

Narcissus and the Echocardiographer

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Echo was her name, the nymph of the woods and the fountains who fell in love with Narcissus. After her love was rejected, she fell into despair, wasted away and became a rock. Of her life, only the voice (Echo) was left, which answered when called.

For compromising the equilibrium of the Universe, the Gods decided to avenge the despised woman and punished Narcissus. Nemesis made Narcissus remain ecstatic when contemplating his own beautiful face reflected in the water. Indifferent to all, Narcissus could not remove his eyes from his image until he died; in his place, a flower called narcissus bloomed, an ornamental flower that is grown all around the world.

The symbolism of the myth contributed to construct deep considerations on the impact of the reality of Cardiology around us.

The academic merit is associated with teaching, research and conjugated with science and technology, grows stronger in the inter- and multidisciplinary and acknowledges itself in the diversity of methods to satisfy the assortment of objectives.

Echocardiography fulfills all these requirements. It makes you learn anatomy, physiology, physiopathology and other disciplines; it contributes to develop and expand the boundaries of learning in several areas of Cardiology; it is mandatory as medical technology, but also generates tensions in the propedeutic ordaining.

Echocardiography is multiple-featured due to the joining of methods, from the one-dimensional and plural for the cardiologist to follow the natural history, build a diagnosis, adjust the prognosis, make decisions in electivity, urgency and emergency and navigate through strategic moments that are so distinct as the pregnancy-puerperal cycle, infectious endocarditis and transoperative period.

The nymph Echo was ignored by Narcissus. The collective of the echocardiographers, therefore, should not exceed the so-called benign form of narcissism, where the justifiable pride of the techno-scientific competence at the

level of state-of-the-art capacitation is balanced by attitudes of profound interest regarding the realities of the work process – the subspecialty integrated to the others – and the object of the actions – the patient in synchronization with the requesting physician.

This pragmatism must take place congenitally in the “transducerine” formation of the echocardiographer. The novice must be aware that the test is a tool for the objectivity, the critical reasoning and the clinical-scientific attitude¹⁻²; additionally, he or she must become promptly aware of the illusion of omnipotence and omniscience, considering that the perception varies from observer to observer.

To be acquainted that echocardiography is not the same thing as to know how to interpret images; it is necessary to think up a “dialogue” with the diversity of the clinical scenarios realized by the cardiologists.

The gold standard of the echocardiogram interpretation as a whole goes beyond the recurrence of test accumulation. The expertise adjustments benefit from the anatomopathological or surgical correlations and must be stimulated.

Echocardiography, is a propedeutic asset with a universally defined objective, space circumscribed by the excellence performance and capable of becoming a hazard when interpreted in dissociation from clinical reality. On the other hand, it is the clinician's responsibility to give the clinical support for the test results and transform it, in a balanced way, into his or her conviction. As, in normal conditions of clinical reasoning, the post-test decision-making is in fact structured in the pre-test period.

The concept of echocardiography as the inseparability between science, technology and humanism must permeate the basic and advanced lessons during the learning process of this subspecialty. It is essential to be more committed with *the information that I realize* than with *the method that I have*. It is part of the Principles of Responsibility – *I am aware of what I did* - and of Good Sense – *the commitment with the tomorrow* (the patient's and the cardiologists').

The acknowledgment of realities that are beyond ours, means respect for the other methods. The enthusiasm for the technique must not make it prevail to the point of extrapolating the limitation of the available field of view.

The expression “The Clinics is sovereign, The Echo is powerful”³, translates the recognition that echocardiography has data documentation capabilities that have been identified by physical propedeutics, interpretation-clarification of a clinical picture (etiopathogenesis of acute lung edema, for instance) with difficulties in cardiac assessment -Connective, through which it adds useful data, such as the percentage of left ventricular shortening

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and the stenotic valvular area and Attributive, where the echocardiography reigns supreme - and gives clinical power, inverting the above expression - such as detection of a vegetation in infectious endocarditis.

To see the reality of “being a patient” individually, and of the healthcare team, collectively, is the mission of everyone who works with images and is concerned about the corporative self-image⁴.

To eliminate any tendency towards Narcissus’ hyperinsufflation is the humanist motto applicable to all centers of formation of echocardiographers.

References

- 1- Popp RJ, Smith SC Jr, Adams RJ, Antman EM, Kavey RE, De Maria AN, et al. ACCF/AHA Consensus Conference Report on professionalism and ethics. *Circulation*. 2004; 110: 2506-49.
- 2- Otto CM. *Textbook of clinical of echocardiography*. 2nd ed. Philadelphia: WB Saunders; 2002.
- 3- Grinberg M. Acaso da beira do leite, caso da bioética. *Arq Bras Cardiol*. 2006; 87 (6): e257-e261.
- 4- Grinberg M. Fidelidade ao bom senso. *Arq Bras Cardiol*. 1997; 69 (6): 373-4.

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