am told that specialties with generally scheduled hours such as dermatology are now the most vigorously sought after and are attracting students with the highest performance records. In terms of cardiology, I have witnessed a retreat from the large number of fellows interested in interventional cardiology of only a few years ago. This has been attributed to the long call schedule and unpredictable hours related to direct percutaneous intervention therapy of acute infarction. Since much of the research performed in the early years, particularly clinical, is carried out on nights and weekends, it can be anticipated that these same lifestyle considerations will affect medical investigation.

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The importance of lifestyle to younger physicians is seen negatively by some. They feel that, since patients do not get to choose when to get sick, we must be available to take care of them whenever that occurs. They contend that medicine is a "hard profession" and that those entering it must be prepared to make considerable lifestyle sacrifices. Recognizing our sacred responsibilities to our patients, I believe that a transition to a more normal lifestyle for physicians is long overdue. We can accomplish continuity of care without being on call 24/7. In fact, such a system probably results in better performance by physicians and better care for patients.

The lifestyle considerations of the applicants for cardiology fellowship have in no way diminished their accomplishments and qualifications. I am often awed by the achievements of the candidates, particularly at this early stage of their medical lives. They have come through an extremely competitive system of colleges, medical schools, and residencies at the top of the class each step of the way. Many have taken time out to do research or even get PhDs; others have dedicated time to the underserved here or abroad.

Most have significant publications or presentations on their curricula vitae. They are a gifted and talented group, destined for success in whichever field they choose to pursue. I did not have such credentials when applying for fellowship, and as I recall, neither did many of my colleagues. In fact, I am not sure that I would have been accepted for our cardiology fellowship program at the University of California, San Diego.

More is expected of applicants for cardiology fellowship than ever before. Not only must they have outstanding performance as students and residents, but they are also asked to have clear goals for their future in cardiology. They must not only have decided whether they are interested in practice or academics, but also in what area of cardiology. If they are interested in noninvasive cardiology, is it in echo or nuclear or magnetic resonance? If they are interested in research, whose laboratory would they like to work in? And we expect these decisions before the first day of cardiology fellowship. We should not be surprised, therefore, when trainees decide to follow a different course than we predicted. When I interviewed for fellowship, I clearly stated my intention to enter clinical practice in a small town on the New Jersey coast. After over 30 years in academic medicine, I could not have finished further from where I started. Nevertheless, we continue to rank applicants based upon what we think they will do when they complete training.

So, my impression is that the future of cardiology is in very good hands. I have heard opinions that medicine is no longer an attractive profession, and that the best and brightest are choosing to go in other directions. Similarly, I have heard it said that today's medical students are excessively interested in lifestyle, and not committed to hard work. To the contrary, I believe that the applicants for and trainees in cardiology fellowship are better prepared, more mature, and more accomplished with each passing year. Their degree of focus upon career goals is more highly developed. I just cannot imagine that they will not equal or exceed the achievements of those who have come before them.

Another event that happened recently involved a very senior cardiologist in the winter of his career. This past month, Richard (Dick) Lewis died. Dick was, in many respects, an extraordinary individual. Bright and talented, he was a superb clinician, accomplished researcher, articulate teacher, and effective administrator. His contributions to Ohio State University and the ACC were enormous. However, what was perhaps more important was Dick's personality. Soft spoken and easy going, he was one of those unusual people who did not seek the limelight. It is not surprising, therefore, that Dick's death prompted an outpouring of sentiment on the Internet and other venues. He will be sorely missed.

Dick Lewis's death raised the issue of a possible memorial or eulogy piece in *JACC*. Given his many contributions, this would certainly seem appropriate. However, it is our policy at *JACC* not to publish eulogies. This policy is based primarily upon the difficulties involved in deciding who merits such acclamation. It is obvious that our page limitations would permit only a very few eulogies, and deciding who of the many potentially worthy individuals should be memorialized would be difficult at best, and probably impossible. As Gene Braunwald, then Chair of the Publications Committee, wrote to me on this issue, it is difficult to distinguish true giants from near giants from very tall men. Given this difficulty, hopefully all will understand when *JACC* stands silent upon the passing of great cardiovascular specialists.

And so, the world of cardiology moves forward. We have witnessed incredible progress in our field, the result of contributions from a large number of talented, dedicated individuals. The future looks bright; the next generation of cardiovascular specialists appears equally dedicated, and at least as talented, if not more so. We have been blessed with a discipline that has drawn from the best and the brightest in the past, and will continue to do so in the future.

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