TREATMENT GOALS

The goals of treatment of heart failure are to improve or maintain quality of life by improving symptoms, to avoid treatment-related side-effects, reduce major morbidity events, and delay death. The aims of management are therefore to improve symptoms using diuretics, digoxin, and ACEIs. Angiotensin II antagonists may be used if patients are ACEI-intolerant or where these drugs are contraindicated. In patients with valvular heart disease careful screening to detect surgically remediable causes should be undertaken. Our management is also aimed at improving survival using ACEIs, β-blockers, nitrates with hydralazine and spironolactone. New therapies for heart failure are being tested. These include vasopeptidase inhibitors and cytokine inhibitors, which are not yet available for routine clinical use. However, the most important way to avoid heart failure is to treat the contributing causes and diseases.

REFERENCES


What is current reality? Clinical trials sponsored by pharmaceutical companies certainly are closely monitored as part of good clinical practice. Reporting of this monitoring varies from institution to institution; at the University of the Witwatersrand a 6-monthly progress report must be submitted to the research ethics committee. The reason this can be done is that the pharmaceutical companies provide the finances and/or staff to do the job and have realised that it is in their interests that trustworthy quality research is done.

But clinical trials sponsored by the pharmaceutical industry form only part of the research involving humans carried out in our country, hospitals, and universities. At present these institutions have neither the staff nor the funds to invest in the...
staff necessary to monitor ongoing research — finances and human resources are limited and priorities are elsewhere.

So what should a research ethics committee do? At Wits we react at once to any report of ethics deviation, exemplified by a recent high-profile case. Some seem to feel that institutions should vet research presentations and manuscripts before presentation or submission. This would be an overwhelming task — for example at Wits there are some 500 ethics applications each year and each project may produce several outputs. Original data would need to be evaluated.

A further complication concerns the proposed council — will this have a jurisdiction to monitor research not concerned with the clinical management of patients? For example, if a physiologist studies the bowling action of a top cricketer, will this fall under the jurisdiction of the DOH? Certainly if the National Ethics Council is to accredit all research ethics committees it would — thereby increasing the potential workload.

A realistic look at what monitoring can be done in South Africa is needed, perhaps by the existing research ethics committees, the Medical Research Council, the DOH and any other interested parties.

10. Smith T, Moore EJH, Tunstall-Pedoe H. Review by a local medical research ethics committee of the conduct of approved research projects, by examination of patients' case notes, consent forms, and research records and by interview. BMJ 1997; 314: 1588-1592.