

Past and Present of the Spanish Rheumatology

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I dove into rheumatology in the year 1977, moment in which I started the specialty after 2 years of studying internal medicine. MIR had not been born yet but many hospitals already had structured teaching programs. In that moment it was still possible to get a specialist diploma by going to a professional school. Many medical colleges included members without bothering to review their documentation, and it was common for private practices to simultaneously include the most varied titles. We were living in a Spain that was trying to shake off years of dictatorship and, full of illusion, needed to be a modern country and equitable with the best.

In those years the country was attempting to constitute itself in a new manner, reconcile everyone in a definitive way and create a country for all, modernizing itself in every aspect, join Europe and set the basis of a state in which we all felt comfortable and proud to belong to. This basis, which would allow us to step forward, were democracy and the pact.

All of this was happening as we formed a precarious health system, disorganized, unfinanced, with a heterogeneous development and great differences among territories. It was all substituted with an illusion that massively infected citizens and professionals. In that moment, the implantation of rheumatology was scarce in hospitals; it depended almost totally on chairmanships and departments of internal medicine; its presence in the university, minimal. They were, in their majority, outpatient clinics with few or no beds to its name, its activity in connective tissue diseases almost inexistent, its technology a little more than the microscope for the analysis of crystals and some exceptional rheumatologists who did arthroscopy, the presence of rheumatologists educated overseas was minimal; resident-forming centers was scarce and the SER, small, divided and turning against each other.

My start in the specialty, as for my colleagues from the rest of the country, made me choose sides like when, during the civil war, you were either a nationalist or a republican according to where you found yourself at the start of the conflict.

I remember my first SER congress, which took place in Tenerife. At that meeting, one group did not salute the other, they stayed at different hotels and systematically attacked one another's presentations, with the residents only crime was working at a hospital of the other side. Assemblies ended in lawsuits and the presence of notaries. At the time, SER did not have a physical location, its policies changed with each presidency, its accounting and archives were non-existent and its dependence on the industry and exterior agencies was so large that it determined its policy and its actions.

As the country changed, our health care system and our specialty started their great transformation. We were all aware of the important necessity of involving ourselves deeply in the transformation of the country, health care and the specialty. Therefore, we entered definitively into a fully democratic country, health care became universal, the territorial differences were progressively neutralized, the formation of specialists was imposed in an ordered manner thanks to the implementation of the MIR, hospitals acquired rheumatology services, many of them obtained their teaching credentials and increased their staff, professionals with a structures training were distributed over the whole territory and promotion of research in a serious and intense way began thanks to the Fondo de Investigación de la Seguridad Social.

This process of transformation in the country, health care and the specialty has gone hand-in hand with a technological revolution on a planetary scale that has affected us all as citizens and professionals. In 1977, in order to publish a clinical research project, one had to clear almost insurmountable obstacles. It was difficult to find methodologists, searching for references in the Index Medicus was a heroic effort, which involved dozens of issues on the shelves of hospital libraries and it was practically impossible to find a specialized, medical-English translator who knew the demands of international journals. Our assistance work was directly transformed by this technological avalanche, with the appearance of autoanalyzers, isotopes, computed tomography, resonance, ecography, genetic and immunological determinations, etc. The revolution affected every aspect of our profession because it progressively became available for hospital work and made our work more efficient. Computers made sending massive amounts of data on the efficacy and efficiency of our work. If, during the seventies, only the diagnosis mattered, in the following years the when and the how

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Manuscript received February 29, 2008; accepted for publication March 7, 2008.

much did it cost started mattering too, later adding new concepts on quality of care. Our language was transformed and we had to incorporate new patient care abilities and many of us started visiting business schools in order to forge a relationship of equals with our new bosses, administrators all of them.

The real transformation of our world has been superior to any possible expectation we had during the seventies. This has also happened in the health system and in our specialty, with more technology, more efficacy and efficiency and a larger distribution than ever before, something that today has expanded from the hospitals and is growing, occupying spaces in primary care, with centers of excellence in research out of the cities and that guarantees our citizens, wherever they may live, a quality professional to take care of them.

SER merits special mention. For years we were a weak society, always starting from zero after its internal struggles, ineffective against authorities and industry, with an occasional international presence, which was tied to isolated professionals and personal factors. This situation changed with the presidency of Armando Laffón. He began with a society deep in debt, without a project or course but, thanks to him and those who followed his example, transformed it into what today, ten years later, is a powerful and respected association. The pact and the formation of a collective project have allowed the SER to make deep transformations, turning it into what it is currently. But, what is our society? It is a common place for everyone, which provides scientific services to its members, authorities and industry. What is its best asset? Being structured in such a way that changes do not affect its project and creating a research unit, with extraordinary capacities that today is everyone's pride. What is left to do? There is always a long

road ahead of us, and the everyday realities that we confront surprise us because of their impact and speed. We are a society that depends too much on its president and should evolve in a way that, someday, our president is more representative than executive, and the workgroups have enough strength to make the society work by itself. What else? Difficult things, such as reducing our dependency on the industry, improving the excellence of our formation activities, foresee and facilitate the possible future reaccreditation of our specialists, to be more open to society, improve our interaction with patient associations and authorities, increase even more the capacity of our research unit in order to facilitate access to members and specialists in training as well as postgraduates, to continue improving our links and opening our services to the Latin-American societies, based on collaboration and respect, among other things. There is something that is of the utmost importance to mention in this editorial and it is the process of indexing our Journal, which we share with the Colegio Mexicano de Reumatología. Should we publish it definitively in English, as have societies in the north of Europe? Indexing our Journal is necessary to avoid the drainage of originals suffered by Spanish and Mexican rheumatology.

There is always a task ahead of us, and new generations willing to lend a hand. If the future is always unwritten, rheumatology is placed, better than ever, to do it with strength and efficacy. Behind us is a history full of work and namesakes that have made today possible. It is not the objective of this editorial to enumerate them, there is too much of them and leaving some out would be unforgivable. Therefore, in light of the recent events, as homage to all of the rheumatologists that have preceded us, I wish to dedicate these lines in memory of Jaime Rotés Querol. ¡Rest in peace, dear mentor!

The editorial group of *Reumatología Clínica* wishes to express their sorrow at the death of Dr Rotés Querol, one of the founding members of the former *Revista Española de Reumatología*. In the on-line version of this number, the reader will find an "in memoriam" written by Dr Duró as a personal tribute.