A revival of Paul Dudley White an overview of present medical practice and society

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P.D. WHITE INTERNATIONAL LECTURE
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Professor René Favaloro was honoured to deliver the Paul D. White International Lecture. The Lecture was published in Circulation (99: 1525—7, 1999).

P.D. White was born on June 6th 1886 and died in 1973 at the age of 87. He dedicated his life to the last breath to cardiology patients and research. In 1914 he introduced ECG in the USA for clinical research. He wrote 12 books and 758 scientific articles during his life. He participated in founding the American Heart Association and was its president, the International Council of Cardiology and chaired it as president, and International Society of Cardiology.

Professor R. Favaloro after analyzing the life and work of P.D. White enumerated Ten Messages from the Legacy of P.D. White that follow.

Moreover, he confronted the Legacy with the present day situation in medicine and society in (i) USA and in (ii) the world. R. Favaloro called attention to, among many others, the "Medical industrial complex" — term coined by A.S. Relman (N. Engl. J. Med. 1980; 303: 963—970) which leaves aside some ethical concerns and could have deleterious effect. He also moved on the idea of Rodwin (N. Engl. J. Med. 1995; 332: 604—607) that market-driven health care creates conflict that threaten medical professionalism.

I was deeply impressed by open, critical, thoughtful, provoking study of R. Favaloro. Having in mind that Circulation is to be found only in 4 libraries in Slovakia I suggested to the Editorial Board of Bratislava Medical Journal to publish, at least a part of the lecture. And also I asked Professor Favaloro to allow publishing this part of his Lecture in Bratislava Medical Journal.

Reading the Ten Messages of White's Legacy listed by R. Favaloro one feels that White's ideas were very close to the ideas of our teachers in medicine at Comenius Medical School in Bratislava. I remember L. Derer who expressed his philosophy in the obituary dedicated to the pathophysiologist F. Šimer, who died in Nazi-prison (Brat. Med. J. 1947; 27: 118—121), or my postgradual teachers J. Brod and K. Weber in Prague, Institute for Cardiovascular Diseases, who madeus scholars acquainted with the personality of P.D. White.

I express my sincere thanks to R. Favaloro for formulation his ideas, extremely hot in the present day society, and also for allowing to publish part of his lecture in Bratislava Medical Journal.

I apologize for omitting the very interesting and critical paragraph, namely "The practice of Medicine in America" because of rules concerning the extent of articles in Bratislava Medical Journal.

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The Legacy of P.D. White

First Message: Clinical History Stands Above Any Technological Advances
Second Message: All Patients Are Equal
Third Message: Team Effort
Fourth Message: Respect for the Physicians, Particularly for the Referring Doctors
Fifth Message: Modest Fees
Sixth Message: Clinical Teaching and Clinical Research
Seventh Message: Prevention
Eighth Message: Humanitarianism
Ninth Message: Disarmament and Peace
Tenth Message: Optimism

In one of my studies dedicated to the analysis of socioeconomic status as risk factor, I was able to show that the following factors influence mortality.

1. Education: as the level of education increases, the mortality rate decreases.
2. Income: there is a marked inversely proportional ratio between family income and risk of death.
3. Profession: after jobs were classified into 5 different categories (from professionals to unskilled workers), it was clear that a low job level is inversely proportional to the presence of all causes of death, ie, the lower the job level, the higher the risk death.
4. Employment: unemployment clearly increases the risk of death.
5. Living conditions: the observations indicate that living conditions have a high influence on incidence of mortality.

The clearest evidence stems from our own specialty: there is a consistent relationship between socioeconomic status and the incidence, prevalence, and mortality of cardiovascular diseases. I concluded that social inequality is indeed another risk factor.

