Chers collègues, chers amis: C’est vraiment fascinant d’être devant autant de chirurgiens thoraciques provenant de tous les horizons, non seulement de France, d’Europe mais aussi des pays extérieurs à notre continent. Merci de nous accueillir en France cette année. Excusez moi de continuer en Anglais maintenant mais c’est la « lingua franca » de la médecine d’aujourd’hui.

Well, let me start over again: Dear colleagues, dear guest and friends, what an amazing feeling to be standing in front of so many people. Some of them famous thoracic surgeons, representing our field for many years, some of them young people just at the beginning of their training. We all have come together from different parts of Europe and the world to learn, to update and to exchange our knowledge and to enjoy the sunny part of southern France.

1. Le Mistral

Pascal Thomas, the chair of the local organising committee, was very concerned that the Mistral would blow during our time here in Marseille. I did not know anything about this wind so I looked it up and found out that it is a European wind [http://en.wikipedia.org/wiki/Mistral_(wind)]: It needs an area of high pressure in the Atlantic off the coast of Spain, Portugal and France and low pressure areas in the Gulf of Genoa, as well as between northern European countries. Between these pressure areas, the wind develops and generally blows from the northwest, cooling down on its way through the Rhone valley before it hits Marseille. It is a cold wind, that can blow as hard as 90 km/h, but it is usually accompanied by fresh weather and especially clear skies. The clarity of the air and light was what attracted so many painters to the South of France.

Fortunately for him and for us, the Mistral has not appeared but even if it did so, it would not have been a problem. We will spend most of our time in the congress centre because of the exciting program. In addition, it depends on your point of view whether a strong wind is a bother, or whether it is blowing in the right direction. From the standpoint of ESTS the wind at the moment is just right.

When Laureano Molins gave his presidential address two years ago: ‘From birth to adulthood’ [1], he nicely lined up all the achievements of ESTS over the past 18 years: from how the society was created in 1993 by a number of visionary thoracic surgeons from all parts of Europe and yet in the beginning it was quite difficult to attract a decent number of members with slow growth in membership which has finally picked up over the last few years. His final remark was a look towards future developments. Meanwhile the growth of our society has even surpassed his expectations as we are now approaching 1300 members. In keeping with the theme of ‘From birth to adulthood’: when children pass through adolescence, by the age of 20 they change their behaviour to make them fit into their role in society.

It is my belief that time has come for our society to change as well. ESTS needs a new structure to be able to adapt to the challenges of the future.

2. Restructuring ESTS

When our secretary Sue Hesford, came into office 10 years ago, the society did not even have 400 members. There were no schools, no expert courses, and no travel fellowship program. There was less correspondence with other societies as well as much less need for representation of ESTS in national and international meetings. While we grew, Sue adjusted to the ever increasing workload in an amazing fashion — thank you Sue for this. But now it is clear that we have to change our infrastructure. In council we have decided to move to a larger office in Exeter and to employ a second secretary. They will share the workload and someone will be always present during regular working hours at our ESTS office even when Sue is at meetings or on vacation.

In addition to the re-organisation of the secretariat we decided to set up some new structures within our society: a
Membership Committee and a liaison officer to ERS. The Membership Committee is chaired by Josef Furak and the past president, and there are individuals in charge of the different regions of Europe and the World: Eveline Internullo, Laureano Molins and Gilbert Massard who will also serve as the liaison officer to the European Respiratory Society. ESTS will stay open to anyone interested in thoracic surgery and we want to promote our society even further.

Thoracic surgery has become autonomous and strong over the last years and there is much more interest for cooperation as we are on a par with the different partners. All over, thoracic surgeons are struggling to be independent whether they want to separate from the pneumonologists, the general surgeons or the cardiac surgeons. I realized two weeks ago, when I attended the Spanish congress of the young SECT society that ESTS serves as a role model for many other societies in Europe. The creation of a new society — like in Spain — is a major task. It involves active and brave members, ready to fight for a new structure they believe in and to find allies who share the same ideas. I believe we, as ESTS, can help with our experience.

In addition to the international meeting, national conferences still have their place because the local characteristics and the exchange of knowledge in one’s own language remain important issues.

