

Editor's Page

Cardiovascular Medicine in Difficult Times of Economic Recession

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For the last thirty years, with scarcely a break, the European economy followed an upward path, in which the pharmaceutical and medical device industries, associated businesses and, of course, scientific institutions and societies enjoyed unconstrained development. The overall progress of cardiovascular medicine was taken for granted.

In Greece, the prosperity and the optimism it brought were undeniable. Small and large congresses were organised everywhere, perhaps more often than necessary. The pharmaceutical and biotechnology companies stood bounteously beside us, while at the same time they themselves lived through significant development. Our educational and research activities also advanced, whether or not they always achieved distinguished goals.

This blissful situation kept our output and our spirits high. Recently, much has changed in both the worldwide and, especially, the European economy. A general climate of collapse has emerged; we are told of and warned to expect the worst. The pessimists are vindicated. The optimists hope that the crisis will be transient and relatively short, leaving unharmed the major part of medicine and what that includes: health care providers and industry.

We, who today manage smaller or larger scientific institutions or societies, are now called upon to restructure our goals, political and strategic. Mainly, we must prioritise those strategies that are essential for unhindered progress in our field, under conditions of economic recession.

To put it simply, we need at this difficult time to adopt policies and prioritise goals so that our ship will be as little affected as possible during this crisis. Besides, the good captain is shown by the storm. Nautical craft teaches that in difficult times you hold on to what is most important, that is, you adopt a defensive

posture and choose a more circumspect and safer course. Engines to slow. I believe we need to proceed with similar caution for at least the next two years.

The reserves of scientific societies and institutes are likely to shrink by more than 30%. The same goes for the support we enjoy from industry. It is thus essential that we cut back expenses, evaluate the projects and productivity of senior staff, and invest in the goals necessary for accomplishing the strategic plan.

How may our goals be prioritised? What should be the strategic objective in the next few years? Personally, I consider that the primary aim of societies of cardiovascular medicine should be the coordination of education and training in each country, or in Europe as a whole. This goal should not be sacrificed at any cost; it is, anyway, not particularly expensive.

Its success rests upon good cooperation between central structures and the periphery. At the same time as education, other major projects, such as the development of guidelines and their appropriate implementation, need to be ranked highly. In addition, all projects developed in our scientific societies and institutions should be evaluated in detail as regards their cost and effectiveness; in the past our investments and initiatives were not always productive.

Finally, in difficult times of crisis, and especially now, the leadership of each society needs to keep the morale of its members high, taking full advantage of every available reserve of volunteerism and willingness to contribute. It is encouraging that a significant number of colleagues in each national cardiological society, as well as in the European Society of Cardiology, have already made invaluable voluntary contributions.

I have no doubt that these contributions will continue, despite the difficult economic conditions. Furthermore, it is vision and enthusiasm that mould our history for the better.