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FROM THE ACC

President's Page: Dining Out in Paris: Wine and Guidelines

am at La Tour d'Argent in Paris, dining at an elegant restaurant that is said to be the oldest in Paris. The restaurant specializes in duck. When my duck arrives, I get a card with the specific number of the duck on the plate in front of me—now numbering in the millions since the first one served in 1890. I am here with family and friends, high up in the fifth arrondissement overlooking Notre Dame, surrounded by awakening boulevard lights.

I ask the waiter if they have wine, a generalized request for information/knowledge. "Attendez un instant," he says rather stuffily and disappears, shortly to return reverentially cradling the wine list—a velvet-colored book 10 inches thick. My South-African friend asks if they have any South-African wine. After a loud, silent pause, the sommelier responds that there are 15,000 *French* labels and 400,000 bottles of *French* wine on the premises.

All I had asked was a simple question: "Do you have wine?" But, instead of a direct answer, I am given a wine bible—a veritable wine library.

Similarly, we as physicians either ask questions or are asked questions during each patient encounter. The answers to these questions may be difficult, and we try to rely on scientific evidence to support our answers. Often we bring to the table the American College of Cardiology (ACC) and the American Heart Association (AHA) "guidelines bible." Both organizations have been preparing and publishing guidelines since the first document published in 1984 on pacemaker implantation. Since that first guideline, 66 more guidelines have been added to the mix, and there are currently 7 more in development. These clinical documents are our crown jewels. We have put enormous resources in terms of volunteers, staff, time, and money into this endeavor, and the results of this work are tremendous resources for healthcare policy people and libraries.

The question, however, is: are they usable by our members for everyday work? They are luxurious documents, often with 150 to 200 pages full of wonderful details, including executive summaries, numerous references, tables, and graphs. Yet, how many of us have the luxury of sitting down and reading an entire textbook from front to back, particularly during a patient visit?

All I want and need to know is the answer to a question either about the patient I am asked to see or, in the case of La Tour d'Argent, "Do you have wine and, if so, anything good?" I do not have the luxury of reading a textbook bible on wine or a textbook bible on a specific aspect of cardiovascular disease. My question is focused and it needs to be answered efficiently.

What does this mean for guidelines? Eric Bates, MD, FACC, Alice Jacobs, MD, FACC, and Deepak Bhatt, MD, FACC, among others, have called for an evaluation of the process of guidelines to make them more terse, readable, and searchable



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so that they become the "living documents" for patient care that we need and would use. They need to be distilled so that they become the crown jewels of our individual practices.

This process is not easy, but it needs to happen. Just like the sommelier should have been able to distill the list of 400,000 wines into a manageable list based on our specific questions, we need to have guidelines for use in cardiovascular disease that can be easily used every day.

At the end of the day, guidelines serve many needs, but it is most important that they serve *member* needs. From the ACC to you!

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