



EACTS

EUROPEAN ASSOCIATION FOR
CARDIO-THORACIC SURGERY

The Early History of the European Association for Cardio-Thoracic Surgery

THE FIRST **30** years

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Preface

One of the main purposes of a medical association is to define the present and prepare for the future. In the long life of an association, a 30-year anniversary is but a brief pause for reflection.

However, we are of the opinion that an association has an inner life based on spirit, experience and good institutions. The lessons learnt over the years are too important to be forgotten. The experience of previous Councils and Officers has to be preserved, not only in memories, rumours and protocols, but also as a written text. We hope that we have been able to describe these lessons so that you, the present and future of the Association, will feel awed at the spectacular development of our field and inspired to continue to develop the services we provide to our patients.

We want to thank the Council and all Past Presidents for their help in gathering information and giving us the resources to get the job done. We also want to express how delightful and rewarding this job has been!

The text is divided into three main parts: The early days, The institutions and Development. In each part, the chapters focus on various factors relevant to the early history of EACTS; for example, we have several institutions (the Constitution, the Council, the main tools for disseminating

knowledge, and the Secretariat) that need to be described in order to understand how an association functions. In the Development part, we have tried to give a longitudinal view of how things have changed over the years. This allows us to avoid multiple repetitions and concentrate on each domain separately. This also means that it is easy to find the subject of your special interest. The exact chronology is best understood by studying the various tables and graphs included in the text.

The people mentioned in the text are all mainstream figures in the development of cardiac and thoracic surgery and EACTS. In order to keep the book to a manageable length, we give only brief information for each figure; however, it is easy to find out more about all of them via the Internet.

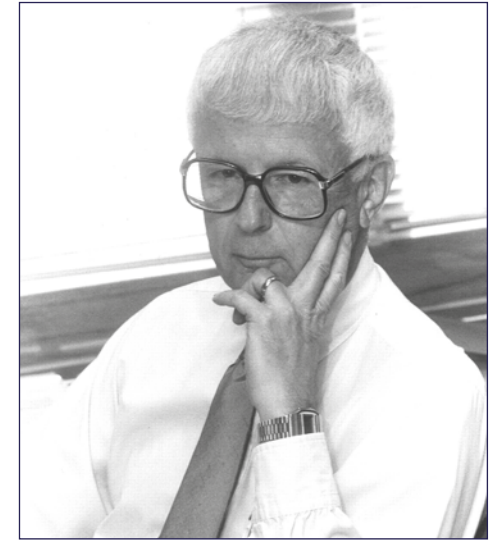
The initiatives during the last five years, especially QUIP and the Skills Programme, are extremely important endeavours, presently finding their bearings. As they are in the early stages of development, they are difficult to evaluate at this time. To ensure their success, these initiatives will require much support, both from the surgical profession in terms of changing habits, and from society in order to cover the costs - in the understanding that such costs will result in better knowledge and, consequently, less trauma to patients. So far, we have probably not given these initiatives the attention they deserve.

The authors

Chapter 1

The situation in Europe

John Kirklin, speaking in 1989 as the EACTS Honourable Guest, divided the history of cardiac surgery into three periods: the innovation period, from before 1953 to the late 1960s; the consolidation period, from about 1970 to 1985; and the present period. The innovation period was characterised by trial and error (and often success), while the consolidation period was characterised by more scientific order; procedures were standardised, technology was developed, and indications started to be defined and agreed upon. In our era, this trend has been further refined. Statistical methods have given us greater certainty in our judgements, and better design of clinical trials has given patients, physicians and surgeons more solid foundations to stand on. Each period resulted in markedly better results from surgical treatment and gave the opportunity to weed out procedures with uncertain or even harmful effects. Kirklin could not have foreseen the fantastic changes in both the scope and performance of cardiac surgery that occurred after this time. Thus, the treatment of coronary artery disease, as well as aortic and valvular disease, are now treated by other professions as well.



John Kirklin

The pace of this development was initially quicker in the US than in Europe. This was probably due to the aftermath of the Second World War, but also the fact that European countries mainly had a centrally financed health service, whereas, in the US, with its private health service, it was easier for new treatment modalities to break through. More affluent countries were quicker to develop cardiac surgery, whereas war-ridden nations or countries under political pressure were slower.

General thoracic surgery was already well under way in Europe before the Second World War. As with other surgical specialities, it developed from within general surgery. Thereafter,

further organisational development differed markedly from country to country as to whether it remained within general surgery or became a speciality of its own. Cardiac surgery developed within an already separated thoracic surgery unit or general surgery. Thus, there was no unified organisation model. Thoracic surgery in the 1950s and 1960s enjoyed a budding scientific international organisation, together with lung physicians (Societas Europaea Pneumologia, SEP) and a European Thoracic Surgery Club, founded in 1979. The scientific development in General Thoracic Surgery, as in other surgical specialities, was markedly slower than in cardiac surgery.

In the 1950s and 1960s, European cardiac surgery was initiated by a few pioneers (Clarence Crafoord in Sweden, Lord Russell Brock and Sir Thomas Holmes Sellors in the UK, Charles Dubost in France, Ernst Derra and Rudolf Zenker in Germany, Achille Mario Dogliotti in Italy, Alexander Bakulev in Russia, and Gerard Brom in the Netherlands, to mention only a few). They all made important contributions to the development of cardiac surgery, both medically, in introducing new operations, and also in the organisation of and scientific evaluation in the field. Cardiac and thoracic surgery could, at that time, be organised within general surgery, but a growing movement

called for separate units specialising in cardiac, cardio-thoracic and thoracic surgery. This resulted in different approaches in different countries. In north-western Europe, for example, separate cardio-thoracic units were organised. Meanwhile, in some countries, thoracic surgery had already split from general surgery and thoracic surgeons did not see cardiac surgeons as possible collaborators.

In spite of the various organisational models, many surgeons believed that surgery of the chest was a single entity (as it was in the US) and should be kept together, as cardiac and thoracic surgery would cross-fertilise each other.



A number of surgical societies and their publications served to present the state of the art. Over the years, the American Association



of Thoracic Surgery (AATS) and its journal, founded in 1917, presented all the new scientific findings and operative techniques. Later, the Society of Thoracic Surgeons (STS) became the second most important forum for cardio-thoracic surgery, with its annual meetings and journal, the Annals of Thoracic Surgery, focusing predominantly on clinical aspects. In the UK, central Europe and Scandinavia, there were three publications serving cardiac and thoracic surgery: Thorax, Thoraxchirurgie and the Scandinavian Journal. Conversely, in some countries, cardiac surgery had developed from vascular surgery and was represented by the European Society of Cardiovascular Surgery (ESCVS), a branch of the International

Society of Cardiovascular Society. It had a Journal of Cardiovascular Surgery, and it arranged biannual meetings. Its Constitution was built on national associations, which sent delegates to the Council of ESCVS. The President was often also the Chairman of the Local Organising Committee and was responsible for the programme and arrangements of the meeting. The selection of papers had to ensure a fair representation of various member countries. As ESCVS sometimes coordinated its meeting with those of the International Cardiovascular Society, Europe was sometimes left without a major cardiac surgical meeting for four years. Another peculiarity of ESCVS was the fact that it was bilingual, i.e. papers were presented either in English or French.

At all times in Europe, there were units that produced high-quality research, new operations and improved clinical results. It can be argued that the thrust of medical development was fairly equal between Europe and the US. One problem was that Europe did not have a forum where this new knowledge could be presented. Another problem in many units was the ubiquitous lack of resources to expand the number of operations.

At the same time, there were many young European surgeons who, early in their careers, spent one or several

years in the US benefiting from a (numerically, at least) more developed cardiac surgery field and a better spread of knowledge.

Several US surgeons were interested in helping young surgeons from Europe: among others, John Kirklin, Frank Gerbode, Denton Cooley, Michael DeBakey, Walton Lillehei and the staff of the Mayo Clinic. They also helped their trainees financially, often enabling them to attend the scientific meetings of AATS and STS. We owe these forward-looking leaders of American surgery sincere gratitude. At the same time, there were many young surgeons from all over the world, including the US, travelling to Europe to observe or work in well-known clinics.

Surgical training differed greatly on both sides of the Atlantic. In the US, there was a common way of educating surgeons according to the fixed programmes spelt out by the American surgical boards. In Europe, there were formal educational programmes in some countries but, in most smaller countries, you could become a specialist just by spending a variable amount of time in a department with cardiac or cardio-thoracic activity. Professional competence varied markedly between individuals and countries.

Aside from these factors, the numerical and scientific growth of cardiac surgery in Europe was hampered by the limited facilities of university hospitals, the only place initially available in many countries. Responsible authorities did not show an interest in expanding a new form of treatment at the cost of existing ones, and finances did not develop quickly enough to provide them with new resources. The generally state-run health insurance systems were initially reluctant to finance increased cardiac surgery. Only later were public, private or semi-private units more widely financed.

As indications for treatment became better defined and accepted, and as a higher age was shown to have minimal influence on final surgical results, more and more patients were referred for surgery. As a result of the tardy organisation of the health services in Europe, with their inherent slow potential for change, this resulted in increasing waiting lists.

It is worth dwelling on one particular example of the working situation in Europe. The landmark coronary artery bypass (CABG) operation was first performed by René Favaloro in 1967, and presented in the same year at the AATS meeting, where many European surgeons heard it. Shortly thereafter, the operation was performed in Europe in several

places. Coronary bypass surgery developed slowly in Europe, whereas it immediately took off in the US. Angina pectoris had been surgically treated with different operations (Beck's and Vineberg's operations) and there was a reluctance among cardiologists and some surgeons to embark on the new operation without proof of the effects. By 1970, many countries in Europe had taken up CABG and several papers were published describing its long-lasting effect on symptoms. Between 1972 and 1975, the three major randomised trials - the Veterans Administration trial, the European Coronary Artery Study (ECASS) and the US Coronary Artery Surgery Study (CASS) - started to recruit patients. Many were waiting for five-year survival figures before expanding much further. The effect on symptoms was acknowledged by cardiologists as well as general practitioners. Increased funding was common but always on the conservative side, having little effect on waiting lists. This became a pervasive problem all over Europe for many years and a main discussion point among cardiac surgeons.

Many solutions evolved. Internal rationalisation within departments allowed more patients to be treated. Strategic but small new facilities were developed, providing an inexpensive way of reducing waiting lists. Obstacles had to be recognised,

removed or treated constructively. Lack of local facilities and staff was often a major problem.

In 1977, Andreas Gruentzig, with Marko Turina's help, introduced the method of coronary artery dilatation in Ake Senning's clinic. Thereafter, it developed rapidly. To authorities, this was seen as a way of halting or minimising the expansion of more cumbersome surgical treatment. Treatment decisions became even more complicated.

A time-honoured method to promote a new medical treatment is to present the scientific results and make them known to patients, colleagues, media and the authorities. It is also helpful to provide authorities with statistics of national capacity and quality data in order to compare regions and countries. This was the start of comprehensive capacity and quality registries in several countries, such as Germany, Sweden, the Netherlands and the UK.

As coronary atherosclerosis was only one of the problems facing health departments (not to mention it was expensive to treat!), it is perhaps understandable that they hesitated. In spite of continual but slow increases in the number of operations, waiting lists stayed the same or even increased. Several papers were published on the

patient mortality while on the waiting list, illustrating the consequences of not operating.

In 1980, the CABG rate was 50 operations per 100,000 inhabitants in the US. In Sweden it was 6.2. Between 1982 and 1985, the three major trials presented their long-term results. It was now proven beyond reasonable doubt that CABG prolonged life as well as improved quality of life. Surgeons, cardiologists and patients now had overwhelming arguments on their side, public opinion was swayed, media became interested and it became easier to fund increased capacity. Fortunately, Europe's economy had improved by this time, which led to increased budgets. The capacity of European cardiac surgery increased quite rapidly, but at a different pace in different countries. Interestingly, lack of surgeons was never a real problem in this expansion, in contrast to nurses and local facilities.

At the same time, a marked development was made in all areas of heart disease. The European Society of Cardiology had been founded in 1950 with biennial meetings, but it changed to annual meetings in 1988 and adopted English as its congress language. Cardiology developed

both quantitatively and qualitatively. Adult heart surgery made great leaps. Congenital surgeons could now treat most congenital defects and operated on children at a much younger age. Arguments were made that children should be treated by an organisation that has specialist knowledge of small children and infants. Surgery of the aorta made great progress, with several new operations whose relative benefits needed to be described. In addition, thoracic organ transplantations and the budding field of arrhythmia surgery became more prominent.

One way of spreading a message is to present the matter at large conventions, which are often well covered by the media, but Europe lacked a surgical institution that could fill that role. The need for a forum was instead filled by several cardiac and thoracic surgeons' clubs, concentrating on informal presentations and, primarily, discussions. One of these clubs, the European Cardiac Surgeons' Club was partly financed by Uli Karsten at Ethicon. Hans Borst, Charlie Hahn, Hans Huysmans and Francis Fontan were among the 15 members. The idea of establishing an all-European organisation first arose in this club as early as 1969, but they were not alone in deploring the lack of a well-functioning forum in Europe.

The creation of an association similar to that of the American Association of Thoracic Surgery was intensely discussed at these meetings. Obstacles seemed insurmountable and there was a great deal of uncertainty. Unfortunately, nobody took the initiative for several years. Finally, one of them, Francis Fontan, encouraged by other members, took the lead in founding a new all-European organisation. Over a period of at least five years, he prepared the ground and gathered a group of dedicated surgeons around him. Francis remembers that he initially contacted Hans Huysmans and Marko Turina and, after being greeted with enthusiasm and cautious optimism, he went on to contact Hans Borst and the other final Founding Fathers.

Hans Huysmans remembers that he was, for several years, convinced of the necessity of a new association. He had been involved in ESCVS and seen for himself the shortcomings of that organisation. Despite the fact that a new organisation could possibly destroy friendships and presented a financial risk, he wholeheartedly supported Francis Fontan.

In 1985, Fontan decided that the time was right. He also wanted to incorporate thoracic surgeons in the new association. He invited 14 cardiac and thoracic surgeons to a meeting on 1 March 1986 in Amsterdam to discuss the possibility of forming a European Association for Cardio-Thoracic Surgery. The time was ripe; the need and support for change was tangible.

Chapter 2

The Founding Fathers

It is generally acknowledged that **Francis Fontan**, the head of cardiac surgery in Bordeaux, was the real driving force behind the preparations for a new association. He was educated in France, and had moved to Bordeaux to set up a unit and clinical scientific programme. Among other subjects, he was interested in congenital surgery and had described the principle of the “Fontan circulation”. He was immediately recognised as a pioneer in congenital heart surgery and became an internationally renowned figure.

Francis Fontan realised that education and dissemination of new knowledge in cardio-thoracic surgery needed to be improved. In several presentations he has described the frustration he felt in seeing that Europe lacked the basic resources to facilitate good development. He found that Europe needed an association with high ambitions and strict rules, and a journal with a fair selection process and short publication times. In particular, he was interested in increasing the scientific level of presentations and the quality of the presentations themselves, but also the discussions afterwards. He was also interested in keeping thoracic



From left: *Hans Huysmans, Ramiro Rivera, Marko Turina, Hans Borst, Francis Fontan, David Wheatley, Keyvan Moghissi, Louis Couraud, Maurizio Cotryfo and Ingolf Vogt-Moykopf.*

surgery within surgery of the chest. In these matters, he had the support of many of his contemporary surgeons.

Hans Borst was one of the prominent German and European surgeons at that time. He had spent time in the US with Frank Gerbode, but had his surgical education in Germany with Rudolf Zenker. Nonetheless, he chose to present his important scientific results in the US. Borst was the editor of the German paper, *Thoraxchirurgie* (founded in 1953 and later renamed *The Thoracic and Cardiovascular Surgeon*), and he often discussed the need for a new association with others who would become Founding Fathers (as listed below). He became one of the new association’s most ardent workers.

Keyvan Moghissi qualified as a surgeon in Geneva, Switzerland. He later moved to the UK and gained experience both in cardiac and thoracic surgery in several well-known units. As a consultant, Moghissi chose to specialise in pure thoracic surgery. He was internationally active, helping to found the *Thoracic Surgeons’ Club* in 1979 as well as the *Societas Europaea Pneumologica* (SEP). He and Vogt-Moykopf (see below) were probably the best-known thoracic surgeons of the time.

Marko Turina was educated at the University of Zagreb and got his surgical training in Zurich under Ake Senning. He went to the US and gained experience in both clinical and research activities at the University of California in San Diego and in Birmingham, Alabama. He became full professor and chief of the clinic at University Hospital Zurich in 1985. Turina was cautiously positive about the new association and grew more and more enthusiastic as he saw the viability of its proposed stringent rules. He always emphasised the duty of the Association Officers to uphold the Constitution.

Hans Huysmans was trained in Utrecht under Sander Schaepekens van Riepst, later becoming full professor of cardio-thoracic surgery at Utrecht University. He made many visits to departments in the US and Europe and was later appointed as Gerard Brom’s successor at Leiden University. He was also active in developing a system for training and recognition in Europe.

David Wheatley was born in England and had his medical education in South Africa. His basic surgical training was in the US and London, England. He began his training in cardio-thoracic surgery in South Africa before returning to London to train with Donald Ross. Wheatley later moved to Edinburgh to an academic cardiac surgical post, and became a

Council member of the Royal College of Surgeons of Edinburgh. In 1979, he took up the post of British Heart Foundation professor of cardiac surgery in Glasgow. He was approached by Hans Borst and readily accepted an invitation to join the new association.

Louis Couraud was one of Francis Fontan's colleagues at his hospital. He was a prominent thoracic surgeon in that hospital and, indeed, in Europe.

Ingolf Vogt-Moykopf was educated in Germany, although he spent time in Sweden, England, France and the US. He became the leader of the large Heidelberg Thoracic Clinic and developed it into an internationally renowned entity. Vogt-Moykopf was a founding member of the Societas Europaea Pneumologica (SEP), one of the most well-known thoracic surgeons in Germany, and a recognised leader of thoracic surgery.

Ramiro Rivera was educated in Spain, although he also trained in Birmingham, England, with Brom in Leiden, and with Norman Shumway in Stanford on a Fulbright scholarship. Later, he started a new unit in Seville, before moving to

Madrid. Having introduced several new operations in Spain, he was one of Spain's leading cardiac surgeons at the time of the start of the new association.

Maurizio Cotrufo was educated in Naples and got his qualification in 1967. He spent four years in the US, working in Houston, the Mayo Clinic and Alabama. Cotrufo was the director of the regional heart transplantation unit in Naples and was broadly active in adult heart surgery. He was also the director of postgraduate education in cardio-thoracic surgery in Naples.

Ernst Wolner was educated under Professor Navratil in Vienna, although he also made several visits to the Mayo Clinic and other well-known departments abroad. He was extensively involved in experimental activity, as well as clinical work, but was also interested in organisational matters. In 1981, as the leading cardiac surgeon in Austria, Wolner became a professor at the University of Vienna.

As we will see in following chapters, most of these surgeons had a substantial influence on the development of the new association.

Chapter 3

The initial period

On 1 March 1986, in the Amsterdam Schiphol Hilton Hotel, Francis Fontan presented his idea to the Founding Fathers. He spelt out his reasons and his ideal of an orderly, scientific, mono-language association with a constitution built on selected individuals of high professional standing, according to the AATS example. It should have an annual meeting and a journal, he argued. The Founding Fathers agreed such an organisation should be called the European Association for Cardio-Thoracic Surgery (EACTS). A couple of months later, on 17 May, the decision was confirmed at a meeting in Paris.

The three thoracic surgeons present - Keyvan Moghissi, Ingolf Vogt-Moykopf and Louis Couraud - accepted and supported the need for a new association but suggested that more thoracic surgeons should be invited. That proposal was accepted. Keyvan Moghissi remembers that he was somewhat surprised to be invited as he did not know Francis Fontan very well. He contacted his friend Ingolf Vogt-Moykopf, who was also invited, and they both decided to go to the meeting with an open mind.

The official language of the Association was one of the early points of discussion.

Some of those invited were not fluent in English, and Moghissi remembers that he occasionally had to interpret the discussion. However, it was decided that English should be the Association's official language. At the time, the mono-language approach was unusual for European medical meetings.



Mauricio Cotrufo, President 1990-91

Several other pertinent decisions were also taken. Maurizio Cotrufo was asked to present an emblem for the Association. Keyvan Moghissi was asked to work on the Constitution. Francis Fontan undertook to register the Association and all were asked to help with the new venture's finances. Marko Turina was asked to set up a bank account in Switzerland. The journal was also discussed, and Hans Borst

undertook the task of founding the European Journal of Cardio-Thoracic Surgery. Marko Turina took on the role of secretary and later distributed the minutes. (At that time, there was no e-mail. Turina remembers that he had to duplicate the minutes, put them in envelopes, put stamps on them and take them to the post office box). The meeting closed on an elated and optimistic tone.

