President’s Page: Cardiology Without Borders: Embracing a Healthy Global Association

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Cardiovascular disease takes place in a border-free world. Our challenge at the American College of Cardiology is to hold patient care above the artificial barriers raised by geopolitical issues. We are committed to actively glean— and sharing—the best practices and leading research from the world’s brightest CV physicians.

Through the miracle of digital communication, we can almost instantaneously collaborate with colleagues in Paris, France, as easily as in Paris, Texas. We can avail ourselves of creative CV solutions employed in cities and countries many time zones away, improving our personal practices with our local patients. Embracing this impressive global CV network lends richness to ACC practice guidelines while it continually elevates our discussions and decisions.

Fundamentally, our goal as global ACC members is to provide excellent patient care. Cardiovascular disease is essentially the same throughout the world. Where there are minor variances in individuals, we find a priceless opportunity to learn. Expanding—rather than contracting—our experience base helps us as individuals to realize our best potential as practitioners.

The ACC has always had an international perspective. In fact, more than 10% of our members reside outside the U.S. Clinical and educational contributions from our international members continue to be highly prized and eagerly integrated into College thinking. Fostering international dialogue and encouraging a free flow of information have become priorities for the ACC and its president.

Keeping our eyes on the globe, however, has been a challenge since the terrorist attacks on the U.S. on September 11, 2001. Our world changed that day, and we are still adjusting to its new demands. Concerns about travel to the U.S. have escalated. In addition to the usual aggravations of plane travel—long waits, questionable food, cramped seats, jet lag, and other inconveniences we used to joke about—we now have the underlying potential of terrorism.

Nonetheless, we continue to see so many of our international colleagues at U.S. meetings, either as delegates or as presenters and faculty. The added burdens regarding visas and the assembling of documents now mandated for entry into the U.S. do not deter our international colleagues. In fact, they are adamant about joining their compatriots in the U.S. to share their unique skill sets. American fellow cardiologists are equally vociferous about wanting their international brothers and sisters to be an integral part of our meetings. We realize how much we would miss without the expert scientific presentations and the casual hallway “conferences” offered by CV specialists from every continent. This tapestry of talk generates fresh ideas for research as well as practice strategies.

On behalf of our international members, the ACC is advocating for streamlined entrance into the U.S. for our credentialed medical professionals. Our strong Annual Scientific Session department is addressing frustrations over requirements that members be fingerprinted in their home countries before being permitted to enter the U.S. The College wants to reassure our international members that we are proactively working to ease this issue through intervention with the State Department.

In coming years, we may need to find better ways to be a community. This transition may need to occur not only because of what is happening in the geopolitical sphere but also because of changes in continuing medical education requirements throughout the world. Other methods of effectively disseminating information from all parts of the world community of cardiology will be explored. To this end, we have empowered a task force to examine the ACC’s global programming and communication. The task force currently is studying the conversion of information presented in meetings into more accessible formats for all members, both domestic and international. The College
also is cataloging contributions from researchers around the world and discussing ways to nurture communication between our major meetings and to improve scientific and clinical exchange across borders. We invite international members to share suggestions and concerns with the ACC’s president on an ongoing basis.

We also appeal to our international membership community to continue to add to the global cardiology care knowledge base. In recent trips to Italy, Britain, Germany, Spain, France, and Japan, for example, the presidential team learned about educational topics that would intrigue cardiologists around the world, and we identified several outstanding cardiologists who will participate in future College meetings.

As a result of those meetings, the College uplinked Italy and Germany to our electronic educational portal, CardioSource, in order to enable global distribution of important CV content from those countries. The ACC plans to enhance its international work, and leadership currently is meeting with international CV leaders to design the new paradigm. For example, we are working with public health leaders, from the Minister of Health in China to the Prime Minister of Thailand, to pinpoint CV concerns indigenous to those areas. We also are involving more of our international members in ACC activities such as participating on our international committee, becoming abstract peer reviewers, and chairing sessions.

In determining best patient-care practices, we recognize key scientific contributions made by ACC members outside the U.S. Indeed, many important CV scientific discoveries have been made away from U.S. shores. The *Journal of the American College of Cardiology* has benefited greatly from our international colleagues’ commitment to research. Every issue of this twice-monthly publication counts more than 60% of its contributed articles from international researchers. Generously sharing our knowledge dramatically improves patient care wherever we call home.

Global science depends on our collective good will, cooperation, and dedication. We value our professional relationships with our colleagues around the world. As CV specialists and members of the ACC, we cement our international fellowship. We must focus on things that bring us together rather than issues that pull us apart. We cannot let our feelings about world events divert us from our true calling. We must reject geopolitical pressures that seek to undermine our ability to function as the preeminent body for cardiology in the world. Indeed, the mission of the College is based upon our CV common ground. Our perspective is scientific and educational—not political. We strongly affirm our universal commitment to patient care.

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