

Response to correspondence: 'Beyond valve replacement: Rethinking prosthetic heart valve care'

To the Editor: Thank you for the correspondence regarding this research work. We conducted this study to assess the contemporary outcomes of patients with prosthetic mitral valves at Chris Hani Baragwanath Academic Hospital (CHBAH), the third largest hospital in the world. Currently, there is no onsite cardiothoracic surgery service available at CHBAH. From our understanding, the last cardiac surgery was performed at CHBAH nearly 30 years ago, in 1998. All patients requiring cardiac surgery are now referred to the overburdened and under-resourced Charlotte Maxeke Academic Hospital. From our observation, the high morbidity in patients with prosthetic mitral valve in our setting is a result of system dysfunction at multiple levels, and ranges from a shortage of experienced surgeons, cardiologists, anaesthetists and support staff at training institutions, to lack of government-funded posts, delayed referral of patients, long surgical waiting times and patient-associated delays in seeking medical care early. These systems have virtually collapsed due to inertia and mismanagement by the Department of Health, and partly from our failure to act timeously, and tackle the issues head on. We need to move away from a system of individualistic thinking and adopt a collective approach. Only through the concerted efforts of cardiac and cardiothoracic surgery societies, and support from the Department of Health, can these issues be addressed before irreversible damage ensues, and we are left with no services. Above all, to succeed in reviving quality health services, we need to create a culture of integrity, meritocracy, critical thinking, research and competent leadership, but above all, compassion.

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