

COLLABORATION-WORKING TOGETHER TO IMPROVE THE CARE OF OUR PATIENTS

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INTRODUCTION

It was my privilege as President of the American College of Cardiology to enhance the relationships between the College and many of our international counterpart societies. The relationships today among our sister societies have never been stronger as a result of these efforts. The societal and political strain between our countries has probably never been as high as they are today. The people in America are scared of the financial crisis that we have been enduring with the loss of literally millions of jobs. They are concerned that our country remains at war in which our children die and the threat by the enemy seems elusive and they are worried about any change in today's healthcare system that could compromise their access to a physician or cost them more. But neither finance nor politics seems to dampen the enthusiasm of our societies to work together and spread knowledge and tools to help our members become better physicians.

Many times over the past two years, I have watched as leaders from your society and others reach out to coordinate combined educational programs or to contribute to our own. The College is deeply committed to our International membership and determined to provide them equal value of membership and a voice in governance in the same way that we do our North American members. After all, the science of medical discovery and the needs of patients are global and not country specific. Prevention is as important to the patient in Michigan as it is to one in Beijing or in your country. Global issues are best solved together, leveraging each others resources and capabilities.

It is a privilege for me to particularly have this opportunity to address the Pakistan Cardiac Society. Detroit is home to many physicians of Pakistani origin and Henry Ford hospital has trained many internists and cardiologists from your country. The challenges that we all face today are not all similar but they are daunting for us all. In education, we have moved from passive lectures to needs based and case based education. Recertification is becoming a subject of many societies as the education for competency accelerates each year because of the fast moving clinical science. Cardiology is blessed with much evidence for what constitutes optimal care but our physicians' needs tools to help them consistently apply this knowledge. In my country, the death rate from heart disease has dropped 29% in just the past 10 years—an amazing accomplishment, but its continuation will require even greater effort, electronic point of care decision aids and an almost virtual update of our clinical guidelines and appropriate use criteria. Global improvements in health require physicians to become involved in establishing political policy and leading such efforts. No one knows this business and how as well as do each of us—it is a task that we cannot leave for others.

I congratulate the many accomplishments of the Pakistan Cardiac Society and reaffirm our commitment to working together to better serve our memberships and our patients.

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