

Quality and membership. Two reflections by way of epilogue.

In this last letter, I will deal with two topics: the first one is referred to cardiological attention as regards quality and retributive aspects, point that was presented in my speech as a point to be promoted when I assumed the position. Finally, I will reflect on the importance of participating in a scientific society as ours.

QUALITY OF CARDIOLOGICAL ATTENTION

The topic of quality in cardiological attention has been dealt in the last years by our Society as a consequence of the worsening of the doctor-patient relationship in general and in our specialty in particular. This has led to the creation of work groups that prepared reports about the appropriate duration of a medical consultation with the purpose of being prone to make the medical act hierarchical in which monetary remuneration is only an aspect and maybe it is not the most important.

Likewise, in the years 2007 and 2008, the Research Area and the Bioethics Committee designed a survey and they produced two works, one about metric characteristics of a questionnaire to determine the cardiologist's quality of professional life and another about the relationship between the income level and the cardiologist's perception about his quality of professional life.

In the year 2010, the Bioethics Committee carried out a survey about accessibility and value of the medical consultation and the Sac's role about this topic. When questioning our members if the SAC should deal with some kind of procedure before appropriate organisms in relation to matters that link medical consultation with improvements of work-related or remunerative aspects (that is, to improve the quality of the medical act), more than 90% replied in the affirmative.

Some aspects of work-related quality (not merely retributive), when facing cardiological attention, are a worry in our members and, there is some consensus in that our Society takes a role in the guidance of their improvement.

In the year 2011, the Area of Health Policy, together with other areas of our Society, carried out a series of meetings with other scientific institutions to establish a potential strategy at short and long terms with the aim of improving the doctor's professional situation. Likewise, an internal survey was performed for our members, whose results, in summary, support the idea of an approach of our Society to the Argentine College of Cardiology with a view to explore ways of collaboration and cooperation aimed at the aforementioned objectives.

When we have to carry out these actions that have the approval of our members, we should take into account foundation objectives of our Society that makes the specialty hierarchical. In this sense, our

institution should be a scientific lighthouse that gives prestige to Cardiology and to the formation of our cardiologists throughout the country and this should go beyond bounds. But, on the other hand, aspects of the cardiologist's professional life should not be avoided; they should be taken into account to achieve statutory objectives to make the specialty hierarchical.

The possibility of a cooperation with the Argentine College of Cardiology (founded by members of our Society many years ago) allows us to advance in assumed commitments with our members without affecting statutory objectives of our institution; that is, the SAC continues with the pursuit of its societal objectives, while matters related to cardiologist's labor quality are covered through the Argentine College of Cardiology, all this within a collaboration framework which allows us to lean towards the SAC'S vision and ideas about these matters. With this aim, in the next days, a space in our Society will be granted to install an office of the Argentine College of Cardiology and there will be information in our Web site through a link with the Argentine College of Cardiology corresponding page.

This is maybe the beginning of a long way to be covered which will require the company, participation and determination of our members, since the decision from societal authorities is not enough to achieve the aforementioned objectives.

WHY SHOULD WE BELONG TO THE ARGENTINE SOCIETY OF CARDIOLOGY?

The Argentine Society of Cardiology will be 75 years of existence. In these years, our institution has grown due to the disinterested work of our members and today it may show its achievements through 36 Regional Districts throughout the country, as well as the production of its Scientific Boards and different Areas (Teaching, Research, Health Policy, Consensus). The PROSAC is added to the large teaching production (courses). It has almost 1,000 enrolled people in the country and also abroad. This shows the quality of scientific production which is assigned to our cardiologists. The intense work with the community to transmit guidelines of healthy life for the cardiovascular health care through our Argentine Cardiology Foundation closes the task circle of our Society towards the medical community and the population in general.

The growing quality of our Argentine Journal of Cardiology and the most important medical Congress in the country and one of the most distinguished in the world due to number of assistants and quality of its contents are enough to give an answer to the title that motivates these reflections.

However, many times we find colleagues that ask

themselves: why should I be a member of the SAC, what will I receive? In many cases this question comes from the fact of being far from Buenos Aires, where most part of the activity happens.

Anyway, SAC'S Districts have and should have their own activity and, besides, most part of the societal budget is assigned to the transfer of our members to different regions of the country to participate in scientific activities in the Districts, although, at this precise moment, communication technology determines that the physical presence is not essential and, therefore, we may participate in SAC'S activities at distance as if we were in the Society. This requires redoubling efforts for the incorporation of all SAC'S regions with new technologies and that Districts participate actively in activities of different Areas of the central SAC. We will be working very hard on this in the next years.

But I would like to suggest a different vision of the problem focused on the concept of membership.

In every human activity, there are societies, associations, trades, groups, among others, all of them over the base of some affinity: religious, patriotic, artistic, etc. The purpose is to exchange experiences, share experiences with people with similar lifestyle, improve the activity in common and receive individual benefits through the community growth. In all these communities, the common factor is the sense of membership.

Our country, honorable representative of the American continent as regards immigration characteristics, has given us clear examples of the constitution of immigrant associations or societies with the aim of protecting and helping themselves and sharing moments among people with similar codes.

All these institutions or societies, from the most

important (for instance, a country) to the most modest, may receive the question from the title. However, if we focus it from the sense of membership, I could claim for benefits, but at the same time, as I am part of the group, I will think about what I may do to correct what I consider a misdemeanor and to contribute to the expansion of the association; that is, I observe the problem from inside and my vision will be very different if I do it from outside, that is, without membership.

Our Society shares a lot of characteristics, and from that perspective it will be what its members want it to be. The more the rapprochement, participation, disinterested work in pursuit of the group, the better will be the institution and then more benefits it will give to its members and the community where it is developed.

Cardiologists, due to professional affinity, create societies about our specialty around the world. What is the reason why? Apart from constituent objectives which are quite similar around the world; the reason is that as part of the career of our life (in this case, professional) the grouping by affinities is in the nature of the human being.

I invite you to reflect on this topic since the sense of membership (in this case, medical community) improves its members and many times the isolation without connection to the Society damages us as individuals or at least we may not show the best of us.

This is a simple reflection before leaving the position in the Argentine Society of Cardiology. Just a simple vision.

Thank you so much!

Dr. Carlos Barrero^{MTSAC}

President of the Argentine Society of Cardiology 2011