

Speech at the 2013 SAC Academic Ceremony

In this academic ceremony I assume the Presidency of the Argentina Society of Cardiology. Behind the excitement and responsibility there lies a little fear. My path to the presidency has been the least usual, skipping participation in the Board of Directors, which represents a warm personal recognition. As a counterpart, after more than a decade of work in the Argentine Journal of Cardiology, I have been forced to follow a kind of Sac President training during this year, trying to understand finances, the Districts, the International, the Interamerican, the ACC, the Foundation, the FAC, the mission and the strategic plan. In the next year you will have the opportunity to judge how I have performed in this accelerated training. The first thing I learned is to recognize the high qualification of our technical staff, which is carrying out the various tasks and projects developed by the SAC, as well as the importance of interaction with the pharmaceutical industry, with a strong commitment to the SAC, in the complex dynamics of amalgamating business-commercial projects with the defense of Community interests and the independent thinking that a scientific society should have.

This period in the Executive Committee has been short and enriching, accompanying the titanic task of Jorge Belardi, who has shouldered the renewal of the SAC's structure and the economic concretion of a large and risky Congress. I have tried to work with him to the best of my ability.

We are boarding a time of great changes. We focus on a larger SAC, aware of its influence and community responsibility.

After decades the management structure was changed, which brought necessary updating, traumatic moments, but also a great opportunity.

Updating does not only concern administrative management changes, but also reprocessing the dimension of the role of the SAC in relation with the national community, cardiologists and medicine in general. In 2012 an exercise was conducted with Deloitte and a voluminous report originated reflecting the leaders' historical vision and establishing development priorities. To sum up, the challenge posed was whether the SAC could adopt the central cardiovascular role in Argentina.

I attended some of that work, and I admit that it was very useful to contrast my own hopes and expectations with the thought of the SAC's leader cardiologists.

Allow me a conceptual introduction. We assemble a very large sector of Argentina Cardiology with centers of excellence; we have a large teaching activity and a gigantic Congress. Bertolasi asserted that the SAC was admirable for its achievements and honesty, but

he also acknowledged the failure of his generation as a leading class in Argentina. I have realized over time the meaning of these words, if we intend to have the best scientific knowledge of cardiovascular diseases, which cause more than 100000 deaths per year in Argentina, it is our responsibility to take charge or at least to try to influence in all possible fields to improve the population's cardiovascular health. This implies ensuring cardiologists' highest level of training and of possible practicable excellence in care and prevention, helping to create a fairer and healthier society.

I will review with you just some of the great titles to signal ongoing projects for the coming years in this protagonic role.

Strategies continuity

A first aspect is the continuity of long-term projects, given the rapid presidential renewal. We will continue with regular meetings with the current leaders in all areas and with those that may become presidents in the future, allowing us to discuss and share information on the key points. These meetings will be prioritized over the next year.

The Argentina Journal of Cardiology

On a unanimous decision, support for the indexing process was considered the first priority; an achievement that would hierarchize Argentine science contributing to the growth of national research. The presentation was made a few months ago and we expect a positive response in tune with the immense creative effort invested and the quality of the publication.

Communication

The topic is best understood if we think in successive layers. In the first instance, we are working on improving the dynamics of internal communication between administrative and professional areas. Another layer is the dialogue between academic areas; we therefore have developed ageneral coordination supervised by Daniel Berrocal and José Luis Navarro Estrada. The general academic and informative dialogue with cardiologists will be facilitated through a new website with more interactive capability, and we are planning a dynamic online Journal in cardiovascular issues with the participation of science journalists. This year's improvement in media communication is a starting point to generate in the near future a more aggressive strategic presence in the media and in the educational dialogue with the community.

The basic communication of the Society is with its members. Progress has been made with an accounting-administrative system of excellence, the next step is

a management system of teacher - academic activities and of its members who need to have greater visibility, and to continue with proactive strategies to increase full-members and associate members. We hope to achieve a qualitative leap in the information structure and in the incorporation of new members' policy. One of my dreams is the cyber- utopian concept of collective intelligence by helping the vast accumulated intelligence of our cardiologists to have a major impact in the Society as a result of creative interaction. As a starting point, it requires an inclusive SAC. Unfortunately, many young cardiologists and others not so young consider the SAC as elitist and exclusive. One of the projects that enthuses us most is the brand new Young SAC area, sub - 38 supported by Guillermo Fábregues, which will bring us to the complex stage of post-residency and early professional work to include and help them. In the same line we are creating a Nursing area that together with the Board has the purpose of integrating them into the Society's dynamics, the Journal, the Research, and other tasks.

