

Opening Speech of the 40th Argentine Congress of Cardiology

Discurso de apertura del 40 Congreso Argentino de Cardiología

As President of the Argentine Society of Cardiology, I would like to welcome you all to our 40th Congress. As physicians and academics, we are in part responsible for the care of Argentinians' hearts; we share that role with the presidents of other sister societies in our area of influence in Latin America, and we are part of an international network including the Inter-American Society of Cardiology, the American College of Cardiology, the European Society of Cardiology, and the World Heart Federation. We train cardiologists and cardiology technicians in our advanced university course, and we develop continuing educational programs and recertification, aiming at the constant updating and quality assessment of our specialty for physicians as well as for nurses and technicians. We have a scientific Journal recognized by CONICET and SciELO, in which we publish the best research works from Argentina, and increasingly from other brother countries. We reach out to the community through the Argentine Cardiology Foundation with educational programs and multiple actions such as cardio-pulmonary resuscitation courses and the creation of cardio-protected areas. We develop links with cardiologists from all over the country, taking increasing advantage of computing resources, by means of our interactive website, our web seminars, and our very active Facebook page among young generations. We support an area of improving health policies, committing also to medical welfare and humanistic aspects of our profession. Among the many activities which would be difficult to summarize, we have a very active research area that, over the past decades, has provided relevant information on the most prevalent conditions and on our practices, facilitating self-educational actions and correction of mistakes as in no other specialty in Argentina. In this regard, it is a great pleasure for me to announce that the Dr. Pedro Cossio Foundation, which has provided the Argentine Society of Cardiology –and particularly our Journal– with sustained and committed support in recent decades, has decided to establish a clinical research grant for young professionals to be included in the society projects. It implies reaffirming its commitment and projection to younger generations of cardiologists, and I would therefore like to publicly express my gratitude to the Foundation.

In this new stage of research, we are also launching in this Congress the pilot phase of the outpatient electronic medical record, which can support permanent registries such as computer-based epicrisis, thus bringing us closer to the first-world generation of community knowledge, not only from large academic institutions but also from each physician's medical

practice in his/her office anywhere in the country.

Today, these traditional and solid tasks of our Society are going through a period of conceptual reworking that I will try to sketch in a few lines. One way to begin is to present the challenges Argentina faces in terms of cardiovascular health, and to explain how we confront them. In his last years, Carlos Bertolasi, one of the most important cardiologists in our history and teacher of many of us, shared the thought that we had failed as the leading class of Argentine health. As a community, we have been unable to produce a coordinated health care system with a unique and rational medical career. Are cardiologists a leading class? Let's analyze the problems from that perspective.

Cardiovascular diseases are still the number one cause of death and disability in adult men and women in our country. Treatment and prevention strategies have been growing, mortality rate has decreased in recent decades, but that decrease has entered a plateau phase in recent years. Access to preventive education, sports practice and medication for hypertension and cholesterol, when necessary, is still irregular and inequitable. Access to more complex treatments with huge impact on mortality and quality of life –such as interventional cardiology, cardiovascular surgery and electrophysiology– is also limited.

As a leading class, cardiology in Argentina plays a key role in improving this situation. A first thought is that there are not two but one Argentine cardiology, represented by our Society and by the Argentine Federation of Cardiology, and that not addressing what we must do together implies an unforgivable irresponsibility. Thus is how we see it, and we are currently working on five lines: scientific exchange with active participation in our congresses, development of national clinical practice guidelines, evaluation program for specialty certification and recertification, national policy of cardio-protected areas –whose first tangible result was its launch in the National Congress–, and a joint program for a registry of cardiovascular diseases.

A second thought is that health care costs are high, and rising. In this regard, we are complex partners of a pharmaceutical and device industry structure that has been one of the driving forces of the cardiovascular care revolution in recent decades. Our relationship is complex precisely because –as in any industry– there is tension between the social role and the pursuit of profits, and as a scientific society and ethical physicians committed to the health of the population, we should always have a clear limit regarding patient well-being and the economic health of the system. We have strong bonds with the national and international

industry –which is evident in their constant and committed support confirmed by their presence in our Congress–; but of course, we also have tensions. We look forward to reaffirm our strong bonds with the industry in the hope of reaching a higher level of commitment with clinical research and academic and scientific programs.

A third and final thought. We will not achieve any positive outcomes for cardiovascular health problems if we do not interact with the health authorities in Argentina, regardless of differences by coverage segment or region. The division from the perspective of the one who suffers is not between public or private medicine but between good medicine, compassionate and according to current technical-scientific resources, and bad medicine, which is regrettably seen every day. Our task is to work with the authorities, to develop joint guidelines, activity recording programs, and public policies that we can carry out, record, measure and correct together. For this Congress, we have decided the closing lecture to be about quality in health care, with the challenge of measuring our activity and improve the outcomes. The Argentine Society of Cardiology has long been petitioning the authorities, a petition lost in the Kafkaesque maze of bureaucracy. The good news is that, in this regard, we are undergoing a historic change today. We have collaborated with several programs, we are reaching an understanding with the Government of the City of Buenos Aires to take active part in the *Remediar + Redes* plan, oriented to the city health care plan, and today, in this very same act, we will sign an important and historic agreement with the National Ministry of Health, together with the Argentine Federation of Cardiology. Dr. Bustos Villar, National Deputy Minister of Health, has been an extraordinary and motivating spokesman, and has encouraged us to a more committed project than the one originally designed by both societies. Together, we will develop a registry of cardiovascular diseases, which will begin with ST-segment elevation

myocardial infarction, approached in several stages. In the first stage, we will gather information about the present situation, its incidence, and the barriers to early care from a regional and segmented perspective of the health care system. Based on the diagnosis and concurrent with the national guideline for acute myocardial infarction that is being developed, we will quickly suggest public policies for improvement and a permanent registry of cardiovascular diseases. We have undergone a significant advance in the rationalization of our health care with the periodical Survey on Cardiovascular Risk Factors, a historical achievement. We believe this permanent national registry of cardiovascular diseases to monitor public policies will become a new achievement of the Argentine community, and will undoubtedly provide rationality and greater equity for access to the best medical care.

Congresses take place in boundless layers, with 15 simultaneous activities and very different technical and professional interests, clearly showing that our Society and scientific community are moving, are committed to the health of the population and are aware of their responsibility as a leading class. We would like to reassure the authorities honoring us with their presence today that we are at their disposal to bolster cooperation. I know that you may see us as a nightmare in our unwavering role of critics, highlighting what we need and must improve, but I would prefer to think of ourselves as central characters of a common dream for a better Argentina. We are living interesting times, we still have a great deal to do, and the doors of our Society are open for young cardiologists to join and enrich us.

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