

## SAC President's 2017 Opening Speech

### *Discurso inaugural de la Presidencia de la SAC 2017*

Authorities of the Argentine Society of Cardiology,  
Colleagues and friends,

It is a huge responsibility to assume the Presidency of the Argentine Society of Cardiology, one of the most important scientific organizations at national, regional and international levels.

I thank my colleagues for selecting me and honoring me with this nomination. It adds another reason of concern to respond and act in the way expected.

And I also thank the enormous (and unexpected) number of colleagues who have spontaneously wished me success for the next year from the bottom of their hearts.

I am not a star in the field of cardiology and I belong to a middle-class family. All I am I did it working, with a great deal of effort and many hours of study and dedication.

And it is **the value of effort** itself **that we should transmit** and not necessarily the value of its consequence.

Immediacy, lack of confidence in the future and procrastination of our behaviors are making us lose the importance of effort.

**Effort is taught.** With the word, the example and the satisfaction of the duty fulfilled, inspiring at the same time other values.

**The Argentine Society of Cardiology is the place to channel effort**, to observe other examples and to teach others. I am not talking about individual capacities, but about value itself.

A few days ago, I commented that I must recognize that, apart from the intensity of effort, I have been lucky.

Luck for having studied at the University of Buenos Aires, where I received an excellent medical education.

This allowed me to enter the medical residency program, one of the best postgraduate systems of education.

In the residency environment, idealism and curiosity motivated me to have an active participation in the *Consejo Argentino de Residentes de Cardiología* (CONAREC), where I held the position of Treasurer.

And finally, I became member of the Argentine Society of Cardiology in 1986.

In a parallelism drawn between the cardiovascular continuum and this continuum of professional life, the UNIVERSITY, the MEDICAL RESIDENCY, the CONAREC and the SAC have become aligned.

With the same values that identify and unify them:

education, work, effort, improvement, meritocracy, ethics and example.

I have participated in almost every area of the Society.

When I became vice-president, I thought that I knew the SAC very well and that what I should do was clear.

But it was not so.

But not due to the SAC. The Society has its problems, some long-standing, some due to financial issues, of course important, others due to lack of organization or growth crises, but all of them will be overcome with optimism and work.

Over its 80 years of existence (the anniversary is on April 9, 2017), the SAC has certainly changed, but its values, mission, vision and members who support it remain firm. In my opinion, this large transatlantic only moves a few degrees from its course every year, and always in a positive manner.

The problem, in my opinion, relies on us. The collective and the individual have changed. We are the image of the social reality. We are part of globalization.

In general, we are tending toward individuality, disbelief in cooperative work, futility of belonging.

On many occasions, I have heard: **"what does the SAC give me?"** to which I humbly answer, paraphrasing a President of the United States, that you should not think of what the SAC gives you, but **what you can give to the Society.**

Nowadays, the collective is made up of different generations.

At one end, the millennials. A generation that is different from ours. Not better, not worse, just different. They speak differently, they have other expectations. They grew up in a virtual world.

At the other end, us: the Baby boomers, the Generation X, those belonging to Sexalescence (not sexagenarians), those between 60 and 70 years old who also think in a different way than those who preceded us.

We are the ones who have to learn to communicate and relate with the millennials. It is our obligation to find the method of seduction.

We also changed, and probably, we did not have the decision and the impulse our teachers had toward us.

Also, the scientific societies may stop being the central cluster of knowledge and truth, as they are in the middle of a strong polarization between the individual scientist with his/her genuine ambitions and the institutions which due to merit or our omission aspire to occupy the place of the Society.

Therefore, part of our duty will be **to motivate the participation of our colleagues, encourage the pride of belonging and stimulate teamwork**, and the road is to **empower them**, providing them a space, making them feel responsible for the SAC, of deciding and discussing with peers, wherever they are, at 20 blocks or 1,500 km from the SAC.

**We must open ourselves.** We must go out without expecting that our colleagues approach the SAC. We have a work to do outside that must reach our 32 regional districts and those colleagues who do not belong to the SAC. We shall try to be proactive and the elder members will look for those who are just starting or who do not approach the SAC.

We have been branded as elitists and centralists and we must stop and revise up to what extent this is true or not.

Firstly, next year the **road** we shall follow will be **saying while doing**. In other words, I shall try to make fewer promises now and to do more in the future.

The road should be efficient because the SAC will have a framework of austerity due to its economic status, which does not mean not expending money.

We shall work on communication, taking advantage of technology.

We shall focus on **continuous medical education online**, providing the necessary tools so that all our inland colleagues can benefit from equal opportunities as those taking onsite courses. For 2017, 18 online courses are planned, including courses for **nurses and cardiology technicians**.

This will **improve the health care team** (doctors, nurses and technicians) through education, merit and equity.

This kind of education **will have no boundaries**, as since this year, Dr. Berrocal has presented these courses to all the scientific societies of cardiology in Latin America, from Mexico to the south.

Through Webex or Skype, **every scientific council** (we already have 21) will incorporate 3 or 4 inland colleagues to have an active participation from their places of origin in political decisions or scientific activities. Similarly, colleagues will participate online in the **Research Area** to discuss, learn and teach every aspect concerning the activity of this area.

