

The European Respiratory Society, its presidential summits and the future of respiratory health

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Last June, the European Respiratory Society (ERS), in association with the Irish Presidency of the Council of the European Union, hosted the 3rd Annual Presidential Summit.

The ERS presidential summits began in 2011, when Professor M Decramer, then President of the ERS, organized the first summit in Leuven, Belgium, bringing together doctors and professional societies, patients, policy makers and the media to discuss the current situation and unmet needs in respiratory health, and to propose areas of future research and care, in a concept that was named the European Respiratory Roadmap^{1,2}. Defining this roadmap in respiratory diseases is important because more than a billion people worldwide suffer and many die from chronic respiratory disease (CRD), including asthma, chronic obstructive pulmonary disease (COPD), sleep apnoea and bronchiectasis. In addition, millions die from other respiratory diseases such as pneumonia and lung cancer, and prevention and cure of all respiratory diseases are therefore key priorities. Defining where the problems lie and working towards a strategy for future solutions are of the utmost importance. The 1st summit on the Roadmap was a very successful meeting with excellent presentations and lively discussions and this was followed the next year, 2012, by the 2nd Annual Presidential Summit, which was organized by Professor K. Rabe in Tallinn, Estonia, on the topic of health care disparities³. Health care is excellent in some areas in Europe but there are still areas with very few available health care resources and the gap needs to be closed. Health care expenditure in Europe ranges by a factor of six, and while male life expectancy is 80 years in Sweden, Iceland and Switzerland it is only 63 years in the Russian Federation^{4,5}. Female life expectancy is similarly diverse, ranging from 73 years in Kyrgyzstan to 83 years in Spain and Sweden. An age expectancy disparity of 10 to 17 years is extremely significant and highlights the differences in health care throughout Europe. During the second summit, these differences were made apparent to the EU Commission representatives and to health ministers from many European countries. These differences were further emphasized in the recent report of the ERS Task Force "The European Initiative for Quality Management in Lung Cancer Care" which depicted marked differences in access to resources and management in lung cancer care.

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This year the 3rd summit, organised in Dublin by Professor F. Blasi, was entitled 'Research gaps, patient needs and innovative solutions: a forward look on lung health research', and its aim was to identify important gaps in lung health research and to identify priority areas in order to help shape the agenda of the future funding programme of the EU for research and innovation, Horizon 2020⁶. The event brought together healthcare providers, physicians, patients, researchers, leading experts from politics and representatives from the industry sector, and provided a forum for the exchange of ideas and a meeting of minds.

As the ERS President, Professor Francesco Blasi, said: "The Dublin summit offered the opportunity to get all stakeholders round the table to identify research gaps, meet patient needs and formulate priority topics which should be addressed in Horizon 2020. The meeting provided a great opportunity to formulate ideas and the challenge will be to integrate these ideas into concrete proposals for the future".

Some of the most impressive presentations came from patients who shared their experiences and identified issues that are important to them, representing themselves and others with their condition, and gave a fresh and different perspective to unmet needs and future perspectives. Representatives from WHO Europe, the European Commission and the Innovative Medicines Initiative (IMI) shared their thoughts on how policies for respiratory research can make a difference. All these views must now be incorporated in the setting of an agenda for the future, and all the presidential summits have helped to shape specific research and care pathways.

Presidential summits are not "stand alone" events and they do not happen out of the blue⁶. The ERS has a consistent commitment to respiratory health, to patients and to its members. The core aim of the Society is to help alleviate suffering from respiratory disease and promote respiratory health. In order to achieve this aim, the Society acts through four important pillars: patient care, research into disease mechanisms and new drugs, education and advocacy. It also has a strong link with patients and the general public through the European Lung Foundation (ELF), the public voice of the ERS.

The ERS is a professional medical organisation with members in over 100 countries across the globe, representing medical and scientific experts in the field of respiratory medicine and lung science. It incorporates 11 scientific assemblies, and members can choose one primary assembly where they have voting rights, and two others, according to their individual interests. Pulmonologists and any

physicians with an interest in respiratory health, medical students, nurses, physiotherapists and other scientists may become ERS members and subscription for people aged under 35 years is free. (More information on membership is available on www.ersnet.org). The Executive Committee is comprised of the presidential cycle, the Secretary General, Treasurer, Scientific and School Committee chairs, the EU affairs chair and Assembly Heads and the ERS council that heads the Society, and its administrative offices are located in Lausanne, Brussels and Sheffield. With this structure and its many members who are at the forefront of patient care and biomedical research and are keen to address respiratory research challenges in this current economic climate, the ERS has a heavy responsibility and a key role to play. The main challenges ahead are the need to provide good health care and health resources to all patients and all areas of Europe and the world, to help provide good, uniform education to doctors across all countries, to support research and to produce new and efficient medications while at the same time keeping the cost of health care affordable in the long term to patients and health care systems.

In order to meet these challenges and promote lung health, the ERS acts by providing resources and opportunities. The annual congress attracts over 20,000 professionals from Europe and beyond and its delegates discuss new research results, meet experts, attend sessions and follow postgraduate courses. Apart from the annual meeting, many other live educational and scientific events are organized every year such as external courses, research seminars and the Lung Science Conference, a meeting dedicated to research and to bringing together young and established researchers working in basic science. The ERS School learning resources are available on the web, including slide presentations, interactive case reports, live online seminars, journal articles and guidelines. The Society provides research fellowships to help young fellows work in centres of excellence, provides travel grants and gives free membership to persons under 35 years of age. A recent development in the ERS is the inauguration of the Junior Members' Committee, which involves all members aged under 35 years who vote for their own representatives in the long range planning committees of each assembly, in the Scientific Committee and the ERS School, thus enabling them to participate in the shaping of the Society's future.

The ERS is a live and evolving organization. It is committed to respiratory health and it relies on the commitment of its members, their work and their innovative

ideas. Working together with patients, policy makers, the pharmaceutical industry and sister societies and facilitating better education and promoting research and advocacy, the ERS is helping to improve patient care and health outcomes.

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