IN THIS ISSUE

HEART OF THE MATTER

Who Owns Medical Technology?

The last half-century has seen the explosion of new technologies applied to medicine that have had an important impact on the diagnosis and treatment of disease. Cardiology has been influenced by technology as much as any specialty in medicine.

BY SIDNEY GOLDSTEIN, M.D.

The development of the pacemaker in the 1950s led to an entire subspecialty of electrophysiology. The development of ultrasonography and the echocardiogram provided amazing images of the heart, and now it can be viewed in three dimensions. In the not-too-distant future the incorporation of magnetic resonance imaging and computed tomography hold the promise that they will change our understanding of cardiovascular disease and its treatment.

The accessibility of these current and future technologies to both the investigator and the clinician is key to the expansion of our knowledge and its application to the patient.

In this issue, a radiologist raises serious issues about the appropriateness of the use of current technology by nonradiologists and, particularly, cardiologists. David C. Levin, M.D., suggests that the ready access of diagnostic technologies in the cardiologist's office is self-serving and leads to overuse to such an extent that it will "bankrupt the health care system." These are serious charges that require introspection by cardiologists. He does not speak, however, of the benefit accruing to the patient from the accessibility to diagnostic technology in the physician's office.

We have seen many professional boundaries of diseases become blurred as a result of technological development. The boundaries of cardiac surgery have fallen into the domain of the treating interventional cardiologists with the development of stent technology. Ultrasonography, largely staked out to be the radiologist's domain, lost echocardiography to the cardiologists as they used that technology to understand cardiac physiology.

Now multidetector computed tomography portends to be the next battlefield between the radiologists and the cardiologists. These machines can not only image the degree of cardiac calcification like electron beam CT, which is widely available in a "store front" near you, but also can image with a dye injection the lumen and wall of the coronary artery. Its potential as a screening technique in lieu of angiography has the potential to produce further friction between radiologists and cardiologists. Who owns these new machines and who will interpret the images is of concern to both specialties. Radiologists are already seeking training requirements favorable to their specialty.

Various technologists and scientists can and will add to the development and application of new tools. But the application of these tools to the patients will necessarily reside with the practitioner. This license, however, does not attach to it the right to use it inappropriately. None of us want to put further strains on our health care system, but we do need to have ready access to the diagnostic technologies that we use in the everyday practice of cardiology. ■

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