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Cardioprotected spaces in Mexico: in theory a priority public health issue, but forgotten in reality

Los espacios cardioprottegidos en México: en teoría un problema prioritario de Salud Pública, pero olvidado en la realidad

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«Most people spend more time and energy talking about problems than actually facing them»

Henry Ford

Cardiovascular diseases are a public health problem in Mexico and around the world, being the leading cause of death, with sudden cardiac death (SCD) accounting for at least 50% of these deaths.^{1,2} Fast activation of the emergency medical services (EMS), early initiation of cardiopulmonary resuscitation (CPR), by bystanders if possible, and immediate use of an Automatic External Defibrillator (AED) can improve the victim's prognosis and reduce complications.^{3,4} In this context, international CPR recommendations increasingly emphasize educating the general public on these maneuvers, as bystanders are typically the first to perform them in out-of-hospital cardiac arrest (OHCA).⁵ In Mexico, public policies have not been concerned about initiating a cardioprotection program at the national level⁶⁻⁸ (despite cardiovascular disease being the leading cause of death in the country). Instead, they have focused on prioritizing other programs with lower incidence and mortality rates, though these are also important. At the national level, the cardiovascular mortality rate reported by the National Institute of Statistics and Geography (INEGI), in the first semester of 2024, was an incidence of 77.6 per 100,000 inhabitants, of which between 35 and 50% of these deaths were due to SCD, representing at

least double the mortality from breast cancer in women, which is 17.9 per 100,000.⁹ Compare these figures with the rate of 0.7 in men and 0.3 in women per 100,000 inhabitants of fire-related deaths in Mexico.¹⁰ However, there are strict, well-established programs in Mexico, set out in the Mexican Official Standard (NOM-002-STPS-2010),¹¹ that require and regulate the placement of fire extinguishers in our country, including in new or renovated buildings: public buildings, commercial and industrial establishments, medical offices and pharmacies, heavy vehicles, etc.

Likewise, the national program against breast cancer began in 2008 and continues to be supported at all levels, thanks to which mortality from this problem has been considerably reduced.¹² This program has been successful at the national level and is coupled with excellent advertising marked by the characteristic pink bow.

However, the leading cause of death in Mexico for decades has NOT had an established program, and we do not have legislation or regulations for the creation of cardioprotected spaces at ANY level. There are no health programs or legislation that demand the creation of cardioprotected spaces, defined as a place that has the equipment (AED) and personnel trained in CPR and use of AED to attend SCD events, allowing a rapid response by starting bystander cardiopulmonary resuscitation (B-CPR), which could increase the chances of survival of the victim before the

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arrival of EMS. The survival rate can reach 50-70% with the use of B-CPR early defibrillation within three to five minutes after collapse.⁵

The need exists; public and political awareness does NOT exist. Many actions are required at multiple levels, not only governmental actions through legislation on the matter, but also the efforts of the general public, private initiative, medical societies, and educational institutions, from basic schools to universities.¹³ Free CPR programs for the general population (such as the one initiated by ANCAM 2024) allow the problem of SCD to be given the priority it requires, without postponing its solution.

Would it not be an excellent idea, in addition to having a national program and legislation on cardioprotection, to have an advertising program that included a green ribbon?

«No critic is more capable than I of clearly perceiving the disproportion between the problems and the solutions I offer»
Sigmund Freud

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