At other meetings throughout April and May, much progress was reported. EACTS had been officially registered in Paris on 12 May 1986 by Francis Fontan. Marko Turina had opened a bank account and achieved tax exemption according to Swiss law. The logo produced by Mauricio Cotrufo was accepted. A temporary Executive Council was set up; Francis Fontan was elected President, Keyvan Moghissi Vice-President, Marko Turina Secretary General, Hans Borst Editor and Vogt-Moykopf Treasurer.

The first Annual Meeting was to be held in September 1987 in Vienna. This decision was taken with some trepidation as it left only a little over a year for preparations. During this time, the Association's work was concentrated around the first Annual Meeting (the call for abstracts, programme selection, lists of invitations for membership in the new organisation, the scientific and social programme etc.).



The first logo of the EACTS

Ernst Wolner volunteered to take on the local arrangements and became Chairman of the Local Organising Committee, with the help of his collaborator, Werner Mohl.

The rules for the Annual Meetings were worked out, and the Programme Committee, responsible for the judging and selection of abstracts to be presented, was elected. On Turina's, Borst's and Huysman's insistence, the rules for the Programme Committee were made according to the highest scientific requirements, with judging of anonymous abstracts, which should also not disclose the name of the author's institution. They argued that only by keeping to stringent rules, was it possible to achieve in Europe the level already achieved in the US. The Committee agreed to meet in person for the final abstract selection, with various discussants being invited to



The second iteration of the logo of the EACTS



Francis Fontan, President 1986-87

the main sessions. These sessions were to be recorded by a stenographer and published in the future.

Francis Fontan wrote a letter to be sent to all known cardiac and thoracic surgeons inviting them to become members and attend the Annual Meeting. A letterhead was designed incorporating the emblem. Unfortunately, though, this list was somewhat incomplete, which hurt the feelings of some surgeons. In addition, Fontan wrote a letter to the industry, targeting firms who might be interested in such a meeting.

Another pertinent issue was the rules regarding the governance of the Association. The Constitution was written, agreed upon and printed, and the rules for membership were settled. This took a great deal of discussion and involved many revisions.

Hans Borst negotiated the launch of the new journal with Springer Verlag, who agreed to publish the new European Journal of Cardio-Thoracic Surgery, and the first issues were published in spring 1987. To start with, the Journal appeared bimonthly with a fairly small number of pages. Journal subscription was included in the membership fee. To boost submissions, Borst asked his friends to send their best papers from their current research to the Journal.

During this period, there were several problems and a couple of near disasters. There was a major problem with the letters of acceptance/refusal for the papers to be presented at the Vienna meeting. This task had been outsourced to a professional entity. However, a misunderstanding had resulted in letters that did not have the appropriate content and were not sent to the right people. Fontan, Wheatley and Turina undertook, in some haste, the task of re-typing the letters and sending them to the right addresses.



Ernest Wolner, President 1996-97

There were also financial problems. The Vienna meeting was actually

prepared at a substantial financial risk for Fontan and Wolner. The start of the Journal was also a financial risk. Membership fees were starting to come in but the major financial support came from industry. Finances were a constant issue throughout the early years. There were so many demands and wishes from the Founding Fathers and little money to work with, meaning things had to be tightly prioritised.

The dire situation for Eastern European cardio-thoracic surgeons was also discussed, and a separate membership for Eastern Europeans was proposed. The issue was solved by granting Eastern Europeans a three-year moratorium on membership fees.

During the first working year (March 1986 to the Vienna Annual Meeting in September 1987) around 10 Executive Council meetings were held. There were many large and small issues to be discussed and decided upon. Following the meetings, all decisions and actions had to be carried out, resulting in much homework for the entire Council. Finances were supported by all Founding Fathers, especially as everybody paid their own travel and accommodation expenses. It was several years before travel expenses would be reimbursed.

One impression from the Protocols

of the Council meetings is how much effort was made in order to give the Association a clear, fair, stringent and forward-looking structure. The number of meetings many of the Founding Fathers attended is staggering - not only 10 Council meetings but also several meetings with Springer, with industry representatives, with the Annual Meeting venue, with the Committees, and so on.

It is amusing to note that the first time a computer was mentioned was not until 1989.

The following couple of years were dedicated to increasing the number of members, to fine-tuning the rules of the Annual Meeting and to consolidating the Association's financial situation. The general feeling was that the Association was a necessary and quite successful endeavour, but that much work remained before it would be an important player in developing cardio-thoracic surgery. In talking to the Founding Fathers and Past Presidents, they all emphasise a common spirit of bringing the new baby to fruition but also the frustration of a tight financial situation that prevented many new initiatives.



Current EACTS logo

Chapter 4

The Constitution

The new entity's Constitution was discussed at the very first official meeting of the Founding Fathers. There, they agreed it should mainly be built upon the rules of AATS, as that was the oldest and most successful cardio-thoracic association in the world. The task of writing the Constitution was given to Keyvan Moghissi, who put much work into it.

It was decided the Association should be an association of individuals, not built on national societies, and that the membership should be restricted to European surgeons in order not to overwhelm the Association with non-European members. In addition, the Annual Meeting should have strict rules and the language should be English. The Constitution was properly worded and agreed upon, and was confirmed at the first General Assembly in Vienna. The Founding Fathers anticipated that the Constitution would have to change according to new conditions and a procedure for changing it was therefore included. This stipulated that changes should be presented in writing 30 days before the General Assembly and formally voted upon. Since then, it has been amended several times.



Keyvan Moghissi, President 1987-88

The first amendment was the creation of the Associate Member category, i.e. people from adjacent medical fields who wanted to become members but not pay the full fee. Such members were non-voting.

The original Constitution stated that members should attend the Annual Meeting two out of three years, but this paragraph was first ignored and later removed.

In 1989–1990, the Soviet Union dissolved as a political entity and Eastern Europe began to change. In order to help our colleagues in the East,

an Eastern European membership, with a reduced membership fee, was proposed. The result was that EACTS offered scholarships and reduced fees for the Annual Meetings. This was the beginning of the Eastern European Committee (see Chapter 9).

There was, somewhat later (1998–2001), a movement within the Council towards a higher degree of democracy in the government of the Association. Deirdre Watson, a thoracic surgeon from Birmingham in the UK and the first woman Councillor, argued that the Association should not become an old men's club. Together with José Pomar, she wrote a paper demanding greater transparency. Via the Newsletter, people were asked to suggest themselves or others to become Council members. A change of the composition of the Nominating Committee was proposed. The main arguments were that Past Presidents are indeed the people with the highest regard and the longest experience in the Association; however, they are also distanced from the conditions and demands of future cardio-thoracic surgeons. It was therefore proposed to limit the number of Past Presidents in the Nominating Committee to three and include one ordinary member and one junior member. This proposal did not find much favour with the Past Presidents and never came to the General Assembly.

In 2002, the Council felt that amendments to the Constitution should be more thoroughly prepared. A standing Constitution Committee was formed with Francis Fontan as the first Chairman. Ever since then, the Committee has been charged with consulting on Constitution changes.

In 2003, another change to the Constitution was necessary. The name of the school in Bergamo (see below) was changed to The European Academy of Cardio-Thoracic Surgery. A new company with the same name was created to help with legal requirements.

By the end of Torkel Åberg's tenure as Secretary General, the Association's committee structure had become a problem. There were too many committees, they did not report often enough, and they sometimes did not communicate and coordinate between themselves. In discussions with Bruce Keogh, the idea of organising the work into subspecialties was entertained. However, Council decided as a first step to improve upon the present structure by reshuffling some of the existing committees. In September 2007, however, the Vice-President, Paul Sergeant, suggested an overhaul of the structure of EACTS. The Association was now 20 years old and it was appropriate to start systematically reviewing its working habits.



Paul Sergeant, President 2007-08

This work engaged all Council members, and, in February 2008, a preliminary draft was presented. It suggested the creation of four new entities: Adult Cardiac Acquired Domain, Congenital Domain, Thoracic Domain and Vascular Medical Domain. The Chairmen of the four Domains would become members of the Council, which would become larger. The tenure of a Domain Chairman would be three years only. Each domain would have 5–8 members and be responsible for everything concerning the Domain: courses, seminars, abstracts, the programme, etc. The Domains would also act as breeding grounds for future Officers and Presidents. As the selection of presentations to Annual Meetings

would be handled by the Domains, the Programme Committee had to change its working mode.

The Constitution was also changed several times due to legal concerns. According to UK law, charitable organisations had tax exemption, but such organisations were subject to strict criteria. One of the important points was not to reward leaders financially, and another was to demonstrate that funds were directed towards charitable work. As promoting and distributing science, as well as educating young doctors, was recognised as charitable work, the UK became our permanent headquarters. Maintaining our charitable status became a key discussion point for Council.

According to the law, no changes to the Constitution could be made unless the Charity Commission consented - a long procedure. After seeking legal advice, it was decided to divide the governing rules of EACTS into two parts: one part dealing with the charitable status and ensuring compliance with all legal issues, and the other part, called Regulations, dealing with the Association's inner working rules. These rules may be changed by the Council and General Assembly without consent from the Charity Commission.

Furthermore, Charity Commission rules state that a charity should not hoard any assets, but put earned money to good use. Over the years, EACTS made two major financial decisions: buying the title of the EJCVS and buying the house of the Secretariat and Academy. Many investments in new activities were made, some successful, some not. One long-term principle has been that the Association should have enough money to survive at least two years without income. That has been accomplished. At the moment, the Association has a substantial amount of money in bank accounts.

Notwithstanding its many changes, the Constitution has served the Association well. It has proven that it can develop and move with the times.

Membership

As mentioned before, initially it was felt that the new association should have a restricted membership of the most well-established European surgeons. Substantial demands were put on new applicants. A short CV was required and submissions were scrutinised by a Membership Committee. Members were required to attend two out of three Annual Meetings and, of course, pay their dues. Non-European surgeons would be accepted only in exceptional circumstances. These rather exclusive

rules were written into the Constitution but were immediately challenged as they pointed more to a club than a medical association.

Several people in the Council thought that the wording of the Constitution made it difficult for surgeons to join, rather than encouraging them. There was a movement towards greater inclusivity, resulting in the creation of a Junior Membership category in 1998 and some simplification of the admission process.

A new form of membership, Associate Member, was created in order to allow people from allied specialities and professions to become members. These members were not allowed to vote in the General Assembly. The first allied professionals accepted were perfusionists, followed by anaesthetists and nurses.

The arguments for greater inclusivity were partly to attract more members and increase the circulation of the Journal, but also to help the Association become more representative and therefore more influential in regulatory matters on the European stage. Mainly, however, by this time, finances had improved and the issue of both basic and continued postgraduate education could be acted upon. The Association needed younger members to help build a great postgraduate education system.

In 1993, a new membership category of Senior Members was added. This meant members reaching retirement age would automatically remain members without paying a fee; however, they would not receive the Journal unless they paid a subscription.

The attitude towards surgeons in training was initially rather paternal. A Junior Committee was created but its Chairman had to be a certified surgeon. One of the first Chairmen was Deirdre Watson, a consultant thoracic surgeon from Birmingham, England and the first woman Councillor. Watson handled her task with great delicacy, particularly as it was questioned why the Junior Committee could not have a Junior Member as Chairman. At this time, Pieter Kappetein began his EACTS activity by becoming involved with the Junior Committee. It soon became obvious that the “juniors” were, in fact, grown adults who did not need any hand-holding. The name “Junior” was duly changed to “Trainee”.

There was, for quite some years, an International Member category for people from non-European countries, but this was removed in 2004. By this time, ordinary membership was now open for any surgeon, regardless of their country of origin.

Robert Dion, a cardiac surgeon working in Belgium and the Netherlands,

became Chairman of the Membership Committee. Dion questioned the procedures used at that time and argued that either the stipulations in the Constitution should be upheld or the Constitution changed. After some years, he also proposed to install a new kind of membership category: Fellow. To be a Fellow, you would have to demonstrate documented scientific activity and/or service to the Association. However, the proposal was questioned by two Secretary Generals, who argued that it would result in a two-tier structure with A and B members. Furthermore, in the interests of improving finances and becoming truly representative, it was arguably better to be as inclusive as possible. The Constitution Committee was dead against it. The matter was put to a vote in a Council meeting. The result was a draw (7–7) and the proposal therefore fell through.

In 2008, a change to the Constitution’s wording stated that “Membership shall be accorded to all medical and non-medical professionals involved directly or indirectly in cardiac, thoracic and vascular interventions and who have fulfilled the Membership requirements. All Members shall have voting rights...”. This cemented the notion of a totally inclusive association.

At the time of writing, EACTS offers the following membership categories:

- Standard EACTS Membership.
- Resident/Trainee Membership.
- Senior Membership, for those members reaching the age of 65 years (or who retire from active practice at an earlier age).
- Honorary Membership. This is the highest award given to cardio-thoracic surgeons. It may be initiated by anyone and is decided by the Council and confirmed by the General Assembly. Recipients are characterised by extraordinary scientific contributions, and long and loyal service to EACTS or to cardio-thoracic surgery in general.

There is also a reciprocal membership agreement with STS.

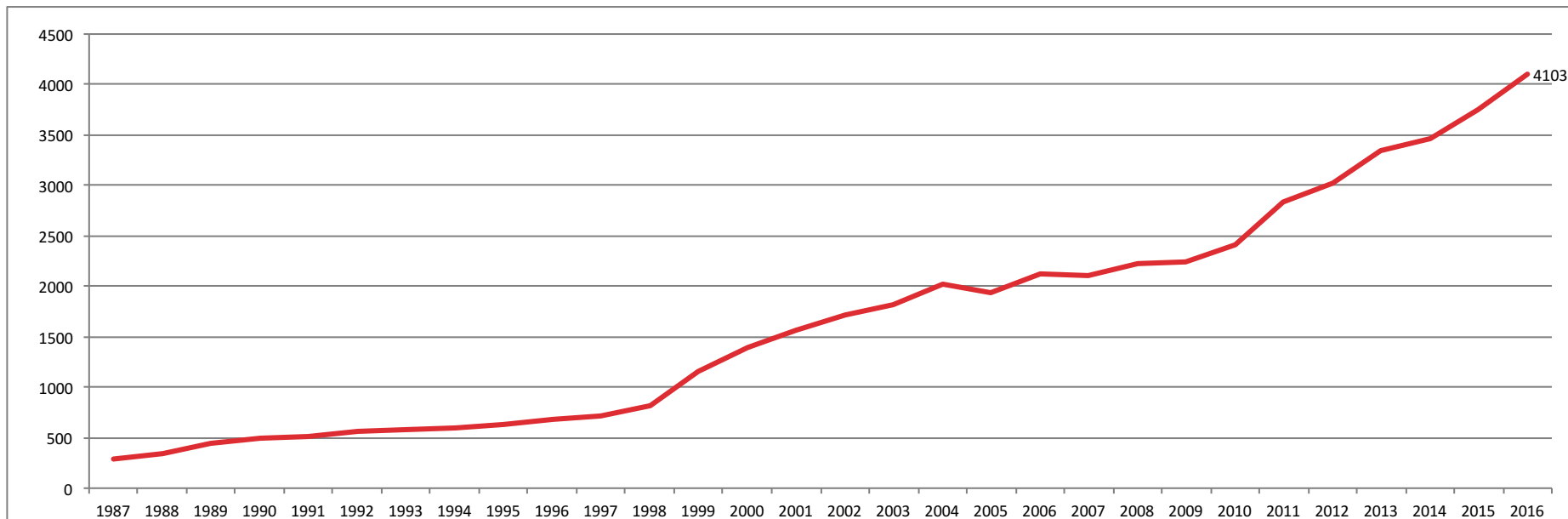
Keyvan Moghissi, who has kept much written material from the early days, today expresses that the one thing he regrets in the Constitution are the original membership rules.

Comment

There has been a steady increase in the membership over the years. However, the membership does probably not reach over 50% of the eligible surgeons.

EACTS Membership 1987 to 2016

Year	Membership
1987	289
1988	345
1989	445
1990	495
1991	513
1992	561
1993	585
1994	596
1995	627
1996	679
1997	718
1998	812
1999	1149
2000	1400
2001	1561
2002	1710
2003	1811
2004	2017
2005	1940
2006	2124
2007	2115
2008	2222
2009	2245
2010	2415
2011	2840
2012	3029
2013	3339
2014	3467



Chapter 5

The Council and the Secretary General

Any formal gathering or union of people with similar interests has to have rules. Besides, in an assembly where all members have a say and a vote, and which convenes most often once a year, there has to be an executive body. The executive body in EACTS, called the Council, is entrusted with all the day-to-day running of the Association, encompassing all decisions except for those that have to be decided by the General Assembly, as spelt out in the Constitution. Thus, the Council has a very powerful role. Council members are nominated by a Nominating Committee, which plays an extremely important role in finding the right persons to work in the Council.

The President serves one year. His/her role is partly ceremonial, but many Presidents have worked in the Council for many years. There are plenty of opportunities for the President to suggest initiatives to the Council. A hard-working President is a great asset to any association, but it is up to the individual to decide the level of their engagement. Presidents have at least one preparatory year in Council as Vice-President and one "follow-up" year as immediate Past President, when they also sit on the Nominating Committee.

Traditionally, there are three Council members with longer-lasting duties. They are tasked with maintaining the long perspective and keeping alive the hard-earned knowledge and tradition of the Association. These are the Secretary General, the Treasurer and the Editor. All three have their separate duties.

The Treasurer has the traditional role of keeping a watchful eye on finances and legalities related to accounting, etc. He has to be strong enough to refuse great initiatives when finances are limited.

The Editor has a duty not only to be the editor-in-chief of the Association's journals, but also to keep abreast of developments in the publishing industry - something foreign to an ordinary surgeon's interests. He is the Officer who is taking on the most ardent day-to-day activities. These demand great organisational skill and extraordinary scientific knowledge. The Editor is elected for five years, can be re-elected once, and usually serves for 10 years.

The Secretary General has the broadest tasks. He is entrusted with the actual running of the Association via the Council and all other organisations, i.e. the Secretariat, Annual Meeting, Committees, Schools and delegates. He helps the President set the agenda for Council meetings and to ensure the meetings are orderly and efficient. He

keeps the minutes of the meetings, with the help of a personal secretary. He picks up viable suggestions in Council and elsewhere and promotes their fulfilment. He executes the decisions of Council and/or divides the tasks between Council members. He keeps his eyes on the past but mainly on the future to keep the Association healthy, prosperous and moving forward. Furthermore, he keeps the membership informed. The SG is elected for three years and may be re-elected twice.

The intention with Councillors is to incorporate within Council specific knowledge and experience that the individual may bring, but also to educate them in the inner structure and life of the Association. Previous Councillors make a great source of future Officers and Presidents. In 1998, there were four Councillors, but the number increased gradually; in 1999, an Information Councillor (later changed to ordinary Councillor) was added, followed by an International Councillor in 2003 and four Domain Chairs in 2008, leading up to a current Council of 14 members.

The International Councillor role is the result of a loose agreement with STS and AATS for the reciprocal exchange of Councillors. However, the General Assembly is free to elect any member, regardless of nation.

The Council convenes regularly, usually four or five times a year. It reports once a year to the General Assembly, which is also when new Council members are elected.

A topic is introduced to Council by the initiative of any Council member or any member or organisation. It is then taken up for discussion in Council and a decision on whether to proceed is taken. If the proposal is deemed interesting or important enough, its development is to be handled by an individual, committee or temporary working group. In some cases, it may be most efficient to create a separate body which is supported by EACTS but with their own structure and job descriptions. The findings of the handling person or body are reported back to Council for decisions or further deliberations.

