

# Healer of Broken Hearts

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## **The Art and Science of Cardiology**

Cardiology is an art in the sense that the best therapy for a particular disease varies from patient to patient. It is also an art in the physician-patient relationship, which helps mold the therapy. Cardiology is more than just robotics. Good cardiologists follow their senses. When they discuss a patient's prognosis with the patient or a family member, cardiologists observe the reaction to get more information and potentially find a better solution for particular patient and family.

At the same time, cardiology is also a science. Cardiologists intervene when a disease process is in motion and also try to prevent a disease from occurring in the first place. Cardiology is a category of medicine that is, in itself, divided into sub-specialties. The science of cardiology is so vast that no one can master all aspects of it. General cardiologists know a little bit about all of the sub-specialties—and know when to refer a patient to a sub-specialist. Sub-specialties include electrophysiology, which is a major new branch; heart failure; interventional cardiology; nuclear cardiology; echocardiography; surgery; and coronary disease. Each sub-specialty encompasses its own science and improves our therapy and understanding of the disease process.

Cardiologists focus on prevention, which often involves dietary management, exercise, and medication to offset a potential problem (as opposed to a disease in process). At the same time, cardiologists treat disease and, in fact, cardiology is one of the most surgical fields in medicine. If, for instance, a person has a myocardial infarction, the cardiologist may try an acute coronary intervention to stop the problem, or if the patient develops complete heart block during an invasive procedure, the cardiologist may put in a pacemaker. The heart is very complex.

Blending the science and the art, a successful cardiologist is caring and understanding to patients and is able to persuade patients to follow instructions. In a specialty with such possible consequences of mortality and morbidity, a cardiologist should try to bond with patients, to guide them to improve their outcomes. Many patients deny that they have a problem. When I was a medical student, I was walking with my father-in-law and noticed him touching his chest. I asked what was wrong and he

said nothing. I persuaded him to have a stress test, and a day or two later, he had a catheterization followed by bypass surgery for severe triple-vessel disease. Cardiologists must observe patients as they speak, act, and talk with their spouses. If cardiologists do not involve the patient's family, they may lose out on important information. The science of cardiology can be learned; the art of cardiology is mostly innate, though it can be fostered through a good mentor during training.

A good cardiologist enables patients to enjoy longer and better lives. Cardiologists are interested in their patients' success. I have been in practice long enough that I have followed some patients for fifteen years and am helping them with new problems that they did not have to face when we first began. As cardiology patients get older and live good lives, they send their relatives and friends to see their doctors. That acknowledgement matters more to me than being listed somewhere as a top doctor. I am most complimented when patients thank me and tell me I saved their lives.

### **Communicating with Patients**

Often the most challenging part of being a cardiologist is trying to convince patients they must follow recommendations. Science has improved in all segments of medicine, but doctors are finding that disease processes are complex and require multiple medications for therapy. Sometimes a cardiologist may give one patient four or five different pills; the endocrinologist may prescribe three or four pills; and the urologist may give an additional pill or two. Then patients on fixed incomes find themselves having to take ten pills a day, hoping that they do not interact with each other and that they can afford all the medication. It can be a real challenge.

To meet this challenge, cardiologists must be honest and must take the time to sit and explain the diagnosis and course of treatment. I often ask my nurse to write out all the medications for a patient—not just my own prescriptions, but all the medications that the patient is supposed to take so they can understand what they are supposed to take and when. This approach is particularly helpful for older patients who can get a bit confused when they have a lot of instructions. Sometimes I also tell patients that I am taking the same medication, such as cholesterol medicine, which shows people that cardiologists are human, too. It helps patients listen.

Sometimes patients understand what is required, but cannot afford all of these pills prescribed for them. Then it is incumbent upon the physician to develop another strategy that will help the patient without bankrupting him or her. This might involve using a second-line drug, prescribing a generic, or patching together a set of generics and over-the-counter supplements to accomplish the goal in a way that the patient can follow. For example, I have a patient who cannot afford statin cholesterol-lowering drugs. I am treating her with a combination of Benecol bread spread, flaxseed oil, Omega-3 fish oil, and red yeast rice, with pretty good results. The patients are in dire situations; they often pay more attention to the cardiologist than to other doctors, such as endocrinologists.

