Expanding the cardiovascular mandate: from treatment to the protection of health

Valentin Fuster and Janet Voûte

Traditionally, cardiovascular specialists have focused primarily on patient care. Today, however, multiple novel socioeconomic influences and the development of new technologies are forcing this focus to change. The scope of physicians' interventions must be expanded to include not only patient treatment, but also early identification of high-risk individuals and the protection of their health. An expanded mandate for medical professionals is urgently needed. Three primary socioeconomic reasons drive the need for change in most parts of the world: changing demographics and the aging of the population; the economic ramifications of inaction versus preventing and treating disease; and the change in patient attitude, from passive recipient of care to active consumer of health information and services.

With regard to changing demographics, life expectancy increased dramatically in the 20th century, especially in developed nations. In 1901, life expectancy at birth in the US was 49 years—at the end of the century it was 77 years. In developed countries, 20% of the population is already aged 60 years or older and by 2050 this figure will be 32%. The developing world is following a similar trend—by 2050 the corresponding figure will have risen from 8% to nearer 20%. A significant contribution to such increases in life expectancy has been the effective treatment of disease; however, such accomplishments are at the expense of very high economic costs and are difficult to sustain.

The WHO estimates the economic losses in low-income and middle-income countries from cardiovascular and other chronic disease to be hundreds of billions of US dollars. It projected that China will lose a staggering US\$558 billion between 2005 and 2015, India \$236 billion and Russia \$303 billion, as a result of insufficient preventative action. Treatment alone is not the answer, however, as the cost of care is steadily

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increasing, with care in later years estimated as the most expensive.

Patient attitudes are changing as well; patients are becoming progressively better informed. Cardiovascular health information is increasingly being offered to patients and the public by the media, industry, and cardiology foundations and societies around the globe. The informed patient does not wait for extreme ill health before receiving medical attention and life-saving advice.

Accordingly, policy makers and health-care communities have a major role in changing patient attitudes through the implementation of health-promoting policies in the areas of tobacco control, healthy diets and physical activity. These initiatives are urgently needed to tackle the growing burden of cardiovascular disease. The cardiovascular specialist's role, however, must change too. Physicians should consider the long-term vision of their patient's and their patient's family's health. The mandate for patient care must be expanded to include the preservation of health. Indeed, according to recent socioeconomic studies, protection of health generates dramatic returns. Early risk detection leading to simple lifestyle changes and lower cost medical interventions is the key to helping patients live longer, healthier lives. Given the impact of family history on cardiovascular disease development, physicians should include the family members of their patients during early risk screening. Patient care and health protection are the physician's responsibilities.

Advanced medical technologies, such as imaging and genetic testing, make early detection of risk scientifically feasible, but only in some high-income countries and for selected segments of the population. Accordingly, as evolving technologies become economically feasible, the need to expand the medical professional mandate to encompass the protection of health will be relevant all over the world.

V Fuster is Editor-in-Chief of Nature Clinical Practice Cardiovascular Medicine and J Voûte is Chief Executive Officer of the World Heart Federation.

Competing interests

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