WHY CARDIOTHORACIC SURGEONS MUST TWEET AND BLOG

To the Editor:

Health care systems around the world are under stress and are being reformed.¹ New models of care are required for a rapidly aging population. Care that is currently hospital based must be transferred to the community. Cardiothoracic surgery provides treatments that may be very effective but remain very invasive and expensive. The specialty lags behind general surgery, which has changed dramatically during the past 10 to 15 years. Many cardiac treatments, previously undertaken through open surgery, are now available with a catheter, carried out by cardiologists. Although percutaneous coronary intervention numbers remain stable, numbers of coronary artery bypass grafting operations, for many years staple fare for cardiac surgeons, are falling precipitously in both the United States² and the United Kingdom. A revolution to reinvigorate the specialty is required from within before it is seen to be punching increasingly above its weight.

In the United Kingdom, there is a communications company that uses the slogan, "We're Better Connected." These 3 words crystallize the transformative potential of social media to reinvigorate our specialty.

Since the early days of the Internet, e-mail has been the mainstay of electronic communication. Protocol industry changes, referred to as "web 2.0," have now made the ability to communicate and share instantaneously possible. This is achieved through instant messaging and social media such as Twitter and Facebook. Browsers on desktop computers, smart phones, and touch-screen tablet devices have inbuilt sharing capabilities. It is now possible to share any digital content easily from any computer or phone or Internet site with like-minded members of a connected community.

Twitter is a microblogging site³ that has been embraced by both celebrities and more significantly the arts and political classes. Such social media have radically changed the way business is done in the arts and politics worlds in the West. Medicine and particularly surgery has been late in adopting this technology. In recent months, medical educationalists and those who are involved in forming health policy have had a presence on Twitter. A junior doctor and a medical student have recently demonstrated the amazing potential of social media by starting the world's first Twitter-based journal club.⁴ Every Sunday evening, hundreds of medical professionals from all over the world discuss a nominated paper. Associations and journals are also now sharing content on Twitter.⁵

These are the tools that cardiothoracic surgeons around the world must use to bring about the required transformation. Sharing information from both within and without the cardiothoracic bubble will be key. The instantaneous sharing of proceedings from meetings (not necessarily cardiothoracic) with surgeons from all over the world is now possible. It is up to all cardiothoracic surgeons the world over, both as individuals and as societies and associations, to make the effort to start this global movement. All should be encouraged to start blogs at free-use sites such as Blogger, WordPress, Posterous and Tumblr. The content should be shared through Twitter or maybe Facebook. Like-minded folk will find each other, and soon an online community with the will to transform this specialty will be created.

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CONFLICTING META-ANALYTIC RESULTS: POTENTIAL FOR CONFUSION IF LEFT UNEXPLAINED

To the Editor:

We read with interest the recent meta-analysis by Biancari and colleagues.¹ The use of clopidogrel before coronary artery bypass grafting remains a controversial issue. Our own recent meta-analysis² used a similar series of studies but focused specifically on the effects of acute coronary syndrome and case urgency. We showed that both acute coronary syndrome status and urgency influenced mortality and adverse outcomes. Biancari and colleagues¹ suggested that aggregation of randomized, controlled trials identified a reduction in postoperative mortality with preoperative clopidogrel exposure, whereas observational studies produced an opposite finding. They also showed that emergency cases had a nonsignificant impact on mortality, which is clinically unexpected.

Meta-analytic studies may have conflicts with one another, especially when study inclusion criteria differ. Furthermore, there are statistical methodologic differences worth noting relative to our own study.