SAC projection at a national level

The first dimension is the 32 Districts. In this sense the Journals were redesigned to have a greater communitarian projection to be assessed in a multidisciplinary congress in Junín. We are actively discussing the current historical role of the Districts and we hope to achieve better dynamics, aided by the SAC virtual interactive resources, the webinars, which have achieved a level of excellence.

The second dimension is the interaction with the Argentine Federation of Cardiology. I have a pending subject in my presidential training, to study the extensive literature of conflicts during the last decades. The current executive is convinced that if we do not work together we are abandoning our leading role from the Argentine public health and from cardiologists

We have started by sharing space in our congresses and joint research projects, and we will continue with accreditation and recertification, consensus and health policy.

Health Policies

The area is growing. We intend to interact with the authorities at all levels. We see good intentions, but also significant limitations. An example is the ambitious plan Remedy + networks, with the mistake of trying high-risk primary and secondary prevention without statins; however the Sac failed to act promptly in its correction. It is clear that we do not put into practice the potentially large influence capacity, easy access to public opinion, international support, and prestige that we have. Very briefly, we have a huge job ahead to transform our consensus in practice guidelines and minimal agreements, providing the technical details but also requiring a basic level of care according to current opportunities for all people with cardiovascular problems. This includes not only the attention of

pathologies, but also the adoption of prevention policies. It is crucial to strengthen the role of the Foundation in its projection to the community, and it is our intention to fill it with militant-minded cardiologists. We need to adopt the attitude of permanent lobby, which is the advocacy exercised by scientific societies in many countries.

Health policy is also thinking about the debate on the need for a national medical career and the integration of research in a structural method. Health policy is also thinking about doctors who are underpaid or who work in adverse conditions. Hugo Grancelli has introduced this year a humanistic module in the residents' training course, and we want to try structural forms that can be incorporated into the residences and continuing medical education curriculum. The aim is to protect physicians from the self-destructive burn-out and enrich the recognition of the historical and human dimension of every health problem we address.

Clinical research

Argentina is experiencing a turning point with the creation of a Ministry of Science and Technology, repatriation of scientists, more funds, and the reopening of the career of clinical research by the CONICET. Unfortunately, Cardiology has been rather excluded. A National Cancer Institute has been made and we support the project of a possible National Institute of Cardiovascular Diseases, but so far we have had no results.

The SAC should promote the integration of an active clinical research career of paid hours in health care institutions. This will mean more PhD doctors, international publications and generation of autonomous information to exit the current backlog.

Within the SAC we have begun the experience of working with a professional research staff for specific projects: we have established contacts with the American College of Cardiology to collaborate on the Pinnacle Registry and also on the British MINAP registry, which we think will allow us to consolidate, with monitoring tools and in conjunction with the FAC, a much more ambitious long-term national registration than that undertaken so far, to start in the second half of 2014.

An important ongoing project is the electronic medical record. In a few months we will be able to provide the SAC physicians with a computer system that will improve their office practice and simultaneously allow a permanent record of professional activity, the new stage of clinical research of the 21st century.

Life within the SAC

If we want to strengthen the role of the Society we must begin by enriching its everyday domestic life. The SAC is a living organism, alien to any scientific society in cardiology. Hundreds of cardiologists gather each week in multiple activities: Thematic, Areas,

Councils, PROSAC, Journal, Districts, Courses. Simply by crossing the threshold, the SAC attracts with a strong magnet. I can tell you this from my own experience. Being in the Emergency Council allowed me weekly debates with the best specialists and to organize without being prepared the first infarction survey in 1987, with the collaboration of many young doctors as our current Secretary John Gagliardi. In the Research Committee we achieved multiple records, pathophysiological studies and a multicenter intervention study. We met many hours twice a week in an ambiance of exceptional work. This information is also relevant for my children to understand why we always lived from day to day with the money, watching every expense, with their father wasting time in these whims. The Journal: a weekly dialogue with a select group with a relevant editorial purpose was for more than ten years a reiterated celebration. The consensus, debating for months to consolidate an orienting message for Argentina medicine. None of these experiences could have been carried out in hospitals or where I got to work.

Most of us cannot develop academic vocation and of influence in the community in our own institutions, which are often weak or have other priorities. The SAC is an ideal place to work with peers, enabling professional growth, and it often comes to occupy a significant part of the transcendence of our personal project. SAC doors are open and the Society, eager to incorporate new energy.

