EDITOR'S LETTER

Dear Readers:

We are witnessing the intended or unintended consequences of changes in medicine made under the pressure of achieving so-called health care reform, attempting to deal with a federal budget deficit, and limiting work hours for physicians in training. The negative impact of these changes includes the following:

1. The destruction of the doctor–patient relationship
2. Shifting of decision and policy making authority from practitioners to bureaucrats and administrators
3. Physicians being trained to be shift workers with more of an eye on the clock and less commitment to their patients
4. Decreased access to quality health care
5. Less innovation and discovery

We are witnessing the purposeful destruction of the doctor–patient relationship by the major payers, including the government and insurance companies, converting it to a corporation–patient relationship. The patient will lose his or her last and most important health care advocate, the private doctor. Who else will take the time to truly choreograph health care, taking into account an experience with the patient and an understanding of the nuances of a particular patient beyond the presenting medical condition? Who else with knowledge of a patient's condition will take a phone call on a Saturday at 2 o'clock in the morning?

There is a shift in the balance of power from practitioners of medicine to administrators and bureaucrats who are experts at reading a spreadsheet but have little understanding of the complex nature of caring for a patient, never having spent a night helping a patient fight for his or her life, comfort a grieving family, or arrange outpatient care. These bureaucrats think of your patient as a statistical blur and practicing physicians as greedy and self-righteous cost centers.

Residency and fellowship training programs are being forced to limit doctors' training hours to avoid fatigue, with the goal of reducing error rates. The deliverables in this scenario will be the physician shift worker who goes home not when the patient is stable but when he or she reaches the end of the shift. Care will then be "handed off" to another physician who lacks the context of care. I am sure we will have better-rested trainees, but there has yet to be a randomized trial proving that this approach decreases errors. In the absence of randomized data, we will have to settle on expert opinions, such as mine, that error rates may actually increase, leading to worse patient outcomes.

We are also witnessing the "dumbing down" of medicine, in which the innovation and entrepreneurship that has fueled medical discovery and quality care are being snuffed out in favor of "access to care" and mediocrity. Part of that dumbing down process is the isolation of physicians from industry, making it more difficult to participate (as we have done in the past) in innovative efforts that have led to new cures and treatments. It is also more challenging for the practicing clinician to learn about new therapeutic options and how best to implement them for the benefit of our patients.

We have committed so much time and effort to becoming physicians, with the goal of healing the ill. If we all seize the moment and put a fraction of that effort toward maintaining what is best about our profession we can regain our ability to influence the ongoing health care debate and look out for the best interest of our patients and our vocation. I continue to urge you to donate to your societal Political Action Committee, and participate in the political process by supporting political candidates who appreciate the importance of physician/clinician leadership in medicine, the doctor–patient relationship, and innovation. I also urge that we continue to lead by example and practice effective, empathic, and efficient medicine.

That being said, we are proud to bring you another issue of *Reviews in Cardiovascular Medicine* with content that has particularly useful clinical utility.

This issue includes content dealing with very timely clinical issues. Dr. Mathew Price from the Scripps Clinic and Scripps Translational Science Institute (La Jolla, CA) and his colleagues from the Sinai Center for Thrombosis Research (Baltimore, MD) present a wonderful review of the issues relating to the role of *CYP2C19* polymorphisms on the kinetics and metabolism of clopidogrel, clopidogrel resistance, and the relationship to clinical events in patients undergoing coronary stent implantation. Being able to identify patients with clopidogrel resistance may lead to adjustments in therapies to other thienopyridines, such as prasugrel, with the hope of reducing thrombotic events. We are honored that Drs. Tobias Breidthardt and Christopher McIntyre, an international authority on the relationship of kidney disease and heart disease, provide a superb submission on the role of dialysis on myocardial function. With the prevalence of end-stage renal disease on the rise, these issues are becoming increasingly relevant to the care of more and more patients. The role of oxidative stress in the metabolic syndrome has been provided by Drs. Adam Whaley-Connell, Peter McCullough, and James Sowers. This article provides wonderful insights into the impact of obesity on oxidative stress, as the authors discuss the pathogenesis of oxidative stress in the metabolic syndrome and therapeutic interventions that improve the redox state. A treatment update on the role of statin therapy in vascular and noncardiac surgery is provided by Drs. Jeffrey Lander and Neil Coplan. These submissions are accompanied by my contribution to this issue with a review of an important article in the medical literature dealing with the utility of cardiac magnetic resonance imaging in evaluating the cardiac patient.

Dr. Peter McCullough and I, as co-editors, along with the other members of our world-class editorial board, hope you enjoy this issue of *Reviews in Cardiovascular Medicine* and look forward to hearing from you. We thank those experts who have taken the time out of very busy days to honor this publication with their special submissions.

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Reviews in Cardiovascular Medicine