

## Editorial

## Clinical Cardiologists: Do they exist Anymore?

*The speciality of Cardiology perhaps owes its origin most to the invention of the ECG machine. The ECG machine became the symbol of the Cardiology oriented physician. The art of clinical diagnosis and management of cardiovascular problems refined to a point that physicians with special training and experience in Cardiology felt obliged to branch off the mainstream of Medicine. Thus was born the Cardiologist. In the USA soon after world war II this formalized into the gold standard of a speciality recognition, i.e., the American Sub-speciality Board in Cardiovascular Diseases. About the same time a revolution had occurred in Cardiology, cardiac catheterization entered the scene and there was an explosion of knowledge and technology. A new breed of Cardiologists came to exist who spent most of their time performing catheterizations and angiograms on patients referred by their clinical colleagues. We suddenly had the division of the speciality into two broad categories viz: The Clinical Cardiologist and the Invasive Cardiologist. Technology knew no bounds and soon a whole array of non-invasive techniques, eminently typified by Echocardiography, came into existence. The knowledge explosion and necessary expertise required the new breed of Cardiologists to be either Non-invasive Cardiologist or Invasive Cardiologists. There remained a group of Clinical Cardiologists who were certainly not Invasive Cardiologists and neither were proficient in Non-invasive assessment but were none-the-less good physicians with sound clinical judgement in matters of Clinical Cardiology. With time this group has grown small and is reaching the point of extinction, at least in most advanced countries. At the same time, the non-invasive and invasive cardiologists have further branched into many more super-sub-specialities.*

*Was the Clinical Cardiologist doomed to extinction when technology entered the world of Cardiology? Has his function been taken over by the General Physician who knows the clinical problem and would rather send the patient straight for an invasive or non-invasive work-up? Is there any need for this intermediate category of physicians between the general physician and the super-sub-specialist? Is it that the functions of a clinical cardiologist have been split up between the general physician and the Super-sub-Specialists?*

*Looking at the scene in Pakistan, there is no question in my mind that there is still a lot of need for the so-called Clinical Cardiologist, be he involved in 100% cardiology care or be he an Internist-Cardiologist. At the stage Medicine and Cardiology are in Pakistan, this middle group has still a role to play both because the cost-effectiveness of high technology is still beyond our reach and also because there just aren't enough high technology centres and trained super-sub-specialists. However, we must keep our eye on the direction that Cardiology has taken all over the world. It is only a matter of time before the inevitable happens here too.*

Azhar Faruqi,  
Editor.