Eighteen years after the foundation of the European Association for Cardio-thoracic Surgery (EACTS) and 10 years after a number of thoracic surgeons left to form the European Society of Thoracic Surgeons (ESTS), a strong movement towards closer collaboration between these two societies has developed. The goal of this new strategy is to achieve a concentration of resources and opportunities for thoracic surgeons as well as to provide a common platform for general thoracic surgery in Europe.

Until now ESTS has held its annual meetings close to EACTS meetings; the European forum for thoracic surgery has been divided. Many thoracic surgeons would say, necessarily so, since at that time they did not feel well represented within the large cardio-thoracic community of EACTS. Membership of ESTS has been rising during these years. However, a substantial number of non-cardiac, thoracic surgeons still remain as members of EACTS or are members of both societies. This has continued to divide the scientific and practical potential of a united body of thoracic surgeons at a European level. General thoracic surgery, already disadvantaged by the variety of different settings it is practiced in, has been burdened by a lack of common representation.

The disharmony of this situation has not been satisfactory for surgeons, for authors, for patients or for the thoracic part of the cardio-thoracic industry. There has been competition between two European meetings for authors submitting their work, as many surgeons have been unable to attend both meetings. Funding opportunities have been dispersed and partially lost.

This unsatisfactory state of affairs has been recognised by the leadership of the two European societies representing the majority of general thoracic surgeons in Europe and strong initiatives have been implemented to improve the situation.

A well thought-through plan for the future has been negotiated, which is of mutual benefit to thoracic, cardio-thoracic and cardiac surgeons. The challenge has been to present a coordinated platform for thoracic surgery whilst at the same time preserving the distinct speciality of thoracic surgery within a much larger ‘cardio-thoracic umbrella’. This new era of symbiosis, of happy cohabitation, has already begun and the fruits of cooperation and synergy are becoming more and more evident.

The first of a number of major joint projects and opportunities that have emerged was the introduction of the European Journal of Cardio-Thoracic Surgery as the official organ of both societies. This consolidated a common platform for the distribution of new knowledge and opinions to the whole European thoracic community.

The need for a definition of general thoracic surgery with regard to contents, quality requirements and performance standards, resulted in the ‘Structure of General Thoracic Surgery’ project, which involved surgeons from both societies as well as both councils, thus producing a benchmark blueprint for standards in general thoracic surgery [1].

In parallel, a number of other projects have been set up to translate the requirements of the Structure paper into reality:

- The European Thoracic Surgery Database Project was launched 2 years ago and has now attracted over 90 units in Europe to submit individual patient data at a European level (http://www.ests.org.uk). The goals of this database...
are to produce a robust risk model for general thoracic surgery, to establish baseline standards for staging and outcome and to survey thoracic surgical practice across Europe.

- The European Cardio-Thoracic Surgery Institute for Accreditation has recently been formed to forward a process of 'Certificates of Good Practice' in thoracic and cardiac surgery in Europe.

- In the field of education, the European School for Cardio-Thoracic Surgery in Bergamo, Italy, has recently been inaugurated, with separate postgraduate courses in thoracic surgery involving lecturers from both Societies.

On an EU political level, the fruition of years of work by Hans Huysmans has lead to:

- The creation of a new Section of Cardio-Thoracic Surgery within the European Union of Medical Specialists (UEMS) with separate Divisions of Thoracic and Cardiac Surgery. EACTS, ESTS and European Society for Cardiovascular Surgery are also represented within this new Section. In the future, the Division of Thoracic Surgery in the UEMS will shape statutes relating to training and practice of thoracic surgery in Europe.

Most of these projects have become possible through the joint efforts from both societies. They have also required very substantial cooperation between general thoracic surgery and cardiac surgery, allowing the use of resources for both specialties. This mentality has concerned the core activity of the social and scientific life of both societies and the annual meetings with their important scientific and financial functions. In 2001 the first joint meeting of EACTS and ESTS was held in Lisbon, seen in many aspects as a trial run for future joint activities. This joint meeting was judged successful by both cardiac and thoracic surgeons. Further discussions have lead to a plan for the future with both societies committing to similar joint meetings in the years 2003 and 2004. The joint aims are:

- To guarantee an adequate condensation of new scientific content in thoracic surgery, all original papers of 1 year will be presented within this meeting. Thoracic surgical papers will be reviewed by thoracic surgeons and the scoring of abstracts will be done using defined criteria developed by the Society of Cardiothoracic Surgeons of Great Britain and Ireland. Paid-up members of ESTS and EACTS will be able to register for the Joint Conferences before the early registration date without charge.

- A separate thoracic Techno-College on the day before the conference will be offered in parallel to the already existing cardiac one. This will provide thoracic orientated industry with a special forum to present their products. Thoracic surgeons will have a new unique opportunity of a mixture of live surgery, video presentations and new technology orientated information. The costly project of live surgery has become possible by using already existing resources from cardiac surgery.

- As well as focusing abstracts into one meeting, industry involvement and sponsorship will also be focused, giving access to the largest general thoracic surgical audience of any meeting in the world.

This strategy clearly brings together thoracic surgeons within Europe, but also brings cardiac and thoracic surgeons closer together. While this is seen very positively by some thoracic surgeons, others might fear again a loss of identity of the general thoracic speciality. To preserve this identity in a smaller focused meeting, ESTS will have its own Spring meeting which will cover the needs for a well functioning general thoracic surgical community and for the society life of ESTS as well.

At this Spring meeting, to be held in March 2004 in Zurich for the first time, official ceremonies of ESTS will take place and sufficient place for social contacts will be given in a more intimate environment. There will be no abstract submissions for this meeting which will be a postgraduate forum, interactive in format, with topic reviews from invited speakers, round-table discussions and 'how I do it' sessions. Since industrial exhibition and abstract submission will be concentrated in the main joint meeting, a financial guarantee for this Spring meeting has been given by EACTS from the proceeds of the Joint Autumn meeting.

In summer 2004, after the ESTS Spring meeting, a reassessment will take place. The two societies will review the joint position and further, more long-term plans will be drawn up.

During negotiations between both societies it became clear that financial aspects are the least difficult to overcome. Of much more importance is protection of identity and freedom for adequate liberalism. This article was written to inform surgeons of the strategic concept for the future of general thoracic surgery in Europe and the reality that concept is becoming. The authors and the councils of both societies believe that thoracic surgeons have never had so many opportunities for education, for quality control, for publication, for interaction and for the development of their speciality. Consolidating these opportunities depends on considerable understanding from all sides, the EACTS and the ESTS, cardiac and the thoracic surgeons. There is great commitment among leading surgeons in both societies to carry this vision forwards.

References