For many institutions, caring for patients of lower socioeconomic status entails longer hospital stays and a greater use of resources. The magnitude of the differences (ranging from 5 % to 25 %) has an obvious implication for hospitals that care for substantial numbers of poor persons (1). This situation is aggravated by the fact that since the late 1970s and early 1980s, several large urban areas have lost all or most of their local hospitals (2). Poverty (3) and the percentage of black residents (4) in a hospital's community are the strongest prediction of hospital

closure. These considerations are extremely important, particularly for the estimated 17.7 % to 18.5 % of the US population categorized as medically indigent (5).

I think it is very clear that the principles of Paul D. White's legacy are not being followed. The significant changes that we have already analyzed are factual, undeniable evidence.

One hundred fifty years after the AMA first defined itself in terms of its Code of Ethics, it appears that, not unlike 150 years ago, a sense of moral crisis pervades American medicine. The 1847 Code of Ethics remains a benchmark against which we can measure moral progress or regression. Its introduction, written by John Bell, is still appropriate for our times: "To resolve the crisis facing American medicine, physicians 'must be true to themselves, by a close adherence to their duties, and by firmly yet mildly insisting on their rights; and this is not with a glimmering perception and faint avowal, but rather with a full understanding and firm conviction'" (6).

Today's Society

I fully agree with Kassirer when he says that "the embracing of market values in health care reflects a change in society as a whole. Because individualism and competition are increasingly celebrated, the principles of the marketplace now permeate our personal lives and even capture our judgment" (7).

And those principles are money, power, and pleasure. Globalization is the new god. Its motors — liberalization, privatization, deregulation, and of course, the absolute need for competitiveness — have been presented as the main theological arguments. Led by an "invisible hand", the market will achieve optimum results.

In the course of a lecture that I gave at the University of Tel Aviv in May 1995 (8), I quoted some data collected by Riccardo Petrella (9) in December 1994:

1. More than 1000 million people live in absolute poverty. This is more than 3 times the population of the European Community.
2. Approximately 900 million adults are illiterate.
3. Approximately 2000 million people are deprived of potable water.
4. Approximately 100 million people, a figure equivalent to the combined populations of France, Spain, and Belgium, are homeless.
5. Approximately 800 million people go hungry every day.
6. There are 150 million undernourished children below the age of 5 years.
7. Fourteen million children under 5 years old die every day.

Since then I have been thoroughly following the data published every year in the Human Development Reports for the United Nations Development Program (UNDP). Their analysis is based on the Human Development Index.

In 1995 (10), they already pointed out: "The world has become a global financial village. During 1965—1990, world merchandise trade tripled, and trade in services increased more than 14-fold. But the poorest 20 % of the world's people have benefited little from the increased globalization of economies. In world trade, their share is only 1 % — and in world commercial lending, a scant 0.2 %.

More than three fourths of the world's people live in developing countries, but they enjoy only 16 % of the world's income — while the richest 20 % have 85 % of global income".

In 1996 (11), they showed that all but the richest quintile saw their income share fall, so that by 1991, more than 85 % of the world's population received only 15 % of the world income — yet another indication of an increasingly polarized world.

The Human Development Report 1997 (12) was devoted to the eradication of poverty from a human development perspective. Although it was dramatically reduced in many parts of the world, 25 % of the people in developing countries remain in severe poverty: 1.3 billion people live on incomes of less than $1 a day. In Latin America, 35.1 % of the people (165.6 million) are poor, and 18.8 % (86.3 million) are indigent (13). In industrial countries, more than 100 million people live below the income poverty line, set at half the individual median income. Thirty-seven million are jobless. The poorest 20 % of the world's people have a miserable 1.1 % of resourses, down from 1.4 % in 1991 and 2.3 % in 1960. And the share continues to shrink. The ratio of the income of the top 20 % to that of the poorest 20 % rose from 30 to 1 in 1960, to 61 to 1 in 1991 — and to a startling new high of 78 to 1 in 1994.

Poverty is particularly dangerous for children. Malnutrition and illness prevent the normal development of their brains and bodies. Some 160 million children are moderately or severely malnourished. Some 110 million do not attend school.

