

The Lebanese Society of Cardiology: Plans and Perspectives, Navigating Against Contrary Winds and Progressing Against All Odds

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ABSTRACT: Scientific societies in medicine theoretically aim to improve a medical field as a science; however, this role is expanding nowadays to seeking also the improved practice of a certain medical field. In this regard, the current Lebanese Society of Cardiology (2013–2015) has laid many plans and considered many perspectives. These concern mainly, but not exclusively, the increase of public awareness regarding prevention, investment in research, implementation of guidelines, support of continuous medical education, organization of cardiology symposia and congresses, and achievement of national registries regarding main cardiac conditions, as well as the society's main objective of decreasing the burden of cardiovascular diseases in Lebanon. Nonetheless, the implementation of such plans and perspectives is facing contrary winds related to a multifaceted phenomenon: the dominance of private medicine with a subsequent lack of teamwork, the dominance of private media, the social and political unrest in Lebanon, significant discrepancies in the scientific background of cardiologists, and the absence of a standardized national cardiology licensing exam. Importantly, the implementation of such plans and perspectives requires individual commitment, along with the cooperation of the Order of Physicians, the Syndicate of Hospitals in Lebanon (representing private hospitals) and the Ministry of Health. Moreover, industry must be more committed to medical scientific societies; the support of cardiology events organized without the auspices of the Lebanese Society of Cardiology is not encouraged because of the presence of significant conflict of interest.

KEYWORDS: Lebanese society, cardiology, plans, perspectives, conflict of interest

CITATION: Kossaify and Moussallem. The Lebanese Society of Cardiology: Plans and Perspectives, Navigating Against Contrary Winds and Progressing Against All Odds. *Health Services Insights* 2014;7:39–41 doi:10.4137/HSI.S20581.

RECEIVED: September 25, 2014. **RESUBMITTED:** November 1, 2014. **ACCEPTED FOR PUBLICATION:** November 4, 2014.

ACADEMIC EDITOR: Jim Nuovo, Editor in Chief

TYPE: Short Report

FUNDING: Authors disclose no funding sources.

COMPETING INTERESTS: Authors disclose no potential conflicts of interest.

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Introduction

The spectrum of cardiovascular diseases represents a significant cause of morbidity and mortality worldwide, including Lebanon. The healthcare system in Lebanon is mainly private, in a country with a multiethnic population of nearly 4.5 million. The Lebanese Order of Physicians (LOP) counts 602 cardiologists (as of August 1, 2014), and only 400 cardiologists are registered with the Lebanese Society of Cardiology (LSC).

The LSC is affiliated to the European Society of Cardiology (ESC), which allows both societies to share common issues and exchange different and complementary

strategies. The main mission of the LSC is to decrease the burden of cardiovascular diseases in Lebanon, through education and prevention, while improving the healthcare system and making it more accessible. The current healthcare system in Lebanon shows major discrepancies regarding the availability and equity of care; this fact is related to political, social, financial and medical factors. Faced with this hard reality, the Ministry of Health (MOH), the Syndicate of Hospitals (SOH), the LSC and LOP must come together in an attempt to improve the healthcare system, and to fight against medical sectarianism and inequity.



The current LSC board (2013–2015) has considered and implemented many plans to improve cardiology in Lebanon, as a science and as a practice. In order to implement such plans, the LSC needs close cooperation with other medical authorities, especially the LOP, SOH and MOH; more importantly, the individual commitment of every cardiologist is of the utmost importance.

Plans and Perspectives

The LSC has established many plans and perspectives within its aim to improve prevention and management of cardiovascular diseases, taking into account financial, social and medical considerations. These plans and perspectives conform to the mission of the ESC, which include the following: “reduce the burden of cardiovascular diseases, identify and alleviate health care inequalities in different regions, promote humanitarianism globally, and especially in vulnerable population groups”.¹

The LSC emphasizes humanitarian values and the patient’s right to medical care, regardless of his or her background. Moreover, the LSC is focused on prevention of cardiovascular diseases and public awareness, and programs for that purpose are implemented, in conjunction with the industry. The role of medical directors in this process is essential; they can serve as local health governors, especially in a primarily private healthcare system.²

The LSC has set a Road Map that consists mainly of the following plans and perspectives:

- Invest more into scientific research and medical congresses.
- Encourage continuous medical education (CME).
- Create national registries.
- Implement international guidelines.
- Supervise and advise national media regarding any health-related information.
- Increase public awareness regarding prevention and management of cardiovascular diseases.

