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Newsletter from the Association for European Paediatric Cardiology

Forty years of European Paediatric Cardiology

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IN THE MIDDLE OF THE LAST CENTURY, IN PART DUE to increasing knowledge of the anatomy and patho-physiology of the congenitally malformed heart, but largely reflecting the huge strides made in diagnostic and therapeutic possibilities, paediatric cardiology, became a specialty. And, on June 30, 1963, the Association for European Paediatric Cardiology was founded in Lyon, France. The first general business meeting was in 1964, in Groningen, The Netherlands (Fig. 1), and at this time the first Council was elected (Fig. 2). In the beginning, the Association was exclusively a scientific organisation. Discussions were held around the screen, but from each centre, it was determined that only one paediatric cardiologist could become a member. This restriction was designed to facilitate the potential for individual contacts and exchange of thoughts. Through the latter part of the 20th century, the field of paediatric cardiology grew steadily. Milestones were the introduction of the heart lung machine, the Rashkind procedure, ultrasound, the advent of prostaglandins, neonatal heart surgery, further developments in the field of interventional cardiology, transplantation of the heart and lungs, and the introduction of super-palliative surgery. So, the number of paediatric cardiologists working in the field increased, as did the number of associated specialists. In the 1980s, therefore, in response to requests from cardiac surgeons and pathologists, the Association opened its membership to all physicians working in the field of paediatric cardiology.

Subsequent to this, the Association has become more and more involved as a group defending and promoting the interests of its members. It was recognised as one of the medical associations in Europe and, in keeping with this recognition, the council saw the need to define the aims of the specialty, the requirements for training, and the concomitant requirements for institutes and individuals professing to provide training. These advances were accepted and ratified by the membership of the Association at

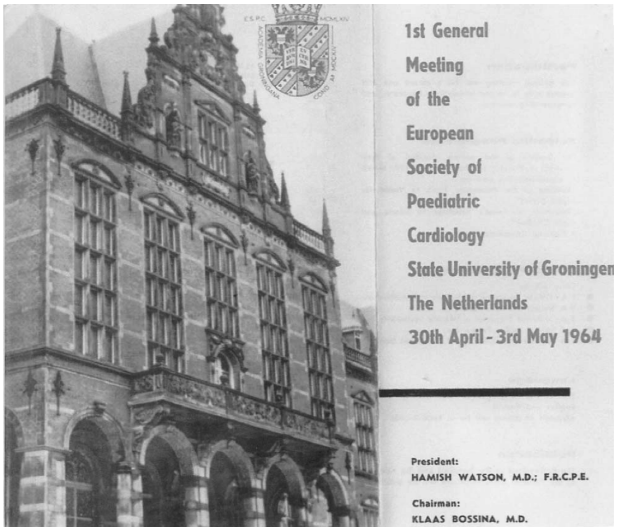

Figure 1.
The announcement of the first Annual General Meeting, held in Groningen in 1964.

EUROPEAN SOCIETY OF PEDIATRIC CARDIOLOGY

Annual Business Meeting 1964
Election of the first Council

Proposed by the preliminary meeting in Lyon:

President: Hamish Watson, Dundee	☐
Chairman–elect: Klaas Bossina, Groningen	☐
Secretary General: A. Blancquaert, Gent	☐
Assistant Secretary: L. Van der Hauwaert, Leuven	☐
Treasurer: Robert Verney, Lyon	☐
Councillors: Caro Bruins, Leiden 1963–1966	☐
Claude Dupuis, Lille 1963–1965	☐

Groningen, 1st May 1964

Mark with a cross if you agree: ☒
Leave open if you don't: ☐

Figure 2.
The form circulated in 1964 for election of the first Council of the Association.

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our Annual General Meeting held in Oslo, Norway, in 1990. They were then accepted by the European Union of Medical Specialists.

The field, however, continues to grow. New sub-specialties are continually emerging, such as fetal cardiology, interventional cardiology designed specifically for the treatment of congenital cardiac malformations, arrhythmias, non-invasive imaging, and peri-operative management of the heart and circulation. The reality is that, today, no one single person can handle all these areas of expertise. The requirement for management of these sub-specialties, therefore, has also become important. But teamwork becomes more and more crucial. For the time being, the Association is of the opinion that quality can be guaranteed by those in training keeping a logbook, and receiving proper supervision, and by ensuring a programme of continuous medical education and development for those who have gained their certificate of specialisation. If we are to practise optimally, it is now important that paediatric cardiology is recognised as a speciality in its own right in all European countries. This means that the profession itself will then be able to determine the requirements not only for training, but also for the construction and development of the field, particularly the management of the sub-specialties. For activities within Europe concerned with all aspects of paediatric cardiology, the Association must ideally be recognised as the arbitrator in case of debate.

Due to the ever-improving results of treatment for both congenital and acquired diseases of the heart in the young, more and more children will survive. Even the infants born with very low birth weights are now successfully being treated. In consequence, society at large must now plan for more adults than children having congenitally malformed hearts. Not all of the patients, however, are definitively cured. For example, surgery for those with functionally uni-ventricular hearts currently accounts for a good proportion of operative interventions. Cardiac failure in young people, due to chronic pressure or volume overload, is being seen with increasing frequency. The organisation of our profession has to anticipate these changes. So, nurse practitioners are needed for the very complex patients. Maybe we will need to establish teams providing care in the home, permitting them to survey parameters, such as cardiac rhythm, blood pressure, pressure volume loops, rejection after heart transplantation, and so on, from a distance. It may well become possible to provide better fine-tuning of therapy without having the patient in the hospital. But in addition to this, we need to have good psycho-social teams to support the patient, and initially also the parents. And we should not forget the crucial role of research. It is not now unthinkable that, in the near future, we will be able to culture the heart itself, or certainly parts of it, such as myocardium or valves, from stem cells, preferably obtained from the patient him or herself.

Thus, there is much to do from both the professional and scientific points of view. Over the period May 28 through May 31, the Association held its 38th Annual General Meeting in Amsterdam. The programme of this gathering indicates the extent to which our meetings have grown over the last forty years. For the second time in succession, so as to accommodate all the topics of interest, it became necessary to have parallel sessions. But the experience from the meeting shows that personal and friendly contact between the participants is still possible. From discussions held with our colleagues, nonetheless, it becomes clear that many things remain to be debated and implemented so as to optimise the management of our professional affairs, and ensure the efficiency of our infrastructure. The processes of improvement are continuous. The evidence from our first four decades, nonetheless, shows unequivocally that the Association remains active and vivid.