According to the Human Development Report 1998 (14) released on September 9, of the 4.4 billion people in developing countries, ≈60 % (2.6 billion people) lack basic sanitation. Almost 33 % (more than 1.3 billion people) have no access to clean water. Twenty percent have no access to modern health services. Twenty percent of children do not attend school beyond grade 5. Approximately 20 % do not have enough dietary energy and protein. Worldwide, 2 billion people are anemic, including 55 million in industrial countries. In developing countries, only a privileged minority has motorized transport, telecommunication, and modern energy.

More than a billion people live in inadequate shelter, without running water, electricity, roads, or, in most cases, security or tenancy. Between 30 % and 60 % of the people in developing countries live in illegal settlements, and ≈100 million are thought to be homeless.

Consumption patterns and levels show huge inequalities:

1. Although in industrial countries (excluding Eastern Europe and the Commonwealth of Independent States) per capita private consumption expenditure is $15 910 (at 1995 prices), in South Asia it is $275, and in sub-Saharian Africa it is $340. Public consumption per capita is $3985 in industrial countries but $183 in developing countries.
2. As much as 76 % of global consumption expenditures originates in industrial countries, which have only 15 % of the world's population.
3. The 20 % of the world's people who live in the highest-income countries consume 58 % of the world's energy, 65 % of electricity, 87 % of cars, 74 % of telephones, 46 % of meat, and 84 % of paper — 86 % of total expenditure. In each of these categories, the share of the bottom 20 % in the lowest-income countries is <10 % (14).

Although the United States has one of the highest levels of per capita food consumption in the world — it ranks fourth in calorie intake — 30 million of its people, including 13 million children <12 years old, are hungry because of problems in access to food.

Commercial advertising plays a significant role in consumption. An average American, for example, watches 150 000 adver-

tisements on television in his or her lifetime. Advertising is now a $435-billion-a-year business ($101 billion in the United States alone). If all forms of marketing are included, the figure rises to nearly $1 trillion. At the social level, local and national boundaries are breaking down in the context of the globalization of social standards and aspirations in consumption.

The Human Poverty Index (HPI) shows the distribution of progress and measures the deprivations that still exist. The HPI-1 measures poverty in developing countries by using such variables as a percentage of people expected to die before age 40 years, the percentage of illiterate adults, and the deprivation in social services reflected by the percentage of people without access to health services and safe water and by the percentage of underweight children <5 years old. The HPI-2, introduced in the 1998 Report, measures human poverty in industrial countries, where human deprivations vary according to different social and economic conditions, drawing on the greater availability of data (14). The lack of basic capabilities such as health and literacy has a bearing on poverty beyond income and unemployment, because those factors determine the inclusion of a person in the life of a community. Therefore, in industrial countries, poverty needs to be monitored in all its dimensions.

Seventeen industrial countries were analyzed with the HPI-2. The United States, with the highest per capita income, has the highest level of human poverty (16.5 %), followed by Ireland (15.2 %) and the United Kingdom (15 %). Sweden has the lowest HPI-2 (6.8 %).

In 1997, the percentages of funcionally illiterate people — those who cannot meet even the basic reading requirements of a modern society — were 20.7 %, 21.8 %, and 22.6 % for the United States, the United Kingdom, and Ireland, respectively. New surveys show that in 12 European and North American countries, the percentage corresponded to 18 % of adults on average. Another 29 % do not have the ability to be trained in skilled employment.

Environmental damage is having a strong impact on life. The 1998 report analyzes the relationship between poverty and environmental degradation and shows that although the poor suffer the consequences of the damage, they are seldom the ones who contribute to it: "The damage falls disproportionately on those least able to bear it (14)". By even the most conservative estimates, at least 500 million of the world's poorest people live in ecologically marginal areas.

