The article by Drs. Lyons and Butterly astutely points out the various roles, responsibilities and opportunities for the modern practitioner of cardiology and cardiovascular surgery. As medicine experiences change and transition from the old to whatever the future may hold, the public and the medical profession have been assaulted by a litany of accusations concerning the shortcomings and difficulties of our healthcare delivery system. There has always been a historical focus and intrigue with the way we provide healthcare, but the past 5-10 years have been particularly challenging in light of the aging of our society and the increasing costs of our new technologies. That there have been wonderful advances in our health as well as the types of therapies we are capable of providing for our patients is beyond question. It is also beyond the scope of this editorial to expound upon those advances and I do not wish to enter into an intricate debate concerning the costs and financing of our healthcare system other than to say that it is precisely our focus on finances that has heavily flavored our relationships in the recent past. Frankly, the financial focus has almost overwhelmed every other aspect of the "business" end of medicine.

The challenges and opportunities of the medical profession on a going-forward basis are to recognize the role of leaders and mentors for the "business" and the "profession". It is important to realize that the complexities of some of the theoretical business constructs preferred over the past several years have caught many of the leaders of our profession between the obscure posts of disillusion and discontent. Indeed, all too frequently there has been ambiguity concerning strategies, with the only talking point being the "deal" of the day or visions of "golden parachutes" so frequently seen in the leadership of other domestic and international businesses. Perhaps this is the inevitable signpost of an aging society where the current leadership begins to look at retirement.

All professions need leaders with credibility; for the medical profession, and healthcare in particular (be it cardiology or other specialties), that credibility is gained via thorough knowledge and exposure to the epicenter of healthcare -- an epicenter revolving around patient care, be it acute or preventive care. Even in our current era attuned to market dynamics, it is important to appreciate that territorial acquisition and growth of the business for the sake of growth may not be paramount. The differences in business cultures between insurance companies, suppliers, hospitals, health systems, and clinical practices are significant. The successful mentors and leaders of the future will be those sensitive to the cultural gradients across the various businesses involved in healthcare delivery. Here, in my opinion, lies the true power of leadership today and for the future.

Why have healthcare systems and healthcare-related businesses become so involved in merger and acquisition activity? Is it a natural response to market dynamics or is it because of some imperialistic game or compulsion to dominate others? Has healthcare become just part of the business world where every business monarch and CEO sees as their goal the maximization of their patrimony? Are these the new heroes that should be followed, and are these the new business motifs that dictate our future? Or should I be asking, "What's wrong with this picture?"

The challenge to medical professionals at this time in our history is precisely focused on the question of what intellectual, professional, and political place will healthcare leadership take as the delivery of healthcare evolves. My bias and my hope is that the profession will take a significant role -- a role supported by colleagues who value the place of leadership within an organization or practice. This will be a leadership working beyond financial deal making and a leadership sensitive to the need of alliances with the right partners -partners focused upon the long-term aspects of healthcare and working at the epicenter of patient care. It will be a leadership unafraid to
deliver the moral homily to its peers, partners, and foes, and a leadership not corrupted by power or fear of the loss of power. Self-engrandizement will hopefully be absent and importantly it will be a leadership going beyond the leaden rhetoric of entrenchment or endorsement of the management motif of the day. It will be a leadership that will commit to action - action necessary to obtain the goals and objectives of clinical medicine, clinical practice and organizations as well as institutions involved appropriately in healthcare delivery for those who seek our care.

The practice of cardiovascular medicine, set on the cusp of the millennium, is understandably confronted by anxieties concerning payment mechanisms and relationships with hospitals, other practices and practitioners, vendors, the government, and yes, our patients. The leadership of the future will need to be able to sense and play at the interface of the complicated traditions of our profession and the socio-economic realities and expectations of our numerous "customers". We will need more than a sketch of character (a doctor in a white coat, a business man or administrator in a suit, a patient in need, a population in demand of preventive care, etc.); rather, the leadership of the future will need to be comfortable dealing with an in-depth understanding and the cohabitation of these characters and the likelihood of continued, but controlled tension -a tension resulting from the reality that the various perspectives reflect different bona fide societal, business, and professional cultures with their respective needs. The glue to allow successful application of care across the continuum for our patients resides in an appreciation of the respective vantage points in the provision of those valuable services and goods to a patient population and to an individual patient. It is also critically important to realize that a broad spectrum of goods and services and a broad spectrum of those business cultures are absolutely necessary to successfully provide adequate care. Therefore, the leadership needs to be attuned to respecting and not harming critical components of that spectrum.

The opportunities for practitioners to take a leadership role are great, but probably greatest from the position of concerned, practicing physicians who surround themselves with trusted credible advisors who are also focused on patient welfare. It may be hazardous to take sides when marriages and business relationships begin to falter or fail, but it is inevitable for those in a marriage or involved in a relationship to be viewed as not having vested interests. It is here that the calm, steady perspective of trusted advisors who understand and are capable of seeing the common goals may be an invaluable source of reference. It is not possible to be all things to all people and it is not a given that a good practitioner makes a good business leader. Granted, one must obtain certain management skills and talents. However, it is not axiomatic that the addition of another pedigree, such as an MBA degree, makes one a credible and effective mentor. Our current landscape is littered with business and professional relationships that would be described as less than satisfying, and perhaps as suffocating. In conversations with professional colleagues, it is often difficult to distinguish what is satirical from that which is sincere. The career objectives of different individuals at different points in their lives also heavily flavor their views. How often one hears of the tales and glories of older colleagues who ascribe to previous experiences in medicine, not unlike the father in the movie Pleasantville (who, upon returning to the comfort of his 1950s black and white kaleidoscope proudly announces, "Honey, I'm home," kisses his wife and daughter, fixes himself a scotch and is overtaken by the feeling of sublime exhaltant harmony). Oh, that it could be such! Perhaps it is thus for some individuals, but for most we must take comfort from the fact that our world is changing, complex and filled with stress. It is just such an environment in which we find ourselves if one looks and listens attentively. It is not just a sense of duty and responsibility which then guides us to select our leaders or move to leadership roles. It is character and a sense of purpose that ultimately provides the opportunity for the professional leadership moment in the sun. It is my belief that a sense of purpose is the fabric of the practitioner irrespective of where one is in one's career. It is that sense of purpose that makes one capable of serving as a mentor or "giant" for colleagues at those appropriate business interfaces having bearing on the successful provision of healthcare for our patients.

Indeed, the leaders of the future are those with numerous opportunities -- opportunities built credibly from the table of human experience in practice. Again, the challenge is to realize one cannot possibly be all things to all people. Hence, the need for trusted advisors and a team of supporting colleagues who help individuals move to leadership roles and function in those roles. The leaders of the future will be those who know their place in society, who clearly understand what works for their customers (or patients, in the case of medicine), and who build an infrastructure supporting the development and nurturing of future leaders. The outline for the individual is simple: find your passion and build a career around it. The plan for the leader of the future is also simple:

- Know or learn where you wish to go -- not for yourself necessarily, but for those whom you serve.
- Don't do it alone. Make sure you take the right colleagues, advisors, partners, and friends with you.
- Do it with integrity, honesty, and professionalism.
- Disassociate yourself from the "get fixed quick" and "get rich quick" schemes and realize that what you do today lays the foundation upon which future giants will walk.

"The purpose of life is a life of purpose."

--Anonymous