Letter to the Editor

Letters to the Editor will be published, if suitable, as space permits. They should not exceed 1,000 words (typed double-spaced) in length and may be subject to editing or abridgment.

Early Cardiac Care Centers

To the Editor:

In reading Dr. Braunwald's excellent discussion on "Future Directions for Cardiology" delivered January 1988, at the National Institutes of Health in honor of the 40th anniversary of the founding of the National Heart, Lung, and Blood Institute (*Circulation* 1988;77:13–32), I was astonished to find that he does not mention the "early cardiac care centers" in emergency rooms that he has recently advocated as a means of providing early thrombolytic care in hospitals. The article was quite complete with ingenious ways of focusing on basic science research outside the heart for future advances in cardiology.

On a more practical level, it may be wiser to consider applying current methods of early cardiac care in the community. Aggressive educational emphasis on chest pain and chest discomfort as important risk factors would go a long way in enhancing the delivery system of patients with early ischemic disease. The link up of the delivery system with early cardiac care in emergency rooms would provide the basic subunit (the "community/sarcocere"), if widespread enough, to help reduce heart disease to our nation's number two or three health problem.

Future directions for cardiology, as well as for any medical discipline, should include not only basic science research but also practical applications needed for widespread community benefits. In our center, admissions to the coronary care system have almost doubled, and subsets of patients have been diagnosed as having earlier forms of ischemic disease. Chest pain awareness and promulgation appear to be the reasons for bringing this about. Early cardiac care centers in emergency rooms as advocated by Dr. Braunwald may help lead us in that direction.

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