Executive tasks in a scientific society with more than 75 years of distinguished history entail a responsibility difficult to convey. At first glance, it might sound simple: several areas have a life of their own, with specialized and motivated leaders, and staff trained to organize and carry out courses, congresses, scientific activities, publications, epidemiological research, and community interventions. The heritage is a solid guidance, added to a debate on mid-term strategies that the leading sectors have been discussing over the past years. A second, inner glance can attempt to leave a personal touch in the presidency, an inevitable, attractive and dangerous temptation: to consolidate what works well and to create areas of development that are weak or do not exist today; so simple and yet so complex a feat. The third one, more pedestrian, which I prefer to skip for the time being, is to address the economic and administrative difficulties from the outset.

Within this framework, let’s stop and think of health policies, how they are addressed by the Argentine Society of Cardiology, and where we are going in the coming years. Fortunately, our National Ministry of Health is very active on cardiovascular issues. Studies of great relevance at the national level, such as the Risk Factor Survey—which will be repeated this year—, have been carried out by the Area of Non-Communicable Diseases, and various policies have been implemented to reduce salt intake through measures for the baking industry, reduce smoking, promote healthy diets and activities especially among young people, as well as many other active measures. Among them, the Remediar + Redes plan is particularly relevant. Through international agreements, this plan aims at detecting tens of thousands of adult patients with high risk for cardiovascular disease, to provide them with health care and free medications such as antihypertensives, antiplatelet drugs, beta blockers and —recently— statins.

A law for the creation of a National Institute for the Prevention, Diagnosis, Treatment, and Research of Cardiovascular Diseases, which has already had the Senate approval in 2013, is currently under debate. We were invited to give opinions, which we did after an open consultation to all the Full Members of the Society. The issue is complex, because there are different views. The National Ministry of Health promotes a National Health Institute, with depending institutes.

The Argentine Society of Cardiology invests a great deal of intelligence on the different aspects of cardiovascular diseases, which in turn implies a huge responsibility.

The following is a brief but indicative list of the areas of influence on which we are working:

1. Development of a program to create a national registry of the most common cardiovascular diseases, starting with acute ischemic heart diseases. This project is being carried out together with the Argentine Federation of Cardiology, and will be discussed with the national authorities. Cardiologists’ dedication to registries and multicenter and community ventures places us in a leading position that may influence practices in the health care system.

2. Reconsideration of the consensuses with a stricter methodology following the more rigorous methodological AGREE guidelines, and oriented to practical concepts that may give rise to community practice guidelines.

3. Adoption of SAC’s central motto, “reduce cardiovascular mortality”, along the lines of international cardiology societies that focus on 20/20 or 25/25 goals, i.e., a 20% mortality reduction by the year 2020, or 25% by 2025. This requires enduring advocacy on public health authorities in the different areas, a guideline steering the activity of all areas of the Society and the Argentine Cardiology Foundation and its Regional Districts, media coverage with public campaigns, and further long-term actions.

4. Reassessment of specialization and recertification criteria, trying to reach consensus among hierarchical institutions to avoid current fragmentation and weakness.

5. Consolidation of a growing Health Policy area that may converge in a debate that will certainly take place in the next years, to put in order a fragmented and unmanageable health care system.

6. Standardization of excellence criteria for Cardiology Residencies, which has generated material taken as guideline by health authorities.

These are not the only possible topics; affiliations and the complex field of cardiological medical work remain open, as well as many others that will imply a major challenge for any particular management and will require the efforts of a generation.

Carlos D. Tajer
President of the Argentine Society of Cardiology