

From the Editor

Culture, Ethics, and Humanitarian Affairs: often relevant, sometimes compelling, always interesting

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OUR PASSION FOR OUR DAILY CLINICAL AND scientific work, and the typically unrelenting pace of our specialty, places us at risk of being consumed by what we love most. Although we enjoy the creative and performance-based aspects of our chosen field, no one in our specialty would need to be reminded of the brevity of life, nor of the missed opportunities to travel other roads.

Fortunately, medicine has a long and very rich history of talented physicians and surgeons who have prevailed in various non-medical arenas, such as music, art, and literature. Well-known examples include Albert Schweitzer, Fritz Kreisler, Hector Berlioz, Theodor Billroth, Alexander Borodin, Irvin D. Yalom, Abraham Verghese, Khaled Hosseini, Richard Bing, Anton Chekhov, Sir Arthur Conan Doyle, Atul Gawande, and an extensive list of others. The list of enthusiastic amateur participants would, needless to say, be many times longer. In reality, most of us maintain at least voyeuristic interests in the arts, despite our main responsibilities, as evidenced by the enthusiasm for cultural programmes associated with many of our international meetings. The founding editor of *Cardiology in the Young*, Professor Robert Anderson, has led the way in introducing musical performances into the programmes of various paediatric cardiac meetings, sometimes with an enthusiastic reception.

Ethical issues abound in medicine and assume special importance in the current pediatric cardiac milieu. We deal almost daily with foetal diagnosis, complex univentricular palliations, extracardiac comorbidities, novel surgical procedures, circulatory support and transplantation, clinical research, end of life care, and other areas that demand special ethical consideration. The medical ethics literature is abundant but complex, and the academic theory is not always applicable to the clinical situation requiring an urgent resolution. Those of us working

on the “front line” may be well positioned to identify and discuss the challenging ethical issues that characterise our specialty.

Finally, medical practitioners in general have a long history of involvement in humanitarian initiatives around the world. In the paediatric cardiac specialties, we have witnessed a proliferation of individuals, teams, and institutions willing to bring modern cardiac diagnostic and therapeutic technology to developing and/or underserved parts of the world. Does this sort of activity have a meaningful impact on child health worldwide? Certainly, at the most basic level, there are thousands of children whose lives have been saved by visiting teams. But beyond that, we have witnessed the birth of new paediatric cardiac programmes, nurtured by talented local teams with help from humanitarian organisations abroad. Many of these units now function independently, achieve good clinical outcomes, and contribute to research and international data registry projects. Call it politics, medical tourism, selfless humanitarian effort, or some combination, the result speaks for itself. The individuals who have persisted to make it all happen deserve to be recognised and their ongoing stories are very much worth telling.

Cardiology in the Young has in the past recognised some of the issues discussed above in published articles and commentary. The Editorial Board of *Cardiology in the Young* has recently been reorganised to include an Associate Editor for Culture, Ethics, and Humanitarian Affairs, and with this gesture we hope to re-emphasise the relevance of these broad areas, and to encourage submissions that may not fall clearly within our traditional scientific content. It would be contradictory to write specific guidelines for such submissions, but without a doubt interesting days lie ahead.

As one of our senior colleagues likes to say to his trainees, "Don't let the job own you!" (Dearani J, personal communication)

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