However, globalisation is a fact in medicine, and its implication was laid down by Michael Müller in his last years’ presidential address where he stated that ‘brilliant ideas blossom amazingly well outside’ large facilities [2]. We would like to attract active members, sharing their ideas of how to improve thoracic surgery for the well-being of our patients.

Looking back at my time as president and councillor, I have noted that the workload and the demands are steadily increasing. In my opinion, the restructuring of ESTS has to go even further. In conversations with former presidents and members of our society I realised that I am not alone with this idea which I have laid out for you (Fig. 1). Re-organisation started four years ago with creation of the Ad Hoc Committees (AHC) by Gaetano Rocco. Next, each AHC got a spokesperson in council who was one of the directors or officers. Now, some committees will become independent.

Our specialty has produced many experts who treat patients with a high level of expertise. New technologies evolve at increasing speed, forcing us to specialise further and train continuously. ESTS is meeting these needs with more educational projects. An Educational Committee becomes a necessity. Federico Venuta as Director of Education will be the chair overlooking all activities which are coordinated locally for the Antalya School by Alper Toker and for the Elancourt Course by Françoise Le Pimpec-Barthes, the Itinerant Courses (Expert Courses) will have Antonio Martin-Ucar as the person in charge and Michael Müller will continue with the Nycomed Travel Fellowship Program.

The European Database Project now has more than 190 units reporting their data, thanks to the tireless work of Alex Brunelli and the AHC. The database serves as a base for scientific evaluation and the process of accreditation of units by the ESTS. This year for the first time, six units eligible have applied for accreditation and the first one in Antwerp will receive its certificate tomorrow. I expect a huge interest with a growing number of applicants in the next years. We will see whether an independent Accreditation Committee will be necessary in the future.

In times of uncertain financial stability it is vital for the ESTS to have a robust relationship with our partners in industry. An Industrial Committee will allow us to set up the
kind of partnership were we combine ideas and demands of the industry with the independence of our scientific society. There will be a close cooperation with the Director of the Annual Meeting as well, a position we have separated from the General Secretary as the size of our meeting is enlarging steadily. Jaroslaw Kuzzdal who has successfully co-organised the Krakow meeting two years ago will be in charge going forward. He has good experience with the financial issues and together with our excellent treasurer Kostas Papagiannopoulos he will keep an eye on the expenses.

Finally, in my opinion, there is a need for what I call a ‘Steering Committee’. Future presidents will require help in order to run the society smoothly. I do not have a clear idea yet where this will fit into our organisational diagram or who will be part of it. I am committed to its development and remain open to all ideas. The wind of change is perceptible.

3. Women in thoracic surgery

There is one issue I have to bring up as well: women in thoracic surgery and my role as the first woman serving as president of an international Society of Thoracic Surgeons. It is not because some male colleagues expected a feminist speech. Barack Obama said it best (no, not the ‘yes, we can’) during his initial presidential address when he said ‘I am different’. That is it: I am different. In my career I have achieved the same as many men in this room. I am a well trained thoracic surgeon with ample experience in the operating room — as many men and women here. I run my own department where I have to deal with all the administrative work and hustle and bustle that comes with it, and I am well respected by colleagues in my hospital, my country and in the thoracic surgery world. In our society, in council, when I wanted to make a suggestion or a comment, all the other members would listen to me. I never felt, that I had to fight much more than men interested to get into a certain position. So what?

It actually were the young thoracic women that made me change my mind, the trainees, our future. In March, at the school in Antalya, for example they came up to me, telling me how proud they were of me. Not only one, but many have said exactly this to me during my presidential year: ‘we are so proud of you’, and smiled at me with hope in their eyes. And there, in Antalya, with the beautiful Thoracic Surgeons from Turkey, from Italy and Spain, from Iran, from Latvia, the Netherlands and Belgium, there I realised that I could not ignore the fact of being the first woman in this position. Many young and also not so young female members of our society are expecting me — their president — to say something and prepare the ground for their future career (Fig. 2).

Let me tell you: ‘yes, you can’ — yes, you can make a difference and even influence a presidential speech. Yes, it was you who made me change my mind and to use this unique chance to have everybody — women and men — listen to me and my ideas in this regard.