The damages are alarming (14):

1. Pollution and wastes are exceeding the planet's capacity to absorb and convert them. Animal carbon dioxide emissions have quadrupled over the past 50 years, from 5740 million tons in 1950 to 22660 million tons in 1995. Sulfur dioxide emissions have more than doubled, from 30 million tons in 1950 to 71 million tons in 1994. Air pollution from industrial emissions, car exhaust, and the burning of fuels at home kills more than 2.7 million people every year — mainly from respiratory damage, heart and lung disease, and cancer.
2. The world's forests — which bind soil and prevent erosion, regulate water supplies, and help govern the climate — are shrinking. Since 1970, the wooded area per 1000 inhabitants has fallen from 11.4 to 7.3 km^2. However, only 1 hectare of tropical forest is replanted for every 6 hectares cut down. A sixth of the world's land area — nearly 2 billion hectares — is now degraded as a result of overgrazing and poor farming practices. Desertification already costs the world $42 billion a year in lost income.
3. The overuse of fertilizers and pesticides causes serious water pollution problems in industrial countries, where they are used most widely. As many as 50 million Americans may be drinking pesticide-polluted water. The world's poor are again the most affected. Pesticides pose a major occupational health hazard for poor farmers and farm workers, who are easily exposed to dangerous levels, because they use them without training or protective clothing and are often unable to read even simple instructions. As many as 25 million agricultural workers in the developing world — 11 million of them in Africa — may be poisoned each year, and hundreds of thousands die. Nevertheless, in the most recent years, other substances with less harmful effects have been used.
4. In developing-country cities, an estimated 20 % to 50 % of domestic solid waste remains uncollected. With rising consumption, cities in most industrial countries confront ever-growing mounds of garbage. Poorly managed domestic solid waste seriously threatens health. In areas lacking sanitation, waste heaps become mixed with excreta, contributing to the spread of infectious diseases. Again, it is the poor who suffer most. They live near waste disposal sites, and their children are waste-pickers.
5. The industrial waste generated in industrial communities, primarily from toxic effluents from mines, chemical producers, pulp and paper plants, and leather tanning factories, also plays an increasing role in environmental pollution.

Human life is further threatened by crime, accidents, and violence. In the United States, incidents of violent crime have fallen 3 years in a row, and between 1995 and 1996, the number has declined from 3 to 2.7 million, the lowest level since surveying began 24 years ago.

Nevertheless, in February 1997, Judith Havemann (Washington Post Service) reported that the Centers for Disease Control and Prevention found that the United States had the highest rates of childhood homicide, suicide, and firearm-related deaths of any of 26 of the world's richest economies. The suicide rate alone for children ≤ 14 years old was double that of the rest of the industrialized world. Etienne Krug, the medical epidemiologist who conducted the study, said that according to some researchers, the low level of funding for social programs might be a cause of the high rate of violent death among children in the United States. Others, he said, attribute the violence to the high numbers of working women, the high divorce rate, and the social acceptability of violence. However, Stephen Teret, director of the Johns Hopkins Center for Gun Policy, claims that much of the problem stems from the fact that there are more than 200 million handguns in US homes — and many are kept loaded (15).

Perhaps they forgot to take into account the influence of TV, with innumerable programs in which killing and murdering are the main and sophisticated subjects that became the favorite attractions of our youth.

Another problem is posed by national and international conflicts. The report of the US National Defense Council Foundation shows that there were 71 conflicts triggering violence of different types in the world in 1995. All of us should remember that in other times, wars were fought between armies; however, in the wars of the past decade, there have been many more casualties among civilians than among soldiers. During this period, 2 million children

have died as victims of war, between 4 and 5 million have been physically disabled, more than 5 million have been driven to refugee camps, and more than 12 million have become homeless (16).

These are shameful statistics that project a long shadow on future generations and their efforts to achieve stability and social cohesion.

Final Comments

The World Health Report, released this year by the World Health Organization (WHO), analyzes several important facts and makes some projections for the next millenium. It is clear from the report that a significant number of deaths are related to poverty, social injustice, and lack of education in developing and industrial countries (17). Gro Harlem Brundtland, director of WHO, remarks that if we want to improve health, we will have to eradicate poverty.

