

Three from the Heart

THIS ISSUE OF NYU PHYSICIAN explores the treatment of heart disease—one of our Medical Center’s strategic priorities for the next decade—from three different angles:



- The genetic study of the inherited heart rhythm disorders that put patients at risk for sudden cardiac death—an approach that has not only diagnostic and prognostic power, but also the capacity to inform treatment decisions
- Catheter ablation to treat atrial fibrillation—a fast-evolving line of attack that helps patients avoid both

the serious conditions that can ensue from arrhythmias (e.g., stroke), and the regimens of often-toxic arrhythmic drugs and blood thinners that so frequently prove unable to control the fibrillation in the longer term

- The Heart Failure Program, with its hands-on approach to patient monitoring and education and its search for new solutions to stopping the erosion of the heart’s ability to pump sufficient amounts of blood

These three stellar programs share some defining themes of world-class patient care. All apply, and continue to perfect, the latest advances. All have laserlike focus on the patient’s quality of life. And all exhibit a ceaseless quest for prevention—both of the conditions themselves and of their consequences.

The programs also illustrate a wider point about the essence of academic medicine: here are doctors whose fierce dedication to their patients not only helps those fortunate enough to be directly in their care, but also expands hope for millions of others across the country and the world. •

DEAN & CEO ROBERT I. GROSSMAN, M.D.

Life Saver

Q & A with Richard
Cash, M.D.

IN THE SPRING OF 1968, a team of medical workers in East Pakistan successfully treated critically ill adult cholera patients with an oral solution of salts, water, and sugar, demonstrating for the first time that intravenous fluids were not necessary to save patients with life-threatening diarrheal disease. Since then, oral rehydration therapy, as it became known, is estimated to have saved 50 million lives.

A key member of that team was then 26-year-old Richard Cash, M.D. ('66), now director, Program on Ethical Issues in Global Health Research, Harvard School of Public Health, where he has been a faculty member since 1977. He earned an M.P.H. at Johns Hopkins University in 1973.

Since the worldwide adoption of oral therapy in 1978, the mortality rate for children under five suffering from acute diarrhea fell from 4.5 million deaths annually in 1979 to 1.6 million deaths in 2002, according to the World Health Organization. Lack of treatment continues to exact a high toll on children in developing countries.

For their work, Dr. Cash and colleagues Drs. David Nalin and Dilip Mahalanabis were awarded the 2006 Prince Mahidol Award, the “Nobel Prize” in Public Health. Previous winners include Margaret Chan, the current WHO director-general, and famed epidemiologists Sir Richard Doll and Sir Richard Peto.

Since November, Cash has been traveling in India and Bangladesh, where he is a visiting professor at the James P. Grant School of Public Health at BRAC University in Dhaka, and a member of its international advisory board. We reached him by phone in the seaport city of Kochi on the southwest coast of India, where he was leading a group of students from the Harvard School of Public Health.

Q: *In the late 1960s, how did you find yourself in East Pakistan, now Bangladesh?*

A: After an internship in surgery at Bellevue Hospital, I joined the U.S. Public Health Service and was assigned to the Cholera Research Lab in Bangladesh, where I fulfilled my military service. At that time, diarrheal disease was the number one killer of children in the world, so there was a great interest in developing an alternative to intravenous fluids, which were available in