Members of the EACTS Council 1985 to 2015

Original Constitution

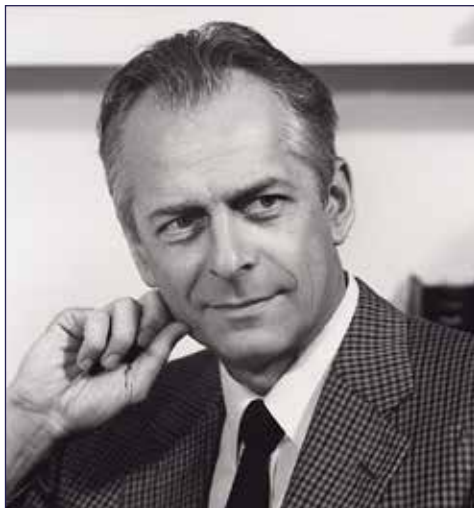
Year	President	V President	Secr Gen	Treasurer	Editor	Councillor	Councillor	Councillor		P Presid.	Inf off.*	Int'l Councillor	Trainee representative
1986-87	F Fontan	K Moghissi	M Turina	I Vogt-Moykopf	H Borst	M Cotrufo	L Couraud	H Huysmans	R Rivera	D Wheatley			
1987-88	K Moghissi	F Sebening	M Turina	I Vogt-Moykopf	H Borst	M Cotrufo	L Couraud	H Huysmans	R Rivera	D Wheatley			
1988-89	F Sebening	H Huysmans	M Turina	I Vogt-Moykopf	H Borst	M Cotrufo	M Murtra	A Piwnica	M Ribet	J Stark			
1989-90	H Huysmans	M Cotrufo	M Turina	M Ribet	H Borst	R Megevand	M Murtra	A Piwnica	T Treasure	J Stark	F Sebening		
1990-91	M Cotrufo	R Rivera	M Turina	M Ribet	H Borst	R Megevand	M Murtra	A Piwnica	T Treasure	J Stark	H Husmans		
1991-92	R Rivera	J Stark	M Turina	A Piwnica	H Borst	R Megevand	S Hagl	T Åberg	T Treasure	J Monro	M Cotrufo		
1992-93	J Stark	A Piwnica	T Åberg	M Murtra	H Borst	L Lacquet	S Hagl	A Pierangeli	P Fuentes	J Monro	R Rivera		
1993-94	A Piwnica	H Borst	T Åberg	M Murtra	M Turina	L Lacquet	S Hagl	A Pierangeli	P Fuentes	J Monro	J Stark		
1994-95	H Borst	A Lerut	T Åberg	M Murtra	M Turina	L Lacquet	J Svennevig	A Pierangeli	P Fuentes	B Hucin	A Piwnica		
1995-96	A Lerut	E Wolner	T Åberg	M Murtra	M Turina	G Bloch	J Svennevig	A Mazzucco	J Dussek	B Hucin	H Borst		
1996-97	E Wolner	E Baudet	T Åberg	M Murtra	M Turina	G Bloch	J Svennevig	A Mazzucco	J Dussek	B Hucin	A Lerut		
1997-98	E Baudet	D Wheatley	T Åberg	M Murtra	M Turina	G Bloch	J Pomar	A Mazzucco	J Dussek	J Hasse	E Wolner		
1998-99	D Wheatley	J Hasse	T Åberg	M Murtra	M Turina	J Pirk	J Pomar	G Maggi	D Watson	W Daenen	E Baudet		
1999-00	J Hasse	M Murtra	T Åberg	J Pomar	M Turina	J Pirk	J-F Velly	G Maggi	D Watson	W Daenen	D Wheatley	P Sergeant	
2000-01	M Murtra	M Turina	T Åberg	J Pomar	LvSegesser	J Pirk	J-F Velly	G Maggi	D Watson	W Daenen	J Hasse	P Sergeant	
2001-02	M Turina	W Klepetko	T Åberg	J Pomar	LvSegesser	E Rendina	J-F Velly	F Lacour-Gayet	L Bockeria	W Walker	M Murtra	P Sergeant	
2002-03	W Klepetko	J Monro	T Åberg	J Pomar	LvSegesser	E Rendina	F Beyersdorf	F Lacour-Gayet	L Bockeria	W Walker	M Turina	P Sergeant	
2003-04	J Monro	T Åberg	B Keogh	J Pomar	LvSegesser	E Rendina	F Beyersdorf	F Lacour-Gayet	L Bockeria	W Walker	W Klepetko	P Sergeant	T Gardner
2004-05	T Åberg	T Treasure	B Keogh	J Pomar	LvSegesser	P Kappitein	F Beyersdorf	J Comas	S Elia	R Schmid	J Monro	P Sergeant	T Gardner Sadaba
2005-06	T Treasure	S Hagl	B Keogh	J Pomar	LvSegesser	P Kappitein	F Beyersdorf	J Comas	S Elia	R Schmid	T Åberg	P Sergeant	T Gardner M Kolowca
2006-07	S Hagl	P Sergeant	B Keogh	J Pomar	LvSegesser	P Kappitein	O Alfieri	J Comas	S Elia	R Schmid	T Treasure	R De Simone	A Wechsler M Kolowca
2007-08	P Sergeant	E Rendina	B Keogh	J Pomar	LvSegesser	P Vouhé	O Alfieri	B Maruszewski	S Elia	R Schmid	S Hagl	R De Simone	A Wechsler M Kolowca

*Information Officer

New Constitution with Domains and Domain Chairs.

	President	v President	Secr Gen	Treasurer	Editor	Adult Cardiac Domain	Thoracic Domain	Congenital Domain	Vascular Domain	Councillor	Councillor	Councillor	Councillor	Int'l Councillor	Past President
2008-09	E Rendina	P Vouhé	P Kappitein	R Schmid	LvSegesser	J Pomar	T Treasure	J Comas	M Grabenwoger	O Alfieri	P v Schil	R De Simone	B Maruszewski	A Wechsler	P Sergeant
2009-10	P Vouhé	O Alfieri	P Kappitein	R Schmid	LvSegesser	J Pomar	P v Schil	J Comas	M Grabenwoger	P Sardia Nia	S Takamoto	L Hamilton	B Maruszewski	D Wood	E Rendina
2010-11	O Alfieri	LvSegesser	P Kappitein	R Schmid	F Beyersdorf	J Pomar	P v Schil	J Comas	M Grabenwoger	P Sardia Nia	S Takamoto	L Hamilton	J Pepper	D Wood	P Vouhé
2011-12	LvSegesser	J Pomar	P Kappitein	R Schmid	F Beyersdorf	J Pepper	P v Schil	W Brawn	M Czerny	P Sardia Nia	S Takamoto	L Hamilton	P Dartevelle	D Wood	O Alfieri
2012-13	J Pomar	P v Schil	P Kappitein	R Schmid	F Beyersdorf	J Pepper	Franca Melfi	W Brawn	M Czerny	V Falk	D Pagano	C Neng Lee	J Seeburger	D Mathisen	LvSegesser
2013-14	P v Schil	M Grabenwoger	P Kappitein	R Schmid	F Beyersdorf	J Pepper	Franca Melfi	W Brawn	M Czerny	V Falk	D Pagano	C Neng Lee	J Seeburger	D Mathisen	J Pomar
2014-15	M Grabenwoger	F Mohr	P Kappitein	R Schmid	F Beyersdorf	V Falk	Franca Melfi	V Hraska	R de Paulis	R Klautz	D Pagano	C Neng Lee	J Seeburger	D Mathisen	P v Schil
2015-16	F Mohr	M Sousa-Uva	P Kappitein	R Schmid	F Beyersdorf	V Falk	P Licht	V Hraska	R de Paulis	R Klautz	D Pagano	I Ilonen	D Fullerton	P Rajesh	M Grabenwoger

The Secretary General (SG)



Marko Turina, SG 1985-1992; Editor 1993-2000; President 2001-2002

Marko Turina was the first SG and remained in the role for six years. These years were characterised by a substantial amount of voluntary work, much travelling, very limited finances and the slow but steady development of the Association. Turina took on the responsibility of much of the secretarial work, keeping the minutes and distributing them himself. Only later did he get financed for a part-time personal secretary. The minutes are preserved and are available from the Secretariat.

Turina participated in helping the Local Organising Committee Chairman organise the Annual

Meetings and travelled to inspect the venues. Sometimes, Council had to intervene in order to straighten out the preparations. He was also responsible for the organisation of the Programme Committee, including its assessment and selection of abstracts to be presented at Annual Meetings. In this role, he spotted many areas for improvement. He fine-tuned the rules for the three categories of presentations: oral, forum and poster. He always argued for strict discipline by speakers and for the maintenance of the quality of both the material presented as well as the presentations themselves. The Programme Committee meetings were increased to two days in order to prepare the programme with all the session chairmen, discussants and room allocations. It was quite a task to do this with pen and paper compared to on a computer today.

It turned out that several thoracic surgeons were unhappy with the representation of thoracic surgeons and the available space for thoracic surgery at the Annual Meetings. In particular, after the meeting in Naples in 1990, the issue was again discussed in Council and Ingolf Vogt-Moykopf resigned from his post as Treasurer and from the Association (see Chapter 8).

Marko Turina resigned as SG in 1992, was absent from Council for one year and then returned as Editor (see

Chapter 6). He was a member of Council in various roles for a total of 16 years. He was still active within cardiac surgery in 2015. One of Turina's biggest accomplishments was to establish and develop the Multimedia Manual of Cardio-Thoracic Surgery (MMCTS). He was rewarded with an Honorary Membership in 2013. The development of the Association during his tenure is described in several other chapters and also in the statistics.

Following discussions with founding members, I was elected as SG at the first Annual Meeting in Vienna in 1987. I insisted on several guiding principles when running the Association:

- Anonymous selection of papers for presentation at the Annual Meeting.
- Adherence to a strict time slot of eight minutes per presentation.
- Obligatory submission of presented papers to our journal.

I was naïve in thinking that all members who admired well-run American meetings would agree with these principles. But, as the saying goes, "You cannot make an omelette without breaking a few eggs". The SG's duties were not always popular among members. Insistence on accepting only those papers which received the best reviews led to an unpleasant situation during the Naples meeting in 1990, when only a few thoracic papers could be selected. This

led to the resignation of Vogt-Moykopf and, indirectly, to the creation of the European Society of Thoracic Surgeons. Lack of support from some of the founding members of the Association forced me to submit my resignation in 1992, when I was succeeded by Torkel Åberg. Shortly thereafter, the position of Editor of the European Journal of Cardio-Thoracic Surgery became vacant. I decided to apply and was duly elected in 1993.

When my time came to take over the EACTS presidency, I already knew that the duties of the President are not onerous, but that one major task remains - to give the presidential address!

During my presidency, I started working on a web-based repository of surgical techniques, which I presented to the Council in 2001 as The Multimedia Manual of Cardio-Thoracic Surgery. I was able to guide this as Editor until 2016. I am still proud of this creation, which is now emulated by other similar publications.

Working for EACTS was a strenuous but most rewarding experience. Today, looking at our Annual Meeting, with its wonderful organisation, and our three prominent and successful journals, I am glad that I was able to provide my help in the creation of EACTS.

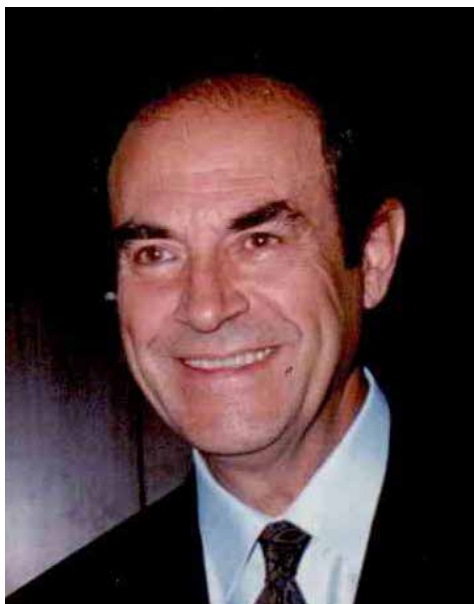
Marko Turina

Torkel Åberg was recruited as Councillor in 1991. His first Council meeting was dramatic. Francis Fontan announced that Michel Ribet, a thoracic surgeon, had resigned as the Vice-President as well as from Council. A sense of (almost) doom was present in the room at Fontan's announcement. This would, of course, have consequences for the Association's thoracic representation, especially after Vogt-Moykopf's similar resignation in 1989 and the formation of the European Society for Thoracic Surgery (ESTS). The atmosphere was austere all through the proceedings but it lightened up once the formal deliberations were over and the tasks at hand were distributed. The fate of the Association was once again in the hands of Fontan and the Nominating Committee.

There are few protocols remaining from this period and the discussions have to be reconstructed according to the memories of the persons involved. The issue at hand was to solve the constitutional problems following Ribet's resignation. Ramiro Rivera was president.

A new President had to be found as well as a new Vice-President. On top of that, a new Secretary General, and three Councillors were needed. Fontan had come up with several alternatives. He had found a very workable solution for President in Jarda Stark from

London, and for Vice-President in Armand Piwnica from Paris. Both were people with high integrity and with one year's Council experience. Piwnica was the present Treasurer and was replaced in that role by Marcos Murtra from Barcelona. To find a new Secretary General was more difficult, however. A couple of good candidates had already declined, and the decision that any Officer of the Association should have Council experience further complicated matters. After going through the list of people who had served in Council and discussing the issue with the Nominating Committee, including Hans Huysmans, the name of Torkel Åberg came out on top.



Ramino Rivera, President 1991-92



*Torkel Åberg, SG 1992-2003;
President 2004-05*

Åberg recalls that Francis Fontan phoned him in the hospital and started talking about a post in the Council. Åberg asked which post he was thinking of, to which Fontan replied, "It is actually as the Secretary General". Åberg remembers that he had to sit down. The most important leading role for the development of EACTS and, indirectly, of European cardio-thoracic surgery! Fontan sounded relieved when Åberg accepted.

The Council meeting in September 1992, before the Annual Meeting in Geneva, was Marko Turina's last Council meeting as SG. Several interesting developments were decided. Ludwig von Segesser became the EACTS representative to the newly formed European Board of

Cardiovascular Perfusion. Contact with the European Society of Cardiology had already been made by Turina, but this was the first mention of a tighter collaboration with allied professions. Only a few years later, the perfusionists were included in the Annual Meeting.

At the following General Assembly, the nominees were unanimously elected.



Jarda Stark, President 1992-93

The Council meeting after the Annual Meeting was hectic. Jarda Stark as President set an intensive pace. The Geneva Meeting attracted 1,118 attendees, of which 220 were members. Preliminary finances were promising. Small but important changes were agreed upon for future Annual Meetings. Among these, it was decided that poster and film sessions were popular

and needed larger rooms. Sessions were too long and breaks needed to be introduced. Films should be viewed in full by Programme Committee members in order to judge their scientific, educational and novelty values, and rules for selection were to be drawn up by the SG. Aside from films, proofreading of the Annual Meeting programme book had to be improved (SG). It was also decided that invited speakers and discussants should not pay a fee to attend. Instructions to discussants had to be clearer (another SG action). Two prizes for best presentation were to be instigated, one for cardiac and one for thoracic, with a prize sum of SFr 5,000. Rules for the competition were to be written and announced by the SG. Finally, members of the Membership Committee and Programme Committee were settled and were to be informed by the SG.

Torkel Åberg remembers that he was busy keeping the minutes and had little time to give any thoughts to the tasks allotted to him. It was evident, however, that he needed a secretary.

In Umeå, Åberg's home town, he had the good fortune to recruit Maud Zingmark. She was a trained secretary and had excellent language skills. She liked to travel and was a friendly, caring and hard working person who became intensely loyal to the Association. She immediately made friends with Council

members and their secretaries and formed a network all over Europe. She became one of the most important pillars of the Association. She took over the task of keeping the minutes, producing the Newsletter and all communications with the SG.



Maud Zingmark, Secretary 1993-2008

Torkel Åberg realised that, apart from taking initiatives, one of the main tasks for an SG is to write rules and instructions for all activities and to inform and remind all relevant people of these. Writing rules requires quite some thought. Rules have to be clear and forward-thinking if they are to avoid being changed too soon. They should give the recipients a clear way forward, but also a good deal of freedom. The SG and President were ex officio members of all Committees. In the beginning, both Marko Turina

and Torkel Åberg diligently participated in all Committee meetings, but with an increasing workload, Council started to rely on the formal meeting reports rather than attendance. Writing the instructions for the Committees became a constant occupation. Sometimes it became necessary to convene Council and other important members for two or three days of discussions around present and future issues.

The 1993 Annual Meeting was to be held in Barcelona, and a new convention centre had been reserved as the venue. The Chairman of the Local Organising Committee (LOC) was Marcos Murtra. To his dismay, he was suddenly informed that the building workers were on strike. The venue would not be built in time. This amounted to a major crisis, as time was short. Murtra scrutinised the alternatives. None of the available options was ideal, but he decided to book the space in the Hotel Princesa Sofia.

Jarda Stark, as President of a Council with many new members, found that the new Council needed some time together in order to get properly acquainted. He decided to hold a two-day meeting in the autumn, giving Council members the chance to sleep on any difficult decisions.

The facilities in the Hotel Princesa Sofia were inspected. They were not ideal but it was at least workable. It was decided

to keep the Annual Meeting there.

At the meeting, Hans Borst would end his tenure as Editor and the process of finding a replacement had begun. Proposals for the organisation of journal work came from Marko Turina and Tom Treasure from London. Finances now allowed for an editorial office with two or three Associate Editors to be established.

One of the important pressing problems facing the Association was that of the Secretariat. Keyvan Moghissi had earlier taken on the task of evaluating the future of the Association's secretarial services. Now, finances allowed the engagement of a professional organisation to handle these services all year around. A decision was therefore made to engage a professional secretariat to help with the organising and running of the Annual Meeting and other secretarial duties. The task of searching for such a professional organisation was entrusted to Jarda Stark and Torkel Åberg (see Chapter 7).

During the 11 years of Torkel Åberg's tenure as SG, many small and large initiatives were taken. These are described in various other chapters.

My time as SG is one of the most satisfying periods of my life. Ordinarily, a surgeon is free to decide on much of his work details and patient care. However, in other respects, the freedom to make decisions in the hospital is quite limited.

I had extreme freedom to arrange the Department of Cardio-Thoracic Surgery in Umeå in line with my ideas of how a high-quality department and, later, heart centre should be organised. Nevertheless, the conditions in EACTS were on a much higher level. The freedom and responsibility were very invigorating. Rules were clear; the SG had the main responsibility depending on Council approval, and finances were available within limits. I realised that my foremost task was to encourage other people to contribute and to give them credit for their work. This helped many people grow in their roles. Sometimes the emotional support of EACTS was enough to give an individual the energy to finalise his project. This was fantastic. My main interest in medicine - apart from cardio-thoracic surgery in general - has been the improvement in results for patients brought about by organisational changes and quality development. I found to my delight that there was a positive response from many surgeons in the membership to my proposals. Many initiatives saw the light - some successful, and some failing partly, temporarily, or miserably. I went to each Council meeting expectantly, anticipating what might be accomplished. On the trips back to Umeå, Maud Zingmark and I wrote the minutes and recalled what had been decided and what work was to be done by the next meeting. I had a delightful, long collaboration with Marko Turina and Marcos Murtra and all

Council Presidents. Of course there was the rare conflict, but these could usually be settled. In a few cases, my thoughts were not in accordance with those of other members and development took another track. Nonetheless, I have only fond recollections of my time in Council.

Torkel Åberg

Bruce Keogh was elected SG when Torkel Åberg was elected Vice-President in 2003. Bruce was one of the most well-known surgeons in the UK. His tenure as SG was initially dominated by collaboration with the thoracic surgery contingent (see Chapter 8) - a difficult and not very constructive activity. However, thoracic surgery within EACTS was to be much improved with the help of Tom Treasure and other thoracic surgeons in the Council, including the instigation of a scientific prize of €0,000. Keogh initiated a necessary reorganisation of the Committees, which later led to the major change in the Constitution under Paul Sergeant.

The new "European Working Time Directive" was a new general law from the EU which necessitated much discussion and reorganisation within the departments. During the years of Keogh's tenure as SG, several other initiatives were taken, and these are described in other chapters throughout the book.



Bruce Keogh, SG 2003-2008

Bruce Keogh had to leave the Council and his post as SG as he was offered a role within the UK's National Health Service at the highest administrative level. Torkel Åberg remembers several conversations with Bruce about the difficult decision as to whether to take up this complicated and challenging post - and the necessity of leaving active cardiac surgery.

Many EACTS members have had interests and activities within the wider area of organisation, reaching very high positions within governments, healthcare systems, industry and universities - Adib Jatene from Brazil, Bruce Keogh in the UK and Jurgis Brédikis from Lithuania to mention just a few.

Pieter Kappetein has had a long career within EACTS, beginning as a very junior surgeon by initiating many activities directed at younger surgeons. He participated in Council meetings as a junior representative and became a Councillor in 2004. He was elected SG in 2008.

During Pieter Kappetein's tenure as SG, several initiatives have been taken. They are described in other chapters. Two initiatives in particular should be mentioned: the creation and organisation of the Quality Improvement Programme, with its high-flying instructions and ambitions, and the Skills Programme, which takes surgical education to a new, ambitious level that can only benefit patients.



Pieter Kappetein SG 2008-2016

During my residency period in Leiden, the Netherlands, with Hans Huysmans as my trainer, the World Wide Web was introduced in hospitals. I was immediately interested in how the Internet could play a role in healthcare and was one of the first to have an Internet connection at work. When CTSNet (Chapter 10) was created, a special section for residents was initiated by two residents from the US. They also wanted to connect with European residents, and I was asked by Huysmans whether I wanted to join the group. This is how, for the first time, I became involved with EACTS. At the same time, I heard that a young Italian surgeon, Roberto Lorusso, also had the idea to create a European club for Cardio-Thoracic residents. We joined forces and constituted the EACTS Junior Committee. As Chairman of the Committee, I also became a non-voting member of the Council. Together with Hans Borst and Joachim Schaefer from Germany, the curriculum for the Bergamo school was developed and, a couple of years later, I became the educational director of the school. From 2004 until 2007, I was a Councillor and, when Bruce Keogh ended his tenure as SG, I was elected to become the new SG. This was and still is an extremely gratifying period in my career. It creates enormous opportunities to take initiatives for the Association, Annual Meeting, the European Journal, etc. It further enables you to meet many colleagues from all over the world and establish long-lasting

friendships. I was able to recruit Rianne Kalkman as my assistant, who was and still is an enormous help with all the work that comes as SG of the Association. Without the excellent relationships and the hard work of the people in the EACTS office in Windsor - Kathy McGree, Sharon Pidgeon, Amanda Cameron, Elvira Lewis, Eileen Moriarty, and many others - the Association would never have had the opportunity to grow so fast.