The Board on International Health of the Institute of Medicine clearly specified that "the health of individuals is shaped by many factors: biological, economic, social, educational, and environmental. They emphasized that the major factor that reduces years of healthy life is poverty and its consequences, including poor nutrition and sanitation: many people are sick because they are poor, and poor because they are sick. Social policies are as relevant to health as health policies" (18).

In 1947, the American historian W.E.Du Bois wrote in an editorial for the Chicago Defender: "What is wrong in this civilization, in our work, our technology, and our distribution of wealth? Why do most human beings suffer desperate poverty in this civilization of more and more abundance, wealth, luxury and power?"

Over the past 30 years, the global growth in income has been spread very unequally — and the inequality is increasing. Consider the relative income shares of the richest and poorest 20 % of the world's people. Between 1960 and 1991, the share of the richest 20 % rose from 70 % of global income to 85 %, while the poorest declined from 2.3 % to 1.4 %. By 1991, more than 85 % of the world's population received only 15 % of its income. In 1997, the World Bank reported the distribution of global wealth and confirmed the disparity (Table 1).

In my home country, the highest difference is in Buenos Aires (1.9 % versus 68.6 %). The gap is significantly wider than in the rest of the Argentine provinces (5.4 % versus 48.1 %). In the United States, the income of the richest 40 % is 72.6 % of the total income, whereas the income of the poorest 40 % is a meager 12.5 % (19).

As we know, the market-driven mechanism is based on the theology of laissez faire, according to which everything, especially in economic life, will work out for the best in the end: if the horse is fed amply with oats, some will pass through to the road for the sparrows (20). Nevertheless, in the past 20 years, the income of the richest families has increased 30 % (to $117 500). On the contrary, that of the poorest families has decreased 21 % (to $9250). The income gap has widened by 127 % in New York City. The distribution in the District of Columbia beats all the records ($149 508 versus $5293) (21). It is quite clear that the poor are still waiting for some of the fortunes of the rich to be spilled over them.

Furthermore, while the middle class is becoming increasingly poor, the upper class must seek shelter in "fortresses" to avoid facing the problems coming from the outside. So-called "gated communities" abound in the United States. These are protected areas with private security guards whose salaries are paid by the residents themseves. In 1970, there were only 4000 gated communities; by 1996, there were almost 100 000 (22).

Since 1996, there has been a significant decrease in the social welfare budget in the United States. The new policy seeks a $55 billion reduction within the next 6 years. The same policy is being applied in most countries, including the Netherlands and Sweden, prominent leaders in social regulations to protect low-income and unemployed people.

Is this the best approach to improve budget deficits? What are people's real expenditure preferences, particularly in the industrialized countries? An answer to this question is suggested by the UNDP Report 1998, which compared different "priorities" with the annual additional cost to attain universal access to different social services in the developing countries (Table 2).

I have to confess that I am really worried about the reduction in the social protection budget, which includes that of the health system, all over the world. Is this the right direction?

I think it would be more appropriate to reduce the military budget. The UNDP emphasizes the importance of this immediate need. With the end of the Cold War and because of budgetary restrictions in the industrialized countries, world military expenditure was reduced by 3 % per year between 1987 (when the highest amount was spent) and 1994. However, the ensuing "peace divident" of $935 billion was not used to finance either social development or environmental improvements. According to the projections of the UNDP Report 1994, if the annual reduction of 3 % in military spending were sustained between 1995 and 2000,

Table 1. Income Distribution (World Bank, 1997)

Region	Income of Poorest 20 %, %	Income of Wealthiest 20 %, %
Europe and Central Asia	8.8	37.8
South Asia	8.8	40.0
United States and Canada	5.3	41.0
East Asia and the Pacific	6.9	44.3
Middle East and North Africa	6.9	45.4
Latin America and the Caribbean	4.5	52.9