## **Diagnosis in Cardiology**

Determining a treatment plan depends on the diagnosis. Hypertension, for instance, is treated differently than cardiovascular disease. Typically, cardiologists think about risk factor modification (e.g., cholesterol, blood pressure, and glucose levels), to try to think about prevention at the same time that they ponder diagnosis. They collect a family and medical history and often order blood work because many patients have blood work that is several years old.

Cardiologists know that they must try to help the patient both now and ten years from now. They refer patients to other physicians when appropriate, such as when a patient displays symptoms of diabetes. They conduct diagnostic tests, such as stress tests and echocardiograms. If the problem is a rhythm disorder, they may conduct a Holter monitor or give them an event monitor and therapy. It is important to tell patients that they are not having a heart problem now, but that they want to avoid future difficulties. Cardiologists who hit a roadblock in diagnosis may order a different test or refer the patient to a different specialist.

In my practice, I try to treat patients as I would treat my own mother. This approach gives me a stake in improving the health and outcomes of each patient. I spend more time with patients than other physicians, and I am better able to persuade patients to follow my recommendations.

Having the right medical team is also critical in treating patients. Staff members must be caring and must be able to relate to patients. It is important that patients feel that they can ask nurses about any questions that arise. Sometimes it is difficult to reach the cardiologist on the phone, but nurses can help patients with many questions, or call patients back with answers.

Cardiology staff must also be able to juggle tight schedules. If, for instance, a cardiologist needs a particular test performed on a certain patient in a week, the schedulers must be able to make it happen, even if it involves moving around the schedules of other patients.

### **Work-Life Balance**

Physicians must strive to maintain a positive work-life balance. It is important to balance a professional life with a personal life. Having a home life that is in order is as important as having a professional life in order.

One challenge to work-life balance is becoming emotionally involved with patients. Cardiologists must keep a professional distance, which can be difficult to do. Perhaps the best way to learn professional detachment is through role-modeling during medical training. It is useful to work with a mentor who can provide such role-modeling. I once devoted two weeks of vacation time to working with a gastroenterologist who was particularly good at working with difficult situations, even though he was in a different specialty. I found it very rewarding.

Cardiologists must also stay on top of the constant advances in cardiology. Many listen to ACCEL, a monthly CD program created by the American College of Cardiology. Cardiologists also read academic journals regularly, such as the *New England Journal of Medicine* and others.

### **Changes**

Cardiology has undergone numerous changes, both positive and negative, over the past decade-and-a-half. On the positive side, the science of cardiology has progressed immensely, and numerous sub-specialties have developed, including electrophysiology, coronary intervention, and heart

failure. In addition, medical and surgical techniques have evolved, including balloon angioplasty, and stents, as well as preventive approaches, such as cholesterol-lowering and antiplatelet therapy. Negative changes come from the advent of HMOs and non-physician control of medical care. This approach has hurt doctor-patient relationships and also affects the ability of patients to receive proper care.

Some of the most exciting recent changes include drug-eluting stents, balloon catheters with stent medication, and preventive approaches. Probably the most exciting new drug would be an inexpensive, once-daily drug that would dissolve atherosclerotic plaque with minimum side effects. Most cardiology work revolves around problems relating to hypercholesterolemia and deposition of plaque in various vessels, such as coronary arteries, renal arteries, leg arteries, and carotid arteries.

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*Named one of New Jersey's top doctors by New Jersey Life Magazine in 2005, Dr. Strob was also selected one of Metro New York's top doctors by New York Magazine in 2005.*

***Dedication:*** *I would like to dedicate this chapter to my wife, Shulie, and to our children Elana, Aviva, Leora, and Daniel, all of whom make it possible for me to be the best that I can be.*