Pieter Kappetein

Comment

Being the SG, according to all four who have held the position, has been a rewarding and interesting job. However, it is not without its difficulties. Apart from the obvious workload and need to travel, there is apparently an unavoidable risk of being attacked. All four SGs have been attacked in one form or other, mainly by Past Presidents. Most of the attacks have, in the bright light of history, been unwarranted and have been deflected on constitutional grounds. Possibly, serving a long term of nine years means that such difficulties are inevitable. However, all four SGs see these attacks as something that comes with an influential position and that simply has to be handled. In no instance did the attack result in a change of policy.

The need for the SG and Editor to work with absolute integrity and in a true voluntary capacity is obvious. The recruitments of SG and Editor are the most important and deciding

moments in the life of an association. Fortunately, both these election processes now state that the incoming people have a year to get acquainted with the ordeals of the post.

Chapter 6

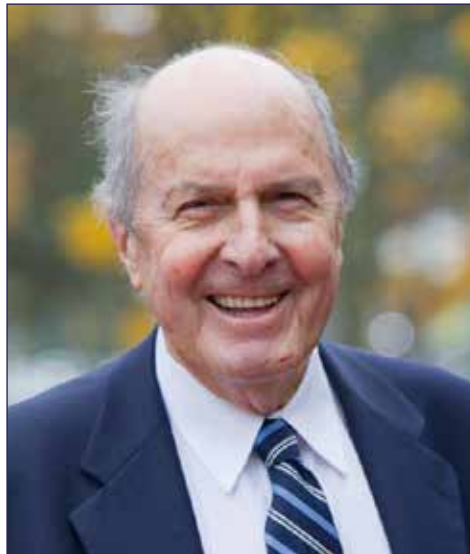
The main tools for the dissemination of knowledge

In a medical association, there is a need for both an annual meeting, where new knowledge is presented and discussed orally with a limited audience, and a journal, where the new knowledge can be spread to an international audience. Annual meetings give an impression of recent scientific development, while journals give a permanent record of the slow but relentless scientific evolution. The statures of the annual meeting and journals are therefore signs of a well-functioning medical association. As such, they have to be nursed and nurtured.

EACTS journals

As mentioned in Chapter 1, there were quite a few publications dealing with cardio-thoracic surgery in Europe in the 1980s. Most of them, however, were national, regional or had a limited circulation, with either a low impact factor or none at all. The need for a new European scientific journal was discussed in depth, realising that this endeavour would constitute a financial and personal risk which would depend on the immediate

success of the new association and the new journal.



*Hans Borst, Editor 1986-1993;
President 1994-95*

As the European surgeon most experienced in editorial matters, **Hans Borst** was the natural candidate to be the Journal's first Editor. He contacted Springer Verlag in the hope of finding an accommodating and energetic publisher, as he foresaw this was an important step in increasing the number of accepted articles. The negotiations with Springer were not easy as the negotiators (Borst and Fontan) did not have much to negotiate with. In a letter from Springer dated 3 December 1986 to the negotiators, their terms are spelt

out: three issues in 1987, then six per year; Springer is the owner of the Journal and the title but carries all financial risks; EACTS will take out a subscription for each member; and each issue will contain 64 pages. These terms were accepted as no other alternative was available.

In Hans Borst's presence among the Founding Fathers and his eagerness to help with the Journal, an important step had been taken in the creation of EACTS. Borst set up an editorial office, engaged leading surgeons with scientific experience in the editorial board, and set up various routines and procedures. The idea of a new journal received support from several national societies in Austria, the UK, the Netherlands, Poland, Portugal, Scandinavia and France. The new journal, called The European Journal of Cardio-Thoracic Surgery (EJCTS), also received support from the Editors of the two major US Journals and a fruitful, and indeed essential, collaboration between the Editors began. The first bimonthly issue was published in 1987. This was the first official manifestation of the new European Association for Cardio-Thoracic Surgery. It got its listing in Current Contents and the Citation Index in 1992.

The development of a journal is dependent on three major factors:

the number and quality of papers submitted, the rejection rate and the publishing time. The publishing time cannot be too long, or else papers containing news will be published elsewhere. If too many papers are rejected, important ones may be left unpublished or go elsewhere. The life of a journal thrives on scientific contributions, but a successful journal may become a financial problem for the father association until it gets enough revenue from publishing and advertising to make a profit.

The number of pages published per year can be increased either by making the issues larger or increasing the frequency of issues. A common interval with scientific journals is monthly, but there are weekly, fortnightly or bimonthly journals.

The subscription rate for EJCTS immediately started to increase. As the membership rate increased quite rapidly, the young journal got a head start, but it created a financial burden for EACTS.

The development of EJCTS became a standing matter in all Council meetings. At times, it was necessary for EACTS to help with the Journal's finances, such as when more temporary or permanent extra pages were needed, or when it was finally decided to publish monthly, and

other major decisions. The Council was always responsive to the needs of the Journal, but sometimes it was necessary to scrutinise the publisher's proposals and negotiate with them. And sometimes it became necessary to delay decisions or change tack.

Problems arose almost immediately. At a Council meeting in June 1988, Borst reported a huge backlog that would mean a publication time of more than one year - obviously an unacceptable situation. Springer had not been able to solicit much advertising. Although it was a good sign that authors had chosen EJCTS as their outlet, publication time was a big problem that threatened the reputation of EACTS. There were now 440 subscribers, out of which 340 were EACTS members. Further negotiations with Springer were necessary. The goal of the negotiations was to go to at least eight issues, preferably 12, a year and to significantly increase marketing income.

The issue was discussed at length in Council. Two Annual Meetings had resulted in a good financial surplus and the hopes for the third in Munich were high. EACTS could afford to invest further in the Journal. Fontan suggested an investment of US\$150,000. At last, in 1990, the Journal was published every month, pages increased and the publication time decreased.



Fritz Sebenning, President 1988-89

Springer had, by this time, turned out to be expensive and not very efficient.

Councillors began to search the international publishing market in order to have an alternative at hand should the situation with Springer not improve. However, the situation was complicated as Springer owned the title of the Journal. Leaving Springer would either be expensive or mean changing the Journal's title. Changing the title would mean that the process of being listed in Current Contents and the Citation Index would have to start anew. Council decided to make the most out of the present situation and to delay the

finally necessary step to engage a more accommodating publisher.

On the initiative of the Council, a list of firms who could be interested in advertising in the Journal were given to Springer. Marketing was boosted and finances improved. Springer agreed to increase the number of pages, but it proved difficult to reach a final revenue sharing agreement. One reason for this was Springer's reluctance to negotiate. In a Council meeting in June 1991, Borst could, however, report an improved situation: a good inflow of manuscripts, increased subscriptions, reduced publishing times (now 7.7 months) and a rejection rate of 42%.

In Borst's view, one of the most important journal items was the reliable reporting of discussions held at the Annual Meetings. Since this was not practised in other European meetings, he managed to hire the stenographer firms of Pudlo & Co, and later Koslowski & Co, both of Chicago. Both firms had been recording discussions at the AATS and STS meetings for many years. Staff members of EACTS were tasked with identifying speakers. The discussions of invited speakers and other discussants were then printed in the Journal, together with the articles, and this made good reading for surgeons who could judge for themselves the immediate or possibly critical reaction to the new knowledge.

Sometimes the discussions were witty and amusing. Koslowski & Co have remained our stenographers ever since.

The new agreement with Springer was finally signed in the autumn of 1991. It was not very favourable to EACTS but it was the best that could be reached at the time. According to the new contract, EACTS would receive a 6% share of the profits. However, EACTS still financed the editorial office.

The Nominating Committee wanted to see Hans Borst as President, and so he resigned from the Editor post. An open recruitment for the next Editor was set in motion. After a full evaluation, Marko Turina was asked to accept the post and he took over as Editor in January 1994.

During his Presidency, Hans Borst suggested the Council install a prize in order to honour Francis Fontan. This was met with unanimous support. It demanded a written application and gave the winner the chance to study abroad. It was given for two decades but, as conditions changed (travelling abroad to serve in a department was no longer common), the funds were redeployed to the Skills Programme (Chapter 13).

Marko Turina prepared himself for his editorial position by visiting not only Borst, but also John Kirklin,

Editor of the Journal of Thoracic and Cardiovascular Surgery (JTCVS), and Tom Ferguson, Editor of the Annals of Thoracic Surgery (ATS). He established a cordial relationship with the two US journals, something that was to prove very important for the future. After his appointment, Turina took over the manuscripts that had not yet been processed and, as the submissions were increasing, had to organise the editorial office in a hurry. Fortunately, his wife, Helga Turina, could help him until he found competent staff.

Turina read all papers himself and sent them on to one of three Associate Editors, who selected reviewers. The Associate Editors assessed the opinions of the reviewers and made a decision on whether to publish. In uncertain circumstances, the Editor would take the final decision.

It had been decided early on that the papers given at the Annual Meeting would be reviewed for publication in EJCTS. However, it turned out that some authors wanted to publish the material in another journal with a higher impact factor. The rules had to be made more explicit and the authors had to sign an agreement to publish in EJCTS. Initially, discipline among the presenters was not very good and several authors did not present their manuscript to the Journal. Therefore, the Council reaffirmed the

necessity of obligatory submission of manuscripts from the Annual Meeting and introduced a punitive rule: an author failing to submit his presented manuscript would be banned from presenting his work at future Annual Meetings for two consecutive years. EACTS announced this rule in the guidance for abstract submissions, and it was therefore well known to all submitters; nevertheless, some non-compliant authors continued to submit their abstracts for the next year's meeting. Since abstract selection was strictly anonymous, the Programme Committee did not know where the submitted abstract originated. Therefore, the Editor composed a "blacklist" of failing authors, which was presented at the end of the Programme Committee meeting, when the anonymity was discarded. This enabled the Programme Committee to remove repeat offenders from the selected abstract list, and to select other abstracts in their place to complete the programme. This EACTS "blacklist" was very effective in establishing the necessary discipline among presenters.

As EACTS and the Annual Meeting had grown in attraction and size, many more papers were submitted, both directly to the Journal and via the Annual Meeting. The capacity of the Journal began again to reach and surpass the limit set by

Springer. The backlog of papers increased and, as a consequence, so did the publication time, which, at its height, again reached one year. Springer's only advice was to increase the rejection rate. They were not interested in financing more pages. Turina started to look around for another publisher. He presented his dilemma to Tom Ferguson, who generously introduced him to contacts at Elsevier. During a visit to Elsevier's headquarters in Amsterdam, it was obvious that Elsevier was interested in becoming our publisher. They also introduced Turina to Ian Beecroft, who subsequently became the Editorial Manager of EJCTS. Ian was a true professional with vast experience of the publishing business. He started working with the Journal in 1995 and introduced a streamlined and precise way of handling the work.

However, the available number of pages remained the limiting factor. As the finances at this time had improved thanks to several successful Annual Meetings, the Council was prepared to finance the purchase of additional pages.

The contract with Springer was due for renewal in 1997, so a decision would have to be made by then. Turina, Borst, Åberg and Huysmans were selected to conduct further negotiations with Elsevier and to

submit a proposal to the Council. In 1995, it was decided to increase the number of pages by around 160 pages as a one-time measure. It was also decided that it would be too expensive to buy the title of EJCTS, although ownership of the title should remain a long-term EACTS goal. Therefore, the Council chose to change publishers from Springer to Elsevier by letting Elsevier buy the title. It was a great moment. Ian Beecroft and Marko Turina travelled to Shannon, Ireland to work out the details of EJCTS publishing at Elsevier's facilities there.



*Ian Beecroft, Editorial Manager
1995-2010*

Elsevier at that time was a successful publisher. It was based in Amsterdam

but had international activity and a global reputation. Its US branch published the STS Journal. Turina and members of the Council got to know several of the people employed by Elsevier and it became obvious that this was an energetic and resourceful company. The quality of their work was high and they were open to suggestions and new ideas. Nicole van Det was our publishing manager and she helped in redesigning the front page of the Journal and implementing other changes. Ian Beecroft knew several of the Elsevier people and had direct access to his former colleagues. The Council and Turina were very satisfied with the situation and the Journal took off on a new tack. The number of pages was immediately increased and, by the end of Turina's tenure, had reached a steady rate of 1,600 pages per year. In addition, the publishing time was around seven months. Ian Beecroft, who lived in the middle of the Alps at quite some distance from the editorial office in Zurich, solicited the help of Judy Gaillard, who became an important person in the development of the Association's publishing business. Ian also led the computerisation of the editorial office, and introduced electronic submission for abstracts submitted to the Annual Meeting and for manuscripts submitted to the editorial office.

Duplicate publication

In order to get several articles out of their material, some authors wanted to publish in multiple journals. As a result, the matter of duplicate presentations was discussed between the editors of major cardio-thoracic journals. They did not like to see an article published in one journal being duplicated or only slightly changed by one or a few patients in another. Duplicate publishing did not add anything to the field's knowledge and wasted precious pages. The Editors of the three main journals agreed to travel to the Programme Committee meetings of the other societies. They came up with a definition of redundant publications that is still upheld: the hypothesis is similar; the numbers or sample sizes are similar; the methodology is identical or nearly so; the results are similar; at least one author is common in both reports; and no or little new information is made available.

The Editors published these new rules simultaneously in all major CT journals and upheld them systematically. After some years, attempts at duplicate publications became rare. This was a good sign of the advantages of international collaboration.



European Journal of Cardio-thoracic Surgery 16 (1999) 1

EUROPEAN JOURNAL OF
CARDIO-THORACIC
SURGERY

Editorial statement

Joint statement on redundant (duplicate) publication by the Editors of the undersigned cardio-thoracic journals

The co-signatory Editors hereby declare that a process of information exchange and co-operation is to be instigated between them forthwith with the aim of eliminating redundant (duplicate) publication in their journals. Briefly, redundant publication is a paper, which overlaps substantially with one already published or submitted elsewhere.

We consider redundant publication to be scientifically unethical for the following reasons: the author receives two or more citations for only one article; the time of unpaid peer reviewers and editors is frequently wasted on duplicate submissions; the already extensive scientific literature is further inflated making literature search even more cumbersome; valuable journal pages are wasted. Furthermore, meta-analysis of various studies becomes flawed when the same material is published repeatedly.

We intend to combat redundant publication by: sending doubtful papers for peer review by other journal editors; exchanging information about conference submissions and joint collaboration in program committees; publishing joint statements exposing offenders in clear cut cases; imposing bans where necessary; and following up on potential copyright infringements.

For the purposes of this declaration, redundant publication is defined as follows:

Definition – redundant publication

1. The hypothesis is similar.
2. The numbers or sample sizes are similar.
3. The methodology is identical or nearly so.
4. The results are similar.
5. At least one author is common to both reports.
6. No or little new information is made available.

- To classify as redundant publication **all of points 1–6** must apply.
- An exception is publications in local or regional journals, abstracts at scientific meetings, or in languages other than English. The authors must bring all of these to Editor's attention.
- The Editors' judgement decides if points 1–6 apply for a specific case. The authors will be informed, and will be given the opportunity to reply.

We hope that the authorship of our journals and the scientific community at large will support us in this endeavour which we believe to be in the best interests of all.

The undersigned:

Asian Cardiovascular & Thoracic Annals (B.K. Cho – Editor-in-Chief)
European Journal of Cardio-thoracic Surgery (M. Turina – Editor-in-Chief)
Journal of Cardiac Surgery (R.B. Karp – Editor-in-Chief)
The Annals of Thoracic Surgery (T.B. Ferguson – Editor)
The Journal of Heart Valve Disease (E. Bodnar – Executive Editor)
The Journal of Thoracic and Cardiovascular Surgery (J.A. Waldhausen – Editor)

Towards the end of Turina's tenure in 2000, the Internet had developed to the point that Ian Beecroft was ready to accept electronic submissions, i.e. an e-mail instead of a post package. Furthermore, the correspondence with authors could now be conducted by e-mail and manuscripts could be sent to the publishers via the Internet, greatly expediting the publication process. The change was quick. In April 2000, no manuscript was submitted via the Internet; in September more than half were. The transfer from one system to the other presented some teething problems. EJCTS was the first major cardio-thoracic journal to switch completely to the electronic handling of manuscripts, which revolutionised the Journal's reviewing and publishing processes. It became possible to run EJCTS with an Editor in Zurich, and later in Lausanne, a Managing Editor in Martigny, and Judy Gaillard in Segey, in another part of Switzerland.

When the time for a new Editor came closer, the Council sent out a call for applications. **Ludwig von Segesser** made an interesting application encompassing new ideas for EACTS as a whole. He had been an Assistant Editor in Turina's team, participated in weekly editorial conferences during his tenure in Zurich, and was well versed in the handling of manuscripts. He proposed a new additional journal with a new scope. The main ideas

were to use the Internet and to publish matters of interest already assessed by the editorial process, but which were out of scope for EJCTS, which was geared towards its impact factor. The new journal would be built around the possibilities of the Internet, be driven by the number of hits obtained in the World Wide Web and include such features as very quick online publishing, colour illustrations, sound and videos, and the possibility to add comments to a published article. Immediately after acceptance, the manuscript would be typeset, published online and be open for comments from readers. After a period of one month, it would be published together with the comments as an ordinary printed journal. Online access would be free but readers would have to pay to get the printed journal.

The search committee was impressed by the plans and the Council decided to fully support the self-publishing route. Ian Beecroft was eager to use his electronic knowledge and took responsibility for that part of the project. The title of the new journal, Interactive CardioVascular and Thoracic Surgery (ICVTS), was properly registered and thus owned by EACTS. Eventually, Elsevier accepted to be "only" the printer and distributor of ICVTS. In order to mark the global scope of ICVTS, an editorial board was recruited from all over the world.

A scope different from EJCTS was defined for ICVTS, including features such as New Ideas, Institutional Reports, Protocols, Negative Results, Proposals for Bail-out Procedures, Follow-up Papers, Work-in-Progress Reports, Brief Communications, and Case Reports. Somewhat later, Joel Dunning proposed the introduction of Best Evidence Topics (in short: Best BETS), a very special format for presenting pending issues in thoracic and cardiovascular surgery.

The ICVTS was launched in 2002 and was a slow but pervasive success. It started with four issues per year but grew to 12 issues per year. It has proved to fill an important role for EACTS. It was an experiment with a limited financial risk but uncertain outcome. However, Council was united in supporting the electronic world and exploit the possibilities of web publishing.

In 2003, the European Society for Cardiovascular Surgery (ESCVS) approached the Editor. They needed a publication outlet for their scientific material, and asked whether any of our journals could be their outlet. The Editor and Council were receptive to the idea, and as the word "vascular" was already present in ICVTS, that journal was elected. This collaboration lasted until 2012, when they switched their official outlet back to Minerva Medica.



Ludwig von Segesser, Editor 2000-10; President 2011-12

The Editor and Council had been very satisfied with Elsevier's high-quality publishing. However, after some years, Ian Beecroft realised that Elsevier was cutting down on staff. Several of the people that we had come to know and trust chose to leave the company, Nicole van Det among them. Quality decreased. In discussions with Ian, it became clear that the publishing industry made large profits out of scientific journals. In ordinary publishing, the authors get a pecuniary reward. This was not the case for medical journals. On the contrary, EACTS still financed the editorial office. It became clear that medical authors created new knowledge on funds that came mostly from the public sector, i.e. the

tax payer. The new knowledge had to be disseminated in order to be of use. During this process, funds were siphoned off by the publishing industry. It is alright to make a profit but it is not alright to extract an exorbitant profit, such as the 40% profit on medical journals that had been mentioned. Such a profit should create an opportunity for insourcing in some way, i.e. to take responsibility for the publishing process in the same way that EACTS had done with the Secretariat, Annual Meeting and the ICVTS. The Internet would give us this opportunity. We would only have to outsource the actual printing and distribution of the printed copies, and even this might become unnecessary in the future. The possibilities were tantalising. Cooler heads in the Council nodded at the possibilities but were reluctant to rush into anything. After all, as surgeons we are dependent on external publishing expertise. Still, Ian had taken responsibility for the first step in self-publishing and the future was open for further improvements.

One remaining hurdle was that Elsevier owned the title of EJCTS. It was now impossible for us to change the title; too much had been invested in the all-important impact factor, which goes with the journal title. We were still tied to Elsevier for several years, but it was time to start negotiating. These negotiations were time-consuming and difficult. It became clear that Elsevier

did not want to lose EJCTS. At times, they flatly refused to negotiate and had to be brought kicking and screaming to a resolution. A price for the title was finally settled at €667,000, which was within our means. However, they were only willing to sell if we stayed with them for another five years. Already in 2005, von Segesser had decided that EACTS should sever ties with Elsevier as soon as possible.

The title of EJCTS was finally bought in 2008. EACTS was at least one step closer to owning our own journal and gaining the freedom to manage EJCTS affairs.

