

Reply

We would like to express our thanks for the valuable comment of Dandel et al. (1) on our recent article in the *Journal* (2) regarding the use of tissue Doppler imaging (TDI) as a new prognosticator in cardiac diseases. The authors draw attention to the potential role of TDI in cardiac transplantation. We recognize their unique work using myocardial systolic and early diastolic velocities, as well as acceleration for detecting transplant rejection and coronary heart disease (3). Because our article was a review, we aimed to provide a useful overview of TDI applications, in particular for common cardiac diseases. Therefore, we did not include after-cardiac-transplant patients because they are not commonly encountered in the clinical practice of most physicians. Furthermore, the article mainly explored the role of established TDI parameters for estimating prognosis in terms of major cardiovascular events and/or mortality. Therefore, it included mostly studies that had at least medium-term follow-up for the prediction of hard cardiovascular events. Although transplant rejection and development of coronary heart disease may indicate a worse prognosis, we would be very interested to see such follow-up data provided by this group and others.

With respect to the prognostic role of deformation imaging, we are intrigued by the extensive application of 2-dimensional strain and strain rate imaging in various patients who received cardiac surgery or cardiac surgical devices. However, many of these potential applications still lack major published data to support their regular clinical usage, not to mention their prognostic role, which will need additional follow-up assessment. Lastly, although 2-dimensional speckle tracking analysis of strain has been recently validated (4) as another technique for deformation imaging, more studies are needed to characterize the clinical application(s) of this new tool, including its value as a prognosticator.

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Physicians Are Not Immune to Marketing

We were pleased that your recent editorial “Your Soul for a Pen?” (1) explored an issue of paramount importance for medicine today. Aggressive marketing to physicians has created real and perceived conflicts of interest and casts doubt on the appropriateness of treatment choices. The editorial observes, and we concur, that lavish gifts with no educational component must be eliminated and that gifts of any size erode public trust in the medical community. The evidence for these points is overwhelming; we, too, are aware of the research showing that even small gifts can affect prescribing behavior. We also agree that drug companies would not dispense token gifts unless they had impact.

We were, therefore, surprised and dismayed that the editorial went on to maintain that physicians are able to resist the influence of gifts. Gifts do set off powerful psychosocial dynamics, promoting a felt need, conscious or unconscious, to reciprocate. No less important, gifts serve as an entrée to physicians’ offices so that drug reps can promote their products.

For these reasons, The Prescription Project is working to promote policies that more effectively govern financial ties between the medical profession and industry. These include a ban on gifts. Ensuring that physician-industry relationships are free of conflicts of interest and that physicians base their prescribing decisions on accurate and unbiased information is essential to sound medical practice and public confidence in the profession.

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Reply

As is apparent from the letter by Mr. Restuccia and colleagues, we are in agreement on most, and notably the most important, issues regarding interaction between physicians and medical industry (1). Where we seem to disagree is in the matter of degree. I believe there are gradations in the magnitude of “gifts,” and that gifts of