

## EDITORIALS

### **Intracardiac Surgery**

A SIMPLE question has been posed by the editors of this Journal: In what hospitals should intracardiac surgery be performed? The answer is complex.

The purpose of medical art and science is to achieve superior care for the ills of mankind. The answer to the question posed must relate to this purpose. Superior care for the patient of today requires primarily the availability of physicians equipped with superior ability and training and fortified by proper experience and facilities. Superior care for the patient of tomorrow requires medical education and research. Because of the complexities of education and research in the biologic science of modern medicine, these activities are most effectively undertaken in medical centers. Such centers are usually, but not always, closely associated with or a part of a university. The perpetuation of such centers, which is clearly essential, requires enlistment of an appropriate professional staff, proper facilities, and a case load adequate for teaching and research.

Physicians of superior ability and training are not limited to the medical centers. They can be found in nearly every community. Continued intellectual stimulation and participation in newer diagnostic and therapeutic enterprises are essential to the growth of these physicians and will result in a continuous improvement in the quality of the care they render. The opportunity to pioneer new procedures is necessarily limited for those to whom the professional colleagues, investigators, and facilities of a medical center are not available. However, when new procedures have been adequately studied, their application to the general population usually requires that physicians outside the centers utilize them.

Certain procedures in the field of intracardiac surgery, including some done by open-heart techniques, have been reasonably well

studied and are adequately understood. Their successful application in a community enriches the lives of everyone concerned, provides great intellectual stimulation, and broadens the interests and abilities of those who participate. Yet, physicians, hospitals, and medical centers contemplating performance of these procedures must ponder certain questions. Are the required competent professional personnel available—cardiologist, pediatric cardiologist, roentgenologist, surgeon, anesthesiologist? Are ancillary services sufficiently well developed—clinical laboratories, blood bank, operating room and recovery room nursing staffs, social service staff? Is there sufficient potential case load in the area serviced to supply a reasonably continuous experience for the group? Has an objective appraisal been made of the immensity of the effort at present required for successful open intracardiac surgery? Has it been clearly realized that financial returns to a group engaged in these endeavors are limited because of a number of factors? Is the underlying motivation clearly that of providing better medical care to the community?

When the answers to all these questions are in the affirmative, the group, hospital, or medical center should enter into some aspects of open intracardiac surgery. Unfortunately, many hospitals cannot answer all these questions in the affirmative. The well-being of the population, the progress of medical art and science, and the happiness of the persons involved would be enhanced under such circumstances by a decision not to undertake this particular type of medical care.

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