Hotline Editorial

European cardiology 2000–2002

At the transfer of the presidency and the installation of a new board of our Society, it is appropriate to address the developments which may be expected in the next few years. In this ‘presidential address’, four topics will be considered: Cardiovascular Disease in Europe, Research, Cardiology Practice and Continuing Medical Education.

In his presidential address at the European Congress of Cardiology in Amsterdam, Maarten L. Simoons discussed some targets for the Society focusing on four topics: Cardiovascular Disease in Europe, Research, Cardiology Practice and Continuing Medical Education. The central theme which was developed was to improve the coordination among the many different national and European organizations which are related to our Society.

Cardiovascular disease in Europe

The burden of cardiovascular disease in Europe is distributed unequally, with relatively low mortality in the west, the south and Scandinavia, and much more disease at young age in the eastern countries. The latter situation is largely due to the unfavourable social and economic conditions in eastern Europe, which we cannot alter easily. Yet it is a task for the ESC, for all of us, to try to reduce these inequalities. Therefore, the Board will create a Task Force to identify and implement measures to help our members in eastern Europe improve the situation in their countries.

The key to reducing the burden of cardiovascular disease must be prevention. Significant progress has been made in preventive treatment in patients with coronary artery disease, as presented in a congress Hotline from Euro Aspire II, the first part of the European Heart Survey Programme. This year, in comparison with 4 years ago, more patients appropriately received aspirin, beta-blockers, ACE inhibitors and lipid lowering drugs (Figure 1).

Accordingly, elevated blood pressure and elevated cholesterol levels are less prominent, although the mean levels are still too high. Smoking habits and obesity have not improved and in fact have become worse (Figure 2). Apparently, physicians are more successful in prescribing medication than in modifying patient behaviour. In fact, the tools for promoting such modifications have still to be developed. The ESC will continue to collaborate with the European Heart Network and other related organizations to implement joint prevention guidelines. The growing recognition by the European Commission that we are a major player in this field may help us in this aspect.

Research

The Society will strive for improved European coordination, in basic science as well as in clinical trials. There are several academic research networks and the Society may create a forum to facilitate further collaboration among those networks. The ESC will also try to collaborate more closely with the different basic science organizations in Europe. Finally, although it may be a long shot, we should attempt to create a European Foundation for Cardiovascular Research to provide sponsorship for international research, for example for large scale international trials, for which support is often difficult to find.

The quality of the European Heart Journal and Cardiovascular Research has improved significantly under the present editors, as is evident from the observed and predicted impact factors (Figure 3). Part of our research is coordinated through the Working Groups, which are now represented through the Science Council. The creation of new Working Groups may be appropriate, such as a Working Group on Coronary Care and Intensive Care. The Working Group Coronary Circulation might modify its name to reflect the fact that many interventional cardiologists are members of that Working Group.

Cardiology practice

We are a European Society of Cardiologists, with a mission to improve health. Yet we are also a European Society of Cardiologists and allied professionals. These professionals operate under very
different circumstances, ranging from individual private practices, to large regional hospitals and universities. Each setting has its own specific requirements. In order to strengthen the position of the cardiologists and allied professionals, the Board proposed creating a Council for Cardiology Practice (CCP) as well as a Council for Nurses and Allied Professionals (CNAP) in cardiology. Both councils will participate in the development of guidelines, and will provide education and training, and organizational support at the European level for the practice of cardiology and allied professionals.

As cardiologists we have extensive contacts with other medical specialties. In several areas our profession overlaps and competes with others. To name just a few, there are interfaces between cardiology and intensive care medicine in coronary care. Interventional radiologists perform procedures which are similar to the percutaneous interventions performed by cardiologists. Cardiovascular MRI as well as radionuclide imaging may be provided by cardiologists, but also by radiologists, and also echocardiography may become a tool in the hands of internists and general practitioners, particularly when small portable echocardiograph devices become available at a modest price. Our Society should assume leadership in these fields, and continue to provide guidelines for the diagnosis and management of cardiovascular diseases, and the appropriate use of different procedures. Collaboration with other professional organizations in Europe and beyond will be the most appropriate (Figure 4).

Development of guidelines is only the first step in improving the practice of Cardiology further. We
must close the loop, with specific educational, products, to implement the guidelines, followed by surveys to verify whether the guidelines are adhered to and to assess whether the guidelines need further improvement. The guideline committee, the education programme committee and the Euro Heart Survey committee will be responsible for these three related activities.

**Continuing Medical Education**

Continuing Medical Education will be a major task of the Society. Apart from the annual European Congress of Cardiology and meetings organized by our Working Groups, many educational meetings are being organized by National Societies, universities and also by industry. The coordination between various meetings may be improved, and the Society will take initiatives in this direction.

Recent steps, to set up a European Board for Accreditation, were presented at the European Congress in Amsterdam. As part of these efforts to assist in Continuing Medical Education in cardiology new electronic media will be explored.

**ESC organization**

In the past, many of the Society’s activities were organized directly by the Board. In recent years, the emphasis has shifted to committees which have specific tasks and activities, assisted by our dedicated staff to optimize their output. The Board will focus on strategy, explore new initiatives and provide the overall coordination of the activities of the Society. The input of the 33 000 members of the ESC will be an essential part of this process.

**Conclusions**

To summarize, in the forthcoming years I envisage continuing growth in the Society—a growth in membership, in activities, in financial resources and perhaps some further expansion of our staff. This will allow new initiatives, such as:

- Firmly establishing Euro Heart Survey programmes
- Continuing Medical Education core curriculum and internet-based programmes
- A Council for Cardiology Practice
- A Council for Nurses and Allied Professionals
- Electronic publishing.

This growth will help the European Society of Cardiology and all of us to continue our work towards improvement of the quality of life of the European population by reducing the impact of cardiovascular disease.

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