During the ensuing years of von Segesser's tenure (2000–2010), further improvements were introduced, mainly exploiting the possibilities of the Internet. Supporting videos added to the educational value of articles. Open access one year after publishing was introduced in 2008. One further development was that, in 2009, the European Board of Cardiovascular Perfusion (the main body for perfusionists in Europe) applied to have the ICVTS as their official journal, which was greeted with great satisfaction by the Council and Editor. The Journals expanded greatly under von Segesser's tenure. The number of submissions increased from 783 in the year 2000 to 2,732 in the year 2010. Also, the total number of pages published increased from 1,540 in 2000

to 2,220 in 2010 for EJCTS, as well as an additional 2,902 pages for ICVTS. Likewise, the impact factor of EJCTS improved from 1.187 in the year 2000 to 2.293 in 2010. Some rationalising changes were made in the flow of manuscripts by delegating decision-making power to section editors.

In 2008, Ian Beecroft announced that he would leave our employment in 2010 and set up a consultancy business. He gave this long notice in order to give the Association time to rearrange the organisation to the satisfaction of a new Editor (to start working in 2011). This meant that the new Editor would have three major problems when he was elected: organisational decisions; seeking a new publisher or deciding to self-publish; and recruiting new staff. In order to give the new Editor plenty of time to overlap with von Segesser, the Council decided to set the application procedure in motion.

During my tenure as Editor, the economic side was a permanent issue. It came up first with the creation of ICVTS, which required manuscripts, readers, subscribers, and a page budget. The solution for the latter issue was to ban the case reports from EJCTS, and to shift them to the new ICVTS with the corresponding page budget. This approach did not require additional funding and greatly facilitated negotiations with

the editorial office, the publisher, the distributor and the EACTS Council.

The revenue from advertisement is directly linked to journal circulation and the number of readers. We therefore had to win more subscribers for our journals. Our analyses of the pricing strategies used by various publishers revealed that the cost of a subscription for EJCTS was roughly double that of our main competitors - a desperate situation for us. We tried for many years to get better conditions from our publisher, but without success.

We had another permanent quarrel with the publisher regarding the speed by which the web platforms for our journals could be developed. We wanted to add video and sound etc., specifically for ICVTS because the latter was supposed to be interactive for its discussion section, which would require speed and accuracy. The fact that our editorial office was staffed with very capable people, namely Ian Beecroft, Rita Brightwell, and Judy Gaillard, blessed us with significant negotiating power. Faced with the chronic opposition of the publisher to further improvements, we could state, "Well, if you cannot do it, we can". Thus, a new adventure started, also with headaches but different ones, by self-publishing ICVTS. This included copy-editing, web-hosting, printing and dispatching. The proof that this

editorial team was afraid of nothing came with self-publishing books. Furthermore, we could claim at the next round of publisher negotiations that one serious option was to self-publish the entire production, including EJCTS, ICVTS, MMCTS, Abstract Books and Newsletters - a big potential loss to them.

In summary, I enjoyed the economic and organisational challenges as Editor, which, of course, were in addition to the usual editorial work.

Ludwig von Segesser

When it came time to choose a new Editor, **Friedhelm Beyersdorf** from Freiburg in Germany applied, had the strongest application, and was given a year to prepare himself for editorial duties. He was elected by the General Assembly in 2010. He had a wealth of experience in matters of both publishing (as Associate Editor and reviewer) and of Council work (as Councillor).

Beyersdorf moved the editorial office from Martigny to Freiburg and organised an editorial office in the vicinity of his office. He brought one of the people working in Martigny, Judy Gaillard, to Freiburg as Managing Editor, although she continued to work several days a week from home - the advantages of electronic publishing! The Associate Editors were recruited and the large list of reviewers was finalised.

The contract with Elsevier was running out in 2011 and the search for a new publisher began. There were only three possibilities: Springer, Elsevier and Oxford University Press. The possibility of self-publishing, i.e. to do everything but the printing and distribution ourselves, was analysed. Calculations made by Ian Beecroft brought us to the conclusion that the financial result would be similar in both options. As there apparently was no great financial benefit to leaving the publishing industry, the Council decided, for the time being, to outsource relevant work regarding EJCTS, ICVTS and MMCTS to Oxford University Press.



Friedhelm Beyersdorf, Editor 2010 -

EACTS's publishing programme has since developed in several small steps. Special material was published under

the rubric of new article types: in EJCTS, "Great debate articles", and in ICVTS "Challenge of the month". The most recent impact factor published in 2016 was 2.803 for EJCTS and 1.329 for ICVTS.

Siegfried Hagl asked me if I would be interested in becoming the new Editor for EJCTS and ICVTS. This is a very demanding yet interesting position, with the responsibility of guiding a leading publication into the future. Cardio-thoracic surgery was facing huge challenges. Instead of competing with other very successful scientific journals in the field, the goal of EJCTS and ICVTS would have to be to promote new developments in the rapidly evolving field of cardiovascular and thoracic medicine. The Council would have to decide who the new publisher would be after Elsevier. I would have to find new members for the editorial office, and the editorial office would have to relocate from Martigny to the University of Freiburg. The increasing number of submissions to EJCTS and ICVTS would have to be handled. On top of that, I had my own responsibilities as a surgeon and Chairman of a cardiovascular department.

Oxford University Press (OUP) was finally selected as publisher for all three EACTS publications: EJCTS, ICVTS and MMCTS. This resulted in a successful collaboration and pleasant relationship.

Ian Beecroft helped me and EACTS in

many ways and contributed greatly to the success of all three EACTS publications. Judy Gaillard, then Editorial Manager, became Managing Editor. This is one of the best decisions I have made. Judy became the heart and soul of our editorial office: hardworking, knowledgeable, well-informed, and charming. She helps me to cope with all my different duties. Together with Franziska Lüder (Editorial Manager), Lin Müller (Copyeditor) and Melanie Künzle (Production Editor), we have a fantastic editorial team. Several colleagues from my department (Bartosz Rylski, Fabian Kari, Christoph Benk and Claudia Heilmann) are equally helpful as Assistant Editors. They help out in instances when the review process becomes delayed for some reason. The editorial staff, the Assistant Editors and I meet regularly. These face-to-face meetings are important to discuss new ideas and pressing issues, such as the backlog, and to make difficult decisions.

With the increasing number of manuscript submissions and the further specialisation of cardio-thoracic surgery, I could not do this job without the valuable support of the Associate Editors, each of whom work independently in their respective fields.

It has been a long and successful journey for the Journals from 1987 to the present time. The impact factors of EJCTS and ICVTS stand currently at 2.8 and 1.3 respectively, while MMCTS gears up to embrace all the exciting possibilities in

the new digital world. Furthermore, the partnership with the US Editors, Richard Weisel from JTCVS and Alec Patterson from ATS, cannot be better.

In summary, after six years in office, this job as Editor of EJCTS has fulfilled all my initial expectations and more: from the stimulation of helping young colleagues in their academic careers, promoting innovations, and supporting new fields in research, to watching out for adherence to regulations for scientific integrity. And it is not finished yet!

Friedhelm Beyersdorf

The Multimedia Manual of Cardio-Thoracic Surgery (MMCTS)

After stepping back as Past President of EACTS in the autumn of 2002, Marko Turina proposed to the Council a new idea: an electronic repository of techniques utilised in cardio-thoracic surgery, to be published only on the Internet, without printed issues, but fully utilising the online possibilities of adding videos, colour, extensive schematics and audio comments to the (limited) text. This new publication, named the Multimedia Manual of Cardio-Thoracic Surgery (MMCTS), would be published by EACTS and be free to view online. Free access would offer surgical education to colleagues in their own environment, helping them acquire

knowledge of standard techniques, new developments and innovations. Marko Turina assembled a group of experts in all major fields of cardio-thoracic surgery as Associate Editors, and the process of accumulating valuable material for MMCTS started. Distinguished surgeons were invited to add their specific techniques to the MMCTS repository, subject to the usual editorial reviewing. There were no fixed issues of MMCTS; instead, each procedure was published after it was accepted by the editorial board. Many surgeons helped by adding their material. The editing process could sometimes be difficult and tedious due to technical factors. MMCTS now numbers more than 200 procedures, including adult and congenital cardiac, pulmonary and oesophageal, rhythm disturbances, heart and lung transplantation, assisted circulation, and thoracic vascular surgery. Later on, a section about exercises in anatomy was added. MMCTS receives some 400,000 page visits per year.

In 2016, after 14 years of intensive work with MMCTS, Marko Turina stepped back as MMCTS Editor, and was replaced by two successors, Roberto Lorusso and René Prêtre, who divided the work between them. Council decided to finance several improvements which are now underway, including making MMCTS mobile friendly, enabling comments after each procedure, and encouraging free submissions from other surgeons.

Comment

Traditionally, dissemination of new knowledge has been accomplished primarily through printed material, scientific meetings and personal conversations. Lately, the increased possibilities of the Internet have created many more alternatives. Publishing has had to become electronic-savvy. A working knowledge of programming and the use of computer programs and apps has become essential for any person interested in higher education and the development of science. New generations of surgeons have accepted the challenge, embraced electronic knowledge and used it to improve the fate of the patient. This has been done not only in the publishing arena but all across the fields of postgraduate education, quality improvement, association management, etc. We have indeed entered a new era. It is reassuring to note that EACTS has been at the forefront of these developments and that it possesses the tools and knowledge to further develop our field.

One worry for the future is that the publishing activities of EACTS have never been financially self-supporting. The main reason is probably that the subscription fees are embedded in the membership fee, which has never been significantly raised.

The Annual Meeting

The Programme Committee

The Programme Committee has an essential role in shaping the scientific content of the Annual Meeting. The procedure starts with a call for abstracts that is distributed to all members and other interested surgeons. It is also published in several media. In the call for abstracts, information about the procedure and a deadline are given.

There are always many more abstracts received than the available time slots for presentation at the Annual Meeting. They therefore have to be judged and selected, and that selection process has to be transparent and fair. The rules have to be made public and adhered to if they are to be perceived as fair. The judgement process must enable the Committee to discern between the work that deserves to be exposed and work that has to seek other outlets. A good programme committee should also have a mechanism for helping the author produce a better study and submit a better abstract next time. This became impossible with the increase in submissions.

The Programme Committee's work has developed over the years. As the science developed and became more specialised, the number of abstracts

and available time slots became larger. The number of people involved also grew as the principle of transparency became more acknowledged. One of the early principles was that the judging should be made blind. That meant that the names of both authors and their institute had to be erased from the abstract - something that was a bit tedious. Only at the last point, when the actual programme was going to be composed, was the anonymity abandoned.

Initially, the work of judging the abstracts was done by Council members who asked several experienced surgeons to join them in judging and forming an attractive programme. A full Programme Committee was later elected by the Council and the rules for judging started to become more elaborate as the number of abstracts increased. A two-tier system had to be introduced, with people judging all abstracts at the first stage. Then, 40% of the abstracts were selected to go on to the second level, where they were judged by a new set of people (the Programme Committee proper), who evaluated them according to a point system. As the knowledge became more specialised and as the subspecialisation of cardio-thoracic surgery became more pronounced, thoracic, vascular, transplantation and congenital surgeons started to judge abstracts and compose programmes between themselves.

The final making of a programme takes two working days for the Programme Committee - an exhausting experience!

The organisation of the Annual Meeting

The arranging of a major medical conference is a huge task. The Annual Meeting involves substantial costs and many staff hours for the Secretariat. The total costs of a congress, including absence from work, travel and lodging, is, of course, much higher.

The work starts several years before with the search for a suitable venue. After that, the work consists of innumerable tasks, such as negotiating contracts, hiring temporary staff, organising smaller meetings, arranging meals, etc.

As EACTS needs the combination of many larger and smaller rooms and a large space for industry exposition close to each other, the number of available venues is not large. To start with, the Council wanted to go to as many large cities in Europe as possible in order to give delegates new experiences in conjunction with the meeting. So far, the meeting has been arranged in 12 of Europe's countries. As EACTS has grown, we have become too large for several of the venues. Furthermore, in some suitable venues, the costs

have been prohibitive, often due to unfavourable tax conditions. Lately, we have only been to a few cities, and are awaiting the construction of several planned new venues.

Traditionally, the medical industry has been instrumental in helping surgeons to attend the meeting, but this habit is now under threat because of new regulations. Yet, dissemination of medical knowledge is important to all countries and patients. Society has a good reason to ensure its doctors remain knowledgeable and up-to-date. It is not clear how the future looks, but the threat that industry might have to reduce their financial support has been present before - and overcome!

Techno-College

The need for a forum for new inventions, procedures in their infancy, patents, wet labs, live surgery, etc. had been recognised but not acted upon by the large cardio-thoracic associations. In the US, Hani Shennib, a cardiac surgeon, had formed an organisation called Cardio-Thoracic Technology which gave presentations in these areas. This was irritating to the associations as it encroached upon their potential audience.

In Europe, Hugo Vanermen from Belgium set up a similar organisation

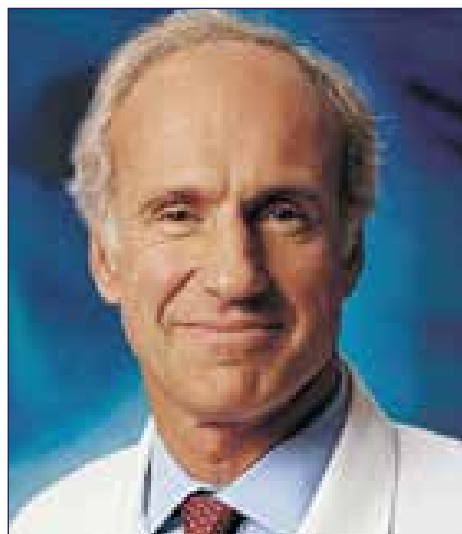
in 1998 (called Euro-College) and presented it before the EACTS Annual Meeting, attracting some 250 surgeons.

The reason behind EACTS's inactivity was its tradition to keep the Annual Meeting focused purely on science. Only slowly had other valuable elements been introduced, such as postgraduate courses, state-of-the-art sessions, panel discussions, and problem area sessions. However, EACTS had so far abstained from the areas of new ideas, industry presentations, wet labs, live surgery, and so on. In November 2001, the matter was discussed by the Council and a decision was made that the SG should actively pursue the matter.

It was quite obvious, both from the US and from the experience of Vanermen's endeavour, that these topics were popular and attracted quite an audience. The Council was worried that our own audience would be infringed upon, but they were also concerned about an outside competitor.

In 2002, Torkel Åberg was playing a game of golf in the US before returning to Sweden. On the golf course, he met Hugo Vanermen and they talked about the Euro-College. They agreed that it would be advantageous for cardio-thoracic surgery if the two activities could merge. Vanermen was very generous in his reasoning and said that, now that he had shown that

the subjects were of great interest, he would be prepared to let EACTS arrange the sessions. He was willing to maintain responsibility for some years but then wanted somebody else to take over. The next Euro-College was already outsourced to another conference organiser so the transfer would be done later.



Dr Hugo Vanermen

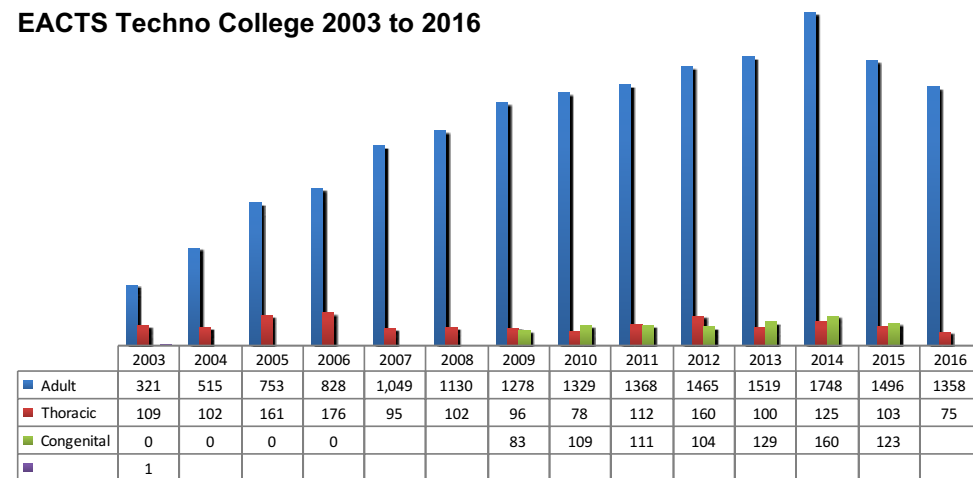
The Council was delighted with this development. Rules were drawn up and a small organisation was formed. In Lisbon in 2001, the first (by now renamed) Techno-College was arranged by EACTS. In 2002, it was decided that the previously pure cardiac content should also incorporate thoracic matters. Techno-College has been

an integral part of the Annual Meeting ever since. Vanermen's was probably the largest gift ever to be given to the Association.

One feature of Techno-College was live surgery. This was questioned for two reasons: the educational value and the ethical problems that could arise. However, as the attendance for live surgeries was quite large, it was obvious that the audience liked to see another surgeon perform live. The ethical question had arisen at the same time in several other international associations. A document on live surgery had been produced by the Asian Society of Cardiovascular and Thoracic Surgery. It was well written and was accepted as echoing the EACTS opinion. After a year of deliberation and testing, it was decided that Techno-College should also abide by these same rules. In the meantime, STS and AATS had also reviewed their rules on live surgery. A controlling mechanism was also put in place. Live surgery is now performed according to these ethical rules and continues to attract large audiences.

Techno-College was financially very successful. It could therefore be further expanded. The content of Thoracic subjects was increased and a Prize was instigated. The number of delegates grew and further features were added. Altogether, it has been a success story.

EACTS Techno College 2003 to 2016



Past Presidents' presidential addresses

The President's duties include the task of contributing to the Annual Meeting programme. This involves making a presidential address of some 40 minutes and suggesting the honorary guest speaker. At one time, the President also suggested a "basic science speaker". The presidential address is a highlight of the Annual Meeting. Much effort and training goes into writing the address in order to make the rather long speech interesting and to ensure it makes an impact. The themes of the addresses have mostly consisted of cardio-thoracic matters. One particular extra-medical theme has been the relationship to matters like art, music, ethics and literature, sometimes in some depth and often in their relationship to surgery. Surgical education has been a pervasive subject. The development

of the quality (broadly defined) of the service we give the patient has entered almost all addresses.

A theme during the first years was the presentation and development of the Association itself. This theme has entered almost all addresses in various forms. Relationships with governments, authorities, lawmakers and the EU have all repeatedly been taken up. The future of cardio-thoracic surgery and how to adapt to new circumstances has been predicted perhaps most successfully by Jarda Stark who, in 1993, predicted the development of congenital cardiac surgery into an organisation with fewer departments treating mostly infants, neonates and younger children. The conditions of research, i.e. the creation of new knowledge, has also been a favoured subject. The titles of the Presidential addresses are given in the following table.