The talents of women and men are different. To make the best of it for our daily work and the interest of our patients, one should be clever enough to use these different talents. Unfortunately, at least in the past, the use of talents in the surgical departments was split the following way: women do the work on the ward, because they like to work in a team, care for the patients while their male colleagues spend time in the operating room. For the soft skills women are better but when it comes to decision making chiefs prefer men. However, we can no longer deny 50% of our trainees a decent training in the operating room. Women are as skilled as men; they make quick and solid decisions during the procedure. There is no reason to believe that they are not as smart as men. With the increasing percentage of women among the medical students — up to 70% in Germany now — there is a predictable need for female surgeons in the future.

But yes, there is also a problem with women: many of them have to be pushed into higher positions. Bright young women have left surgery to go into fields that are less stressful. I understand the disappointment of chiefs if they have put in a lot of effort to promote a female colleague and she is just not interested in promotion. Also, women may be reluctant to step forward and take the initiative to get ahead. They rather sit in the back and are too shy to stand up. I myself had difficulties recruiting women for open positions in different societies. For exactly 8 years now I have been head of a department, but I am still the only female chief in Germany. When I talked to women about the prospect of becoming a chief I often heard: ‘Oh no, I do not want to put up with all this’. Well girls, if you are not eager to put up with certain things, you will never be in a position to change the surgical world. It is still male dominated and will stay like this until we reach a critical mass.

If you do not have a plan how to deal with a wind like the Mistral, you will be blown into any direction — like a fallen leaf that ends up somewhere along a road.

But if you get yourself straightened out and use the wind to move forward, you will get to your goal much faster. I fly small airplanes and know how important it is to calculate the wind. The best wind is coming from the front: it will lift the plane up quickly or slow it down nicely for a smooth landing. A wind from the back is bad: it might push you over the end of the runway. Strong winds from the side rock the plane heavily making a landing impossible as do heavy winds from the back. So, analyse the wind and use it for your goals to blow you over obstacles.
4. Training in thoracic surgery

This advice is not only true for the young women in the audience but also for the young men: all of you are our future — the future of thoracic surgery.

During my presidential year I have had the opportunity to meet many young thoracic surgeons at the various educational projects and conferences. These encounters meant a lot to me: having heard complaints about teaching and the lack of training in the operating room, caused me to reflect on my attitude towards the residents I am training. Hopefully they have benefited from some of the changes we have made.

We all should remember how we were longing to get into the operating room and do something ourselves. There is always the possibility to let residents do part of the procedure: I do not need to open chests any longer — I have done thousands of thoracotomies, so why not allow a trainee to get some experience and do part of the procedure while you take over the difficult portions — let the medical student do the wound closure. An experienced surgeon can anticipate a mistake and knows how to prevent this. Studies have shown that operative results by observed residents are not worse than by experienced surgeons \[3,4\]. Despite legal aspects we should make the training as practical as possible. Otherwise the wind will blow young people away from surgery into other medical fields where they can ‘put hands on’ from the beginning.

Inevitably, the training of the future will look different from what it is today. We will have skills labs, virtual training and many other forms we can only dream about. ESTS will explore all options and stay updated, but we will need the input from the young generation for this.

5. Io, the most active body in the universe

Io, a moon from Jupiter was discovered by Galileo Galilei 400 years ago. With over 400 volcanoes it is considered the most active object in the whole universe. I have a picture of Io in my office and I felt a bit like it during this past year: one of the most active bodies with constant eruptions of ideas. Fortunately, I had a lot of help from many sides: First to mention my husband Jochen who cooled me down repeatedly and has been a solid rock I am hanging on to. I have a dream team in the hospital represented by my secretary Frau Badawi and the heads of the surgical ward and the operating room Frau Krüger and Frau Klaffke. Unfortunately none of the doctors of my team could be present today. Some good friends who always gave excellent advice are present as well as are my father and one of my sisters: you have shaped and always believed in me. Thank you for this.

Dear members, dear guests: Let me tell you: I enjoyed every minute of my presidency and that is because of many people in council and the ESTS who gave me great support. There is to name one more person: Dirk Van Raemdonck, our General Secretary. Let me tell you Dirk, during this past year you have been the most important man in my life — besides Jochen. Thank you for all your support and backup.

Finally, I would like to cite from Gaetano Rocco’s presidential address ‘the best is yet to come’ \[5\] — I am convinced this is true and the winds will help us. I am very proud that I could serve as your president. Thank you.

References