

## Editorial

## More On Managing Acute Myocardial Infarction

*That Thrombolysis helps reduce mortality in acute myocardial infarction is conclusively established. That aspirin alone or with thrombolysis helps is clear. How then has the debate on cost effectiveness for countries like Pakistan turned out?*

*In an unplanned and erratic manner medical institutions around the country have regularly or intermittently been practicing thrombolysis invariably using the cheaper standard drug streptokinase. Even smaller remote hospitals have been providing this service. There is now no going back. The doctors and public are aware of the importance of thrombolysis and rightly demand it. Whether the government hospitals can or cannot afford it, they will now have to provide it. Certainly, any patient who can afford to pay for the drug and demands it cannot be denied the availability of thrombolysis. As usual, instead of a planned entry into the era of thrombolysis, we have bumbled into it in a haphazard fashion.*

*While we are dabbling in thrombolysis, it must not be forgotten that various adjunct modalities offer significant advantages and potential for mortality reduction. Aspirin, IV nitrates for continuing pain, IV beta blockade are all proven to help reduce mortality and morbidity and are affordable and must be employed routinely unless contra-indicated.*

*A medical community which cannot make up its mind will have other forces thrust their decisions on it. In an era of rapid mass communications, we shall have to be informed, decisive and quick if we wish to lead and show the way to correct decisions, or else, our patients and market forces will continue to lead us.*

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Editor