failure appears to be increasing, not decreasing, and the lack of convincing evidence that the incidence of heart failure has decreased since the 1970s in men or in women suggests that there is little hope for an imminent end to the heart failure epidemic. Indeed, these data underscore the complexity of the epidemic and our inability to understand with confidence whether — let alone why — the epidemiology of heart failure is changing.

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REFERENCES


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A MILESTONE IN TUBERCULOSIS CONTROL

This issue of the Journal contains a description of a remarkable tuberculosis-control program that was launched in India just over nine years ago.1 In the years since its inception, over 20,000 medical officers and over 100,000 related personnel have been trained and over 3000 laboratories set up for the diagnosis of tuberculosis. Each day in these clinics, which serve just about half the Indian population, 1300 patients start treatment. At any given time, more than 200,000 people are receiving treatment, most of which is directly observed. Over half a million people have been cured of tuberculosis. Although these services are free to all patients, the incremental cost of the program since its inception has been about $50 million. At current rates of case detection, this works out to roughly $50 per patient cured; it is hard to imagine money better spent.

The program faces challenges. These include, but are not limited to, determining how to ensure continued funding, how to deal with multidrug-resistant tuberculosis (most of the patients have been infected with organisms that are sensitive to standard treatment), how to extend the program to cover the entire Indian population (including those who receive their care in the private sector), and how to cope with the increase in human immunodeficiency virus infection and AIDS. In the past, the people responsible for this program have shown creativity, public responsibility, the capacity for attention to detail, and a commitment to improving health. Given their achievements, it seems likely that they will successfully meet these continuing challenges.

This program demonstrates that even limited resources, when wisely allocated, can make a huge difference in the health of many. The leaders and backers of this program and the more than 200,000 personnel on the front lines of care deserve congratulations for their work. But even without external recognition, the sense of fulfillment that comes from seeing a patient whose life one has made better is one of the unique rewards of our profession; reading the story of this success in India makes us all proud.

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