Do look up: how UK cardiovascular science and our patients benefit from international collaboration: a European Society of Cardiology perspective

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“When we belong to the world, we become what we are.”—A Stevenson

The European Society of Cardiology (ESC) encompasses 57 National Cardiac Societies spanning from Ireland to Russia and from Iceland to Tunisia. The British Cardiovascular Society (BCS) is one of the founding members of the ESC and Davis Evan Bedford, CBE FRCP (1898–1978), was the second ESC President (1956–60). Much like the European Union (EU), the purpose of the ESC is to set standards, foster a community spirit, provide professional exchange and training opportunities and improve practices across Europe. As the ESC has no executive powers to enforce any of this among its stakeholders, success relies on the Society’s ability to inspire, support and unite healthcare professionals in the pursuit of excellence, expose inequality to drive levelling-up the quality of care across Europe and, together with patients, advocate for investment in the prevention, awareness and management of cardiovascular disease.

The UK is typically divided when faced to initiatives coming from ‘Europe’, and the ESC is no exception. Nevertheless, this is by far compensated by strong engagement and dedication from many colleagues, who have taken the best of UK practices (from research to education and governance) to the ESC and devoted their time to contribute to the wider (and very diverse) community of healthcare professionals, trainees and patients across Europe.

Highlighting some of the many notable contributions of BCS members to the ESC (see also the online supplemental material), I would start from Adam Timmis who, as Chair of the ESC European Heart Health Institute in Brussels and leading author of the ESC Atlas since 2017 (https://www.escardio.org/Research/ESC-Atlas-of-cardiology), directs the ESC’s effort to expose inequalities in healthcare investment and measure their impact on cardiovascular outcomes. Adam is also the founding member and current Editor-in-Chief of the European Heart Journal—Quality of Care and Clinical Outcomes journal and with Alastair Gray the co-chair of the ESC project on the Financial Burden of Cardiovascular Disease.

During my mandate as President of the ESC (2018–2020), the Patient Forum (https://www.escardio.org/The-ESC/Advocacy/esc-patient-forum-what-we-do) was established under the leadership of Donna Fitzsimmons, with significant contributions from British patients. In parallel, the European Unified Registries for Heart Care Evaluation and Randomised Trials (EuroHeart), a European-wide federation of national registries inspired by the experience of Swedish Web-System for Enhancement and Development of Evidence-Based Care in Heart Disease Evaluated According to Recommended Therapies (SWEDHEART) and National Institute for Cardiovascular Outcomes Research (NICOR) was started in 2018.2 In its initial pilot phase, EuroHeart includes seven countries, with Christopher Gale as Chair of its Data Science Group.

Providing standards and tools to support high-quality medical education is one of the pillars of the ESC and an area where the UK’s contribution has been particularly strong and far-reaching, spanning from the new e-learning platform to the European cardiology curriculum3 and exam in core cardiology, sub-specialties accreditation and randomised trials of educational interventions (eg, Stroke prevention and rhythm control Therapy: Evaluation of an Educational Programme of the European Society of Cardiology in a cluster-Randomised trial in patients with Atrial Fibrillation (STEER-AF)).1 In addition, UK universities support ESC-sponsored Masters in Health Economics, Outcomes and Management in Cardiovascular Science, and in Clinical Trials, with shorter courses co-designed and coordinated by Perry Elliot, current Chair of the ESC European Heart Academy and of the ESC Council on Cardiovascular Genomics.

Thirteen BCS members have been editor-in-chief of ESC Journals, and four have been co-editors or deputy editors. Notably, Desmond Julian (BCS President, 1985–87) was one of the founding fathers of the European Heart Journal. Kim Fox was one of its editors-in-chief before he became one of the four BCS members who, to date, have been elected President of the ESC.

John Camm (BCS President 2001–03) with Thomas Lüscher (now based in the UK) have contributed as journal editors and leaders of the ESC publishing strategy and as editors of the BMA award winning ‘ESC Textbook of CV Medicine’. Many of you will remember the inspired leadership of Keith Fox (BCS President 2009–12) as Chair of the ESC Congress and recipient of one of the 14 ESC Gold Medals awarded to UK clinical scientists since 1996.

Since 2014, 114 UK representatives have served as members or chairs of the ESC Guideline Task Forces and over the same time UK representatives were involved in reviewing all but one of the Practice Guidelines issues by the ESC. Colin Baigent, the current Chair of the ESC Practice Guidelines Committee, is driving the introduction of a number of changes to the current (ever evolving) process underpinning the creation of the ESC Practice Guidelines, which will lead to greater transparency, better inclusivity and stronger governance.

Last but not least, UK cardiovascular nurses and allied professionals have led the way on education with Lis Neubeck as the current President of the ESC Association of Cardiovascular Nursing & Allied Professions.

So, why have so many people engaged and contributed as volunteers to these activities? Even before we consider human generosity, community spirit and sense of belonging, let us focus on impact. What we have learnt from practising cardiology in the National Health Service, with the privilege of having a research-focused charity dedicated to cardiovascular disease (the British Heart Foundation), can benefit other communities and improve the way care is delivered, contributing to saving many more lives than we can hope to save through our daily clinical practice. In turn, the ingenuity of those who practice cardiology in more adverse conditions and with unimaginably tight budgets has uncovered paths to solutions we could have hardly
imagined. Agreement on harmonised variables defining cardiovascular diseases across Europe and on common sets of quality of care indicators, together with widespread adoption of electronic health-care records and advances in digital technologies, provide an opportunity for better observational studies and simpler, more affordable clinical trials, while fostering a culture of questioning, measuring and testing. Pan-European pressure on the regulators and research funders is much more likely to bear fruit; see for instance the new initiative of the European Commission to support EU countries in reducing the burden of cardiovascular disease [https://ec.europa.eu/health/non_communicable_diseases/overview_en]. As exemplified by the COVID-19 pandemic, networks of clinicians and scientists working together and communicating across borders can swiftly identify emerging trends and implement solutions that benefit all. The science of the present and the future requires multidisciplinary and multinational teams, original solutions, data sharing and lateral thinking. So, let us all ‘look up’, take responsibility for our profession and our patients and continue the tradition of engagement and exchange that has brought the BCS and its members to the forefront of the wider cardiovascular community.

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