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The Pitfalls of Relying Solely on Guidelines for Chronic Coronary Syndrome: A Warning for Cardiologists

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Abstract

Guidelines play a crucial role in standardizing medical practice, particularly in the management of chronic coronary syndrome (CCS). However, strict adherence to symptom-based screening protocols may lead to missed diagnoses and fatal outcomes, as many patients suffer sudden cardiac events without warning symptoms. This article highlights the dangers of relying solely on guideline recommendations and advocates for a more proactive screening approach that considers family history, lifestyle, stress levels, and advanced imaging for subclinical atherosclerosis. Furthermore, it examines the legal and ethical risks associated with over-reliance on guidelines, emphasizing that courts may view rigid adherence as negligence if it disregards clinical judgment. As guidelines evolve, cardiologists must integrate structured recommendations with individualized risk assessments to ensure optimal patient care and prevent avoidable cardiac events.

Keywords: Chronic Coronary Syndrome; Guideline; Silent Ischaemia; Misdiagnosis; Screening; Legal Liability

Introduction

Guidelines serve as essential tools in medical practice, providing a standardized approach to diagnosing and treating diseases. However, rigid adherence to these guidelines, particularly in the context of CCS, can be detrimental. The current recommendations suggest that cardiac check-ups are necessary only when patients exhibit symptoms [1,2]. However, real-world data show that a significant number of patients suffer from heart attacks without any prior warning symptoms, and some tragically lose their lives [3-6]. This article aims to caution cardiologists against over-reliance on guidelines and underscores the potential legal repercussions of misdiagnosis when a doctor merely follows protocol.

The Danger of Asymptomatic Cases

The guidelines for CCS emphasize symptom-based screening, which often delays necessary intervention. Many patients experience sudden cardiac arrest or acute coronary events despite having no prior symptoms [7]. Silent ischemia, undiagnosed microvascular disease, and individual variations in symptom presentation contribute to the high incidence of sudden, unexpected heart attacks. By strictly following guidelines that prioritize symptomatic evaluation, cardiologists risk overlooking a large cohort of high-risk individuals.

A Call for More Proactive Screening

Instead of relying exclusively on symptoms, cardiologists should adopt a

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more proactive approach to screening, particularly for high-risk populations. Factors such as family history, stress levels, lifestyle habits, and subclinical atherosclerosis detected via advanced imaging [8] should warrant earlier cardiac evaluation. While guidelines provide a structured framework, clinical judgment must take precedence, incorporating personalized risk assessment strategies that extend beyond standardized recommendations.

Legal and Ethical Risks of Over-Reliance on Guidelines

When a misdiagnosis or failure to diagnose occurs, one common defence is that the physician "followed the guidelines." However, this argument may not hold up in court. Medical malpractice cases often hinge on whether the standard of care was met. If it can be demonstrated that a reasonable cardiologist, considering the patient's risk factors, should have acted beyond the guideline recommendations, the defence of guideline adherence becomes weakened. Courts may view rigid adherence to guidelines as negligence if it disregards clinical judgment and best practices [9-17].

Moreover, guidelines themselves are subject to periodic updates based on emerging evidence. A guideline that is valid today may be deemed inadequate in the future. If a physician fails to apply broader clinical reasoning and an adverse event occurs, legal liability remains a significant concern.

Case study

A 50-year-old asymptomatic male presented to our hospital for a second opinion. He had an unhealthy lifestyle and multiple coronary risk factors. A prior cardiology evaluation had deemed coronary CT imaging unnecessary due to his lack of symptoms. However, contrary to his expectations, coronary CT angiography performed at our facility revealed significant stenosis in the left anterior descending (LAD) artery. Consequently, he underwent successful percutaneous coronary intervention (PCI) using a Drug-Coated Balloon (DCB) technique, with an uneventful post-procedural recovery. Had the patient subsequently suffered a myocardial infarction following his initial consultation, concerns regarding potential misdiagnosis or delayed detection of critical coronary artery disease could have been raised.

Conclusion

While guidelines provide valuable direction in managing chronic coronary syndrome, they should not be followed blindly. Cardiologists must recognize the limitations of symptom-based screening and adopt a more comprehensive approach to assessing cardiovascular risk. Ignoring asymptomatic but high-risk patients can lead to fatal consequences and potential legal challenges. The key to optimal patient care lies in blending guideline-based practice with individualized clinical judgment, ensuring that life-threatening cardiac events are prevented whenever possible.

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