

GUEST EDITOR'S PAGE



A Look Back, A Look Forward

Messages From the Past and Current Presidents of the European Society of Cardiology

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MY EUROPEAN SOCIETY OF CARDIOLOGY PRESIDENCY, 2012 TO 2014: LEADING THE LARGE, COMPLEX, INNOVATIVE, AND HETEROGENEOUS

Panos E. Vardas, MD, PhD

Management and leadership are not synonymous, although they often considerably overlap when the operational plans of companies, institutes, or professional associations require effective solutions. Managers cope with the detailed complexities, whereas leaders struggle for change, as mentioned in the management classics.

By the time I was elected as president of the European Society of Cardiology (ESC), at the age of 60 years, I had already finished my 4-year term as dean of the Medical School at the University of Crete, finished my 2-year mandate as president of the Hellenic Society of Cardiology, and was halfway through my mandate as president of the European Heart Rhythm Association, a pivotal pillar of the ESC. These interesting and varied experiences had provided an in-depth understanding of the opportunities and challenges that a president of a nonprofit scientific society would face, either as a manager or leader, during this 2-year mandate.

It was, therefore, clear that my primary goals were to successfully advance existing projects and to deal methodically and patiently with crises at different

levels, while simultaneously implementing change during my rather short tenure. Based on past experiences, I was convinced that the changes that I wished to accomplish should be recommended and put into motion as soon as possible, even in the first months of my presidency.

In my speech at the 2012 general assembly, immediately after assuming the ESC presidency, I focused on my main strategic choices for the next 2 years. Seizing this opportunity, I underlined the need for unity among the heterogeneous groups that our society comprises, as well as the need to safeguard our leading successful projects, such as our annual congress, publications, guidelines, and registries, to name but a few. In parallel, I stressed the need for specific, feasible, and achievable changes that would provide the Society with the opportunity to claim its role over the coming 15 years.

It took me, as well as the chief executive officer of the ESC, a great deal of effort to carefully evaluate the parameters that would facilitate work on our highly visible and acknowledged projects despite the unfavorable economic environment, especially in the field of cardiovascular medicine.

Needless to say, the new regulatory environment and subsequent significant changes dominated our daily discussions. Envisioning the future needs of our society and our profession, I asked the board for the immediate expansion of the ESC to add new offices in Brussels, in addition to the central headquarters in Nice, France.

I was fortunate enough that convincing our board of the strategic significance of this proposal did not take valuable time in endless debate. Instead, all of

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its members proved to be enthusiastic supporters and trustful allies in this ambitious venture, which is already in its first year of operation in the political capital of Europe.

For all of us—the senior volunteers of the Society—the creation of something that had widespread acceptance may well be the most substantial incentive. The new basis of our Society in Brussels has been the driving force for the development of our innovative strategic project, the European Heart Agency: a complex structure designed to serve the needs of health care policy, research, and a specific educational initiative, with the official cooperation of our Society along with the support of selected universities.

Apart from trying to upgrade our political presence and visibility as a significant player in cardiovascular science, we aimed to develop important collaborations that would promote our institutional character for the good of the patients, our Society members, and even beyond, our profession as a whole.

At this point, I would like to briefly express my reflections on the present and future of large medical scientific societies. In the last 50 years, large societies have contributed tremendously to the development of medical science as a whole and that of cardiovascular medicine specifically. They have succeeded not only in bringing together specialists, but also in advancing systematic continuing medical education and promoting evidence-based medicine.

However, as the president of a society as large as the ESC, it is easy for me to recognize that rapid development in medicine, medical technologies, and health system management presupposes a more modern legal entity that would undertake measures and initiatives in areas beyond traditional diagnostic and therapeutic medicine—such as health care quality, standardization, health economics, and health technology assessment—and would have a much deeper understanding of issues related to regulations of both pharmaceutical therapies and medical device technologies.

The cataclysmic advancements in digital health will force existing societies to review their strategic plans and adapt them to today's rapidly changing world, or large societies will suffer the fate of the dinosaurs.

Indeed, I strongly believe that the leaders of large scientific societies stand at a crossroads, as they need to make important decisions that seriously consider the main drivers of the forthcoming decades in medicine. The empowered patient, the prevailing private insurance realities, the unbearable health care cost for the traditional social welfare state, and as I mentioned previously, the rapid developments in digital health care and education should be high on the agenda of the prominent medical associations.

