

## Speech at the 2008 SAC Academic Ceremony

In 1982, I joined this society for the first time, when I was part of the Argentine Council of Residents in Cardiology (Consejo Argentino de Residentes de Cardiología, CONAREC), –at that time, the National Commission.

During these 26 years, those physicians who have been in charge of its management have never relinquished its basic principles, in spite of the historical circumstances: suitability, ethics, academic freedom, encouragement to knowledge and self-improvement, plurality of ideas, unlimited possibility to integrate all the cardiologists of the country.

The undeniable aim has been the cardiovascular health improvement of our population.

In my idealistic spirit, these values have motivated the need to belong to this institution.

The successive leaderships have held these foundation principles harmless and solid, and it became one of the most prestigious scientific societies, recognized internationally and nationwide.

Its almost 72 years of life, its extensive educational history, the countless and rigorous research works, and most important, the high academic level of the thousands of society members witness my words.

Instead, the history of our country during the past years has been totally different.

We were affected by a profound crisis; beyond any economic problem, the Argentine Republic is at a loss, mistreated, and almost in agony due, among other reasons, to the lack of solidarity from its leaders and to their multiple ethic and moral transgressions.

This situation has led to the loss of identification models.

It is precisely in this scenario that I want to recapture the physician as example.

From the moment he chooses his career, a deep solidarity root of beneficence and non-maleficence is evidenced.

He is still capable of feeling guilt about his errors, recognizing his limitations, and being ready to act cooperatively in team in complex situations. He has a vocation to serve, since he understands that true transcendence in life is to do something for others, and that giving is more important than receiving.

His behavior is highly driven by idealism, and he expresses it in all his professional life, for which his medical residence is probably its purest expression.

The physician is a professional with an overwhelming load of responsibilities: the growth of medical knowledge he must take in, the expanding technological progress and the society's expectations expressed through the patients' anxiousness and anxieties who do not tolerate the uncertainty characteristic of our profession, the industry of malpractice suits

that does not differentiate the irresponsible acts from the totally accepted errors and failures in a science that is probable but not certain.

A new scenario in his clinical practice joined this adverse context.

Very little remained from that physician-patient relationship, as simple and deep as a dialogue between two human beings.

In Orgaz words, when defining medicine: "Trust placed in conscience."

New actors appeared and affected this balance: management organizations, healthcare providers, medicine based on economy.

There are no more patients; now they are clients. The concept of free trade flooded medicine; I ask myself: which are the tools available for a sick person to differentiate between a good physician and a physician with little knowledge but with a lot of marketing support?

Phrases like "the costs in healthcare" damage our essence; it is necessary to understand that investing in health and education leads to generating wealth.

The medical act has become a productive activity; for this reason, it is necessary to be efficient, not for a good diagnosis or a suitable therapy to solve the patient's problems, but for serving the highest number of patients in the least time possible.

Time is vital in the physician-patient relationship; we physicians understand that seeing a patient in such short time may be considered unethical by the employer.

This crisis in medicine is general and international, to the point that most of the leading magazines include an article on it in each issue.

Nevertheless, this problem increases in Argentina due to the excessive number of cardiologists.

In 2007, the total number of cardiologists in Argentina was estimated in 7,468 professionals, which represented a relation of 195 cardiologists per million inhabitants, 4.5 times higher than the optimal recommended relationship (1,720 cardiologists in all for the whole country, or 43 cardiologists per million inhabitants).

This number exceeds the population needs and reduces its value, as when the supply exceeds the demands.

The solution is to work more to improve the meager salary, spending time from your personal life or medical education.

These conditions lead to depression and dissatisfaction. Research on how this depression impacts on physicians has shown a negative effect in patients because they are likely to make six times more errors.

Very little remains of the proud concept “my son/my daughter, the doctor”; 25% of the Argentine cardiologists would not study medicine again, and more than 35% would not be pleased if one of their children also studied medicine.

The Argentine Society of Cardiology has not been a spectator for this problem; on the contrary, it has worked very hard during the past years to propose policies in this regard.

This first move will go on as the protagonist in search for solutions for cardiologists.

We are aware that if we improve working conditions for professionals we will be improving patients' care.

The healthcare process will benefit from the consultation time in the first place; secondly, from dignifying the salary; and thirdly, from an adequate professional competence.

This last one is the easiest to implement due to the unquestionable experience SAC has in developing educational programs. For our institution, education is a means to improve health and care, it is an added value in the quality model.

The distance program PROSAC is an indispensable educational tool for the physicians to manage their little time for learning, and it is basic for those who are far from the important training centers.

For these colleagues, the educational area will implement internship plans in tertiary-care centers.

The on-site teaching will be developed all over the country to encourage the critical analysis of the vast information generated daily.

The idea is to go back to Nietzsche's “philosophy of suspicion”, that healthy task of doing as if nothing was evident, and distrusting everything in order to try and ask new questions.

The Education and Research areas, together with the Districts, will aim at developing programs to observe the guides and the consensus. Simplify and adapt the knowledge of the evidence-based medicine to our reality.

During the Conferences of the Regional Districts, to be held in Potrero de Funes, province of San Luis, on April 23<sup>rd</sup> and 24<sup>th</sup>, and at the Argentine Congress of Cardiology in Buenos Aires City, from 2<sup>nd</sup> to 4<sup>th</sup> October next year, the topics will also be centered in how to bridge the gap between knowing and doing.

Regarding the hierarchization of the medical act, we will insist on the value of caring for the medical work in each medical association, sanitary organization, and state, provincial, or municipal government entity, because it is the most efficient and economic way to protect the health of our population.

We will inform each health system and people in general about the value of being attended by a physician who keeps on learning to offer the highest quality of care.

The recertification must have an added-value in our daily consultation.

Our educational aim in starting a period of cooperative work with the Federal Judiciary is to make them aware of the reality of our profession, and to make it possible for them to distinguish knowingly between a negligency –which implies punishment– and an error –which must never be punishable.

The number of physicians graduated from our schools is a crucial issue on which we have to give our opinions.

We must reach consensus on the number of students starting the schools of medicine together with other scientific societies and with the State.

An analysis of the education capacity of the post-graduate system (residences, internships, specialization, etc.) is required; these data can be provided by the scientific societies.

In addition, the number of admittances must be strictly correlated to the sanitary needs of the country; this responsibility must be taken by the State.

Throughout history, physicians performed their art in different cultures, political regimes, and healthcare systems.

In many cases, working conditions were complex or difficult; however, due to their humanistic nature, most of them accomplished their noble task with skills and dignity, overcoming frailties, weaknesses, and difficulties.

As Joaquín V. González, founder of the *Universidad Nacional de La Plata*, said:

“...the only defeated in this world are those who believe in nothing, those who do not conceive an ideal, those who do not see a road other than the one that takes them to work or home, and they get desperate and disown themselves...”

Finally, I would like to thank all those who trusted me in guiding forward the direction of our Society.

And a message for the junior cardiologists:

Never forget to fight for your ideals, and modify the cruel reality with each personal act. In the Argentine Society of Cardiology, you will find the technical, moral, ethic and humanistic tools to change mediocrity, inertia, pessimism, and unbelief that covers with clouds the sunny future of our dearest Argentina.

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2009 President of the Argentine Society of Cardiology