Table 1. Presidential addresses

1987, Vienna	Francis Fontan	The faith in the future
1988, Bordeaux	Keyvan Moghissi	European Association for Cardio-Thoracic Surgery, quo vadis?
1989, Munich	Fritz Sebening	United Europe: A challenge for association
1990, Naples	Hans Huysmans	Steps into the future
1991, London	Mauricio Cotrufo	Fine arts and surgery: Talent, technique and culture
1992, Geneva	Ramiro Rivera	Progress in cardio-thoracic surgery: Freedom or control and regulations?
1993, Barcelona	Jaroslav Stark	Predicting the unpredictable
1994, The Hague	Armand Piwnica	Update in surgical treatment of post-infarction mitral insufficiency and ventricular septal defects
1995, Paris	Hans Borst	A European surgeon's odyssey: Experiences and conclusions
1996, Prague	Toni Lerut	Skiing on the avalanche
1997, Copenhagen	Ernst Wolner	Research in cardio-thoracic surgery: A European challenge
1998, Brussels	Eugène Baudet	Cardiac surgery in the 21st century: The future is now?
1999, Glasgow	David Wheatley	Cardiac surgery in Europe: Politics, pressures and practice
2000, Frankfurt	Joachim Hasse	Perfection and compassion: Essentials in cardio-thoracic surgery
2001, Lisbon	Marcos Murtra	The adventure of cardiac surgery
2002, Monaco	Marko Turina	
2003, Vienna	Walter Klepetko	Visions and revisions: A society visiting its roots
2004, Leipzig	Jim Monro	The next challenge: Adapting to change
2005, Barcelona	Torkel Åberg	The quest for quality and progress
2006, Stockholm	Tom Treasure	The evidence for what we do: Different tools for different times
2007, Geneva	Siegfried Hagl	Cardio-thoracic surgery 2007: Time for reappraisal
2008, Lisbon	Paul Sergeant	Risk!
2009, Vienna	Erino Rendina	In the name of the muse
2010, Geneva	Pascal Vouhé	The surgeon and the musician
2011, Lisbon	Ottavio Alfieri	The beauty of the differences
2012, Barcelona	Ludwig von Segesser	The contradictions of today are indications of tomorrow
2013, Vienna	José Louis Pomar	Talent of training
2014, Milan	Paul van Schill	The versatile beauty of the hand: Mysterious, powerful and ingenious
2015, Amsterdam	Martin Grabenwöger	The power of surgery
2016, Barcelona	Friedrich Mohr	Neulich nachts in Houston

Table 2. Development of the Annual Meeting Meeting

	Venue	President	Year	No of days	Simul sess	PG courses	Brf sess	Techno-College
1	Vienna	Fontan	1987	Mo-We	-	-		
2	Bordeaux	Moghissi	1988	Mo-We	-	-		
3	Munich	Sebening	1989	Mo-We	-	-		
4	Naples	Huysmans	1990	Mo-We	-	-	Yes	
5	London	Cotrufo	1991	Mo-We	3	-	Yes	
6	Geneva	Rivera	1992	Mo-We	-	-		
7	Barcelona	Stark	1993	Mo-We	3	-		
8	The Hague	Piwnica	1994	Mo-We	3	-	Yes	
9	Paris	Borst	1995	Mo-We	3	3	Yes	
10	Prague	Lerut	1996	Mo-We	4	3		
11	Copenhagen	Wolner	1997	Su-We	4	4	Yes	
12	Brussels	Baudet	1998	Su-We	4	4	Yes	
13	Glasgow	Wheatley	1999	Su-We	4	4	Yes	
14	Frankfurt	Hasse	2000	Sa-We	4	4	Yes	
15	Lisbon	Murtra	2001	Su-We	5	4	Yes	(Yes)
16	Monaco	Turina	2002	Su-We	4	4	Yes	(Yes)
17	Vienna	Klepetko	2003	Su-We	6	4	Yes	Yes
18	Leipzig	Monro	2004	Su-We	6	5	Yes	Yes
19	Barcelona	Åberg	2005	Su-We	6	5	Yes	Yes
20	Stockholm	Treasure	2006	Sa-We		5	Yes	Yes
21	Geneva	Hagl	2007	Sa-We	6	7	Yes	Yes
22	Lisbon	Sergeant	2008	Sa-We	5	6	Yes	Yes
23	Vienna	Rendina	2009	Sa-We	6	6	Yes	Yes
24	Geneva	Vouhe'	2010	Sa-We	8	7	Yes	Yes
25	Lisbon	Alfieri	2011	Sa-We	8	7		Yes
26	Barcelona	von Segesser	2012	Sa-We	7	Many		Yes
27	Vienna	Pomar	2013	Sa-We	8	Many		Yes
28	Milan	Van Schil	2014	Sa-We	8	Many		Yes
29	Amsterdam	Grabenwöger	2015	Sa-We	Many	Many		Yes
30	Barcelona	Mohr	2016	Sa-We	Many	Many		Yes



*Armand Piwinca, President
1993-94*



*Jim Monro, President
2003-04*



*Siegfried Hagl, President
2006-07*

The development of the Annual Meeting is best described by a few tables and figures. In Table 2, the time frame, the number of simultaneous sessions, postgraduate courses and breakfast sessions are given, as well as when Techno-College came into the picture. The two first years of Techno-College were arranged in conjunction with the Annual Meeting but without EACTS cooperation. With the increasing number of semi-scientific and business meetings during the Annual Meeting, it is not possible to correctly give the figures for the simultaneous sessions.

Before the postgraduate courses were introduced, there were breakfast sessions that started at 7.30am, probably as a result of the AATS habits. The time did not suit Europeans at all, and they were abandoned in 2011.

Business meetings of various scientific/organisational subjects began to be arranged in the late 1990s, and later

increased in scope and size. A daily news publication during the Annual Meeting has now been published for several years.

The variable size and scope of sessions and formal postgraduate courses explain the multitude of simultaneous sessions since 2010.

Cardiac anatomy sessions were held first by Robert Anderson and later by Gaetano Thiene. They were very popular at first but have since been replaced by more interactive sessions.

The Annual Meeting is a natural time to have other meetings, as surgeons are already gathered together. The meetings with industry were introduced in the early 1990s, but have become more regular during later years. Yearly meetings with national societies have also continued. These are important as they strengthen the ties between the European and the national level!

Table 3. Honoured guest lectures

Honoured guest lectures		
Year	Name	Title of presentation
1987	<i>J. Bredikis</i>	Surgery for supraventricular arrhythmia: Present and future
1988	<i>Griffith Pearson</i>	Lung transplantation
1989	<i>John Kirklin</i>	The science of cardiac surgery
1990	<i>M Paneth</i>	The Brompton Hospital and cardio-thoracic surgery
1991	<i>Denton Cooley</i>	Surgical perspectives in coronary heart disease
1992	<i>Norman Shumway</i>	The development of heart and lung transplantation
1993	<i>Aldo Castaneda</i>	The dispensable right ventricle revisited
1994	<i>Tyrone David</i>	An anatomic and physiologic approach to surgery for acquired heart disease
1995	<i>Vincent Gott</i>	The Marfan syndrome and the cardiovascular surgeon
1996	<i>David Skinner</i>	The impact of healthcare changes on cardio-thoracic surgery
1997	<i>Alain Carpentier</i>	Transfer of knowledge
1998	<i>Floyd Loop</i>	Coronary artery surgery: The end of the beginning
1999	<i>O.H. Frazier</i>	Surgical technology for the diseased heart
2000	<i>John Benfield</i>	The language of science
2001	<i>Craig Miller</i>	Past, present and future of surgery for the descending thoracic aneurysms and dissections
2002	<i>Adib Jatene</i>	A cardiac surgeon's concerns on health problems of a country: A personal experience
2003	<i>Alex Patterson</i>	The changing profile of cardio-thoracic science
2004	<i>William Williams</i>	Surgical outcomes in patients with congenital heart disease: Expectations and realities
2005	<i>Eugene Blackstone</i>	Thinking beyond risk factors
2006	<i>Stephen Spiro</i>	Clinical trials: Small answers to big questions
2007	<i>Alec Vahanian</i>	Percutaneous valve therapy: Present and future
2008	<i>P.F. Wouters</i>	Asleep or in motion
2009	<i>L Fratti</i>	Regenerative medicine: A look into the future
2010	<i>D Sidi</i>	The impact of prenatal diagnosis on paediatric cardiology
2011	<i>P Anversa</i>	Tissue-specific adult stem cells
2012	<i>M Fishman</i>	Can medicine save pharma?
2013	<i>Valentin Fuster</i>	Evolving trends in the cardiovascular field: Technological and non-technological aspects
2014	<i>B Loey</i>	Genetics of aortic disease
2015	<i>A Kuipers</i>	Medical aspects in space industry
2016	<i>R Battellini</i>	Speed and perfection

Table 4. Basic science lecture (introduced in 1994 and discontinued in 2008)

	Venue	Year	Name	Title of presentation
8	The Hague	1994	Not available	Not available
9	Paris	1995		
10	Prague	1996		
11	Copenhagen	1997	A Wechsler	Molecular biology for the cardio-thoracic surgery
12	Brussels	1998	No name	No title
13	Glasgow	1999	Anna Dominiczak	Genes and cardiovascular disease: The clinical dividend?
14	Frankfurt	2000		
15	Lisbon	2001		
16	Monaco	2002	R Ernst	Development of Magnetic Resonance Imaging
17	Vienna	2003	Francis Wells	First make an anatomy: Leonardo da Vinci as a paradigm for modern clinical research
18	Leipzig	2004	Thomas Eschenhagen	Creating three-dimensional engineered heart tissue from primary heart cells
19	Barcelona	2005	James Reason	Behavioural aspects of surgical excellence
20	Stockholm	2006	S. Gallivan	A mathematical magic show: Can you do science without data?
21		2007	K Mainzer	Challenges of complexity in the 21st Century: Risk, chance and self-organisation in nature and science
22		2008	None	
23		2009	None	

Chapter 7

The Secretariat

The secretariat is one of the most essential and important bodies of an association. Without a well-functioning secretariat, an association is vulnerable and hampered in its decisions. Work becomes tedious and this may sow what can grow into conflicts. A well-functioning secretariat is therefore a treasure.

Initially, secretarial duties were shared by Marko Turina and Francis Fontan, who each put in their own work and resources. This would not be possible for the future and Turina asked for, and received, support for a part-time secretary. Fontan also helped with the secretarial routines and, in 1990, he offered to set up a secretarial office in Bordeaux. In 1991, the Council decided to accept the offer and the transition to Bordeaux started. The Council realised, however, that a medical association needs considerable secretarial resources. Moghissi and Huysmans investigated the possibility of having a professional secretariat of our own. They found that the existing diversity and costs of the Association's administration could not continue. The best option would be to have an Executive Secretary who worked within a professional agency, leading to possible savings of CHF 80,000 per annum. During the Annual Meeting in London, an event organiser, CASL,

was engaged on the recommendation of Jarda Stark. They made a good impression and the London Meeting produced a substantial surplus.

Jarda Stark and Torkel Åberg were entrusted to prepare an exact list of what was desired of a professional agency. After an extensive investigation of five different quotes, CASL in London was elected to be our Secretariat in 1991. Diana Ambrose, owner of CASL, introduced us to Sharon Pidgeon and Kathy McGree.

Diana Ambrose made the transition to the UK and undertook the steps necessary to register us in the UK. In particular, she got EACTS accepted as a charity with favourable tax conditions. This entailed a change of the Constitution (see Chapter 4).

Over the next couple of years, the economic situation improved, with many new features being added, primarily to the Annual Meeting but also to several new committees. CASL began to handle more and more of the Annual Meetings. The Local Organising Committee (LOC) became less important. Annual Meetings now regularly created a substantial surplus.

In addition, the Secretary General's own administration was now managed in Umea by Maud Zingmark.

In 1997, Diana Ambrose sold CASL and retired. The new CEO of the company had no previous experience of association management but the Council decided to stay with CASL in the hope that the new management would deliver. The Annual Meeting in Copenhagen in 1997 showed a financial deficit but the Brussels meeting in 1998 returned a substantial surplus. However, during the preparations for the Glasgow Annual Meeting in 1999, both David Wheatley and Torkel Åberg realised that something was wrong. Proper accounts from the Brussels Meeting in 1998 were not produced and transparency was lacking. This amounted to a major crisis. Wheatley told the Council that the Hypertension Society had had bad experiences of CASL and were contemplating taking them to court. A lawyer, Bertie Leigh, was consulted. (He has since remained as the main legal adviser for EACTS.) Leigh agreed with Wheatley's and Åberg's conclusion that we had to sever ties with CASL. The only possibility seemed to be to repeat the whole search procedure for a new event organiser.

The Glasgow Annual Meeting went well, with a solid financial return. The Council took a deep breath of relief! In view of the lacking financial information, we had expected much worse. However, the relationship with CASL had now reached a low level and the decision to leave them was confirmed.



David Wheatley, President 1998-99

During a meeting with CASL, Kathy McGree took Åberg aside and asked whether she could possibly be considered to take on our needs. By this time, she had shown herself to be quite resourceful. Åberg and Wheatley discussed the advantages of insourcing (lower costs, total transparency, a short chain of command), as well as the disadvantages (more work for Officers as the direct bosses of the insourced unit, and a higher risk level with little back-up). On balance, Council decided that we should go for an insourced solution and employ Kathy to take the lead and do the work.

This meant EACTS was ready to sever ties with CASL. However, they put up a fight. They questioned our interpretation

of the contract and maintained that we had to stay with them for two more years. Kathy was informed that she was bound by contract not to transfer to a competitor directly from their employment. If she did, she could be sued by them.

Again, Bertie Leigh was consulted. He judged the contract with Kathy to be like a slavery contract and his opinion was that they would not sue. Under the present circumstances, he was still in favour of severing the ties as soon as possible. A letter to that intent was sent.

Wheatley, Åberg and Kathy McGree started to prepare the transition in secret. Finally, Kathy turned in her resignation. When it became known that she was employed by us, CASL refused to release our documents. They forbade us to enter their premises and, ultimately, must have destroyed the documents when the business was liquidated in 2002.

EACTS had evidently jumped ship at the last moment, and into a small office in Windsor, named The Cottage. Windsor was chosen because of its proximity to Heathrow airport, ensuring excellent links to the whole of Europe. Furthermore, it was near Kathy's home. Good staff were available in Windsor, as many people thought it too cumbersome to commute to London every day.



Kathy McGree, Executive Director 2000-16

EACTS had now experienced two instances of an initially excellent company changing leadership and turning into a nightmare.

The new office was officially inaugurated at a Council meeting in November 1999. Kathy's first employee was Linda Collis. An accountant, Richard Rhodes, was chosen and he has remained with EACTS ever since. The total responsibility for the administration of the Annual Meeting was now in our own hands; only some relatively minor parts were still outsourced to local companies under strict contracts. Kathy solicited the help of Sharon Pidgeon, who joined the team in 2000.



Sharon Pidgeon, Event Director 2000-16

The number of staff grew and space became a problem. It was evident that the present premises in Windsor were insufficient. The Council questioned whether it was time to buy our own house. A search for new facilities started, but nothing that suited us turned up and prices were exorbitant. However, a long-term policy of buying our own house was agreed upon by the Council. It was agreed the property should contain the Secretariat and have space to house small- to medium-sized courses and a boardroom. For the time being, there were not enough funds available so the Secretariat had to move to another, larger rented office at 3 Park Street in Windsor in 2002. Despite increasing space difficulties, the Secretariat remained there until 2012.



Rianne Kalkman, Administrative Director 2009-16

Following the financial crisis of 2007–8, property prices tumbled, and the Council seized upon this opportunity. After much deliberation and a search for the correct site, saved assets were finally used to buy the present EACTS House in Madeira Walk, Windsor, in 2012. It was a dream come true!

In conjunction with the crises in CTSNet in 2011, all documents housed on the CTSNet server had to be taken over. Furthermore, a new website had to be designed and erected. This took quite some work and expensive.

The tasks of the Secretariat nowadays consist not only of administering the

membership, the Annual Meeting and the Council, but also the Domains, the Committees and the Academy, with all its educational activities.

The present permanent EACTS

staff consists of nine people at the Windsor Office, five at the editorial office and two in the Netherlands. In conjunction with the Annual Meetings, up to 100 casual staff, local and from the UK, are employed.

Chapter 8

The thoracic surgery question

The vision of Francis Fontan, Keyvan Moghissi and the other Founding Fathers was that thoracic surgery and cardiac surgery should be kept together. In many countries, there was a historic precedence that cardiac surgery stemmed from departments doing thoracic surgery. Francis Fontan therefore invited several thoracic surgeons to the founding group. Lung and heart-lung transplantation was also of common interest.

Moghissi was educated in the UK healthcare system, where much thoracic surgery was performed in departments that subsequently took part in the development of cardiac surgery. He therefore had knowledge and an understanding of both branches of surgery in the chest.

Ingolf Vogt-Moykopf had not had any experience in cardiac surgery. He was a pure thoracic surgeon and had several times argued for the creation of a separate speciality of (general) thoracic surgery.

Louis Couraud was educated in the French system and had a pure thoracic focus. Likewise, he had not had any cardiac experience.

The next thoracic surgeon to be recruited to the Council was Michel Ribet. He was also educated in France and was a well-liked clinical surgeon.

Thus, the majority of the Founding Fathers were either pure cardiac or cardio-thoracic surgeons, although Marko Turina and Ernst Wolner were cardiovascular surgeons, according to their national system. It was, however, taken for granted that the Association had, among the leadership, notable thoracic surgeons that would facilitate the unity of cardio-thoracic surgery.

Moghissi remembers that there was always a predominance of cardiac questions in all meetings during the first couple of years. There were also problems with the selection of abstracts, which was felt to be weighted in favour of cardiac surgery. The thoracic surgeons also wanted a higher representation in Council, as, out of the 11 Council members at that time, only three were thoracic surgeons.

Still, the first couple of years went by with few problems. All were busy with the everyday handling of Association matters. Annual Meetings had good programmes in thoracic surgery and a reasonable turn-out of thoracic surgeons. The thoracic abstracts sent in to the Naples meeting in 1990 were, however, fairly



*EACTS House
Windsor, UK
2016*

few and of poor quality, receiving low marks in the anonymous judging of abstracts. The final programme had a low number of thoracic sessions, to the disappointment of the thoracic representatives. This increased the disquiet among the thoracic surgeons, but the first sign of a real problem was when Vogt-Moykopf suddenly resigned from both Council and the Association in 1990. He was replaced by Michel Ribet. The reasons for Vogt-Moykopf's move were partly the situation in Naples but probably also that he thought it would be easier to develop thoracic surgery as a speciality of its own outside, rather than inside, EACTS.

Another thoracic problem arose when Ribet also resigned from the post as Vice-President and the Council the year before he would have been President. This was, of course, a blow to the thoracic ambitions of all the Founding Fathers and prompted quite some discussions about the future of thoracic surgery within EACTS. These became even more urgent in 1993 when it became known that the European Society of Thoracic Surgeons (ESTS) had been founded - by Vogt-Moykopf. The discussions centred on the fact that EACTS now had a thoracic competitor and that the goal of keeping surgery of the chest united was at risk. The worry was that ESTS would attract members

that otherwise would join EACTS. As thoracic surgery is one of the smaller surgical fields, there was also a worry that they would not have the finances to survive. The experience of EACTS was that it was difficult to solicit money from medical industries that made equipment or provided other services for thoracic surgeons.

At the Geneva General Assembly in 1992, three new Councillors, Pierre Fuentes, Leon Lacquet and Angelo Pierangeli were elected. Out of these, Fuentes was a pure thoracic surgeon and Lacquet was a cardio-thoracic surgeon with a strong thoracic focus. In Council, there were now two cardio-thoracic members and one pure thoracic member. The thoracic representation did not increase further until 1994 and 1995, when Toni Lerut from Belgium and Jules Dussek from the UK were recruited.

Toni Lerut was approached by Hans Huysmans and was offered a post in 1994 as Vice-President, which meant that he would become President in his second year on the Council. Before he accepted, there were many discussions about what he could do to settle the "thoracic question". It was known that ESTS was struggling financially. However, they had attracted a good number of members and their annual meetings were said to be rewarding and of an improving quality.



Toni Lerut, President 1995-96

Toni Lerut was also a member of ESTS and could work as a liaison person in order to facilitate contact and possibly negotiate a merger. He approached them and they decided to join the Board of Thoracic and Cardiovascular Surgery, which had been founded by EACTS (primarily by Hans Huysmans). This was seen as a good sign. Lerut had also had friendly discussions about the future with ESTS Officers. He and Åberg worked out a policy of "happy cohabitation", i.e. to acknowledge each other's existence under a friendly competition that encouraged internal improvements as opposed to disparaging the other party. It was thought at that time that thoracic surgery could not support the

organisation of a European association and that, if events dictated that they had to merge with another body (cardiac surgery, general surgery or even pulmonary medicine), ESTS should feel positively about coming to EACTS rather than any other speciality. It was thought that thoracic surgery needed support in order to further develop as a subject. Whatever EACTS did and whatever the final outcome, development would be facilitated by the presence of competition and improved exposure to modern science. Lerut and Åberg followed these intentions. Pierre Fuentes, Toni Lerut, Jules Dussek, Deirdre Watson, Jean-Francois Velly, Joachim Hasse, Eniro Rendina, Tom Treasure and many other thoracic and cardio-thoracic surgeons worked in Council and the Programme Committee to improve the thoracic programmes at the Annual Meetings. In the Programme Committee, thoracic surgeons obtained increased visibility by being a self-sufficient group with allotted time slots for presentations. As the number of parallel sessions had increased by this time, there was now a much better chance of making a great programme. Postgraduate courses dedicated to thoracic surgery were also instigated.

The collaboration with ESTS became tighter. In 2000, Joachim Hasse's presidential year, discussions with ESTS had come to the point where they wanted a closer collaboration.



Joachim Hasse President 1999-2000

It helped that Toni Lerut had become ESTS President in 1999 on the proviso that he would work more closely with EACTS. ESTS wanted a publishing outlet and asked whether the EJCTS could become their official journal. This was seen as a sign of better future collaboration and met with the approval of both Councils. An agreement with Elsevier was made accordingly. Furthermore, ESTS members got a special temporary discount. The ESTS Council, with Richard Berrisford from the UK as Secretary General and Toni Lerut as President, also suggested an EACTS/ESTS joint Annual Meeting. During discussions in the EACTS Council, which at that

time encompassed, among others, Marcos Murtra (incoming President), Turina, Wheatley and José Pomar from Spain, Åberg argued that this was the logical result of the policy of “happy cohabitation”, which had been followed for many years and which would pave the way for a possible reunion of the two specialities. In a unanimous decision, the Council decided to arrange a trial joint conference for the Annual Meeting in Lisbon in 2001, and that ESTS should partake in the financial surplus generated by the Meeting. In Åberg’s mind, this was the first of five possible trial years, although this later became a matter of contention.

Interlude.

The Annual Meeting in Lisbon will always be remembered because of the terrorist attack in New York on 11 September 2001. It had a worldwide impact with tragic future consequences. Åberg remembers that he was sitting in his office when Maud Zingmark came running. They looked in horror at the awful pictures of the burning buildings and people falling out of the windows. One of the Council members called and demanded that the Annual Meeting be cancelled. Åberg called the President, Marcos Murtra, and they decided to wait and see if this was a one-off occurrence or if there would be an escalation. The next day, nothing more had happened.

After consulting again with Council members, it was decided that it would go ahead. They believed deeply that to cancel would be to give in to the terrorists’ threats. They wanted to defy the terrorists.

