

"About Vanities, Dreams and Passions"

Medical practice has some elements that confer it a differential character relative to other professions. We are all aware of it, but sometimes, by reflecting upon this matter we may understand our place and our position in the community.

We must accept that due to our endowment, and at the risk of sounding grandiose, we are vested with the confidence of another person, with his fears, and quite often with his intimacy and even his secrets.

Although there is an asymmetry in our favor, regarding the level of information on specific aspects of our profession, as for example diagnosis, treatment, or expected course of the disease, we must recognize that such asymmetry does not exist or that sometimes it is reversed in many other aspects of the relationship with patients.

The uncertainty inherent to our 'working field', none other than human beings, our own fears, our doubts, often our pride, the varying levels of identification or rejection to others, leads us both to learn highly technical aspects of our work and to interact with patients and actors intervening in this relationship To my understanding, and I am sure my opinion will be shared, this last task, which we try to learn on the go, is as complex and important as the former. It goes without saying that, in each of our professional activities, we are exposed to the judgment of the patient, his relatives, our colleagues, the community and the law. As if this burden were not enough, we are under the pressure of competence, healthcare systems, financial companies, etc. We must also accept that no university trains us to carry the burden of such responsibility.

But at the other end of the equation, I am sure no other professional gets in return such deep gratitude as in the case of a doctor. In this sense, we have all experienced touching gestures that enable us to reconcile our vocation and to be passionate about our profession. In view of this complex scenario and the demanding dedication to our daily tasks, many people –who are unaware of this situation and come to the Argentine Society of Cardiology– find it difficult to understand why hundreds of physicians and other healthcare professionals throughout the country devote time and effort to the organization of such activities as congresses and courses, classes, consensus writing, and work design and we have all heard the expression "and besides, ad honorem". This deserves an explanation; I have mine. I think there is a need for personal recognition; we all

feel proud of being Director of a Council, Chairman of a District, or of holding membership on the Executive Committee and as the SAC President, I am not the exception.

Those positions, in different scenarios and, in this particular case in the SAC, should be seen as service positions and not merely to show-off; however, I think a small share of vanity is, at least in part, the driving force of our activity. We may pose it this way: to be acknowledged by the task performed is a strong incentive for group and individual development.

I believe there is a more significant circumstance which encourages our participation and relates to special characteristics of our profession. It is the concept of solidarity, which is embedded in the essence of our profession, and must have been an important element in most of us when choosing the medical career.

To participate in a scientific society means to give, to collaborate with all those who –including me– need the wealth of knowledge that the SAC holds in so many outstanding professionals, for our training and continuous learning process.

But participation, as already mentioned, also means without a trace of doubt, acknowledgement, easy career advancement, opportunities for professional relationships. As I have said in many of the "President's Letters", for this mutual relationship between the SAC and each of its members to flourish, a vital and dynamic SAC, adapted to the changes of our time is required.

The Board of Directors and the Executive Committee supported by the Advisory Board are restructuring the institution; this has already been implemented in the managerial reorganization, and will continue in other organizational aspects in order to maintain its unique high academic standards, while providing the flexibility to adapt to changes.

If I had to synthesize much of the reorganization activity set in motion, I could summarize it in a sentence, I do not recall where I have read or perhaps I partly invented: "No achievement, however great, exceeds the passion generated by a dream, even the simplest dream".

I hope that, in the near future, all the dreams and efforts can be reflected in a vigorous SAC that is able to support its objectives and be an open door society that includes all cardiologists.

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