Moreover, the LSC adopted the assessment of cardiologists’ scientific activities according to international standards: nature and volume of publications, active contributions to scientific organizations, and leadership in organizing scientific conferences.³

In June 2014, nearly one year after initiation of the Road Map, we conducted a self-evaluation using some indicators and markers, and the verdict was grave. Despite the progress, the road is long, advancement is made little by little, against multiple obstacles and challenges.

Challenges and Obstacles

One of the major obstacles facing the LSC is the overwhelming dominance of the private sector; uniform processes or policies cannot easily be imposed on a national level. Instead, every institution may set up its own local regulations and

medical directors are local health governors. In light of this, the LSC is exerting influence on medical facilities by using its scientific authority. In a healthcare system where private medicine is prevalent, individuals are focused on their own progress, and the concept of teamwork is nearly absent. Moreover, there are tremendous discrepancies in the cardiologists’ scientific knowledge and practical skills. Because of this, sensitizing cardiologists to the process of CME is of utmost importance, and acquiring minimal CME credits should be a pre-requisite for maintaining a medical practice license.⁴

The continuous political and social unrest in Lebanon has impacted medical practice including cardiovascular practice. Almost all media is private and has a political or religious background, and many “medical” messages are spread via these media without real and efficient control by the LSC. The LSC encourages such messages when they aim to improve public awareness and when they are pre-controlled to ensure quality and to avoid advertising objectives. Moreover, relatively little is invested in research and scientific activities, in part because of the difficult socio-economic situation in a private medical system where physicians’ time and energy is mainly consumed by the tasks of daily medical practice. For instance, a registry regarding atrial fibrillation or pacemakers is still missing in Lebanon. Such programs require solidarity, planning and funds.

Furthermore, the organization of some “scientific events” by private individuals or societies without the support of the LSC has raised many objections and suspicions among cardiologists; such events are parallel to those of the LSC, with sometimes significant industry involvement, creating thereby a conflict of interest. The pharmaceutical and medical device industries must be committed more to the national scientific societies, herein to the LSC, to encourage more investment in research and prevention for better management of cardiovascular diseases.

Conclusion

The current LSC (2013–2015) has utilized high-level strategy to face the real needs of the medical community in a rapidly evolving world where healthcare service is becoming more and more expensive. In order to create a framework for better practice, to fight against medical sectarianism and to decrease the burden of cardiovascular disease, the LSC cannot continue to represent itself as a pure scientific society. It must be more involved in real medical and social life, and this requires a full implementation of plans and perspectives with the aid of the LOP, MOH and SOH. Otherwise, private and individual interests may prevail over the public interest, with grim prospects for the future. Our aim of a “High professional level of cardiology in Lebanon” may quite simply become a slogan, and the concept of “Good practice of Cardiology in Lebanon” may become difficult to implement or even may simply vanish.

Footnote. In this paper, we emphasize the constructive role of the LSC in order to improve the quality of care and to decrease the burden of cardiovascular diseases in Lebanon. The progression in implementing the function of the LSC



is facing many difficulties and in this regard, we addressed general concepts according to the policy and regulations of the LSC. In this view, we did not imply any personal judgment or reflection on any individual or collective entity.

Author Contributions

Conceived the concepts: AK. Wrote the first draft of the manuscript: AK, NM. Contributed to the writing of the manuscript: AK, NM. Agree with manuscript results and conclusions: AK, NM. Jointly developed the structure and arguments for the paper: AK, NM. Made critical revisions and approved final version: AK, NM.

Acknowledgment

The authors would like to express their gratitude to all those who participated in the foundation and progression of the

LSC, namely past presidents and members; moreover, the valuable and efficient efforts of the current LSC board and LSC Working Groups is of utmost importance to improve the image of Cardiology in Lebanon as a Science and as a Practice.

REFERENCES

1. Vardas PE. The European Society of Cardiology: priorities, projects, plans. *Hellenic J Cardiol.* 2012;53:489–490.
2. Kossaify A, Rasputin B, Lahoud JC. The function of a medical director in health-care institutions: a master or a servant. *Health Serv Insights.* 2013;6:105–110.
3. Herrmann-Lingen C, Brunner E, Hildenbrand S, et al. Evaluation of medical research performance—position paper of the Association of the Scientific Medical Societies in Germany (AWMF). *Ger Med Sci.* 2014;12:Doc11.
4. Beliveau ME, Nishimura RA, O’Gara P. Physician competence: a perspective from the practicing cardiologist. *Methodist Debaquey Cardiovasc J.* 2014;10:50–52.