The consequences for the meeting were mixed. A number of surgeons and exhibitors from the US could not attend. The basic science lecturer, Valentin Fuster from New York, had to cancel. Craig Miller from Stanford University, however, made a huge effort to come from the west coast of the US, via Mexico and France, in order to give the honoured guest lecture. In what was, under the circumstances, an emotional lecture, the paper introduced new important endovascular techniques in cardiovascular surgery. As it turned out, the meeting was a great success, scientifically, financially and in the number of delegates.

The arrangements for the joint Lisbon Annual Meeting went well, with double welcome addresses, the EACTS President’s dinner, and the ESTS gala dinner. The Secretariat had made huge efforts to reconcile both associations’ wishes and everything had gone smoothly. For logistical and administrative reasons, and to allow time to properly evaluate the Lisbon Meeting, no joint meeting was arranged for 2002. At a further Council meeting under Turina’s presidency - when Walter

Klepetko, a thoracic surgeon from Vienna, had been brought onto the Council as Vice-President - the decision was taken to continue to hold joint meetings for a total of five years before taking a final decision.



*Marcos Murtra, Treasurer 1992-99
President 2000-01*

During this time, an EACTS/ESTS major collaborative project was undertaken to improve the organisation of thoracic surgery. The “Structure of General Thoracic Surgery in Europe” had Walter Klepetko, Torkel Åberg and Toni Lerut as its main authors, but had advisors and coordinators all over Europe. It presented a professional view of the optimal organisation of general thoracic

surgery, and set out the needs of an up-to-date unit and the quality assurance measures it should incorporate. It was published in EJCTS in 2001 and met with high approval among thoracic surgeons throughout Europe.



Walter Klepetto, President 2002-03

This atmosphere of good spirits was confirmed in an editorial by Klepetko, Åberg, Bellenis and Berrisford in 2003. They described the cordial and developing collaboration between the two societies across several quality and educative initiatives: The European Boards within UEMS, the Bergamo school, the Techno-College, the Thoracic Registry, MMCTS, EJCTS and ECTSIA (European Cardiovascular

and Thoracic Surgery Institute of Accreditation).

The next couple of years went well, with joint meetings being held in Vienna and Leipzig. During this time, there was much discussion between the two parties about the sharing of finances and the future. It turned out that ESTS was quite ambitious in their desire for integration within the EACTS infrastructure. Among other things, they wanted a Thoracic Editor of EJCTS to be chosen by ESTS. This went against the rules of the Journal and was not accepted by the Editor (von Segesser). In a memorable meeting in Toronto in April 2004, further discussions were conducted. Present at this meeting from EACTS was Keogh (SG), Klepetko (Past President), Monro (President), von Segesser (Editor), Åberg (Vice-President), Pomar (Treasurer) and Lerut. ESTS was represented by Walter Weder, Tomasz Grodzki, and Richard Berrisford.

Richard Berrisford outlined the possible strategic scenarios for the future:

1. No collaboration at all.
2. Dissolution of ESTS and realignment within EACTS.
3. Amalgamation of EACTS and ESTS into one new society.
4. Creation of a third umbrella organisation.
5. EACTS and ESTS working as a partnership.

In the following discussion, Berrisford was quite clear that the ESTS

membership was not ready for a dissolution of ESTS and realignment within EACTS. Over the past decade, he argued, thoracic surgery had seen considerable development in many European member states; thoracic surgery had become a speciality in its own right. There were too many thoracic surgeons that had no links with cardiac surgeons and even saw them as upstarts. After this announcement, it became clear that scenarios 2, 3 and 4 were no longer options and the discussion switched to scrutinising option 5. Finally, there was a general opinion that this option had some potential. In the discussion, quite some time and effort centred on the financial needs of ESTS. Several of the EACTS delegates began to feel that the ESTS demands were beyond their strategic value to EACTS and that it would be difficult to defend this to the EACTS membership. There was another meeting between EACTS and ESTS Officers in January 2005 and again in April 2005, when Tom Treasure joined as Vice-President of EACTS. He had been a cardio-thoracic surgeon but had changed his practice to pure thoracic. At these meetings, arguments were becoming quite clear and nothing new was achieved. Åberg began to look forward to the next (fifth) joint Annual Meeting, which would be a natural opportunity to let ESTS show what they really wanted.



Tom Treasure, President 2005-06

Barcelona hosted the fourth joint Annual Meeting in 2005 and preparations were routine. However, there was some resistance from pure cardiac surgeons, primarily by Francis Fontan, von Segesser and Paul Sergeant, but also from Marko Turina, who regretted that he had been instrumental in promoting the collaboration in the first place. Fontan argued that it was principally wrong to support another, competing association and that we should go our separate ways. During a further discussion, in conjunction with the General Assembly, it was evident that the majority of cardiac surgeons did not support further collaboration with ESTS.



Erino Rendina, President 2008-09

As the preparations for the Stockholm meeting in 2006 were already underway as a joint meeting, it was decided that the fifth would probably be the last.

During this year of Tom Treasure's presidency, much effort and ink was spent in trying to create a working relationship with ESTS. However, the Council decided, with a good majority, that the joint meetings would end but that EACTS should continue to maintain a friendly relationship with ESTS. It was also decided that the Journal should remain the official journal of ESTS, but with no changes to the inner structure. Other collaborative areas should also continue. The Annual

Meeting in Stockholm 2006 became the last joint meeting.

Erino Rendina, a pure thoracic surgeon, was elected Vice-President in 2007 and Tom Treasure took over as Chairman of the EACTS Thoracic Committee. The Committee had been somewhat dormant in anticipation of a more favourable result with ESTS. The size of the Committee now grew markedly, and it was highly energised by Tom Treasure's enthusiasm and resourcefulness. Thoracic representation in Council increased with the appointment of Ralph Schmid. Education courses were given in Bergamo and elsewhere. The thoracic part of the Annual Meetings increased, as did the number of members who saw themselves as purely or partly thoracic. The scientific content in presentations and articles improved.

One further development may be mentioned. In the beginning of EACTS, there were three thoracic representatives elected to the Council. This went down to two during some years but gradually increased to five or six, where it has stayed for the last 10 years. (Note, this includes cardio-thoracic. Pure thoracic representatives have numbered three or four.)

Thoracic surgery in EACTS thus survived the break, and so did ESTS. There is still a dual organisation of thoracic surgery.

However, thoracic surgery as a subject has developed markedly over the years. Postgraduate education has greatly improved and the Board of Thoracic Surgery is now more recognised. Presentations at Annual Meetings have improved in both societies. Undoubtedly, thoracic surgery as a subject has benefited from the energy, attention and competition devoted

to it by both associations. There are no reasons for regret. It became quite obvious that a majority of pure thoracic surgeons in Europe wanted a speciality and an association of their own. That they have achieved this provides a benefit to the field as a whole and the collaboration between the two societies will be increasingly beneficial in the future.

Chapter 9

The Eastern European and International Cooperation Committees

When Hans Borst left as Editor in 1994, he described to the Council the conditions in Eastern Europe and the plight of Eastern European surgeons. This was the birth of the Eastern European Committee, with Hans Borst as Chairman. He used his numerous contacts in Eastern Europe and the Soviet Union to identify surgical services and personnel suitable for EACTS support, such as site visits and practical surgical teaching. In 2000, Borst reported that the Eastern European Committee had spent a total of US\$650,000, partly from donors and industry, and partly from EACTS itself, which had contributed between €20,000 and €50,000 per year. Hans Borst and his Committee made a huge effort over the course of 10 years. At the end of Borst's tenure in 2003, he summarised the activities: 120 fellowships granted, 53 team visits, 34 professional visits, several workshops and donations of equipment, and 35 invitations to symposia, all undertaken by the Committee. It was a source of great satisfaction that almost all Eastern European fellows ultimately returned to their home countries, many of them now occupying leading positions.

By this time, changes in the political situation in Eastern Europe had made conditions somewhat easier and the original Committee's name was considered to be inappropriate. It was renamed the International Cooperation Committee (ICC), which better reflected its activities. No longer confined to Eastern Europe, ICC activities expanded under the chairmanship of Marko Turina to include the Middle East, South Africa, Iran and other countries.

Marko Turina began to organise open ICC meetings during the Annual Meeting, where members were invited to submit proposals and ideas for future activities. Finances enabled the formation of visiting fellowships, which helped aspiring younger surgeons spend a certain period in selected European institutions of their choice.

EACTS visiting fellowships became very popular, and many of the present leaders in various Eastern European countries have used this opportunity to enable them to visit prominent institutions and to train under the guidance of EACTS surgeons. ICC also published a list of institutions willing to accept foreign trainees.

After Marko Turina, ICC was chaired by Paul Sergeant. At the time of writing, José Luis Pomar is leading the Committee.

Chapter 10

Quality development

Quality has always been a word of honour within medicine. Quality development is probably best understood intuitively. However, the service provided to patients may be developed in several ways. Doctors usually think of scientific development as the primary route, but there are also many other ways. Organisational changes, surveillance, checklists, etc. may all have a bearing on the service given to patients. One obvious example was where anaesthetists are organised in a big hospital unit and cardio-thoracic surgery is serviced by all anaesthetists, which was not unusual in the early days. Today, it is quite common that a cardio-thoracic department is serviced by a cardio-thoracic anaesthesia department - and this is the preferable solution.

Torkel Åberg, among others, had realised early on that organisation plays a pivotal role in a department's results and had written about this already in 1970. In the late 1980s, he started a reorganisation project in Umeå, Sweden. This consisted of a unified department including surgeons, anaesthetists, nurses and perfusionists, making the department one financial unit, which made financial oversight easy. The computer was integrated into patient documentation, patient and work

flow analyses, and so on. A system of presenting clinical results at individual surgeon and anaesthetist level was introduced. These data were presented to the individuals every six months and were highly appreciated. Complications and deviations from the norm were collected. Checklists were introduced by the perfusionists. Using the Swedish system of individual identification numbers, long-term follow-up studies of mortality rates were easy.

Åberg wanted to introduce this knowledge into EACTS activities. After some preliminary attempts and after realising that some of his experience was progressive for Europe (for instance, individual reporting), much of his ideas were met with enthusiasm. By 1997, the time was ripe for a general discussion about quality matters. It started with a Council meeting and continued with the first management course in cardio-thoracic surgery in Mallorca. The programme described the state of the art in hospital and departmental management, but the main subject was the different aspects of a surgeon's performance, such as the doctor-patient relationship, human errors, the surgeon and his family, human factors and the outcomes of surgery, registries and monitoring. Åberg remembers that he had expected resistance to many of the items discussed. He was pleasantly surprised by and impressed at how much support he got from the

very distinguished audience of some 90 participants, many of whom have become important in the development of cardio-thoracic surgery. Francois Lacour-Gayet from Paris told Åberg that he was working on the Aristotle score and Åberg was impressed by the possibility of fairly comparing the results in congenital heart surgery between countries and departments. Eugene Baudet, then President, presided over the proceedings and was highly supportive.



Eugene Baudet, President 1997-98

The course in Mallorca was followed by two other courses in Umeå, both with similar but extended subjects, and a course arranged by Paul Sergeant on teaching. Apparently, there was

an additional need for extra-medical knowledge among colleagues. One of the most appreciated talks was actually on rhetoric, an area very helpful for somebody who has to convince personnel, administrators or politicians.

One area where quality is endorsed by governments is in education. Society traditionally has several ways of ensuring basic quality: by issuing a degree, a diploma, a licence or an accreditation, sometimes but not always preceded by an examination. By setting standards, society indicates the level of medical quality. This level may be a prerequisite to apply for higher posts. However, in other, usually smaller, countries, there were no formal requirements other than time spent in a department. EACTS had great ambitions to unify postgraduate education in Europe in the form of a board examination (Chapter 14).

Another quality issue was the surgeon's ability to follow the results of their work. It may seem obvious today, when medicine has wholeheartedly endorsed the principle of keeping track of your own work, but that was not at all appreciated earlier. It was only after keeping track of the patient flow and being able to inform decision makers on capacity and backlog (i.e. waiting lists) that this principle was accepted. Registries are also a good tool for development, especially if they can show not only capacity but also quality (i.e. medical and other results). If paired

with data on finances and patients' experiences, a comprehensive picture of the total quality of a department may be made. Registries are therefore something that lies well within the ambitions of a medical society.

Registries can be constructively used in order to ensure and develop quality. They can also create new knowledge. It is, besides the randomised clinical trial, one of the most potent tools for comparisons between policies on a large scale. STS has shown how much valuable data has arisen from its registry on coronary heart surgery. As with many things in this life, registries may also be abused. They have, for instance, been used to financially reimburse departments with results that have not been up to expectations.

A congenital heart registry was created by Bohdan Maruszewski and supported financially by EACTS (see Chapter 12). In addition, a thoracic registry was created by ESTS. Some other smaller registries are also in use, among them the Euromacs, a registry on mechanical support that is managed within the QUIP programme.

Early on, there was a wholehearted attempt to create a European adult heart registry during Åberg's tenure (ECSUR). It tried to recruit departments in Europe to deliver data and was based on the technology of the times. It never built up enough of a following, however, and the attempt failed dismally. Another attempt in

the 2010s failed as well. In the UK, several early initiatives were taken. An adult heart registry had been created by the company Dendrite and Bruce Keogh. It was successful in the UK but not in Europe.

Another initiative that was explored was the possibility to certify departments, i.e. to inspect a department on quality aspects and issue an accreditation. Samer Nashef had worked on this idea and had certified some UK departments. He duly offered the idea to EACTS. A European Cardiovascular and Thoracic Surgery Institute of Accreditation (ECTSIA) was set up with support from ESTS, ESCVS and EACTS. In spite of great efforts from Sam Nashef, that initiative failed. The time was not ripe, as national authorities did not encourage accreditation.

During later years, the attitude towards quality assurance has improved. Pieter Kappitein took the initiative to set up the EACTS Quality Improvement Programme, QUIP, in 2012. The Committee has a huge remit: registries, guidelines, outcome research and other quality matters within surgery, perfusion and nursing. A major recent initiative by QUIP is the adult heart registry housed in Birmingham that is slowly developing its base of contributing departments. It has a modern technical infrastructure and has an enthusiastic and generous leadership under the guidance of Domenico Pagano. Hopes for the future are high. Indeed, this is probably the most important Committee for the future.

Chapter 11

Collaboration with other societies in Europe and abroad

The first medical association to be officially contacted by the Council was the European Society of Cardiology. Our main goal at that time was to have a high-standing Officer within their Board, but, under the terms of their Constitution, this turned out to be impossible.

The relationship with the European Society of Cardiovascular Surgery (ESCVS) was a little frosty to start with. When the vascular surgeons left ESCVS in 1989, the then President of ESCVS, Wolfgang Bircks, wrote a letter asking whether EACTS was interested in a merger between ESCVS and EACTS. This was a chance to unite all cardiac surgeons in one organisation. However, the prevailing view in Council was that the structure and culture of EACTS was very different to that of ESCVS and that it would be very difficult to combine the two. People who had been in the Council of ESCVS warned against the idea and the Council decided that we should go our own way. There was a Liaison Committee between the two societies, but nothing substantial came out of it. At one time, there was a Liaison Committee for EACTS, ESCVS and ESTS that explored the possibilities of having a common umbrella organisation and sharing a common infrastructure, again with no result.

The collaboration with the US societies started with the three Editors agreeing on common rules about dual submissions of papers (Chapter 6). The Editors also travelled to each other's Programme Committees and personal ties were formed. The Presidents of the three societies became guests at the meetings and several other of their Board members attended as well.

The collaboration with the US societies was now firmly established and functioned with increasing benefit to both sides. STS suggested to have a joint Annual Meeting in 2000 as a bicentennial celebration. Due to logistical concerns about the difficulties of arranging one joint meeting (which continent, by whose rules, how to share expenses and profit, etc.?) it was decided to arrange two joint meetings, one in each continent. A formal EACTS-AATS Liaison Committee was formed and two joint Annual Meetings with increased, but not overwhelming, participation from the other continent were held.

Further developments came when the then President of AATS, Larry Cohn, presented EACTS and the President, Ernst Wolner, with the presidential gold chain that is worn by the President during the Annual Meeting and which is ceremoniously given to the incoming President at the end of the meeting.

A couple of years later, EACTS reciprocated by giving AATS a very old book on medical practice and a gavel made of birch by Laps from northern Scandinavia. The book should be at the President's desk in Board meetings and assemblies and the gavel struck when decisions are taken.

In 1997, STS had set up a New Technologies Committee and invited EACTS to send a delegate. Jan Svennevig from Norway was asked to go. In 1998, reciprocal offers of a booth at the Annual Meetings were instigated and have been manned ever since. It was also judged important for the Associations to display their flag at each other's conventions.

In 2003, AATS elected Marko Turina as their first International Councillor, and STS elected Torkel Åberg as International Director, followed later by Bruce Keogh and Friedrich Mohr. EACTS responded by instigating an International Councillor, a post that has been diligently upheld by Tim Gardner, Andrew Wechsler, Doug Wood and Doug Mathisen.

Collaboration with the Asian Society for Cardiovascular Thoracic Surgery (ASCVTS) led to the appointment of an International Councillor from Asia. First Shinichi Takamoto and later CN Lee.

The collaboration between AATS, STS and EACTS became tighter and it was formally agreed in 2004 that the Officers would meet twice a year in Europe and the US. In 2005, Officers met in Barcelona and discussed matters of development, MMCTS, the Bergamo school, self-publishing and humanitarian efforts around the world. Reciprocal membership was decided and is still in effect.



José Pomar, President 2012-13

In 2005, José Pomar suggested a small session with Spanish-speaking surgeons in order to attract future members from South America. Both Spain and Portugal have close connections with South America and

the Council thought it would be fruitful to invite South American surgeons and representatives of national societies. Pomar used his personal knowledge to invite surgeons from the subcontinent and, during a meeting, the subject of a South American Society of Cardio-Thoracic Surgery was brought up by Torkel Åberg and José Pomar. The thinking behind this was primarily to help develop CT surgery there, but also to let a new association have a seat in CTSNet, as had already been suggested for Asia.

Friendly relations with the national associations of Europe were sought. A policy towards national associations was formulated: EACTS would give the national-level associations all the assistance possible, but never interfere in national problems. Many issues could be better solved at the European level, such as higher education, accreditation of departments, guidelines and registries. It was useful to have the backing of the national societies but it was not necessary to have the backing of all of them. Larger countries did not have the same problems as smaller ones. EACTS would be the facilitator by arranging the necessary infrastructure. Only lately have the ties with national societies become closer. In 2013, a meeting with national societies decided that the training programmes of the UK and the Netherlands would

be adopted as a model for a European training programme. A promising start had been made in an adult heart surgery registry. Congenital heart surgery has an impressive registry which was supported by EACTS for many years but is now owned by ECHSA. The Thoracic Surgery Registry is handled by ESTS.

A picture of a willingness for much greater international collaboration on problems that are better solved at the European level is now emerging. EACTS is in a good position to help with this development.

The Cardio-Thoracic Surgery Network (CTSNet)

The Prague meeting in 1996 is memorable for several reasons. The STS contingent that year was numerous and active; Bob Replogle, the President of STS, was well known in Europe, John Benfield, Past President of STS, was a thoracic surgeon with European roots and was especially interested in keeping surgery of the chest together, and Tom Ferguson, Editor of the Annals of Thoracic Surgery, was one of the main pillars of STS and a bright mind with strong vision. Together with them came a young surgeon, Peter Greene, who was one of those extremely multi-talented people. He turned out to be a wizard at the intricacies of the Internet

and was even able to program. They were invited to a Council meeting and the ensuing discussions were very fruitful. Paul Sergeant was interested in the Internet and its potential and had acquired a good knowledge of it. He had got to know Bob Replogle and Peter Greene. Paul Sergeant was already well known in Council as the future LOC Chairman for the Brussels 1998 Annual Meeting and as an academic surgeon.

Bob Replogle had a vision of the Internet becoming a peace project for the world. He wanted to contribute to that effort by joining all cardio-thoracic surgeons of the world in one information and educational tool - a common virtual depository of knowledge. EACTS at that time had not yet formed its own Internet policy, mostly because of lack of knowledge within the Council, but it was time that EACTS started exploring the matter. The breadth of Replogle's vision was also very attractive.

Council decided to wholeheartedly support Replogle's idea and the details were worked out in principle during the Prague meeting. AATS also supported it and, in 1997, all three societies had decided to jointly finance and own CTSNet. Its constitution was written, Bob Replogle was appointed as its first President, and Peter Greene managing director. The prospect of

a well-functioning homepage made Council eager to invest in the Internet. Maud Zingmark became the day-to-day supervisor of our homepage. An Internet Committee was created and Paul Sergeant was asked to chair it. In 1998, it was decided the Journal would be available on CTSNet. Several CT books were also published on CTSNet, free of charge.

