**After the celebrity’s heart event: Has the danger passed?**

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In early January 2021, a 48 years young, otherwise healthy, athletic, apparently fit celebrity cricketer who also serves as a brand ambassador to advertise claimed to be ‘healthy’ cooking oil had a mild heart attack. The episode triggered an avalanche of media chatter precipitating two events. One, it brought high profile heart disease specialists in India, including a well-known cardiac surgeon who is also a recipient of Padma Bhushan award, to chime in and offer advise to people on matters of heart health, advising that any individual over 40 should undertake cardiac screening with CT scan like technologies annually or biannually routinely, and two, the big corporation selling the cooking oil temporarily withdrew its cricket celebrity endorsed advertisements. As the luck would have it, and unfortunately, the celebrity’s elder brother, also a cricketer, underwent an angioplasty within 20 days of his brother’s ailment.

In the [media interview](https://www.outlookindia.com/website/story/sports-news-sourav-gangulys-incident-has-shaken-the-world-says-dr-devi-shetty/369609), the cardiac surgeon is seen stating: “Irrespective of how strict you are with your lifestyle, irrespective of how athletic you are, you can still have a heart attack if you do not get a preventive heart check-up at regular intervals. If Sourav had a simple test like a CT scan or any of those various scans, which can be done in virtually any street of this country, this incident of heart attack could have been predicted 15-20 years ahead. This is the message every Indian must understand.”

The interview and the oil advertisement issues touch the fabric of ethics, science, and professional conduct in public health. Given the reputation and status of cardiac surgeons in the society, and the influence their words carry in media and on the minds of lay population, we found some of his pronouncements not grounded in good science, being plagued by error of commission as well of omission, possibly tainted with conflict of interests, and potentially detrimental to the field of public health. Curiously, this interview did not mention the importance of the other risk factors such as family history. These episodes raise several uncomfortable questions, and appear to be harbingers of a dangerous trend for the future of India’s public health.

Were the advertisements justified in the first place, and were the promotion or withdrawal based on scientific evidence? Were the statements by the cardiologists scientifically accurate? Is it ethically acceptable to capitalize on the gray region of science? Is it ethical to misuse the emotional vulnerability of the uneducated lay people to the glamor and charm of the influencer celebrities to market products in the name of health? Does expensive secondary prevention of health get primacy over the cheap primary prevention, when majority of the population is poor? Is the specialty blinded siloed approach to health better than a whole human health approach? Has fee-for-service model validity in modern health care? Is bombastic language and error of omission a violation of public health ethics? The equivocal caveated statements by high profile doctors in media are likely to be misconstrued by the public and therefore they have the obligation to choose what they say carefully.

The overuse of several cardiovascular procedures and other medical services has been documented in many countries ([[1]](#endnote-1),[[2]](#endnote-2),[[3]](#endnote-3),[[4]](#endnote-4),[[5]](#endnote-5)). We fear that the statements made by celebrity doctors or surgeons as above, even if in good faith, can promote tendency towards medical overuse. In this context JAMA Internal Medicine series “Less is More” is very relevant ([[6]](#endnote-6)). The Archives of Internal Medicine has published several articles indicating that more treatment is not necessarily better. Diagnostic testing represents an important example of how less is more ([[7]](#endnote-7)). Despite clearly accepted criteria, high prevalence of overuse of several cardiovascular procedures has been documented in many countries ([[8]](#endnote-8)). A study has suggested that people with stable angina should be told that angioplasty would not reduce death risk or heart attack, but may only relieve symptoms ([[9]](#endnote-9)). A recently concluded large, international study has reported that invasive procedures are no better than medications and lifestyle advice at treating severe but stable heart disease ([[10]](#endnote-10)).

In the light of above compelling evidence, emphasis on secondary prevention like CT scan, that costs in India a month’s income for an average person (average per capita Income in India is INR 11,185 whereas the average cost of CT Angio in India is about INR 11,550) without first recourse to simpler and much less expensive screening test that can determine the risk level (according to Mayo Clinic CT Angio is not of much value in low & high risk patients) ([[11]](#endnote-11)) is not in line with good public health policy- more so when about 31.7% of > 40 years population is not as affluent as the above celebrity. Additionally, we are not aware of any substantial evidence to support a claim that scan technologies can predict heart disease prognosis two decades in advance.

Medical science and health care have come a long way in the last half-century. There were days when one could label foods as good or bad, one could think of relationship between exercise and health as linear and one could assume that more screening or more medication would serve more for health, longevity, and quality of life. Substantial scientific evidence has accumulated to show that the balance of food intake that brings health. Scientists have expressed serious concerns over fad diets endorsed by celebrities in media typically called as dietary cacophony that may give conflicting and confusing messages ([[12]](#endnote-12)). Counter intuitive though it may seem, scientific evidence also suggest that the relationship between exercise and health is not linear but U shaped, meaning thereby that more exercise is not better all the way to the end and that after a certain limit, more exercise is injurious to health ([[13]](#endnote-13),[[14]](#endnote-14)). A recent article concludes that identifying prediabetes in older adults should not be a high priority ([[15]](#endnote-15),[[16]](#endnote-16)).

The principle of vicarious learning in public health is now too well known. It would behoove of the thought leaders in India’s public health domain that they pay heed to this construct. In many ways, India is trying to walk in the footsteps of America as it is trying to shape & define its future healthcare. American healthcare system experimented for many decades with the fee-for-service model of health care delivery and has gone through numerous failures associated with it. This painful situation of the struggle of American health care is a product of the baggage of its past, an outcome of the initial conditions set decades ago that created a butterfly effect ([[17]](#endnote-17)).

Current political as well as health care environments related to COVID-19 world over have glaringly highlighted the role and power of influencers, be they politicians or healthcare experts, regarding perceptions of average citizenry ([[18]](#endnote-18)). Preventing disease is more important than preventive diagnostic. Preventive cardiology cannot be practiced only through diagnostics. Integrative approaches for holistic health need to be systematically promoted to empower people to take care of their own health ([[19]](#endnote-19)). An approach founded on the principle of “fear” inducement should not have much place in public health.

American healthcare system has much to teach the world when it comes to “what not to do” and the drama playing out around the recent health event related to celebrity cricketer highlights the urgency and gravity of application of that wisdom as India’s healthcare system is trying to turn a new leaf. George Santayana famously said, “Those cannot learn from history, are condemned to repeat it.” If India does not pay heed to Santayana’s prophetic surmise, it will go along a slippery slope from which it will find hard to recover.

When passengers get on a flight, in the required presentation-drill about travel-flight safety, the flight attendant admonishes them: “Remember, the nearest exit might be just behind you.” In case of public health, in India, or globally, the profound message in this wise admonition should hopefully be not lost on all those who care.

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