



## The Society for Cardiovascular Angiography and Interventions

### SCAI President's Page

## Assuring the Society's Future

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In this, my last President's Page, I would like to speculate on the future of our Society and its value to the invasive/interventional cardiology profession and our patients. I choose to not look back at the Society's accomplishments of the past year (although I am pleased with our tangible progress: last summer's "vision" conference with its attendant three-year blueprint, new educational courses, new/updated guidelines and standards, and global partnerships in education and patient care). Rather, I'd like to discuss the attributes that have helped SCAI thrive for the past thirty years. I am referring, of course, to our most important resource: hundreds of physician volunteers dedicated to the Society's principles, goals, and growth.

The question posed in my first President's Page was this: "Small Was Good; Will Big Be Better? [1]" After a year serving as your President, my answer to this question is that SCAI's continuing growth is, and will continue to be, positive for our specialty and our patients *as long as we keep alive the spirit and commitment of the Society's 77 founding members*. That spirit is one of volunteerism: a willingness to serve the common interests of our specialty and our patients.

Drs. Mason Sones, Melvin Judkins, and others who established the Society in 1976 embodied this willing-

ness. The field of invasive cardiology was young and interventional cardiology germinating when these pioneers identified an important need for an organization whose mission was to guide and advance the discipline. In the ensuing years, the Society's membership and activities have expanded, but our founding principles remain constant: physicians working together via a professional interventional cardiology society dedicated to optimizing patient care through education, representation, and standards-setting.

Three decades later, invasive/interventional cardiology continues to move forward at an amazing speed. More than ever, we continue to need and welcome individuals committed to the common good and to promote excellence in practice. During my presidency, it has been an extraordinary pleasure to meet and forge friendships with many SCAI volunteers whose ideas,

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DOI 10.1002/ccd.20762

Published online 31 March 2006 in Wiley InterScience ([www.interscience.wiley.com](http://www.interscience.wiley.com)).

talents, and service to SCAI are an extension of their commitment to their profession, communities, and patients. They bring to the Society the perfect combination of enthusiasm, maturity, competence, and integrity — qualities that have again and again enabled the Society to respond appropriately, nimbly, and often proactively to issues of all kinds. Through their service, SCAI has been able to deliver quality education in established and evolving areas, represent the discipline in health policy and advocacy matters, develop practice guidelines and other standards-setting documents, and participate in international efforts to advance the science of our field.

We have come to understand that we are a world community with more commonalities than differences in our work. The Society is global in scope. The steady growth in global membership and involvement with the “best and brightest” from throughout the world has made the Society that much more representative and “relevant.” But...yes, we can and must always do more!

We have also recognized that, in advancing our specialty and helping our patients, volunteers need not be limited to those trained in one discipline. Our specialty is based on cognitive and technical requirements. Physicians from different training backgrounds may have attained these prerequisites. The Society recognizes and thanks the commitment and voluntarism of physicians and organizations of various specialties who have assisted SCAI in its mission.

In one particularly memorable “quiet conversation” with a group of well-known and committed Society

members, I was urged as the current President to make the Society more “relevant” by having it represent better and advance more effectively the interests of the interventional community. Yes, I said, you have identified our mission, and, yes, I added, the Society can always strive to do better! The increasingly broad and complex nature of our specialty underscores the importance of enlarging the pool of our knowledgeable and committed volunteers, each with his or her unique combination of interests, ideas, and abilities. The Society actively encourages *your* participation, because, of course, it is *your* Society.

There are presently hundreds of SCAI members who embody this spirit of volunteerism, and they are everywhere, in each of the 69 countries where our more than 3,400 members live and work. I have met only a small percentage of these physicians, but they have, and continue to, inspire me. It has been an honor to serve alongside each of you. Doing so has filled me with optimism about the future of our Society, our profession, our patients, and our world.

Thank you again for the honor of serving as your President. It has been my privilege to represent you. I look forward to enthusiastically continuing *my* service to our society for many years to come.

## REFERENCE

1. Uretsky BF. Small was good; will big be better? *Cathet Cardiovasc Intervent* 2005;65:315–317.