

## Words of Professor Dr. Domingo Braile Ph.D.

The career of the cardiovascular surgeon is passing through a transitional period. From an extremely important profession in the recent past, when surgical intervention of the heart was a synonym of status, the cardiovascular surgeon feels assailed by several doubts. It is up to us, who after being so dedicated to this extremely difficult, but more rewarding profession than most, to withdraw from the crossfire and look for new opportunities. In this millenium which is only just starting, is offering us interesting perspectives in terms of advances proportioned by the discovery of new techniques and revolutionary drugs. Overcoming challenges was always an inherent function of ours. Thus, an analysis of the current situation serves as a stimulation for new conquests and not for lamentations.

The article recently published on the “theheart.org” web site, with the expressive title: “American Cardiac Surgeons, yesterday’s idols, watch jobs go begging” ([www.theheart.org](http://www.theheart.org)) [1], focuses on the vivid picture currently seem in the United States of America, where the profession no longer awakes the glamour of the golden ages and the number of students interested in our career has been noticeably dropping ...

Several factors have been highlighted as causes for this, such as reduction of the salary and high rates paid for insurance, which can reach an absurd disbursement of 100 thousand dollars annually. To aggravate the problem further, the annual salary of cardiovascular surgeons has dropped from 700 to 800 thousand dollars in 1987 to between 250 and 300 thousand dollars today, according to Michael Mack, medical

director of Corporation of American System Hospital.

A report from Heart published statistics of the Society of Thoracic Surgeons (STS), demonstrating that the number of candidates for the 140 new positions of the specialty of Cardiac Surgery fell from 197 in 1995 to 145 in 2002. The number of candidates for these positions coming from North American medical schools was reduced from 156 to 107 in the same period. To exacerbate the situation, 50% of cardiac surgeons plan to retire some prematurely, in about 2010. This is the time in which the North American population over 60 years old should have grown to circa 13 millions of people.

Another problem cited is the exaggerated emphasis on coronary artery surgeries, which inhibit a broader approach to other areas related to cardiovascular surgery, provoking a conformation that needs to be reverted. Dr. James L. Cox, ex-president of The American Association for Thoracic Surgery (AATS), understands that our profession is looking for new paradigms and that there is still much glamour linked to it. “Our specialty simply moved from the frontline to a secondary position and it needs to move again”, he said to The Heart Journal.

The times and perspectives of cardiovascular surgery are also a theme of the article “A Realistic View of the Cardiothoracic Surgery Specialty” published in the section “In My Opinion” on CTSNet by Professor Tomas Salerno, member of the AATS and honorary member of the Brazilian Society of Cardiovascular Surgery [2]. He is a professor of Cardiovascular Surgery at Miami University, Head of the Cardiothoracic

Surgery Department of Jackson Memorial Hospital in Miami, as well as a great friend of Brazilian Cardiovascular Surgeons. We are publishing his article in full, in the original English on page III as a complement to the editorial, because of its importance and for it to serve for reflection.

The Brazilian Journal of Cardiovascular Surgery (RBCCV) would like to participate in the challenges proposed by Dr. Cox and Dr. Salerno, by encouraging a debate in order to collaborate with the increase and the improvements of our area of work.

By means of published articles, there is an opportunity to show the importance that we are professionals who are increasingly aware of the needs of the patients and with the development of new techniques which improve survival and more importantly, provide the population with a better quality of life.

Thus, we believe that the constant improvements of the already very high standard publications presented by the RBCCV are of extreme importance. We will have the opportunity to divulge the evolution of Brazilian cardiovascular surgery all over the planet, through the English version of the articles on the [www.scielo.org](http://www.scielo.org) web site, on our site in Brazil and on the site we share with CTSNet in the USA.

This is a great advance for a more expansive projection of our country's scientific work, specifically in the area of cardiovascular surgery, at a moment in which the Brazilian scientific production, in general, and the area in which we act in particular, is gaining space and international recognition.

A report in edition 81 of the Fapesp Research Journal (Revista Pesquisa Fapesp - [www.revistapesquisa.fapesp.br](http://www.revistapesquisa.fapesp.br)) from November 2002, shows that, according to the Science Citation Index of the Institute for Science Information (ISI) database, that indexes more than five thousand periodicals, Brazilian researchers in 2001 published exactly 10,555 articles. This number corresponds to 1.44% of the world production [3].

It may seem little, but they are extremely vigorous data, as, also according to the Fapesp Research

Journal, it is equivalent to around 40% of the articles published by Latin-Americans in the same period. It is necessary to point out that the growth of works published by Brazilians was 403.49% between 1981 and 2000.

These data prove the robustness of our scientific production, but this can and should grow even more. Within our circumstances, the challenge has been set! The better the quality of the published work, the greater is the chance for national authors to be cited by his Brazilian and international peers. We are sure that the aim of all the SBCCV members and also our aim as Editors of the RBCCV, is that our journal continues to play a vanguard role in cardiovascular surgery, overcoming unsettled time and planning a more dynamic future with professional dedication and unmistakable benefits for patients.

We continue to be at the service of our colleagues, not only to receive manuscripts, but also to collaborate in any way possible to elucidate possible doubts and to continually improve the RBCCV.

*Best regards,*

*Domingo Braille*

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