

surgeries and other treatments that they replace. Others will be expensive by any measure, reflecting their enormous research costs. These costs could create an ever-widening gap between those who can afford powerful new medicines and those who cannot.

REPLACEMENT HEARTS

Swine hearts. Online discussions with a variety of authorities in what is kosher under the dietary laws of Judaism and under the laws of Islam show little concern that replacing a human heart with a swine heart would be religiously forbidden. Some do not consider surgery to be equivalent to eating. Most cite traditions that suspend such laws when necessary to save a life.

Neo-organs. To grow a heart muscle, you start with a donated human egg cell, substitute genetic material from a cell taken from the person for whom you are growing the heart muscle, and grow the resulting embryo in a laboratory dish to the 100-cell blastocyst stage. Then, you strip off the outer layer of cells, disaggregate the inner cell mass, and grow it into a colony of embryonic stem cells. Finally, you stimulate them chemically to differentiate as myocytes, heart muscle cells.

Until you strip off the outer layer of the blastocyst, the embryo is a human clone. Implanted in a uterus, it could grow into a full human being. To some, this means that it is a full human being and should not be used for any purpose, no matter how noble. To others, it is only a potential human being and does not become a human unless it is implanted in a uterus. Much the same process has occurred without comment for decades in fertility clinics doing in-vitro fertilizations (a number of embryos are created; when one is successfully implanted, the others are destroyed). Yet

the idea of using embryonic stem cells has already created controversy and is currently under congressional ban in any laboratory receiving federal funds. Some experimenters believe, however, that neo-organs can be grown from more mature cells—fibroblasts—thus avoiding this particular problem.

PATIENT DATA

Turning medical records into digital data makes copying them far easier and arouses privacy concerns, much the same as the creation of genomic data. The main protection for smart cards is that they require special readers. The main protection for CD-ROM cards and cards with personal identification numbers for Web sites is the patient's physical possession of them.

LIFE EXTENSION

The idea of extending people's lives beyond what seems to be their natural limit is not supported by any ethical consensus. Many physicians consider their goal to be curing disease, easing pain and disability, and avoiding early death—not extending life.

If methods of extending life prove to be feasible, then it is likely that they will be considered medically unnecessary, like cosmetic surgery, and so will not be covered. This means that only the financially well-off will live longer—a situation that is sure to provoke a great deal of ethical debate.

These ethical concerns are likely to slow research in certain areas, delay the adoption of some techniques for general use, and help mold the eventual shape of the technologies that come into use over the next decades. Technology is not some neutral force set apart from people; it is an expression of human desires and world views through scientific means.

Technological Advances and the Next 50 Years of Cardiology: Glossary

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Because this article is more likely than most articles in the *Journal of the American College of Cardiology* to be read by members of the media and other noncardiologists, we provide definitions of a few of the technical terms used:

Angiogenesis: growth of new arteries; in cardiology, angiogenesis typically refers to the use of new drugs, such as vascular

endothelial growth factor (VEGF) to promote the growth of new cardiac arteries that supply the heart muscles with blood.

Angioplasty: various techniques to re-open arteries that have been narrowed or closed by arterial plaque.

Apoptosis: cell self-destruction.

Catheters: long, wirelike instruments typically inserted into large arteries to do work in the heart or the arteries.

Fibrillation: the random and ineffective firing of any of the four vessels that comprise the heart.

Genomic: relating to the genome, the entire pattern of genes in the body; a genetic study would look at patterns passed down through generations in the genes; a genomic study, by contrast, would focus on patterns of genes expressing, or being suppressed, in any given state of health or disease.

Glycosylation: a process by which glucose causes proteins to cross-link into longer and less flexible chains and networks; glycosylation is implicated in many of the common signs of aging, such as wrinkles, glaucoma, the plaques formed in the brains of Alzheimer's disease sufferers, and many of the complications of adult-onset diabetes mellitus.

High-density lipoprotein (HDL): "good" cholesterol, which actually helps prevent cardiovascular problems.

Interventionist techniques: techniques that work through long, thin catheters inserted through tiny incisions into arteries or veins, rather than by inserting larger instruments through incisions in the body.

Low-density lipoprotein (LDL): "bad" cholesterol, which leads to the formation of plaque in arteries.

Minimally invasive surgery: surgery conducted through small ports cut into the body; the surgeons use long tools with tiny video lenses, lights, or surgical instruments at the end.

Myogenesis: growth of new muscle; in cardiology, myogenesis typically refers to the attempt to create drugs that will promote the growth of new heart muscles to supplement muscles that have been damaged by myocardial infarction or other heart disease.

Nanotechnology: the art and craft of creating molecular-scale machines.

Proteomic: relating to the "proteome," the entire pattern of proteins in use in the body; while a genomic study would focus on patterns of genes expressing, or being suppressed, in any given state of health or disease, a proteomic study would look at the patterns of proteins that those genes are building.

Restenosis: reclosing of arteries after angioplasty.

Stents: mesh tubes placed in arteries to keep them open.

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