CTSNet went on to become a highly appreciated source of information for CT surgeons. In 2012, it had more than 34,600 surgeons as members and a further 11,500 non-surgeon associates. Many initiatives to give surgeons a better service were taken on board and realised. However, it turned out that it was difficult to find the revenue needed to keep it afloat. Industry was, surprisingly, not very interested in diverting advertising budgets towards the Internet and CTSNet. It was deemed impossible to ask surgeons to contribute. The only revenue coming in was gifts from industry and contributions from the three owners, STS, EACTS and AATS. This problem was magnified when Peter Greene left for another job. CTSNet struggled. Pieter Kappitein was instrumental in reaching a solution which came in 2012 when STS offered to take over the management of CTSNet. CTSNet became an independent part of STS, with a Board consisting of delegates

from STS, EACTS and AATS. Since then, CTSNet has markedly reduced its earlier scope and improved on its revenue stream. It remains one of the most important sites for CT surgeons. It is a valuable example of trustful, international collaboration. It is also an example of an organisation that overreached beyond its means and subsequently had to reduce its scope.

The reorganisation of CTSNet meant that EACTS had to find a new server and to reorganise its own website. This involved quite some work and the engagement of new providers. The homepage was completely remodelled. Unfortunately, some of our documents were lost along the way.



*Paul van Schil,
President 2013-14*



*Martin Grabenwöger,
President 2014-15*



*Friedrich Mohr,
President 2015-16*

Chapter 12

Congenital heart surgery

Congenital surgery was practised in most cardio-thoracic surgery departments in the era before 1980, mostly on adults and children, but also infants. As the advent of coronary artery surgery warranted the creation of new departments, there was a risk that congenital heart surgery was going to be diluted, with fewer cases for each department. At the same time, the mean age in congenital cases was markedly decreasing, resulting in the present era when congenital patients are mainly operated on within the first five years. The need for children to be operated on in a dedicated unit became obvious and the relentless change of subspecialising continued.

Congenital heart surgery saw great surgical achievements. However, it also had problems. One was the lack of a unified and clear description of each malformation and its subsets, i.e. a nomenclature that also described the treatment and the prognosis of the patient. Another problem was that new operations were described but there was no proper evaluation of the relative merits of them. The natural history of the un-operated child was not well known. Comparisons between surgical series against the background of an unknown, but assumed, natural

history became the major scientific tool. The assumption was based on clear previous experience, but that experience was uncertain in its details.

Early on, EACTS had formed a Congenital Heart Committee, where such progress and problems were discussed. Francis Fontan and Jarda Stark were the first congenital surgeons in leading positions in EACTS.

Jarda Stark, in his Presidential address of 1993, defined many of the above problems and predicted a shift towards dedicated, self-sufficient units, but he also predicted the decline in congenital operations because of new mini-invasive interventions, a higher abortion rate and a lower birth rate in Europe.

In 2003, Wim Daenen, Francois Lacour-Gayet and Åberg, with the help of many European congenital heart surgeons, published a presentation on the optimal structure of congenital heart surgery departments. They described the necessity to develop quality surveillance measures, such as follow up of the patients, registries, benchmarking, analyses and publishing.

Very early, a club of congenital heart surgeons convened regularly to discuss the development. (Later this developed into ECHSA, the European Congenital Heart Surgeons Association.) It also took on some radical and progressive

projects. Francois Lacour-Gayet initiated what later became the Aristotle score, and has updated it according to new knowledge. Pascal Vouhe has since shown that the Aristotle Comprehensive Complexity score predicts mortality and morbidity, coming closer to a method which may be used to better inform parents about the fate of their children and to benchmark departments.



Pascal Vouhé, President 2009-10

There has been much work dedicated to creating a comprehensive nomenclature. However, there were several competing initiatives that have not yet resulted in a worldwide agreement, making comparisons

between series difficult. Adding to this problem is the difficulty of changing electronic platforms, which makes various interest groups reluctant to merge.

Also, there are several different (and competing) registries. Bohdan Maruszewski started the huge endeavour to create a European registry. The EACTS Council supported the registry for many years, including legal aid. This registry, acknowledging its inherent weaknesses, has provided much new knowledge and given many departments advice on policy. However, in 2015, the negotiations between EACTS and ECHSA came to a standstill. ECHSA took the decision to abandon EACTS and accept the responsibility of running the registry themselves.

Many of the problems above have not been solved, although both nomenclatures and registries have improved. Congenital heart surgery is a prime example of the huge potential value of international collaboration.

These problems notwithstanding, congenital heart surgery has made fantastic progress during the last 30 years. The safety by which infants and neonates may be surgically treated is immensely impressive. But we must strive for perfection!

Chapter 13

The Bergamo school and the Academy

Educational activities are central to the tasks of a medical association. During the first couple of years, there was no money and little time for a formal programme. Instead, educational activities were introduced at breakfast sessions, where state-of-the-art presentations were made. Very early on, a committee was charged with creating a European education board, a very difficult task that took many years to fulfil and only last year came to a solution (see chapter 14).

The Founding Fathers wanted the Annual Meeting to focus on science. That was partly to place the Association firmly within mainstream developments, but also to give the Journal plenty of good material to publish. Only as the Annual Meeting grew in size did the conditions for postgraduate education improve. At about the same time, the Junior Membership category was instigated and a Junior Committee started under the chairmanship of Deirdre Watson and Pieter Kappetein. Several educational courses were also arranged by other entities (for example, on private initiative or through a national society), and rules for the quality mark



A Meeting at the Bergamo School. From left: Richard Rhodes, accountant, Pieter Kappetein, Lucio Parenzan, unknown, Kathy McGree, Tom Treasure, José Pomar, unknown, Bruce Keogh. The "unknown" are probably officials from the Gavazzeni Clinic.

of “Under the auspices of EACTS” were made. Somewhat later, ICVTS began its publication on the Internet.

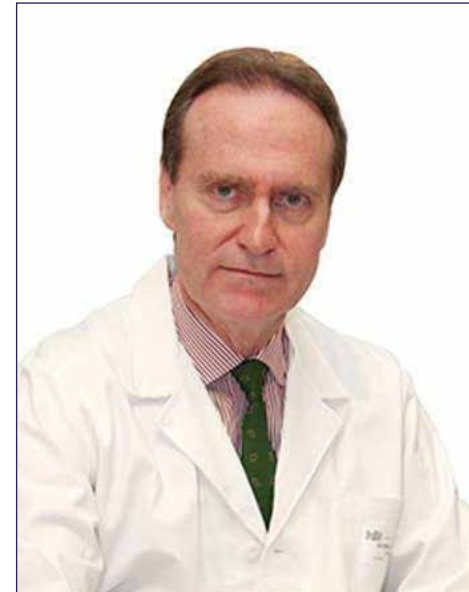
A deciding development came in 1998 when Lucio Parenzan contacted Hans Borst and Torkel Åberg regarding his activities in Bergamo. Lucio Parenzan was an early developer of congenital heart surgery and well known internationally. He was also a good friend of Hans Borst’s and several of the Founding Fathers. Parenzan was active in Bergamo in northern Italy but had since retired. He wanted to help young doctors to get an education in cardiology, anaesthesiology and cardiac surgery. With this in mind, he had created the International Heart School and ran it for 10 years in the Villa Elios in Bergamo. He had invited young doctors from all over the world, primarily from Eastern Europe, who were given clinical training in nearby hospitals, especially the Gavazzeni Clinic.

In May 2001, Parenzan offered the Villa Elios as the headquarters of an EACTS school. The Villa Elios had a typical northern Italian architecture, set in a lush garden, and could easily house a lecture room, study rooms, library and other teaching facilities. The owner of the Villa, the Gavazzeni Clinic, offered it to EACTS free of charge for five years. Hans Borst calculated the costs and came up with a reasonable fee for students.

A curriculum would be created and the courses were planned to end in an examination accredited by the European Board of Thoracic and Cardiovascular Surgery (see below).

Torkel Åberg and Hans Borst saw this as a possible opportunity to start a more formal curriculum of cardio-thoracic teaching, ending in an examination, and felt that this could become one of the most important quality development measures. In the future, the voluntary (or potentially obligatory) board examination would be essential for the individual surgeon to put on his CV. It was an idea worth exploring.

Åberg presented the issue to the Council and was met with enthusiasm and offers of voluntary work. (This was common. New ideas were met positively!) The founding of the School was agreed. The villa needed some refurbishing so, in the meantime, the curriculum was worked out, rules for scholarships were decided and information about the school was spread using all available possibilities. Ottavio Alfieri, from Milan, agreed to take charge of the new school. The first weekly courses were arranged in both cardiac and thoracic surgery in late 2003. The school was named the European School for Cardio-Thoracic Surgery (ESCTS).



Ottavio Alfieri, President 2010-11

It was quite some effort, setting up a new school. Hans Borst, Ottavio Alfieri, Jarda Stark, Walter Klepetko, H J Schäfers, Pieter Kappetein and many, many others put in a great deal of work. Finances came partly from the Cariplo Foundation in Italy, partly from fees and partly from a budget within EACTS. The first courses for 25 young cardiac and thoracic surgeons saw some difficulties which were duly recognised and corrected. During the ensuing years, many courses were given at all five levels of the curriculum. Course participants received free trainee membership.

One of the difficulties with the School was purely administrative. Italy and the

UK have different laws. Our accountant, Richard Rhodes, pointed out that we were open to criticism if the relationships were not properly managed. In 2006, EACTS Officers met with representatives of the Gavazzeni Clinic and Parenzan. It was clear that the Gavazzeni Clinic was willing to continue to host the School’s activities and a formal contract was signed in 2007. The EACTS representative responsible for the School was first Alfieri, then Pieter Kappetein, followed by Roberto Lorusso from northern Italy.

In 2007, a subsidiary company was created in Italy in order to facilitate legalities. The legal contracts with the Gavazzeni Clinic, as well as its legal organisation, were now in place. In 2008, the name “EACTS Academy” was introduced to all courses and educational events. Grants were given both by Italian entities and industry. Wet lab sessions were introduced. The School settled into its routines, more courses were given and attendance grew.

In 2012, in conjunction with our new house in Windsor, the School’s activities were moved from Italy to the UK. During its nine years of existence in Bergamo, the ESCTS delivered 52 courses to 1,220 students: 379 thoracic and 841 cardiac.

Educational activities continue in Windsor, now in our own premises. Indeed, they have increased over the

years. During the last four years, the EACTS Academy has now delivered 65 official courses, eight of which have been located outside Windsor. The total number of delegates currently stands at 1,940.

The EACTS Academy Skills Programme

The ultimate level of postgraduate surgical education is the acquisition of the necessary knowledge and skills to perform a totally new operation. In the past, methods were often introduced by listening to a presentation and then simply going back to the hospital and performing them - or inventing them yourself on skimpy theoretical knowledge! This was tolerable as the needs were great and there were few possibilities to acquire the new knowledge on site. At that time, many young surgeons had undertaken extended visits to other departments and, as assistants, could see many new operations being performed. However, travel is expensive and medico-legal issues discouraged work in other countries. Such international exchanges therefore decreased.

In music, the normal way of teaching is that the young apprentice is alone with the teacher who concentrates wholly on the pedagogy. Learning instrumental music to a professional level is said to be the most expensive

type of education, much more expensive than for a surgeon who learns on the job. The education of surgical technique has traditionally been of a “see and do” nature, with little surveillance by a teacher. Today, the demands of quality control do not allow the introduction of new treatments unless preceded by a proper intellectual and practical education.

In a timely move, the Skills Programme was initiated by Pieter Kappetein, with the help of Francis Fontan, and adopted by the Council in October 2014. The previous Fontan Prize was converted to Skills awards, helping to recruit young surgeons to the new endeavour.

A five-level approach was created: levels 1 and 2 are academic courses held in Windsor and at the Annual Meeting; levels 3 and 4 concentrate on practical matters in another hospital; and level 5 is based in the trainee’s own hospital (proctoring). So far, several level 1–3 courses have been given and several are scheduled throughout 2016. Level 4 courses are also being offered in 2016, while level 5 courses are currently being prepared.

The development of the Skills Programme is ongoing. A portfolio electronic program is being prepared which will allow trainees and teachers to follow their progress

in elements like the handling of instruments, handling of tissue, relationships and behaviour in the OR, and so on.

This programme makes for a very ambitious and radical postgraduate education. The authors - in a bout of wishful thinking - only desire that they had been able to get access to it during their own formative years.

The Skills Programme represents the ideal highest form of acquiring the knowledge and the skills needed for a new operation. However, by its nature, it has to be restricted to relatively few people. Unless society or industry step up to finance the programme, it will probably remain the exception rather than the rule. But EACTS has shown the way and only time will tell.

Chapter 14

The European Board and the UEMS

From the very beginning of our association, there was a strong feeling among the Founding Fathers that something had to be done about the enormous diversity, and sometimes complete absence, of structured training programmes in cardiac and thoracic surgery. The guarantee of a reliable quality of surgeons throughout Europe could only be achieved by creating a solid structure of training and recognition. A first step was taken at the fourth Annual Meeting in Naples, when Hans Huysmans talked about this issue in his presidential address.



Hans Huysmans, President 1989-90

The situation at that time was different in almost all European countries. Most agreed that something had to be done, but opinions on how these matters should be organised varied widely. People preferred the organisation of their own country. For that reason, the Council decided that it was necessary to find a workable structure for all countries first, before contacting any of the official structures in the European community. The main problems to be solved were a definition of the contents of the speciality (cardiac and/or thoracic and/or vascular), the content and duration of training, and the level of knowledge and skills to meet at the end of training. The professional and financial situation of surgeons practicing under very different circumstances played an important role at that time.

A group of people was selected to make a proposal for a list of requirements and to set up an examination structure. Members of this group were selected from the EACTS Council and, via the Liaison Committee, from ESCVS and, later, ESTS. The group consisted of Hans Borst and Hans Huysmans from EACTS, Eugene Baudet and Fritz Hehrlein from ESCVS, and Peter Goldstraw and Ingolf Vogt-Moykopf from ESTS. All were experienced surgeons and heads of training programmes. Surgeons from all European countries (including those in Eastern Europe) were consulted

about their local situation and wishes, and many made valuable contributions to solutions for the multiple problems. Eventually, a final draft for a constitution of the European Board of Thoracic and Cardiovascular Surgery was written by Tom Treasure and Hans Huysmans and presented in 1995. After extensive discussions, the Constitution was accepted and the European Board of Thoracic and Cardiovascular Surgery (EBTCS) was officially founded in November 1995, with Hans Huysmans, Fritz Hehrlein and Torkel Åberg as the official founders. The seat of the Board was in the Netherlands.

Further details were worked out. The first official examinations for both thoracic and cardiovascular surgery were organised preceding the EACTS Annual Meeting in Brussels in 1998. Ten candidates were examined and eight received the award of Fellow of the European Board of Thoracic and Cardiovascular Surgery (FETCS). It was a milestone moment for the development of cardio-thoracic surgery. Thereafter, the exams were regularly organised around the Annual Meetings of EACTS, ESCVS and ESTS. This helped to reduce travel expenses for both examiners and candidates. The examiners took part on a voluntary basis and without compensation.

When the Board was founded and the first examinations had been held,

the time was right to approach the official regulatory bodies in Europe, i.e. the European Commission (EC) and the European Medical Specialist Union (Union European des Medicines Specialists, or UEMS). An official application for an independent section of thoracic and cardiovascular surgery was made in October 1998.

However, we now met problems that, for many years, prevented a satisfactory solution. UEMS was the only official advisory body to the European community and handled all matters concerning hospital-bound specialities. It had been in place for quite some time and had, for some reason, decided not to accept any new specialities as full members (called Sections). The Section of Surgery within UEMS was dominated by general surgeons who maintained that surgery should be unified. For the time being, the Section of Surgery handled matters regarding vascular, thoracic and cardiac matters and they were happy with that situation. A difficult period followed, with many long discussions with UEMS and its Section of Surgery. Eventually, UEMS had to bring a proposal for an independent Section of Thoracic and Cardiovascular Surgery to their General Assembly. After some long and quite difficult discussions, the creation of an independent Section was approved by a majority of the existing Sections on October 2001.

The UEMS is, in many ways, a sorry institution. By their Statutes, their Board (or Council) consists of delegates from each European Union member state. These delegates are appointed by the professional national organisations. Speciality organisations are consulted but sometimes nations sent other specialists to represent thoracic surgery. Another confusing detail in the structure is that each speciality may have a Board and a Section.

Nevertheless, finally, representatives from most European countries were officially appointed and a President, (Hans Huysmans), a Secretary (Gunter Laufer from Germany), and a Treasurer (Claudio Muneretto from Italy) started their work in the new Section of Thoracic and Cardiovascular Surgery. Toni Lerut was appointed President of the new Board.

To complicate matters, a subset of the Section could be created, called a Division. The Section of Thoracic and Cardiovascular Surgery decided to create a Division of Thoracic Surgery and a Division of Cardiovascular Surgery. As there was already a Division of Thoracic Surgery within the Section of Surgery, this meant that a collaboration was necessary between the two Divisions of Thoracic Surgery!

Another difficulty with UEMS is that it is very poorly financed. Medicine

is, after all, primarily a local matter. Only scientific development and possibly higher education are truly international. Small specialities in small countries often need help with their infrastructure for postgraduate education and educational quality control. There are also other matters that are better and more easily solved on an international level. However, UEMS has no good means of helping with these matters.

As the years went by, our Board continued to hold examinations. However, only Switzerland has officially acknowledged the value of an examination issued by our Board. Furthermore, the value of a board-certified examination on a surgeon's CV was often negligible. The number of examinees did not grow.

In 2013, Tim Graham from the UK took charge of the European Board examination. He restructured it, introducing several new features in order to ensure fairness and appropriateness. In recent years, around 40 applicants have been examined. Around eight did not pass the exam. Those who do not pass are informed privately and are also given some advice. An outside physician observes the procedures and gives a written report. At the moment, our examination works very well and is gaining a high reputation.

In the meantime, UEMS is working towards introducing "European" examinations of its own. They want a monopoly of the European examinations. For many years, the European Society of Cardiology has had a European examination in cardiology that is recognised by UEMS. UEMS has since stated that they will not recognise any other examinations as "European". The background to this is probably financial. UEMS sees that an obligatory examination in the future could create a new revenue stream for them. A contrasting argument is that educator and examiner should not be the same person or body. This is why EACTS created the independent European Board, together with the other societies.

EACTS has made great efforts to collaborate with UEMS (with the exception of abandoning our own quite

successful examinations). Some work has been done to align courses to examinations and to build up a repository of multiple choice questions.

Very lately EACTS under Pieter Kappetein conducted successful negotiations with the UEMS. The examination will be arranged and made according to the existing rules of EACTS but carry the name of the European Board of Examination.

Postgraduate examination has problems ahead. It is not very credible that all future surgeons will go through the rigmarole of studying for an examination unless they gain something substantial. If future posts and salaries were dependent on the examination, both the effort and the necessary expenses would be tolerable. At the moment, only a minority of Europe's aspiring surgeons take the exam.

Chapter 15

Allied professions

As mentioned before, initially EACTS was a rather exclusive society. Over the years, however, initiatives were made to let EACTS become a hub for the expanded cardiovascular and thoracic field. One of the first signs of a willingness to include allied professions was that the Council sent a delegate to the European Board of Cardiac Perfusion (EBCP). Some Council members argued against this move as, in their opinion, it would dilute the influence of the surgeon on perfusion matters, but the decision was made to name Ludwig von Segesser as the EACTS delegate. After several years, the perfusionists were looking for an outlet to publish their material and ICVTS became their official publishing body.

In September 2001, the perfusionists' meeting was held before the EACTS Annual Meeting and was very successful. Later, the perfusionists asked for the help to administer their meeting and to have a joint

postgraduate course in perfusion. Both requests were happily accepted.

In 2003, the question of possibly engaging physiotherapists was raised by Erino Rendina.

In 2011 the first Postgraduate Course for Nurses, Nurse Practitioners and other Allied Health Professionals was organized during the EACTS Annual Meeting.

Anaesthesia has always been an integrated part of cardiac and thoracic surgery. However, cardiac and thoracic anaesthetists have been adamant in having their own international society. Only occasionally and lately has it been possible to arrange joint sessions. This development work is ongoing.

First and foremost, the relationships with the two US societies and the Asian society have always been very cordial, helpful and of reciprocal value. Pieter Kappetein has made a huge effort of keeping these relationships alive and travelled extensively in the whole world.

Appendix 1.

Abbreviations

AATS	American Association for Thoracic Surgery
ATS	Annals of Thoracic Surgery
AVR	Aortic valve replacement
CABG	Coronary artery bypass grafting
CEO	Chief Executive Officer
CT	Cardio-Thoracic
CTSNet	Cardio-Thoracic Surgery Network
CME	Continued medical education
EACTS	European Association for Cardio-Thoracic Surgery
EBTCVS	European Board of Thoracic and Cardiovascular Surgeons
ECHSA	European Congenital Heart Surgeons Association
ECTSIA	European Cardiovascular and Thoracic Surgery Institute of Accreditation
FF (s)	Founding Father(s)
JTCVS	Journal of Thoracic and Cardiovascular Surgery
LOC	Local Organising Committee
PCI	Percutaneous coronary intervention
RCT	Randomised controlled trial
STS	Society of Thoracic Surgeons
VATS	Video-assisted thoracic surgery