As my 2-year mandate ended in September 2014, I felt satisfied that a significant number of colleagues, those who were members of our board as well as the National Cardiac Societies and ESC associations, councils, and working groups, stood by my efforts and supported my ideas for substantial changes in our strategic plan and our statute.

Personally, these 2 years were very important in my long academic route, and I was delighted to celebrate this endeavor together with 30,000 friends, colleagues, companions, and specialists in cardiovascular medicine in fabulous Barcelona. I would like to thank all of them: those who chose me to be president, those who supported me and believed in me, those who worked with me, and, surely, those who patiently waited for me at home.

CARDIOVASCULAR MEDICINE AT A CROSSROADS: HOW SCIENTIFIC SOCIETIES CAN HELP SHAPE THE FUTURE

Fausto J. Pinto, MD, PhD

Cardiovascular diseases remain the main cause of mortality and morbidity worldwide despite all of the medical developments that have reduced the mortality rate of these conditions. Surprisingly or not, this simple fact is still unknown to the majority of the lay population, although it has been confirmed by all international bodies that monitor health status worldwide. In recent surveys of the populations of varied countries, 80% replied that cancer is the number 1 cause of death.

The second challenge facing cardiovascular diseases is that cardiology has quickly become a high-tech specialty, increasing the need for strong involvement of the technology industry, either through medical devices or pharmaceutical agents. There is also the perception and potential reality that financial investment in cardiovascular research has stagnated, if not decreased. This is mostly because the development of new drugs and the organization of new trials requires large “mega trials,” which are too expensive and increasingly difficult to organize. The whole issue of surrogates and the matrix of clinical trials is currently being discussed.

In this setting, the role of scientific medical societies has been continuously challenged, and the medical community should review and discuss how to make the best use of these societies. The most efficient strategies need to be clearly defined, particularly in the current global atmosphere. This necessitates determined leaders with imagination and passion, striving for excellence and willing to make a difference in a responsible way.

Scientific medical societies are currently some of the main providers of continuous medical education, while they simultaneously develop tools to promote improved patient management. The Royal Society of London, created in 1660, was 1 of the oldest medical societies. However, their role has been progressively more relevant, particularly after the Second World War. This is the case for the ESC, which was formally founded in 1950 by representatives of 14 national societies (Belgium, Denmark, Finland, France, Greece, Italy, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, and Yugoslavia). Since that time, the Society has grown immensely, and is now a federation of 56 national societies, 39 affiliated societies, 6 associations, 15 working groups, and 5 councils. From a small organization, it has grown to become the largest cardiovascular society in the world, representing approximately 90,000 health professionals, with headquarters in Nice, France, and, since February 2013, the formation of a delegation in Brussels.

Although the needs are vast, medical societies should tailor their efforts into several concentrated areas. In Europe, it is my strong belief that we need to strengthen 2 major areas: a very strong educational component and a visible and strong advocacy policy. (This does not mean that all other areas should be disregarded.) However, we must keep in mind that a scientific society is made of people who have a lot of differences for several reasons but have a common goal: to fight disease (in our case, cardiovascular disease), whether as a clinician/health professional taking care of patients, or as a scientist trying to expand and improve our understanding of the different mechanisms underlying the different disease processes or developing new interventional strategies.

Values should be preserved in a scientific society as in many other areas of human activities. Our values can be summarized as the 6 Cs: Continuity, Consolidation, Consistency, Constructive, Creativity, Charisma.

Thus, it is essential to establish well-crafted, long-term strategic plans that take into account the realities of the moment and have the ability to foresee the challenges of the future.

The main pillars that can be envisaged as the core ESC strategic goals in the future can be summarized in the main categories including: Membership, Education, Guidelines and standards, Research and training, and Advocacy and lobbying.

MEMBERSHIP. At the ESC, our constituent bodies are the backbone of the Society. All major decisions need to be clearly discussed and shared with our constituent bodies in a very open and transparent way. The fair involvement of all of them in the different activities of the Society is necessary to maintain our

family as a unit. Also, our specificities and differences need to be wisely and properly addressed.

The whole membership concept needs to evolve and adapt to the fast-moving changes in our society. As examples, the current situation in Europe (and beyond) regarding industry support or the change in regulations that several countries are adopting will obviously have an effect. All changes need to account for the different expectations and goals of the varied constituent bodies.

It is also important to stress the importance of our affiliate societies and members outside of the ESC family. Thus, the creation of an International Affairs Department with the goal of turning ESC was crucial as the main reference for global education, guidelines, and registries. This implies a close collaboration with affiliate societies to increase ESC's outreach and influence.

