

BRITISH CARDIAC SOCIETY NEWSLETTER

Stockholm is now a memory. Was it a popular venue? Some complained that the hotels were very scattered, but few cities could accommodate so many visitors to a conference within easy reach of the conference centre. What a pity that London is not able to host the annual scientific sessions of the European Society of Cardiology; no doubt many other organisations would like to meet in London if we had adequate facilities for large gatherings. The organisation at Stockholm was excellent. There is a clear advantage in the same group having similar responsibilities from year to year so that learning curves are not repeated. Representation from the United Kingdom was good (a total of 707 registrants) but this presumably included not only cardiologists but also exhibitors and spouses. Flights to Sweden became very difficult to book in the week or so before the conference: here is a lesson that might be learned for another day. We record with particular pleasure that two of the three named lectureship series of the European Society were given by British colleagues—both closely associated with the *British Heart Journal* as Editor and Assistant Editor. Dennis Krikler gave the Henri Denolin Lecture entitled "The development of electrocardiography in Europe: a century of progress". Michael Davies gave the Andreas Gruntzig Lecture on "Acute ischaemic syndromes: the morphological basis". In addition, Andrew Henderson was one of the invited lecturers on heart failure in the Joint American College of Cardiology/European Society of Cardiology Symposium.

We return to the subject of audit. (Please do not stop reading the newsletter at this point.) We all believe in audit, appreciate its value, and recognise that we did not have enough of it previously. We no doubt suspect that we have too much of it now. We are assailed from every direction: district, regional, and national groups all demand our participation. We are aware of three separate initiatives to audit the management of acute myocardial infarction. We hope the joint College and Society Audit Committee can keep a measure of control over events, for otherwise the understandable reaction will be to wish to avoid cooperating with any of them. Eventually we will achieve a sensible level of useful activity, but for the moment audit often seems an end in itself rather than a tool to improve performance. We are unfamiliar with many of its concepts, and so participation does not come naturally. Our own committee has several projects now under way, and has ensured that they are not over-ambitious. A pilot study is examining delays in the treatment of acute myocardial infar-

tion with participation at present of only five district general hospitals. Another pilot study is examining the complications of coronary angiography in a few major centres—useful lessons will surely follow. The intention is to spread the net more widely for both of these inquiries as experience with them grows.

One form of audit that has been discussed is based on visits by one cardiologist to a colleague in another centre. The audit committee encourages this practice, but it must occur with willing cooperation from both sides. The major centres already have their inspections from the Specialist Advisory Committee, so the less formal visits are intended for district general hospitals. Visits may either be unstructured and based on impressions rather than on the collection of hard data or structured, with performance indicators that can be used for comparisons between centres or to monitor change within any one centre. The audit committee will not at present be directly involved with these visits, which will generate very large volumes of data that will be difficult to analyse. We hope, however, that visits will take place as a result of local initiatives. They were pioneered in the South East Region by Richard Wray before audit became fashionable, and they have proved to be popular. Recently visits have occurred across regional boundaries and have been equally successful. The audit committee does have suggestions for inquiries that could form the basis of a structured visit. A questionnaire headed "Organisational Medical Audit" has been prepared; it comprises sections on outpatient audit, inpatient audit, and investigation audit—a total of 34 questions. The document can be sent in advance to the cardiologist who is to be visited so that he or she has advanced notice of the topics that will be raised. It is intended as a model to be used in its entirety, or in part, or to generate the determination to do something quite different. Having a format of this type does, however, overcome the potential difficulty of a visiting cardiologist having to seek guidance on what he should be doing. Those participating will quickly appreciate that two districts are being audited at once: the visitor will find he is reflecting on practice in his own unit, and discussing differences with his colleague, usually to mutual advantage. If you wish to have a copy of the questionnaire please contact Nicholas Brooks at Wythenshawe—he is chairman of the audit committee. But he will not want the document back when it is completed: the data are for local use only. Structured visits to district general hospitals will eventually become more formal, particularly for those participating in specialist training by having rotating registrar posts in cardiology.

Many readers will have known Dimitri de Grunwald, and will have been saddened by his death in May. Dimitri had his first career in pharmaceuticals, and was a managing director by the age of 30. He later joined his elder brother to produce films of outstanding merit with personalities such as Peter Sellers and Sophia Loren. But in the last nine years of his life he embarked on a new career as a consultant to Bayer. With the full support of the company, he developed a new concept in

workshops that were attended by many of the senior academic cardiologists in Britain. The formula was good preparation, an attractive venue, the most friendly of atmospheres, but above all the expectation of hard and productive work. Dimitri and his workshops both became institutions. His memorial service at the Russian Orthodox Church in Kensington was attended by cardiologists from many parts of the United Kingdom as well as by colleagues from abroad and by friends from other walks of life. A moving tribute has been written by Professor Gus Born. It is much too long to be reproduced here, but a brief extract may provide the flavour: "Underlying all was Dimitri's phenomenal good nature: phenomenal because it came, not with blindness to life's unpleasantness but, on the contrary, with the ability to understand people's problems only too well." And so indeed he did. Copies of the tribute are available on request for any of his friends who might like one: please write to Elaine Brown at the British Cardiac Society. The tribute gives a vivid impression of a remarkable man who made his own very special impression on British cardiology.

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NOTICES

British Cardiac Society

The Annual Meeting will take place at the Scottish Exhibition Centre, Glasgow on 30 April to 3 May 1991. The closing date for receipt of abstracts will be 10 December 1990.

Hypertrophic Cardiomyopathy Association

This recently established patient-based charity aims to provide information and support for patients and their families and to increase public awareness of the condition. The Association is supported by a medical advisory subcommittee. Inquiries to the Hypertrophic Cardiomyopathy Association, 44 Minerva Road, Park Royal, London NW10 6HJ. Telephone 081 963 0020.

Intensive care and emergency medicine

The 11th International Symposium on Intensive Care and Emergency Medicine will be held in Brussels on 19 to 22 March 1991. Further information from Professor J L Vincent, Department of Intensive Care, Erasme University Hospital, Route de Lennik 808, B-1070 Brussels, Belgium.