VIDEO REVIEW

A gift of life. Produced by the British Heart Foundation, 14 Fitzhardinge Street, London W1H 4DH, 1993 (50 min; suggested donation £10)

The British Heart Foundation has produced a new video that provides advice for patients who are potential candidates for heart transplantation. Heart transplantation is associated with prolonged survival and improved quality of life for selected patients with end stage cardiac disease. It is important that after they are accepted onto the transplant waiting list patients and their relatives are aware of what lies ahead. They should appreciate that the waiting period is uncertain and that nobody can predict when a suitable donor organ will become available. During this time patients experience various emotions and relationships may come under strain. The operation itself is not always successful and postoperative complications are common.

This video illustrates some of the problems and anxieties that patients and their relatives encounter during the waiting period, at the time of surgery, and postoperatively. The experiences of the recipients of six successful heart transplants are related throughout the video, which concentrates on a middle aged man who was referred for cardiac transplantation after a myocardial infarction. The implications this has for the patient and his wife are well described. Once the initial euphoria of being accepted onto the transplant waiting list passes, the uncertainty of the waiting period causes the couple considerable emotional turmoil. This ranges from relief that something can be done to improve the patient's quality of life, to fear, bitterness, and guilt that he is waiting for somebody to die in order to give him a chance to live. He also finds it difficult to accept the role reversal, with his wife becoming the breadwinner. The strain this puts on the couple's relationship throughout the 6 months they spend waiting for cardiac transplantation is clearly illustrated. Similar views are shared by the other patients and their relatives.

Once the patient has had transplant surgery the transplant psychologist stresses the importance of his wife's need for support. She is encouraged to let him go and not to be overprotective. The fact that this can be difficult is discussed.

During the postoperative period the importance of being positive, of planning for the future, and of trying to return to as normal a lifestyle as possible is emphasised. All six patients and their relatives agree that cardiac transplantation was worthwhile, but feel that patients should be better prepared in advance to help them cope with the difficulties that lie ahead.

The video does not say, however, that the waiting period varies and indeed that many patients can wait for more than six months before suitable donor organs are found. It should mention that because of the current shortage of donor organs many patients die awaiting transplantation.

It would be helpful to mention transplant support groups. These are particularly use-

ful during the waiting period, giving support to patients and their carers. Information regarding the postoperative period could be expanded. The video should clarify that it is normal to experience at least one episode of acute rejection, which normally responds to treatment. Mention should be made of the fact that patients will be required to take lifelong immunosuppression and that endomyocardial biopsies are an important part of the postoperative follow up. It should also be stated that many patients experience difficulty coping psychologically with the fact that their heart has come from someone who has died. They often have many questions and concerns about the donor and donor's family.

In summary, this is an informative and well presented video that will be of considerable value to patients who are referred for cardiac transplantation and to their families.

B P MADDEN

BRITISH CARDIAC SOCIETY NEWSLETTER

Your president was a guest of the French Cardiac Society at its Annual European Meeting in Paris in January. Fortunately, simultaneous translation into English was available for most of the sessions, although not one where your president was the joint chairman. His co-chairman dealt charmingly with the deficiency. The language ability of the British still has some considerable way to go to reach that of our French colleagues but perhaps the tunnel will improve this state of affairs. It was interesting to see the range of debates at the French society meeting and how often health economic factors were addressed.

Council had a busy meeting on the 27 January 1994. Council agreed the final programme for Torquay and, recognising the increasing complexity of our annual meeting, went on to look at the 1995 meeting in Harrogate and the 1996 meeting in Glasgow. A new guest lecture is being created by the Society and members' views on a name for this lecture are being sought. The shortlist drawn up by Council is being circulated to members for their choice. Please vote—we need your views.

As many will be aware, Clinical Guidelines are demanded increasingly by purchasers; and the Joint Audit Committee of the Cardiac Society and the Royal College of Physicians of London under the chairmanship of David de Bono have agreed to develop brief guidelines for all the major areas of cardiology. These should be available later this year to influence the purchasing of services in the next contracting year. Meanwhile, the programme of in-depth reviews of particular topics to produce comprehensive guidelines continues. It is important to recognise that

guidelines are not protocols and must contain appropriate degrees of flexibility.

Council also agreed to support an initiative from the joint audit committee to develop a programme of audit visits by colleagues. Such visits are aimed to be constructive; and the informal visits that have taken place so far have been of as much benefit to the visitors as to the visited. The programme will be developed over the next year.

A survey of waiting lists and waiting times for investigation and intervention in cardiology and cardiac surgery has revealed significant differences in waiting times between different units and Council is addressing the issue of what is an acceptable waiting time for investigation and then intervention. As was shown in the report of the Clinical Standards Advisory Group on access and availability of coronary artery bypass grafting and coronary angioplasty, a cumulative delay builds up as the patient is seen, investigated, and then treated by interventional cardiology or surgery. It is hoped to organise a consensus conference late in 1994 that will look at the issues of demand and need for the management of coronary artery disease and also a waiting list strategy.

British Society of Echocardiography

Mark Monaghan writes: "The British Society of Echocardiography has been very active over the past few months. In November we held our largest, and to date most successful, Autumn meeting in Harrogate. This meeting consisted of one day of peer reviewed abstract presentations and another day of invited talks and panel discussions. In addition, there was a large technical exhibition. Gordon Williams organised a highly memorable social programme."

The Research and Scientific Subcommittee has been preparing the BSE supplement to the *British Heart Journal* which appears alongside this issue. This supplement contains the abstracts presented at our Autumn meeting, together with some position papers generated by the BSE on various aspects of echocardiography. Our Education and Training Guidelines are formally promulgated in this supplement and we hope that they will now be widely adopted and with the BSE's help put into practice. The BSE has been represented by Graham Leech on a European Working Group on Training Standards in Echocardiography. Fortunately, it seems that we are somewhat ahead of many other European countries in having some written standards, guidelines, and a syllabus. It appears that many of our proposals may be adopted throughout Europe. However, this initiative has only just started and many other interested parties will no doubt want to exert their influence.

The BSE has recently been approached by several non-medical members who are concerned about their status and liabilities in terms of reporting echocardiographic studies. We have incorporated some recommendations as part of our education and training document and in addition a full statement has been printed in the February issue of the *BSE Newsletter*. We believe that this important