Nowadays, we are using this method in the meetings of the Board of Directors or the Scientific Committee.

In this way, about one hundred professionals from remote areas are participating with colleagues from our central office.

Our **Argentine Congress of Cardiology**, the largest congress in the Spanish-speaking world in terms of attendance, quality and academic excellence, will not only incorporate more inland colleagues in its presentations but will also have more presence of Latin American colleagues due to its regional character.

The success of the **Congress of Cardiovascular**

**Imaging** which has already been incorporated in the international agenda will have all the institutional support to continue leading the education of this specialty.

**The 4th Multidisciplinary Congress and the 28th National Sessions** of the regional districts will take place in Mar del Plata on April 7 and 8, especially organized within the framework of the 80th anniversary of the Argentine Society of Cardiology.

To our traditional and growing relationship with the American College of Cardiology, the European Society of Cardiology, the World Heart Federation, the Inter-American Society of Cardiology, and the South American Society of Cardiology, this year we resumed scientific and collaboration relationships with the American Heart Association with presence in our respective annual congresses of the specialty.

One of our working focuses will be **cardiovascular prevention**, and together with the Argentine Heart Foundation, our link with the community, we shall establish a coordinated **multidisciplinary group** to formalize the **25 x 25** commitment of reducing premature cardiovascular mortality by 25% by the year 2025 in our country, as was initially proposed by WHO and defined by the World Heart Federation, in conjunction with the Ministry of Public Health. Our Society is already working in this sense, but we must start with the stage of centralizing efforts and indicators.

Considering and being aware of the early start of cardiovascular disease, our relationship with the **Argentine Society of Pediatrics** should deepen. During this year, we have formalized the development of two joint consensus statements between both scientific societies.

Our relationship with the community will be based on the joint work with the **Argentine Heart Foundation**, in the search of other alternatives with the same objectives, as it happened in the case of the synergistic work between **CONAREC** and SAC in Humahuaca.

The strength, the passion and the youth of **CONAREC** encourage us as a driving force, with each institution keeping its independence and decisions.

We need fresh air, and **our Young SAC Area** has already found its place and pathway, helping us in this sense, and we perceive it with the prolific activity developed during this year.

Regarding SAC and the community, **WikiCardio** (the first web page reliable for the patient and the family made by SAC professionals) will have all the support to continue growing and we want **to expand** it nationwide and to **the 13 Latin American countries** represented by their respective scientific societies of cardiology, as we agreed in May in the city of Lima. This project is a brand that is already recognized for the work of a multidisciplinary team, and we are grateful for the effort done.

The relationships with other societies are so im-

portant that the decision of joint work has been based on agreements between societies and not between individual persons.

We shall sign an agreement with the **Argentine Federation of Cardiology** to work together in advocacy or **representative** activities before national, provincial, or municipal government agencies, an understanding in favor of our patients' cardiovascular health.

The care of our patients is no longer a good intention. Health care has become complex, has standards to follow and is based on consensus statements.

We have the obligation to provide our patients quality of care.

Our Society should get involved in this sense, as it happens with the most important scientific societies.

We shall establish an **area of quality of care** where the SAC has the know-how and the human resources to centralize and establish criteria.

Becoming President is not a mere coincidence, and I want to thank all those who have helped me in my education and my career.

This process started at Sanatorio Güemes-Fundación Favalaro, where I spent marvelous years as a resident of cardiology and chief resident. Some days ago, I heard that what one learns during the early years remains until the end of one's career.

Next, I worked for 16 years in the department of cardiology of Sanatorio Mitre, at that moment one of the most important and developing cardiology services. Those years were so intense that I cannot forget them, and I still keep friends from that time.

Then, I began to work at the Instituto Cardiovascular de Buenos Aires, and after 10 years I advanced in my career, becoming Chief of the Coronary Care Unit of Sanatorio Anchorena (an institution that works together with ICBA) in the second stage.

For the last 3 years, I have been working as Chief of the Coronary Care Unit at Sanatorio Finochietto, where it is possible to work with excellence and joy, with an institutional policy based on safe patient-centered care. I am grateful to you all for your support and understanding in the accomplishment of my task, especially my Cardiology colleagues and friends who fill my physical and psychical absences.

To Dr. Daniel Berrocal and the 2016 Board of Directors. Despite this was a difficult year for Daniel, he was always there, leading, encouraging and accompanying us. An example of life.

I expect and wish that the pharmaceutical, food and technology industries will go on supporting us without restrictions and with the same ethics as ever, for which I am grateful. In this way, collaboration is much easier.

My gratitude to the staff of the Society, who always help me, guide me and provide suggestions; I feel their genuine support and my wish is that the SAC will go on being a good place to work.

To my friends. I have tried to apologize to some of them for not nurturing our friendship because sometimes I am short of time. It is more my fault than that of the Society.

And to my family.

My parents, for their unconditional support.

My parents-in-law, who consider me as a son.

My children, who either suffered or enjoyed my absences for professional reasons. Nowadays, I have the pleasure of spoiling my first grandson, Tommy.

And especially to my wife Miriam, who has supported me for 39 years.

My compliments to you all. Thank you very much.

**Dr. Miguel A. González**<sup>MTSAC</sup>  
President of the Argentine Society of Cardiology