

MESSAGE FROM THE CHAIRMAN



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The African World Congress for paediatric and congenital heart disease

Cape Town presents a sublime and compelling African destination for the 6th World Congress of Paediatric Cardiology and Cardiac Surgery. The South African Heart Association (SA Heart) is host and the Paediatric Cardiac Society of South Africa the organiser of this important and historic international event. The World Congress is also the annual meeting of SA Heart. We welcome delegates to our city, our country and the African continent.

The 6th World Congress has built on the inter-disciplinary educational and solid scientific foundation established by the 5 previous international congresses. The Congress's history reflects a unity of purpose between surgeons and physicians and provides powerful lessons for our future.

The World Congress of Paediatric Cardiology was 1st held in London where it was organised by Dr Jane Somerville and Prof Fergus Macartney in 1980. The idea was that of Jane Somerville, best known for her contribution to the study of adult congenital heart disease, who worked with enormous energy and enthusiasm to bring together paediatric cardiologists and surgeons from around the world. The 2nd World Congress took place in New York in 1985 and was again held in Bangkok, Thailand 4 years later. Although cardiac surgeons were heavily involved in these early meetings, a separate World Congress of Paediatric Cardiac Surgery was held in Bergamo, Italy in 1988.

Shortly thereafter it was recognised that surgeons and cardiologists working on the same problems and driven by an equal desire to help children should really rather meet together and the decision was taken to hold a joint World Congress. A steering committee was established comprising the organisers of the 4 separate congresses with additional members recruited to achieve numerical equality of cardiologists and surgeons and broad international representation.

The historic 1st World Congress of Paediatric Cardiology and Cardiac Surgery took place in Paris in June 1993. The next was to be held in Japan but the catastrophic Kobe earthquake in 1995 forced relocation to Hawaii in 1997; followed by Toronto (2001), Buenos Aires (2005) and most recently Cairns, Australia in 2009. Having visited Europe, the Americas, Asia-Pacific, and Australia and reflecting the "African Renaissance", the World Congress is now in South Africa.

Cape Town provides the meeting place for the global coalition of doctors, nurses and health scientists who use research and technological development to provide better care for babies, children and adults with congenital and acquired heart disease. This is the major international scientific event for our global community and an opportunity to highlight and review 4 years of research and technological developments in basic sciences, clinical research and therapeutic interventions. The finest available international faculty promises an exceptional scientific programme across the different disciplines from interventions, imaging, procedures and surgery through to critical care.

Numerous international societies and institutions have shared the global vision that the 4-yearly "World Congress of Paediatric Cardiology and Cardiac Surgery" is the defining event in the lives of those of us from all corners of the world committed to helping children with heart disease. Several cancelled their own meetings in 2013 in favour of the World Congress and we acknowledge the magnanimous gestures of the Children's Hospital of Philadelphia, the All Children's Hospital St Petersburg and Johns Hopkins Medicine and the World Society for Paediatric and Congenital Heart Surgery (WSPCHD). A special session on surgery for rheumatic heart disease (RHD) will be held with the WSPCHD. It is estimated that there are over 15 million cases of RHD worldwide with 282 000 new cases and 233 000 deaths per annum from the disease. It should be no surprise that this World Congress in Africa has given a very high profile to the prevention and treatment of rheumatic fever and RHD.⁽¹⁾

What inspired us to bring the World Congress to Africa? Without question this is our best opportunity to highlight the neglect of children with heart disease in South Africa and to be the strongest advocates for redress. Each year approximately 4 500 newborn in our country require lifesaving heart surgery or other interventions.⁽²⁾ In 2006 only 1 300 surgeries were performed across South Africa and only 800 of these in the state sector. Little has changed and at the most conservative, that is 3 200 less than that required.⁽³⁾ Consequently 75% of children completely dependent on the public health system have no access and do not receive the necessary treatments.

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The World Congress supports the notion that children with heart disease ought not be denied the benefits of medical science and our vision is to use this Congress as a platform to spread cardiac care to those children in regions without access. It is an occasion to emphasise the glaring inadequacies in delivery of cardiac care in many countries. Governments carry the responsibility but joint public, private and non-governmental strategies are important and we will use this global forum to find creative humanitarian solutions to develop new services in resource-poor environments.

The World Congress has been successful in bringing together delegates from many countries across very different health care environments for stimulating educational meetings where individuals can network and learn from one another. It has been effective in fostering a collegial spirit between the many specialities involved in children's heart health providing a range of opportunities for trainees and established practitioners to upgrade skills, cooperate and collaborate for the good of children with heart disease around the world. This spirit of engagement invites us to also prepare the path for greater collaboration between "adult cardiologists" and "paediatric cardiologists".

Cardio-thoracic surgeons are an expensive, rare and precious commodity. Internationally very few of them confine their work to children or adults and perhaps we should be taking a lead from them. That is not to suggest a single category of cardiologist for babies, children and adults but to recognise the compelling logic in favour of great collaboration within the discipline of cardiology. In less developed countries the most common acquired heart disease and greatest burden of care in adult cardiology, is that preventable disease of childhood, rheumatic heart disease (RHD). Conversely, whilst congenital heart disease (CHD) has long been regarded as a "paediatric" domain, in wealthier regions like Japan, Europe and North America there are now more adults living with congenital heart disease than children. Writing of the management vacuum for these patients a previous guest editor of this journal notes: "The successes of Paediatric Cardiology of yesterday must be cared for in an environment that will maximise their chances of high quality and long quantity life" and that, "to provide anything less than optimal adult congenital cardiac care would be to fail our mission of consolidating the fabulous successes of paediatric cardiac medicine and surgery".⁽⁴⁾

From heart failure through interventions the scientific separation of "paediatric" and "adult", based on an arbitrary and flexible genealogical end-point, between 13 years in our country and 21 years elsewhere, is outdated and inappropriate. We work on the same diseases, using the same imaging technology, using and experimenting with shared biomedical devices and the same pharmaceuticals - just at a different age. Preventative cardiology, with risk reduction and the promotion of healthier lifestyles through exercise and better nutrition, is surely an indivisible science as the antecedents of adult-onset ischaemic heart disease occur and need prevention in children. This does not mean that paediatric cardiologists need to be taught how to perform percutaneous coronary interventions now, but it does imply that paediatric cardiology teaching curricula and indeed scientific programme's at cardiac congresses, need to speak more seriously to child-orientated strategies to prevent atherosclerosis, hyperlipidaemia, type 2 diabetes, obesity and ischaemic heart disease.

That brings us to the name of our World Congress and suggests that “Paediatric Cardiology and Cardiac Surgery” is inappropriate, outdated and divisive. A “World Congress for Paediatric and Congenital Heart Disease” is probably more correct in that it omits reference to either “Cardiology” or “Cardiac Surgery” speaking instead to the single agenda or these 2 professions. The unity of purpose that was found between great and famous paediatric cardiologists and surgeons back in 1990 needs to develop again with a new vision of a greater collaboration between adult and paediatric cardiologists and there is no better place to begin than with our own nomenclature.

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