

From Australia's Great Coral Reef to Brazil's Arrecifes. Building Bridges of Reflection

Da Grande Barreira de Coral da Austrália aos Arrecifes do Brasil. Construindo Pontes de Reflexão

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The Health Insurance and Health Care System have been in deep and constant structural changes, stimulated by an intense flow of information, processes and products, led by the phenomenon of globalization and Pediatric Cardiology, in its clinical and surgical varieties, was not excluded from this process. Furthermore, the technology available and widely accessible for information exchange demands that the problems of this sector must be solved in a systemic and competent way.

Debating the relations of Brazilian Cardiac Surgery and Pediatric Cardiology, with current international movements of the specialty, regarding structure, processes and conclusions, becomes, therefore, imperative. An example of this globalized point of view can be noticed by the creation of societies such as *World Society for Pediatric and Congenital Heart Surgery* (WSPCHS), in 2006 [1]. Although it might appear as just one more among many other Specialty Societies, the initiative of WSPCHS has as mission statement the promotion of exceptional quality assistance to all pediatric patients and/or with congenital cardiopathies, from fetuses to adults, regardless of their financial conditions, emphasizing in the excellence of education, research and community services. The meetings already held WSPCHS, since 2007, have been showing that the mission statement has been accomplished, by the total participation of specialists from many areas involved in the treatment of children holding congenital cardiopathies worldwide.

The Pediatric Cardiovascular Surgery Department (DCCVPed) of the Brazilian Cardiovascular Surgery Society (SBCCV) partakes in movements and has representation in the majority of meetings and congresses, where these topics have been debated. Apparently these World Societies are planning and coordinating an exponential growth of this issue, regarding a world uniformization in the assistance of children holding cardiopathies.

Consequently, this motivates us and evidences the need to reorganize the specialty society, especially by the DCCVPed, aiming effective participation, adaption of recommended assistance models or innovation in specific

aspects. However, in order to the DCCVPed effectively represent its members, the associates that constitute the society need to participate in a more representative way, seeking the foundation of a universal consensus. The active work within these national or international movements benefits the networks, building up strength in numbers that overwhelms the isolate individual efforts.

The present Directory Board of the DCCVPed has promoted a national meeting seeking representation among major national centers, surgical and clinical societies represented by federal government authorities responsible for policies regarding assistance to children holding cardiopathies.

The objective of this meeting was to stimulate discussion among the representatives of national pediatric cardiology and surgery services, specialty societies and authorities involved with the issue by meetings and assembly participation.

The issues discussed were divided in five modules:

- Nomenclature;
- Data Base;
- World Societies;
- Humanitarian Projects;
- Analysis of the Brazilian Pediatric Cardiac Surgery Situation.

At the end of each module, the consensus issues discussed will be included in a conclusion document, to be published later on specialty journals.

This meeting was held on February 5 and 6, 2010, at the amphitheater of the Heart Institute (Hospital das Clínicas - Universidade de São Paulo), attended by surgeons and other professionals responsible for 20 major centers of pediatric cardiac surgery in the country, presidents and representatives of the Pediatric Cardiology Department of the Brazilian Cardiology Society (SBC) and the Brazilian Pediatric Society (SBP), Brazilian Cardiovascular Surgery Society (SBCCV) and its Pediatric Cardiovascular Surgery Department (DCCVPed) and representatives of the Health

Ministry. The meeting also included the presence of an “outside independent viewer”, Prof. Dr. Rodolfo Neirotti that shared his experience in the area during the discussions.

The level of discussion and considerations made during the event served as motivation and raised awareness of the “inefficient assistance to children holding cardiopathies” and, by designing a diagnostic spider-gram the weak points could be identified.

The basic problem in the inefficient assistance to children holding cardiopathies include aspects of service availability throughout the country, number of surgeries performed, surgeries observed results and knowledge about the population needs. [2,3]. Among other topics discussed, the present system of reference and counter-reference was identified as the most significant hindrance for the increase in resolution of assistance services for children holding cardiopathies.

In addition, other important problem of this system consist in the insufficient available number of physicians and other qualified health professionals for the education and re-training of graduate students (as the aphorism used by the directory of SBCCV goes: “train the untrained and re-train the trained”). Concerning this issue, it was stressed the need of participation of the DCCVPed in identifying and choosing the centers of reference either for assistance or education (Education Centers), which is presently in progress. The event participants also pointed out important aspects of this inefficiency regarding the interconnection with other societies, such as anesthesia, pediatrics, intensive care, etc. or the lack of certain specialties, such as pediatric cardiac intensivist in Brazil, pointing out the need for linking these inter-relations.

Furthermore, the fact that the data base and present nomenclature used in the procedures performed and diagnostics prevent a more detailed and objective analysis of our reality. The revenue destined to the cardiac surgery program is insufficient and, usually, it is not properly applied.

During the event, the presentation of humanitarian projects performed by international centers with Brazilian centers [4], or vice-versa [5], is noticed that mutual growth was stimulated. Therefore, the event participants suggest that “*twining programs*” among national institutions, as those being performed between national and international institutions, must be stimulated.

Regarding the status quo of things, realizing and being aware of this inefficiency is the first step in order to implement a changing program, and having acknowledged it has already suggested means and innovations for the improvement of the quality of the specialty. Although, perhaps, the ideal and ultimate solution may take years and it may still not be able to be implemented completely, some changes are possible, necessary and expected; since the weak point are identified, such as conflict points, hindrances

or obstacles. It is also known that reformulating actions in order to solve a conflict point may have an impact all over the process, possibly modifying it as a whole, hence helping to solve the problem.

The consensus concerning principles, observed during the event, however, will require extra efforts of the members of DCCVPed. The implementation of actions requires a great deal of work, individual dedication, commitment and compromise with the process. Therefore, the end of the meeting was dedicated to establish a “diagnostic spider-gram” and build groups for the necessary actions.

The final report should be published in a few months as a consensus document among the participants of this meeting, approving the issues discussed, establishing the necessary actions for the next steps and creating opportunity for those interested to suggest alternatives or innovations.

Also, it is important to reinforce clearly that the sole interest in the betterment of the entire system of assistance to children holding cardiopathies, approaching all the issues previously pointed out, is promoting an adequate and efficient assistance to all children holding cardiopathies in need, excluding geographical or political barriers.

After two intense days of discussion, reflection, analysis and diagnostic of the situation; the DCCVPed and the attendants have compromised in promoting coordinated actions seeking to implement a pediatric cardiac surgery service more qualified and efficient in the future.

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