Personal Comments and Acknowledgments

The first, to my great teacher and counselor Carlos Bertolasi. He was the emblematic cardiologist of a prominent generation in Argentina, combining commitment to public hospital and creative and independent thinking.

In the last 15 years we have created with Hernán Doval a lodge called GEDIC, which many colleagues and friends have joined. The bond with Hernán has been very rewarding in countless themes and with the nice contamination of medical obsessions. We have given research courses, created Epi-Cardio, the epicrisis that already has eighty-six thousand reports, the largest register in Latin America. We have written the miracle of Evidence in Cardiology, with seven editions, tens of thousands of copies, that has given us a rare identity. We have imagined dozens of unachieved ideas, some published in the Journal and others still in the starting line. Working with one of the great masters of the Argentine Cardiology is a unique experience that I hope I can keep for many years.

In the early stages of my career I was recognized as a capable but conflictive doctor, not to use improper terms in this academic event. I have worked hard through my personal analysis with Ricardo Grus, a huge loss this year, and I think I have conquered a statistically significant improvement in my level of happiness. It has helped me to conceive the explora-

tion of emotions, relationships and infarction, which are reflected as a hypothesis in the book *The Diseased Heart*, and the honesty to address issues of contemporary medical thinking on multiple articles as director of the Argentine Journal of Cardiology.

With Roberto Reussi and Jorge Mercado, leaders of a patient-centered clinical reasoning school, we have done medical work and edited humanistic books such as *Life in Intensive Care*, and two of *Evidence in Internal Medicine*. Their friendship honors and enriches me.

I appreciate Daniel Flichtentrei's friendship, IntraMed director, which has opened the doors to the dissemination of ideas and debates, and of Daniel Lopez Rosetti, who has incorporated into his course of Stress Medicine and exchanged ideas on emotions and infarction.

I am currently working in the Alexander Fleming Institute, the great work of Reynaldo Chacón, who published two small books on Evidence in Oncology, under the medical direction of Marcelo Zylberman. I collaborate with the group of Investigación de Diagnóstico Maipú, a establishment of excellence, led by Patricia Carrascosa, and spend the afternoons at my office where Gabriela Dominguez and Silvina Bravo collaborate with commitment, warmth, and help in the task of the controlling and supporting the patients.

My job is more complex at the Hospital El Cruce. Against the advice of my family, analyst, and all but Carlos Bertolasi, I decided to accompany an unlikely project in building a High Complexity Hospital Network in Florencio Varela. The hospital has grown exponentially. We have the best technologically equipped cardiovascular area of public life, with resonator, multislice, transplant, and a medical group of excellence. I am daily amazed with the capacity of Director Arnaldo Medina and Medical Director John Marini, to continually improve the quality and management levels. We see patients who really need us, and provide a warm, respectful and committed medicine. With funding from the Ministry of Science and Technology a Center for Translational Medicine is being built and there are planning projects coordinated by Laura Antonietti. El Cruce is an important experience for the entire community, and we share the effort with many colleagues who accompany me, especially with my closest collaborators Javier Mariani, Maximiliano de Abreu, Gabriel and González Villamonte and Alejandro Villamil.

And a few very personal recognitions

My parents, who are here, have helped me since I decided to become a doctor at 3 years of age. My father has led a company of school uniforms, with creativity and perseverance, which has allowed a Polish Jewish-boy from a poor immigrant family from the thirties to consolidate a good economic position, direct community organizations, support his children Deborah

and Carlos in all their projects, and transmit his strong dedication towards work and the pursuit of excellence. My mother is still an indefatigable ant that gives meaning to her life through the importance of helping others. With walking difficulties and 85, she remains in the solidarity network, visiting the sick, distributing remedies or recipes, imagining publications and honors. There was in that generation of immigrants a dream of growing and transcending, that is essential to understand our personal development.

A word to my children, who have suffered the absence of a father frequently enclosed in his impenetrable world, but with whom we have formed a strong and emotionally unconditional family. It fills my life to see each of my three children's enthusiasm to develop their own projects, from advertising or graphic humor, engineering and university politics, or philosophy.

To my wife, Graciela, with whom we will celebrate during my presidency 40 years officially together. Her

tireless work has been to prevent me from losing ties with the real world, and mine to invite her to accompany me in my dreams, and I think that somehow each of us has managed to keep enjoying daily life together.

And the last recognition goes to all those who have silently accompanied me, those who allow me to hear the echo that this presidency is deserved, those who participate in the debates generated or study with our books, that tell my patients when they reach a guard they are in the hands of a good doctor. To them I owe a good open doors presidency, which I hope to achieve with the help of all of you.

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