The SAC is a Unique Institution

La SAC es una institución única

The Argentine Society of Cardiology (SAC) is a unique institution, a beacon that guides many other societies in our country. Its prestige is due to the hierarchy of its members, its evolution, its leadership and the actions carried out during 90 years, which have made it a reference also in Latin America. To say 90 years is not a mistake, we believe that, since the Journal of the Society was launched, we have been exercising our mission and vision. That is why one of our fundamental objectives is to continue working so that the Journal can be selected for indexing in Medline and thus honor the history of the SAC.

This leadership was reflected during the crisis in the healthcare system in 2023 and 2024, when the SAC led the charge in raising awareness of the serious problem the system was facing and the impact it was having on our patients and our community. We worked together with the Argentine Federation of Cardiology (FAC), the College of Cardiovascular Surgeons (CACI) and other cardiology-related societies to highlight the need to raise awareness among all stakeholders in the healthcare system about the importance of refocusing the system on the two main actors: the patient and the medical human resource.

WHY DOES A SCIENTIFIC SOCIETY BRING US TOGETHER AND EXCITE US? WHY DO WE COME TO THE SAC?

Scientific societies have been defined, in simple terms, as working groups composed of people with common interests. History demonstrates the expansive effect that collaboration has on scientific discussion. A notable example is the Pythagorean Society, founded in southern Italy around 530 B.C., where the foundations of mathematics were laid. In this society, all goods were communal, and its members were expected to devote themselves fully to the study of numbers, acting with simplicity and ethics towards their colleagues and fellow man.

Whatever happened to physics if Isaac Newton had not been able to discuss his ideas with Robert Hooke at the Royal Society? This interaction was fundamental to the creation of his masterpiece, "The Mathematical Principles of Natural Philosophy," which dominated much of the sciences. The society's motto, "*Nullius in verba*," embodies the idea that knowledge should be based on evidence and reason, not authority or tradition. This principle has been crucial to the development of critical thinking and scientific research throughout history.

In our country, the first scientific society was founded by Domingo Faustino Sarmiento in 1872. Our three Nobel Prize winners in the hard sciences were among its members: Bernardo Houssay, Federico Leloir and César Milstein. Our SAC was founded by prominent members of public hospitals in Buenos Aires, Córdoba and Rosario, as well as directors of institutes of physiology, such as Braun Menéndez in Buenos Aires and Oscar Orías in Córdoba. Since its inception, the SAC has been driven by the purpose of advancing science.

These people, brought together by their common interest in cardiology, created a powerhouse of knowledge through the SAC journal 90 years ago. So perhaps the answer to why we go to SAC is that it is the most important place for scientific and human growth where one can be, with the patient being the primary beneficiary of this entity.

However, the reality we face today is very different from that of Braun Menéndez, Battro and others. At the 2024 SAC Congress, the round table on "Cardiology in Peril", organized with all the cardiology societies, revealed a unanimous diagnosis by the main stakeholders in the national healthcare system: we are going through the deepest crisis of the system. This crisis is multifactorial and includes financing problems in an impoverished country, management of resources, difficulties of public and private institutions to be sustainable, emigration of highly trained human resources and inequalities in spending and quality.

To top it all off, we are facing a new generation of young people for whom traditional teaching methods and deadlines have been replaced. The University of Buenos Aires has reduced the length of the career by one year, along with a change in traditional pedagogical strategies. This was explained at the table "Car-

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diology in Peril", but what is even more worrying is the lack of interest in the medical residency program as a form of postgraduate training. A recent survey by *Cardiología Unida* revealed that 15% of cardiology residency positions remained unfilled, and a concerning 35% of residents dropped out of residency program for various reasons. The migration of trained physicians abroad has led to the dismantling of entire services, while costs have increased exponentially due to the emergence of new technologies. The irruption of artificial intelligence poses a significant challenge to the future role of the physician and the organization of cardiology services. Undoubtedly, this is a very complex scenario and perhaps one of the most challenging in recent decades.

WHAT CAN WE DO AT THE SAC IN THIS NEW CONTEXT?

During a three-day retreat with the most prominent members of the boards of directors who will be working in the next three years, we reflected on our strengths, threats, weaknesses, and opportunities. We also examined the career path of a SAC member since choosing medicine and this specialty.

It was essential to understand the journey of a physician in his or her professional growth and how we all arrived at this meeting. There, we identified the factors that significantly influenced our professional development. The initial question was: Why did we want to become physicians? The dedication to service and the desire to help others were the fundamental driving forces in choosing this wonderful profession, and we defined it as the first factor in the beginning for most of us: the dedication to service, something that is built together with our human convictions from our roots.

