

## The Society for Cardiovascular Angiography and Interventions

## SCAI President's Page

## Is the Society American or Global?

Barry F. Uretsky, MD, FSCAI

President

Society for Cardiovascular Angiography and Interventions

Director

Division of Cardiology

John Sealy Distinguished Centennial Chair

University of Texas Medical Branch

Galveston, TX

One of my former colleagues was born in India; educated in India, England, and the United States; worked most of his professional life in the United States; traveled and lectured throughout the world; and held dual citizenship in India and United States. During a casual conversation, I once asked him to which country he most closely identified. "I'm a citizen of the world," he declared. I laughed at the time but have since thought seriously about this subject.

Our similarities as human beings are greater than our differences. This fact is brought home to us daily in the commonality of our aspirations for ourselves and our children and the cause of our joys and sorrows. We can draw an analogy with the work as invasive cardiologists throughout the world. We may work in different health care systems and speak different languages, but our fundamental calling is the same. The mission of the Society thus applies globally. I'll ask in this President's Page if the Society is truly an international society and, if it is, how we might improve its effectiveness.



The Society was chartered in 1978 by 77 founding members, all but two from the United States. The mission statement, on the other hand, has no nationalistic elements. The Society was dedicated to optimizing quality in the Cath Lab – no matter where that facility existed. The name of the (then) "Society for Cardiac Angiography" has been updated to acknowledge the advent of interventional cardiology (by adding "and Interventions") and the importance of vascular intervention (by changing "Cardiac" to "Cardiovascular"), but the core of our mission – quality in the Cath Lab – remains the same. This is our fundamental goal whether we live and work in Boston, Berlin, or Bangkok.

\*Correspondence to: Barry F. Uretsky, MD, FSCAI, Director, Division of Cardiology, John Sealy Distinguished Centennial Chair, University of Texas Medical Branch, 301 University Blvd., Galveston, TX 77555-0553. E-mail: president@scai.org

DOI 10.1002/ccd.20459

Published online 26 May 2005 in Wiley InterScience (www.interscience. wiley.com).

## 460 SCAI President's Page

I suspect that if we polled our members and asked, "Is the Society an American or international organization?" most would have trouble answering because both answers are partially true. The historical events surrounding the Society's birth occurred in the United States. The bylaws allow leadership positions to be filled by any qualified individual from any country, although to date the leadership positions have been filled with Americans. The Society's membership is truly international with members from 68 countries. Our Committees and the Board of Trustees have had, and continue to have, international members, some of whom have exerted their influence in greatly expanding the membership of the Society on their continents. Since I have been involved in the Society, two particular individuals come to mind whom I'd like to acknowledge in this article. In so doing, I'm sure it would do a disservice to other dedicated international members not acknowledged. Thus, I collectively thank ALL international members, whose efforts are both beknown and unknown to me.

The practicalities of operating the Society have skewed it to remain largely American in leadership. The Committees are composed of Society members who volunteer their time and expertise. Typically these Committees and the Board of Trustees have met during national meetings of the AHA, ACC, TCT, and the Society's own meeting, all occurring within the United States. Members from Europe, South America, and Asia who have attended these organizational sessions have shown extraordinary dedication to do so. Realistically, it's not clear if the Society would be able to function at present by our current committee structure if we rotated meetings outside the United States.

That said, many of the barriers to a functioning global society have decreased. The use of electronic communications has allowed rapid, long-distance discussion on important issues. The Society's leadership

routinely uses this approach. This rapid communication is applicable worldwide and increases the possibility to develop a truly global leadership. What still remains a challenge is the need for face-to-face meetings, and the difficulties, both financial and logistic, of arranging a regular meeting of a global leadership.

By the time this article reaches you in CCI, the Society's strategic planning session will be just weeks away. Major issues will be how to increase the number of international members; which areas the Society should address in global interventional cardiology; the relationships between the Society and various national, regional, and continental interventional cardiology organizations; and the formal standing of the international member in the Society.

The ability for the international member to become involved – at least at present – is more challenging than for those of us in the U.S. However, distance should be no obstacle – the communication tools are available, and the need is great. With the exception of advocacy and "pocketbook" issues (which are unique to each nation), the Society's core issues are global ones – timely clinical guidance, excellence in education, and, above all, quality care for our patients.

Thus, the Society leadership is committed to "internationalize" the Society. SCAI encourages members from every part of the world to participate, and I pledge to you that we will do everything possible to provide opportunities for our international colleagues to participate fully. We owe a particular debt to those international members who have worked for the Society under often-difficult circumstances. The challenge is how to most effectively involve members and improve the quality of interventional cardiology practice globally.

I would be grateful to hear from any member on this issue. Please send me your thoughts at president@scai.org.