Table 2. The World's Priorities? Annual Expenditure

Basic education for all	$ 6 billion*
Cosmetics in the United States	$ 8 billion
Safe water and sanitation for all	$ 9 billion*
Ice cream in Europe	$ 11 billion
Reproductive health for all women	$ 12 billion*
Perfumes in Europe and the United States	$ 12 billion
Basic health and nutrition	$ 13 billion*
Pet food in Europe and the United States	$ 17 billion
Business entertainment in Japan	$ 35 billion
Cigarettes in Europe	$ 50 billion
Alcoholic drinks in Europe	$ 105 billion
Narcotic drugs in the world	$ 400 billion
Military spending in the world	$ 780 billion

* Estimated additional annual cost to achieve universal access to basic social services in all developing countries. Source: Human Development Report 1998. (14)

the peace dividend could be $460 billion ($386 billion in industrialized countries and $74 billion in developing countries). (23)

It is surprising to see which countries export 86 % of conventional arms to developing countries: the United States, Russia, France, China, and the United Kingdom, in decreasing order — all permanent members of the Security Council! (23) To take just one example of the trend, Russia invoiced $1600 million in 1994 and $2700 million in 1995! In 1997, the United States exported $ 11 000 million and Russia $3500 million in armaments. Two-thirds of it went to 10 developing countries (3 of them very poor countries: Afghanistan, India, and Pakistan). In recent years, several industrial countries have increased their subsidies for armament so as to enlarge their exports. The tremendous corruption of commercial transactions must be noted. Unscrupulous middlemen share their profits with those responsible for sales and purchasing.

If developing countries were capable of making adequate use of 24 % of the $125 billion that they spend on armaments per year, most of the primary healthcare (immunization of all children, elimination of severe malnutrition and reduction of moderate malnutrition, and provision of safe drinking water for all), education (reduction of adult illiteracy, universal primary education, and education of women to the same level as men), and population costs (provision of a basic family planning package to all willing couples, and stabilization of world population) could be covered. Many poor countries still spend much more on weapons than on health and education combined. "Whether this spending brought increased security to the average citizen of these countries is doubtful. In developing countries, the chances of dying from social neglect (from malnutrition and preventable diseases) are 33 times greater than the chances of dying in a war from external aggression. (23)

Although the US Defence Budget has been reduced in recent years, it still reaches $290 billion (in 1980, it was only $142 billion). Several projects have been elaborated to correct the social injustice in developing countries. They are still waiting to be carried out. For instance, only Norway, Sweden, Denmark, Belgium, and Holland assign 0.7 % of their GDP for assistance in developing countries, according to the aims of the United Nations Assembly in 1970.

Recent analysis shows that the world's 225 richest people have a combined wealth of more than $1 trillion, equal to the annual income of the poorest 47 % of the world's people (2.5 billion). Industrial countries have 147 of the richest 225 people ($645 billion combined); developing countries have 78 ($370 billion) (14).

It is estimated that the additional cost of achieving and maintaining universal access to basic education for all, basic health care for all, reproductive health care for women, adequate food for all, and safe water and sanitation for all is roughly $40 billion a year. This is < 4 % of the combined wealth of the 225 richest people in the world. Wouldn't it be possible to impose a tax on the ultra-rich to help the poor?

Over these years, I have been reading reports on several major global debates. These reports use impressive words that remain only that- words, words and words, like beautiful butterflies in the air, distant from the realities of our planet.

I believe it is time to talk less and act more. I think it is time for a new social contract, like the one proposed by Jean Jacques Rousseau in 1762. Riccardo Petrella believes it should include the following: (1) a basic needs contract (to overcome inequalities), (2) a cultural contract (to foster tolerance and dialogue among cultures), (3) a democratic contract (to improve the government of the world), and (4) an earth contract (to achieve a sustainable development), based on 4 principles: (1) the right to work, (2) the fight against poverty, (3) the protection against social risks, and (4) the advancement of equality of opportunities. (24)

If the mechanisms of this market-driven society are not modified, it will be extremely difficult to improve our present healthcare system.