The associations were an essential and wise development under Jean-Pierre Bassand's presidency in 2003. They allowed the cardiology world to be under 1 ceiling, keeping the unity of the cardiology community in Europe. This is what some call the "European Miracle." The experience has shown that autonomy—when responsibly exercised within a larger structure—can be beneficial for the whole community.

Another successful initiative was the creation of the Cardiologists of Tomorrow, started a few years ago, which guarantees the future of our society. The involvement of the younger generations in the activities of the Society is of crucial importance in bringing "new blood" and brain power, which are always a source of dynamism and novelty.

EDUCATION. The ESC has the responsibility of being 1 of the main education providers in cardiovascular medicine. Our education efforts should be focused on *innovation* and *diversity* to adapt to the modern technologies and concepts in medical education.

The integrated e-learning platform (ESCeL), developed over the last few years, represents a very powerful tool with multiple potential uses at different levels, with an endless capacity to include different content, and with the possibility to be used by the different constituent bodies.

Congresses are traditional tools used by scientific societies to disseminate knowledge, to educate the community, and as a platform for networking. The ESC is currently organizing the largest congress in cardiovascular medicine in the world, with more than 30,000 participants, which is a source of joy and pride. However, the classical model of a big congress is at risk in the current environment of regulatory changes and economic crisis. Therefore, preventive measures need to be developed considering the most likely scenarios

that we will be facing in the near future. There is a need to innovate on the congress model, such as to make it a yearlong product (e.g., Congress 365) or to organize virtual congresses. This is a problem that involves all medical societies and is a good example of how cooperation in finding solutions could be important. With contemporary technology and within the new environment, it seems to be crucial to prepare good Distance Learning Programs with regular facilitation, for instance, of webinars and courses.

Education links with certification and accreditation will be key elements in the near future. We need to be ready for these changes and to continue to be the educational providers of the program. This will not only increase the visibility and credibility of ESC, but could also provide a source of revenue. The provision of multiple-choice questions to the different users and of credits toward continuing medical education is 1 example.

GUIDELINES AND STANDARDS. Producing guidelines for management of different clinical conditions has become one of the most visible activities of scientific societies, with a major effect on medical practice. The ESC has been producing 4 to 5 new (or revised) guidelines yearly, which are widely respected and quoted. A good program of guideline dissemination and implementation is essential for the promotion of these guidelines, and different mechanisms and tools can be used to achieve this, including an extensive use of the online portal and the link with national societies. It is only possible to promote guidelines if they will be adopted by each country and the local community. This has been achieved in Europe, because the ESC guidelines have been endorsed by all member countries. In many cases, they are translated into the local language, and many activities are organized by the local societies, with the support of the ESC, for its dissemination and implementation.

Medical societies also have the responsibility to develop standards not only of best medical practice but also of hospitals, departments, and laboratories.

RESEARCH AND TRAINING. The role of scientific societies to promote biomedical research is becoming increasingly prevalent, particularly during the current era when the political and financial situations across Europe (and the world) are facing

unprecedented challenges. We can achieve success through different ways, including awarding training and research grants, supporting research programs, or developing our own programs, including observational research such as registries. The Euro Observational Research Program was created to collect data that will show how cardiovascular medicine is being practiced across Europe.

ADVOCACY AND LOBBYING. Scientific societies have to become more involved with advocacy issues. It is also a duty of the scientific and medical community to closely cooperate with decision makers to support the best possible political decisions. This has been a long-standing commitment of the ESC over the last few years, and was further reinforced by the opening of a delegation in Brussels named the European Heart Agency. This has provided a strong tool for the ESC to develop and implement different activities that will achieve our strategic goals. As an example, the ESC should work together with different entities—including other professional societies, the European Commission, the different directorates, European Parliament, European Research Council, and patient organizations, to name a few—to be seen as an advocate for patients and cardiovascular health care professionals.

Scientific societies have an increased responsibility to help shape the future of health care. This should also include closer cooperation between the larger organizations, including the ESC, the American College of Cardiology, and the American Heart Association. In addition, global organizations, such as the World Heart Federation, could play a significant role in addressing universal issues, such as advocacy and prevention, supported by strong cross-continental organizations.

I will conclude by quoting Goethe in what I believe should be the leitmotif, or guiding motif, of a scientific society: “Knowing is not enough; we must apply. Willing is not enough; we must do” (1).

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