The second factor is the influence of mentors in our journey, whether in the university or in medical institutions with faculty members. In these spaces, many of us found those teachers who marked our path. I had the honor of being a fellow at the Basic Research Institute of the Favaloro Foundation during my fourth year of medical school. There I met Dr. Ricardo Pichel, physicist and physician, who left an indelible mark on my training, as well as Dr. Edmundo Cabrera Fischer, Dr. Juan Barra, Dr. Alberto Crottogini, Dr. Ricardo Armentano and Dr. Peter Wilshow. "Why" rather than "what for" in medical sciences was the basis for learning and research for an entire generation that was there.

The third factor, for all of us, is our possibility of entering a medical residency program in an institution that organizes learning by competencies. I had the experience of being part of the first class of the recently inaugurated residency program of the Favaloro Foundation, located in the building on Belgrano Avenue. I had the privilege of experiencing the beginning of this avant-garde project, formed by professionals from top level public and private hospitals. The merger between the excellent departments of cardiovascular surgery of *Sanatorio Güemes* and of clinical cardiology of *Hospital de Clínicas* and *Hospital Fernández* generated in its members a powerhouse of teaching and research, with the greatest benefits for patients and cardiologists trained in that model. It was also demonstrated that public and private medicine can be strengthened.

In the SAC we are aware that without public and private medical institutions that consider teaching and research as part of their project, medicine is condemned to mediocrity, and the patient is the main loser. Our Society has been a leader in the accreditation of residency programs and in its prestigious biannual course for residents at the SAC Central Headquarters and the triannual course in Córdoba, led by the local District. We are committed to continue promoting and improving this training system, convinced of its effectiveness and benefits. We have agreed on an irrevocable position on how training should be for the present and future generations, adapting it to the realities and technological advances, but always in the field of residency programs with serious and audited programs.

The fourth factor was the emergence of the SAC in our training, generally from the second year of residency, through the presentation of papers, monographs or the bi- or tri-annual courses for residents. Then, the participation in different areas of the SAC shaped us and allowed us to interact with other colleagues in knowledge and experiences.

We believe that we must continue to work on the basis of the factors mentioned -dedication to service, mentors, residency programs in institutions with serious programs and scientific societies- and adapt them to the new reality. The empowerment of patients and human resources in health (doctors, nurses and technicians) is the only way to reverse the situation in the healthcare system.

Based on this diagnosis and analysis, we have begun work on a strategic plan, which is an agreement that defines the long-term direction and priorities of our organization for the next three years, redefining our mission and vision.

We are committed to promoting excellence in cardiovascular health through the comprehensive and continuous development of healthcare teams and the defense of professional practice, guided by humanistic values, ethical principles and a commitment to quality and equity in access to patient care.

We have an obligation to continue generating and disseminating scientific knowledge through research, education and training, and to promote value-based medicine that optimizes health outcomes and resource efficiency.

Respecting the history and the great achievements of our society and full of prudence, understood by Aristotle as good judgment, the art of measure and the opportunity to act, we have decided to rethink, based on the already existing structures, three pillars for all the actions of our society.

First, an Area that deals with the members of the SAC, which we will call "SAC Members"; a Teaching Area, defined as the Continuing Education Institute; and the already known Research Area. On these three pillars, the SAC areas of Councils, Districts, Heart and Women, and SAC Young Community will act transversally. Our goal is to synchronize all actions with a strategic objective defined by the boards of directors for the next three years.

The SAC Members Area will focus on understanding the path walked by the members and developing strategies for guidance, training and support according to their professional progression, from medical residency, post-residency and the rest of the career path. We must identify our leaders and train them.

The Teaching Area will be responsible for the creation of the Continuing Education Institute, in which Héctor Deschle has been working on together with Amanda Galli, Sandra Swieszkowski, María Pagés, among others, where the teaching activity of the SAC, on-site and virtual courses for residents, will have a defined objective in the professional model that we need in this scenario, not only in the scientific but also in the ethical and moral bases of this profession.

In the Research Area, we want to add new registries and measurements of interventions to the excellent work already done, professionalizing them and working on the quality of the data from monitoring and representative samples of the heterogeneous reality of health in our country. This is one of the objectives we are working on to be able to collaborate with the authorities on real data.

The SAC areas will act transversally on these pillars. Regarding the Inland Districts, we believe that we must segment our actions according to the realities of the provinces. We have decided to empower Córdoba to coordinate the entire North, according to the needs of each region. The Province of Buenos Aires, both in the outskirts and in the cities, will have its own strategy adapted to its needs, as will each province and region of the country. The Districts, together with the Councils, must work in synchrony and involve members throughout the country.

Another change we have decided to implement is the empowerment of intermediate structures in the management of SAC, such as the coordination of Areas and Councils, to make their own decisions according to the objectives set by the Board of Directors.

We want to work with greater synchronization and interaction of all areas of SAC, based on the three pillars already explained.

The doors of SAC are open to all who wish to collaborate on its mission and vision. As Henry David Thoreau said: "Though I do not believe a plant will spring up where no seed has been, I have great faith in a seed. Convince me that you have a seed there, and I am prepared to expect wonders."

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