Octavio Paz, another Nobel Prize laureate, already warned us in 1968: "It is necessary to destroy contemporary monopolies — from the State, a party or private capitalism —and find new and truly effective forms of popular and democratic control of the economic and political power and also of the means of information and education. A plural society, without majorities and minorities: in my political utopia we are not all happy but, at least, we are all responsible. Above all and first of all: we must conceive feasible and less inhuman, costly and foolish models of development that the present ones."

Although my comments display some pessimism, we know that setbacks have been followed by progressions throughout the history of humanity. Like Paul D. White, I would prefer to be optimistic and think that eventually we will find a way to amend the faults of our society.

I graduated from the University of La Plata, in my home town. The University of La Plata was deeply involved in secondary education, understanding that in this stage of youth could be found the key and the basis for the molding of the future man. For this purpose, we were given a deeply humanic formation. We should, however, understand that various types of humanism exist and can be defined. Ours included all the ethical demands related to human dignity.

After my graduation, I became a country doctor in the small village of Jacinto Aráuz in the southwest of the Pampas. With the help of my younger brother, who was also a doctor, we turned an old house into a clinic, which became the only surgical center in that area. Thousands of patients were operated on during the first 12 years of my practice. Most of our patients were Protestants or Jews, a proportion atypical for Argentina. It was a region where farmers owned small lands and where they had to work hard to survive. There were a lot of poor people living in shanties with neither electricity nor water supply. I spent long hours in close contact with them. I still remember the beautiful babies I delivered, mostly at night, illuminated by kerosene lamp. I was following the basic principle that I had been taught at my university — that every graduate has a social commitment.

At the Cleveland Clinic I always worked on a very modest salary, turning down innumerable profitable offers from private organizations. Approximately 25 % of the patients operated on in our Institute of Cardiology and Cardiovascular Surgery in Buenos Aires have no insurance or social protection. We provide them with the same medical assistance and facilities as we do for everybody else. Our patients must always mean the same to us: poor or rich; Catholics, Protestants, or Jews; white, black or yellow. They have a soul and a body and a social scenario.

During my years in Jacinto Aráuz, when going back home, I was frequently captivated by beatiful sunsets— believe me, the sunsets in the Pampas are amazing (perhaps because of the dryness of the climate and the strong winds pounding on the clouds). On those occasions, I used to stop my old car in the middle of the country road, and while the skies were lit up by constantly changing iridescent colors, my dreams and utopias intermingled with

the clouds. Social injustice was present in my mind in those unforgettable moments, and it has been ever since.

Perhaps you will understand why in 1971 I decided to return to Argentina, where I could be more useful to my community. In these 27 years, ≈400 cardiologists and cardiovascular surgeons have been trained in our Foundation and are scattered at present all over Latin America.

As I said in Tel Aviv in 1995: I would cease to exist if I were not confronted, both within and outside my profession, by challenges related to the ethical development of humans. Singer Joan Manuel Serrat says, "without utopias, life is nothing but a long and sad dress rehearsal for death."

I would like to express my gratitude for the nomination to deliver the Paul D.White International Lecture. This year I reached my 75th birthday and the 50th year since I graduated from medical school.

I think the best tribute I could pay to Paul D. White was to present to you some of the problems that are degrading our profession and the social injustice of our consumer society. We are still waiting for the results promised by the market-driven mechanism. The "invisible hand" remains invisible!

I hope I have been properly understood. I do not want to sound like a priest. Of course, I am not privy to the truth — these are only my sentiments, and I let them flow honestly and responsibly. They are open to debate. I think this platform was the proper place to deliver them, first because I love the United States, my second home, where there is an innate sense of solidarity, evidenced, for instance, by the continuous donations made by people of all social classes, and second, because I have the absolute certainty that academic freedom is the main feature of the American Heart Association.

I will finish my presentation with the last stanza of our national poem, Martín Fierro:

Yet don't let anyone take offense,
I don't plan any folks to gall;
If I've chosen this fashion to have my say,
It's because I thought it the fittest way,
And it's not to make trouble for any man,
But just for the good of all. (25)

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