The annual South African Heart Congress is a prominent beacon on the South African cardiology landscape. Few of us would deny that it is an event not to be missed. However, should we analyse the reasons why this is an important event we may struggle to reach consensus. It is an opportunity to establish and nurture relationships with colleagues practicing in various parts of our country. More importantly, it is also an opportunity to establish and nurture relationships with colleagues from the rest of Africa and other continents. We have established a track record of attracting many of the international pacesetters in cardiovascular medicine and the congress provides an ideal opportunity to keep abreast of the latest developments in our field, but critics will say that we can gain the same exposure and more by attending international meetings such as the European Society of Cardiology (ESC) Congress. The SA Heart Congress provides a platform that allows industry to build relationship with the clinicians and to introduce them to their products. However, one may argue that there are other mechanisms and opportunities to achieve this, both locally and internationally.

How does the SA Heart Congress measure up when we assess the degree to which it fulfils the objectives of the SA Heart association?

The Objectives of SA Heart as stated in the Constitution are:

2.1. To promote and develop the life sciences pertaining to the cardiovascular system in health and disease.

2.2. To promote good fellowship among those involved in the treatment of patients with cardiovascular disease or with research interests involving the cardiovascular system.

2.3. To represent, promote and protect the professional interests of cardiologists and cardiac surgeons.

2.4. To promote public welfare by education directed towards the prevention and treatment of diseases of the cardiovascular system.

2.5. To take an active role in establishing and maintaining standards for quality cardiovascular health care delivery.

The first objective is really the focus of this editorial so let us come back to that in more detail after assessing objectives 2 to 5. Promoting good fellowship (2.2) amongst cardiovascular healthcare workers is perhaps the biggest and most successful role of the annual congress and it alone is sufficient justification.
for this important event. The annual Congress coincides with the SA Heart AGM and has always been our opportunity to assess what has been done in the past year and what is being planned for the year ahead (2.3). National congresses often attract the attention of the media and the general public but SA Heart has perhaps not utilised the opportunities the Congress brings about to educate the public (2.4) to its full potential. The Congress, through the content of the programme, as well as the activities of the special interest groups attending the congress, is taking an active role in establishing standards for quality cardiovascular healthcare delivery (2.5). One must immediately acknowledge that these efforts, for example establishing training standards in echocardiography, are still in its infancy.

Let us get back to the promotion of the life sciences pertaining to the cardiovascular system (2.1). Do we need another platform? Do the activities of international societies such as the ESC not cater sufficiently for our demands? The ESC states as one of the main missions of its Congress the presentation of innovative research. Would an annual visit to the ESC congress not suffice to keep abreast of current knowledge and provide ample opportunity to present and promote our innovative research? One would think that the ESC congress should suffice to keep abreast of new developments in cardiovascular health care. Furthermore, it is unlikely that the SA Heart meeting will ever be the venue where the results of large groundbreaking trials are made public. At the recent ESC meeting held in Paris the results of the ARISTOTLE trial (Apixaban versus Warfarin in patients with Atrial Fibrillation) were released. This important trial may well change the way we manage patients with atrial fibrillation in future and trials such as this are never going to be showcased at SA Heart.

However, in the era of electronic publication the information is already available to us following publication in the NEJM, so missing out on Paris hardly denied those attending the SA Heart Congress in East London, rather than the ESC in Paris, the opportunity to keep abreast of this important study. More importantly, does the ESC answer the need of South Africans to promote our research? One would think that the ESC congress should suffice to keep abreast of new developments in cardiovascular health care. Furthermore, it is unlikely that the SA Heart meeting will ever be the venue where the results of large groundbreaking trials are made public. At the recent ESC meeting held in Paris the results of the ARISTOTLE trial (Apixaban versus Warfarin in patients with Atrial Fibrillation) were released. This important trial may well change the way we manage patients with atrial fibrillation in future and trials such as this are never going to be showcased at SA Heart.

There is a declining trend in the numbers but of more concern is the absolute number. One would like to believe that we have the capacity to generate significantly more abstracts annually and we should all promote a higher research output, particularly from our academic hospitals and training centers. Promoting the quality of research is of even greater importance and this is best reflected in the number of abstracts converted into full scientific publications in peer reviewed journals. Anecdotally it appears that the conversion rate of abstract to full scientific publication is rather low but it has not yet been the subject of rigorous scientific scrutiny.

This issue of SA Heart contains the abstracts accepted for publication for 2011. Clearly the Congress has once again provided the platform for our young researchers in particular to promote their research. The abstracts also reflect the platform provided to research perform outside our borders, both on the African continent and beyond. The role of the congress to promote cardiovascular healthcare on the African continent in general and the research output in this field in particular must be nurtured, promoted and expanded.