



The Society for Cardiovascular Angiography and Interventions

President's Page

Optimism and Interventional Cardiology

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One day, a decade ago, I was trying to place a coronary stent. It wasn't going well. I grumbled to Tammy, the cath technologist assisting me, that it looked like we were going to fail. Tammy looked me straight in the eye and said, "Dr. Blankenship, you really are a pessimistic person."

After the case ended successfully, her comment lingered. That night, somewhat defensively, I asked my wife, "I'm not a pessimistic person, am I?"

She answered without hesitation: "Yes, you are."

Somewhere I had read that optimism is a choice. I swore at that moment to choose optimism.

But that isn't easy. We face pessimism every day. A 2013 survey by the Doctors Company found that 89% of physician respondents would not recommend a career in medicine to their children [1]. A 2014 Medscape survey found that only 44% of cardiologist responders are satisfied with their income, 39% would not choose a career in medicine again, and 41% would not choose cardiology as a specialty again [2]. Cardiac catheterizations and coronary interventions have decreased by 30% in the past decade, and it often seems that surgeons, payers and the media all think they should decrease further. The majority of cardiologists are now employed, and many mourn their lack of independence and chafe under the bit of hospital administrators.

All of these factors might make us pessimistic.

Yet I argue for optimism, for 3 reasons. First, opportunities abound in interventional cardiology. Second, optimism often proves to be right. Finally, optimism is good for you.



OPPORTUNITIES IN INTERVENTIONAL CARDIOLOGY

Innovation brings opportunity, and innovation is thriving in interventional cardiology. Look at TAVR, where the number of procedures is exploding, extending the length and improving the quality of patients' lives [3]. While left atrial appendage occlusion remains controversial, it seems likely that it will improve the quality of life for many patients at risk for stroke. Today we can only guess about the innovations and the opportunities to help our patients that the next decade will bring.

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OPTIMISM OFTEN PROVES TO BE RIGHT

Problems that seem intractable often yield to sustained effort. Examples are everywhere.

- The **Sustainable Growth Rate (SGR)** adjustment to Medicare payment, which originated in the Balanced Budget Act of 1997 and ever since then threatened to decrease Medicare physician fees (by 21% most recently), was opposed by organized medicine for the past decade [4]. It seemed immutable. But in a fairy-tale-like act of bipartisanship, Congress in April 2015 retired the SGR.
- Just last year the American Board of Internal Medicine (ABIM) imposed a **maintenance of certification process (MOC)** that looked unassailable. Yet on February 3, 2015, the ABIM issued an apology for “getting it wrong,” and it seems likely that most or all of interventional cardiologists’ objections will be addressed.
- After 10 years of sustained advocacy by SCAI, interventional cardiology has been **recognized by CMS as a separate specialty**, and SCAI has gained **representation in the AMA House of Delegates**.

While these successes seemed improbable, optimists who believed in them (and persisted in trying to achieve them) turned out to be right.

OPTIMISM IS GOOD FOR YOU

An extensive literature documents better outcomes in optimists versus pessimists in cardiovascular [5] and other types of disease [6]. In a study of 97,000 women free of disease, over 8 years of follow-up, those with an optimistic outlook had 27% lower mortality and 28% fewer adverse cardiovascular events than women with a pessimistic outlook (p for both < 0.00001) [7]. There are plausible biologic mechanisms for this correlation, including decreased markers of inflammation and thrombosis [8], improved immune function [9] and reduced physiologic reactions to stress [10]. Optimism also reportedly improves relationships, increases productivity and ensures resilience after difficult life events.

HOW TO CHANGE YOUR OUTLOOK FROM PESSIMISTIC TO OPTIMISTIC?

When I decided to become an optimist, I used some of the following strategies. They work.

- **Externalize bad events, internalize good events.** Assume good things will happen. When bad things happen, attribute them to outside circumstances that won’t occur next time.
- **Act optimistic even when you don’t feel like it.** Convince yourself that things will work out – and then they tend to do just that.
- **Infect others with your optimism.** Optimism is contagious. Your optimism will encourage others. If you are going to be a leader, you need to make others optimistic that following you will produce positive results
- **Practice gratitude** [11]. Gratitude is acknowledgment of abundance, appreciation of simple pleasures and recognition of the contributions of others to one’s well-being. Expressing gratitude correlates with better relationships [12], improved emotional well-being [11] and better life satisfaction [13]. Every day write down 3 things for which you are grateful. Tell the people you live and work with how much you appreciate what they do for you, and tell it to them often.

Members of SCAI have reasons to be optimistic. Besides being part of the dynamic and innovative field of interventional cardiology, we are members of a Society that has been, and continues to be, successful. Over the past 10 years, SCAI has accomplished most of its goals [14] and is poised to establish an ambitious new strategic plan for the next 3–5 years. SCAI has great members and staff, a terrific new executive director, and is mapping a future that should make us confident and optimistic.

Finally, when you are feeling discouraged or pessimistic, remind yourself why you went into medicine. Remember that you are practicing in an exciting specialty where you can impact people’s lives in huge ways, daily. Be optimistic because optimism creates its own success, and it will help heal your patients and yourself.

So how did my decision to choose optimism work out? My family and co-workers say they see a positive difference, although I occasionally relapse. Tammy can’t tell me: she developed cancer and fought it for years, remaining optimistic until near the end. Her life taught me that we need to embrace and practice optimism, pass it on to our friends and co-workers and let it transform our own lives.

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