Academic Ceremony Speech

To be President of the Argentine Society of Cardiology is a joy and an honor, and I deeply appreciate this appointment. By analyzing all the ex-presidents' roles, I think of the exposure, work, effort, hours, dedication, success and failure they have underwent.

One would have to resort to something Freudian: to be president of a scientific society goes beyond pleasure, beyond the pleasure principle; it is something you like and want to do; something you cannot explain very well to anybody but entails something you have within your life.

Somehow, it takes me to my essence; to my essence, because the word society –which could be defined as two or more individuals getting together in order to do something– has been the real essence of my life: getting together with people to do something.

Argentina is my country and I love it; it is where I have chosen to live; I suffer it and I enjoy it, but I deeply love Argentina. It has always been present in every act of my life, and no matter whether in good or bad times, it is what I love. I would not live in another country again.

I wanted to be a doctor like my uncle, Dr. Lázzari –clinician at the Hospital Fernández. I would visit him when I was eleven, and ever since I wanted to be a doctor. I began to consider Cardiology as a specialty when I was on the second year of my career, attending Taquini's classes. What I learned in Cardiovascular Medicine was so much and so good that I chose it as my specialty, and I never abandoned it.

A scientific society, as society, is two or more individuals, in this case professionals and researchers in different types of activities, getting together to do something. Today, in order to be a leader in cardiovascular diseases, societies should play a role in all the areas-actors related to cardiac medicine. To say we have been working hard on something difficult recently, one says to be part of a cluster of cardiovascular disease. If you do not understand it, do not worry, I do not understand it either, but we are going to reason it with time. It means to become an integral part of a series of problems. A role that in English would be called "advocacy", which is in a certain way, support, protection, representation –before professionals–, regarding other peer associations, health policies, costs and funding, concerning work for quality of care and professionalism.

Perhaps what is essential, in this particular scientific society of cardiology, is to be a society dedicated to medical education, clinical guidelines and consensuses, research, outcome measurement, registry, transparency and quality of attention, consumer, patient and community education, development of business areas that generate resources and diversify income

which should not arise only from meetings or memberships.

I would like to share the vision, mission and objectives that the Argentine Society of Cardiology has resolved to date: To be a leading scientific organization in cardiovascular health, committed to the implementation of professional continuous education and ongoing evaluation, in taking the place of a central representative in designing strategies of health promotion and prevention of cardiovascular disease and their diffusion to the community, in establishing standards of care and assessment of cardiovascular practices, in designing research policies, and in keeping ties with the international scientific community.

Within the strategic goals of the Argentine Society of Cardiology (SAC) and the Argentine Cardiology Foundation (FCA), fifteen clear points were established for the next years, six of which are a priority, namely: 1) Index the Argentine Society of Cardiology Journal, 2) Community-professional communication, 3) SAC-FCA, 4) Government stability, 5) Staff professionalization, 6) Activities nationwide.

When I approached the SAC, not keeping abreast of the day-to-day activities, I was unaware of what it is and what it does. The SAC includes more than 1000 volunteers, and let's clearly divide the Society into volunteers –which are most of us physicians– and permanent staff. The latter deals with the how, the way and the implementation, while volunteers are in charge of the what, the strategy, the direction, and the destination: the CEP, Teaching, University Courses, Technical Courses, Residence Evaluation, Bioethics, Councils, Districts, Executive Committee, Journal, Consensus, Recertification, Research, Scientific Committee, Health Policies, PROSAC, and ARI.

The truth is that the Society works hard and that a lot of people work very hard. It organizes a Congress with 10000 participants, and next year, an Inter American Congress of Cardiology, with even greater participation. The Society has Meetings and Districts, on-site activities (140 per year), a website with 300000 visits per year; and a million pages are opened during 3.5 to 3.8 minutes per page. The Society organizes additional residency programs, a university course, in 27 centers and 19 adjunct centers, with residents who take classes at the headquarters of the Argentine Society of Cardiology, with everything that means teaching and receiving them and, in some cases, paying their transportation from different places so that they can attend classes. It works on consensuses on great cardiology topics -30 in the past years-, the PROSAC program with 1000 subscriptions and the Journal, that works intensely, particularly during the last years to become indexed.

A great effort has been made this year, and it has been an honor for me to work together with César Belziti and the Directive Board on reconsidering, rethinking the Argentine Society of Cardiology. We decided to open our minds and think again about all we were doing and how we could make it different or better, keeping all we had achieved so far.

I summarize five activities carried out in 2012 that I consider important: a new CEO was appointed when Néstor Sarría retired from management after 40 years of dedicated service. This new CEO was professionally elected by a first-line personnel agency.

Deloitte, one of the most important firms in the market, was hired to design a strategic plan, whose results we will be showing throughout the year. We worked very hard on strategic planning, we travelled abroad, and we brought Jack Lewin, the recent ex-CEO from the American College of Cardiology. He worked with us; we locked ourselves in a hotel for the weekend to work with him. And we worked on designing this strategic plan to obtain mid- and long-term policies. To be able to have a direction. We proposed objectives and budgets assigned for this purpose, among others, to have our Journal included in the Index Medicus. Dr. Tajer, Dr. Doval and a huge group of people have worked intensely to reformulate everything that was changeable, and this time I am sure they will succeed and all of us will enjoy it.

We have been working together with the Argentine Cardiology Foundation as a communitarian branch of the SAC, and a manager has been appointed for both institutions, a fact that did not exist until now.

In practice, a new government structure was refor-

mulated with a managing triumvirate which will be included in the bylaws in the future. Decisions are not taken by a president; they are taken by three persons. The incoming president, the acting president and the outgoing president, together with a Directive Board formed as always, and the Advisory Board that will ensure these policies continue. This structure provides a minimum of three years of continuity to any policy implemented, and it is no small matter in order to organize and think.

Finally, here are some thoughts on topics that one reads and studies. For instance, identity itself. There are three stages of identity; one could say that, at the beginning, identity is what we do. Then, a second stage is the identification with what we do. "We are what we do." When I am called "doctor", I turn around; when I am called "Jorge", I continue on my way. We identify strongly with what we are doing. And in the third stage, which I think is maturity, we finally do what we are, what our essence, our basic essence, tells us we are. The Argentine Society of Cardiology is a constant and impartial source of information and training in cardiovascular medicine. That is what we really are and will do.

Thank you.

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President of the Argentine Society of Cardiology - 2012

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