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From the Executive Editor

OUR FINAL ISSUE OF THE YEAR 2000 IS PACKED and thought provoking. You may remember that, in the first issue of the year, I suggested that the year would mark a turning point for the care of children with cardiac disease. Some articles in this issue support my belief, but some do not. The jury is still out.

There are two major articles on fetal cardiology. In our series concerned with continuing medical education, Gurleen Sharland describes the ideal contents for a unit professing to provide services in fetal cardiology (pp. 625–635). She describes, with examples and illustrations, how to provide an accurate diagnostic service, but emphasises that expert counselling of the parents, and providing them with support as they face up to what is often a devastating diagnosis, is central to the service. This issue also contains an article by Jean-Claude Fouron drawn from his Edgar Mannheimer lecture presented at this year's meeting of the Association for European Paediatric Cardiology (pp. 551–556). Titled, somewhat enigmatically, "The changing and complex relationship between pediatric cardiologists and life," it describes his approach to the practice of fetal cardiology. Again he emphasises the importance of communication and support for the parents. This focus on the emotional needs of families was rarely seen in scientific articles until recently. As we saw in the last issue with the article from Maria Shortis,[1] when we concentrate on the technical aspects of care, and lose sight of the wider needs of families, then some of our practices begin to look outdated and out of touch.

Self-efficacy is a new term to me. An article from Bar-Mor and colleagues (pp. 561–566) discusses the effect of self-efficacy on physical activity in adolescents with congenital cardiac disease. Since we judged the term would also be new to many of our readers, we asked Freda Gardner to provide an explanation (pp. 557–559). Self-efficacy is a description of the extent a patient feels able to influence their disease, or the management of it. It has been shown to affect the way patients respond to their illness. As Freda says, "the more strongly the patient believes that they are capable of doing something, the more likely it is that they can do it." This is supported by the study of Bar-Mor et al. They conclude that, in their patients, self-efficacy was more important than the severity of disease in determining the ability to take part in physical activities. This presents a formidable challenge to paediatric cardiologists. Not only must we fully inform patients and families about the nature of their cardiac anomaly, we must also encourage them to believe in what they can do.

In his article, Fouron discusses one of the most controversial topics in our speciality, namely termination of pregnancy for fetuses with congenital cardiac defects. Another ethical issue is raised in the report by Strømme et al. (pp. 638–640) describing cardiac surgery in an infant with trisomy 13. There is an accompanying editorial by Judith Goodship (pp. 560). I can just remember, at the start of my medical career, the discrimination against patients with trisomy 21. It is now accepted that children with Down's syndrome do and should benefit from cardiac surgery, although parents still argue that they do not have fair access to cardiopulmonary transplantation. What should we do for those children with more severe chromosomal anomalies? We do not present you with an answer, but these articles should stimulate debate. We would be interested to hear your views.

Our last edition focussed on interventional catheterisation as a means to close defects in the atrial septum. In this edition we publish a wide-ranging review of interventional catheterisation that was prepared for the British Paediatric Cardiac Association. This contains recommendations about the indications for, and value of, different interventional procedures. It is a very extensive review, which we hope will be of value to our wider readership. We would welcome comments on these recommendations. One particular recommendation stands out to me. It is recommended that cardiologists doing these procedures should do a minimum of 40 procedures a year, either as first operator or assistant, to maintain their skills. Less than one procedure a week seems to be a very modest target. Is it sufficient? We again would welcome your views. Do any other national bodies set a different standard? We would be interested to hear.

Finally, this last issue of the year is an opportunity to acknowledge and thank the reviewers of our manuscripts. No editor can work without the advice of expert reviewers. They consistently provide us, and the authors of our manuscripts, with excellent and timely advice. This year we have

had more manuscripts submitted than ever before, and we have worked our reviewers hard. We have for many years revealed the names of the reviewers to our authors, whilst accepting the wishes of the small proportion who express the desire for anonymity. Here we list the overall group for you, and offer them our heartfelt gratitude.

Reference

1. Shortis M. Reply to the Editor-in-Chief The issue of retention of organs – an informed view from Bristol parents. Cardiol Young 2000; 10(5): 434–437

Edward Baker
Executive Editor

Acknowledgement to Reviewers

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