

Fifty years of the Sociedad Latinoamericana de Investigación Pediátrica

"At the meetings there were just a few of us, all young participants. We would all contribute our work and discuss it in an environment of love and healthy competition. The food was also good. Those were good times..."

Carlos Gianantonio¹

Children are not young adults, and therefore require specific answers to their health problems and age-specific research strategies, which are usually hindered by the "taboo" historically observed around doing research on children. In many cases, the result has been the delay in the search for solutions, while in others it has been the use of knowledge originating from adult medicine to diagnose and treat childhood problems. Just to mention one of these situations, more than half of medications used in children have not been duly evaluated in terms of safety and effectiveness in the pediatric population.

The past century witnessed a few advances, especially in relation to observational research, which was particularly helpful in the field of epidemiology. However, we had to wait until well into the 20th century to observe the same in relation to experimental clinical research, in particular pharmacology. The first initiatives to conduct pediatric pharmacological research took place as recently as in the late 1980s, first in the United States, then in Europe and, finally, in some Latin American countries.²

The *Sociedad Latinoamericana de Investigación Pediátrica* (Latin American Society for Pediatric Research, SLAIP) and its members took part in many of said original research projects, which were conducted in accordance with the highest ethical and methodological standards.

In the epigraph, Carlos Gianantonio (1926-1995), one of the SLAIP founding members, nostalgically sums up the spirit of the SLAIP. They were a group of young pediatricians eager to renew the professional practice, almost revolutionary and full of romanticism. At that time, Latin American pediatrics, an heir to post-war European pediatrics, was learned and practiced with much empirism, typical of "the experience gained over the years," which, in turn, abounded across all fields of medicine.³

This is probably why those young members, following the guidelines established by their counterparts in the United States (Society for

Pediatric Research, SPR) and Europe (European Society for Pediatric Research, ESPR), decided to set in their bylaws a 45-year-old age limit for active members, considering that by that time a new generation of young researchers would have already emerged with their same renovating energy. It was in this spirit that the first meeting took place in Mendoza in 1962.³

This is why pediatric research societies, the SLAIP, the SPR (founded in New Haven in 1931)⁴ and the ESPR (founded in Bonn in 1959)⁵ are the consequence of a common requirement: to challenge the paradigms of those times, to generate evidence based on the best scientific methodology, and to make good use of transdisciplinary discussions. Over time, they also faced a common threat: segmentation of knowledge and the resulting distancing of members to become part of other societies that would more specifically represent their activities. This is how the SLAIP lost nephrologists, hematologists, nutritionists, endocrinologists, etc., who set up their "own" scientific associations. Although each disbandment was traumatic and even shook the feasibility of the original idea, each year the SLAIP has re-emerged with new strength.

Gianantonio also recalls that "this Society was born in the middle of another historically significant process in the field of medicine: post-graduate education (internship)..." This means that the year the SLAIP was founded, professional practice, perceived as assistance-teaching-research, appeared to be the new horizon. The pediatric community, represented by those *young founders*, believed it was about time to establish a new paradigm of professional practice, for which the SLAIP was a significantly relevant instrument.

This spirit is evident in the annual meetings where, unlike traditional conventions, attendees are highly active, and practically all of them are authors and/or lecturers of their own research articles (the attendees-to-article ratio is over 0.9).⁶ In addition, the proportion of research studies presented at meetings that get fully published is

58.6%,⁷ which remarkably exceeds the proportion usually observed in our field.⁸

A second major challenge that brought founders of the SLAIP together was trying to reach all pediatric researchers in the region. Although for many years SLAIP members predominantly came from countries directly involved in its foundation (Argentina, Brazil and Chile), in this new century a significant increase has been observed in the number of members from Peru, together with the inclusion of members from Paraguay, Mexico and Bolivia, thus getting closer to the original purpose of the society.

This retrospective view allows us to appreciate the progress achieved over the first fifty years of the SLAIP. Firstly, it is wonderful that a practically virtual entity has stayed in such good health along these years (specially considering that the first thirty years of the SLAIP elapsed in an age prior to the Internet). Secondly, it is worth underscoring that, although countries of the region are not particularly stable, annual meetings have been regularly held (48 meetings in 50 years). Last, but not least, we should mention that the SLAIP has remained loyal to its objective: to be a forum for discussion on pediatric research and to help solve pediatric health problems affecting children throughout the region.

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<http://dx.doi.org/10.5546/aap.2014.eng.300>

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