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GUEST EDITORIAL

Cardiac Surgery as specialty was introduced in Pakistan in late sixties. After an initial phase of learning curve the specialty showed a steady rise in number of operations. Today, though the number has increased many folds, but if one looks at our performance with more critical eye, two major observations are clearly noticeable. First, we were unable to achieve the highest level of excellence during last twenty years. Second, we were unable to produce standard research articles based on new innovations and database.

In 1987, we were already doing coronary artery bypass grafting using saphanous vein and single internal mammary artery, class III congenital repairs in older children and valve replacement. At that time we had plans to perform total arterial revascularization, more complex congenital repairs in infants and more valve repair. If we look at the present day status, with the exception of very few, we are still standing at the same level, as that of 1987.

Instead of putting the blame on others, we must sincerely evaluate ourselves. We have to find out that why the gap in our overall performance and that in the West is widening. We may tend to blame for lack of resources. But centers with plenty of resources and huge infra structures are no better. Perhaps, this gap in widening because of three reasons:-

- (a) Our inability to specially identify goals for the future.*
- (b) Lack of will to perform better.*
- (c) Being satisfied with performing ordinary procedures*

This attitude has actually made us mediocre professionals.

Let us decide today which one of us wants to be a leader of the profession or remain a 'B' grader.

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