

## Editorial

### Interventional Cardiology.

*Technology in medicine in general and cardiology in particular is fast outstripping the clinical experience and long clinical trials necessary for each modality to find a stable lasting place for itself in established practise. The dazzle and profound initial impact along with premature splashes in the media cause a demand and spreading of new techniques much before the clinical confirmations of long term effectiveness are in. The impatience of researchers to get in their 'firsts' and the behind the scene spurring by the industry investing large money into these efforts are the main factors. Society's demand pushes the health care deliverers into getting involved for fear of otherwisie being "left behind".*

*We in Pakistan have entered the Interventional Cardiology era since the start of Coronary Angioplasty and Intracoronary Streptokinase Trials by this writer at the National Institute of Cardiovascular Diseases at Karachi. These trials are aimed at evaluating the cost-effectiveness of these procedures for a third world country like Pakistan where advanced technology is available but on a very limited basis. It is already becoming apparent that the amount of time, money and effort involved in such procedures in a facility which is already over burdèned with routine work is inappropriate. Priorities do not and will not allow large scale application of such technologies in our country at present.*

*What do poor countries do in such a situation ? I do not have the answers. But the name of this game is money. While final conclusions and recommendations shall have to wait for completion of our trials, the writing on the wall is very clear. We have to keep our ambitions realistic, appropriate and fair especially in the public sector. We have to develop forums where such policies and recommendations can be evolved. The Pakistan Cardiac Society should get out of its slumber and play a role here.*

*Editor*