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Editorial

Time for a Drastic Paradigm Shift in the Management of Cardiac Failure Patients

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Received: 4 March 2026; Accepted: 4 March 2026; Published: 18 March 2026

How To Cite: Loisance, D. Time for a Drastic Paradigm Shift in the Management of Cardiac Failure Patients. *iCirculation* **2026**, *1*(1), 1. https://doi.org/10.53941/icirculation.2026.100001

Cardiac failure continues to be a significant cause of mortality globally, affecting both developed and emerging countries, despite substantial advancements in patient management [1]. Although mortality rates following acute events such as acute myocardial infarction and cardiogenic shock have markedly decreased, the subsequent increased survival has led to a growing prevalence of chronic cardiac failure. Interventions (percutaneous and surgical) correcting valvular dysfunction have also contributed to extended survival. Nevertheless, concomitant myocardial fibrosis often results in progressive ventricular dysfunction. Additionally, factors such as poor diet, excessive consumption of toxic substances (including alcohol and tobacco), physical inactivity, and obesity independently contribute to the development of cardiac failure.

As cardiac failure progresses, appropriate medical management can enhance clinical outcomes. Recent progress in understanding the mechanisms driving cardiac failure has led to a comprehensive treatment approach. In clinical practice, this often involves quadruple therapy: beta-blockers, ACE inhibitors, anti-aldosterones, and SGLT2 inhibitors. Digitalis and diuretics may also be prescribed as needed. Rhythm abnormalities are managed with pacemakers and internal cardiac defibrillators. Treating structural heart issues, such as performing coronary revascularization or correcting valvular disease through surgical or percutaneous methods, can help slow the progression of heart failure. Moreover, addressing ventricular wall abnormalities—like dyskinetic plaques or ventricular aneurysms—can improve left ventricular function.

Despite these major advances in care, prolonged survival ultimately leads to the development of cardiac failure, at which point major interventions must be considered. These include discussions about heart transplantation [2], assessing the possible benefits of mechanical circulatory support [3] or total artificial heart implantation [4], or considering palliative treatment. Other options, such as cell or gene therapy [5] and xenotransplantation [6], have not yet reached routine clinical use.

A substantial amount of funding has been allocated to these advanced treatments and the ongoing research. The return on investment is limited, as few individuals only will benefit from these interventions and society struggles with their high costs. The scarcity of organ donations for transplantation, the insufficient financial resources for mechanical alternatives and the uncertainties in the evolution of xenotransplantation, calls for a reassessment of this whole approach.

With forty years of experience managing patients with severe cardiac failure at a major university hospital—including clinical practice, experimental research, and partnerships with leading companies—I have actively contributed to the rapid development of various therapeutic approaches. This unique background has prompted me to reconsider the overall strategy.

Changes in habits, lifestyle, and diet can greatly impact public health. Policies supporting early cardiac detection, tailored treatment, lifestyle improvements, and public backing may substantially benefit the population.

Strong political commitment is essential to guide these decisions. Research indicates that implementing this alternative global strategy for population management can significantly lower rates of heart failure and mortality. Recent experience in Kazakhstan further confirms the positive impact of this policy on public health.

Strong political commitment enables the restructuring of health care delivery, promotes early diagnosis, ensures prompt referral to specialized heart failure clinics, supports individualized medical management and

education, facilitates timely decisions regarding the correction of structural abnormalities, and may also lead to major interventions such as mechanical cardiac support, heart replacement or palliative treatment.

In this new framework, patient education assumes a central role. It encompasses providing information on the positive impacts of lifestyle improvements, supporting individual mental development and resilience, encouraging reflection on the meaning and impermanence of life, and promoting proper adherence to medical recommendations. The responsibilities of medical doctors—including general practitioners and specialists—and nurses must be clearly defined, taking into account both local circumstances and individual patient characteristics. Additionally, the integration of telemonitoring technologies and artificial intelligence should be systematically outlined.

This new approach to managing cardiac failure still allows research into vital areas, including improving organ donation with better management of marginal cardiac grafts, using artificial intelligence for early detection of allograft rejection [7], advancing understanding of xenograft rejection, and developing fully implantable left ventricular devices and total artificial hearts.

Conflicts of Interest

The author declares no conflict of interest.

Use of AI and AI-Assisted Technologies

No AI tools were utilized for this paper.

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