Dr Angela Maas’ opening remarks relate immediately to one of her recurring pressures. “You are always worried about the radiation damage. I wore 3 skirts to protect my baby. I had a Geiger counter under my skirt to count the radiation. The pressure to be equal to the men and keep working during my pregnancy was immense,” she says. This situation occurred during her first job, a temporary one at a hospital in Arnhem, the Netherlands, when she went through 2 pregnancies.

“I spent my pregnancies in the cath lab. I did more caths than some of the other cardiologists. In the first pregnancy, I was working there until 1 week before delivery. I wanted to be strong, I wanted to show that I was worth working with. When I think back, I’m amazed that none of my colleagues told me to stop. They didn’t care.”

After her first child, she skipped her holidays and returned after 2 months. With the second pregnancy, Dr Mass says, “I didn’t tell them until I was at 6½ months because I didn’t want to bother them again.” One male cardiologist with 4 children responded that 1 child probably was enough for her.

Looking back, she says she would not do the same again. “You do feel uncomfortable with a big stomach performing a heart cath,” she says. “And you don’t feel comfortable, because you are worried about the baby.” She had worked hard because she wanted to join the group, but after almost 5 years, she was replaced by 2 men. Perhaps her drive stems from the fact that, from the age of 4, she wanted to be a doctor. Her father had worked as a primary care physician and had a practice at home. “I always wanted to make him tea, so I could have a look around and see what the patients looked like. I was always interested in what he was doing there.”

Dr Maas started studying medicine at Groningen University, the Netherlands, in 1974, and she spent her last 2 years of training at the St Elisabeth Hospital in Curacao, in the Caribbean—an option for all the medical students. “What I liked about that was to be away and to have a lot of practical experience, because you can do a lot more there. Here, you are at the back of the queue of doctors. There, I was almost in front of the line.”

In Curacao, she met doctors who planned to practise as cardiologists, and that clinched her career choice. “I liked the atmosphere; I liked the type of people who were becoming cardiologists. They were all men. I wanted to be like them.” Their “no nonsense” approach appealed to her.
also realised that cardiology suited her character, “because you have to take fast decisions. You can’t be a hesitant person.” The fact that cardiologists could treat patients quickly provided another plus point. “You can see that you make them better. That’s what I liked at first sight.”

After finishing in Curacao, Dr Maas went to St. Antonius Hospital in Nieuwegein, a large non-university training hospital in the Netherlands. “I wanted to go there because I had the idea that I would not be very good at science, but better in practical cardiology,” she explains. She followed 1 year of thoracic surgery with 2 years of internal medicine, then 3 years of training in cardiology. She finished her cardiology degree in 1988 at the age of 31, and then she faced a dilemma. She had met her husband, who is 16 years older, and she “had to decide whether to be a mother.” In addition to that, the Netherlands had an excess of 30 cardiologists.

She did get pregnant, but not before getting a temporary job at the hospital in Arnhem. Despite juggling pregnancy with cardiology practice during her time there, she says she left Arnhem “much more mature and confident than when I arrived.” She went to Zwolle, the Netherlands, initially on a temporary contract, but after 2 years she joined the group of 16 cardiologists. Despite being the only woman, she has never had any problems. “They have accepted me as an equal,” she says.

Dr Maas spends 90% of her time on clinical work and the remaining 10% teaching and pursuing her speciality of women’s heart disease. Her interest comes from student days, when she focused in women’s issues. “I like that I have been able to translate my interest in women-specific issues to my work,” she says. In 2006, she received her PhD from Utrecht University, after 8 years of work, much of it through e-mail contact. She has also had her own outpatients clinic for women since 2003. Dr Maas has a particular interest in women at menopausal age. She says, “While the risk factors for heart disease are a bit different in elderly women and elderly men, the biggest differences are at a younger age because of the hormonal issue.” She explains, “I’m very interested in hypertension at the time of the menopause. A lot of hypertension translates into menopausal complaints.”

As for the future, she would like to do more research and spend more time coaching other women. At 51, she now feels respected. “I think the cardiology community has accepted me as a hard-working woman who has shown that it is possible to have a family, to have a career, and even to do research.” She serves on the congress committee of the Dutch Society of Cardiology and promotes her special interest across the Netherlands, partly through teaching primary care physicians.

The person who stands out as helping her along the way is her husband, Ernst Faber, MD, who practised as a cardiologist in Apeldoorn until he retired 2 years ago. They met at a congress. “He’s always been my best coach,” she says. “And I never cook anymore, or buy any food anymore.” Dr Faber also looks after the children, now 16 and 18 years old.

Dr Maas believes things have improved for women cardiologists in the Netherlands. “If you work hard, and if you are a good professional, your colleagues are going to accept you.” Since becoming a cardiologist in 1988, she has never missed a day’s work. “It doesn’t mean I haven’t been ill, but I always get to the hospital. I’m a very tough guy.”

But other European countries, particularly in Eastern Europe, do not enjoy the same equality for men and women—one of the main reasons that the Women in European Cardiology group remains so important. “We had quite an active group a few years ago, but the board of the European Society of Cardiology (ESC) didn’t want us to be active,” she says. She remembers when the ESC board, which was composed of about 20 members, included just 1 woman, and she had no voting rights. The board voted that the Women in European Cardiology should not be a working group.

Dr Maas says, “Women’s issues must be fought on 2 fronts—the rights of women cardiologists and the subject of heart disease in women.” The Women in European Cardiology group met last year in Barcelona and met again this year in Vienna (See Figure) during the ESC Annual Congress in September. She says, “Our initiative is not very welcome in the ESC. Perhaps we were too
provocative a few years ago. She hopes their chances will change when ESC vice president Professor Ernst Van der Wall, a cardiologist from the Netherlands, becomes president. “He’s more into promoting women. We learned that we can’t only promote ourselves; we need the help of men, because otherwise they push us away. I think he will have his influence on other male colleagues because he accepts women as being equal.”

Dr Maas regards the ESC as “an old boys network” that needs more women in higher positions. Would she join the board? “I don’t know if I’m good enough for that. That’s always the answer from women: they think they’re not good enough. But if I were asked, I would say yes.” It all comes down to attitude, she says. “Men don’t have to be afraid of women. They don’t have to be afraid that we are better; we are simply equal.”

Jennifer Taylor is a freelance medical journalist

The Slovenian Heart Foundation

A Focus on Another of the 31 Members of the European Heart Network

Presidents of other Eastern European countries recognise the Slovenian Heart Foundation as the most successful heart foundation of their group. Its free services to the 2 million population of the country include the assessment of heart risk factors and a cardiologist who is available every working day to answer questions. Danica Rotar Pavlic, MD, PhD, the foundation’s president (pictured, right); Elizabeta Bobnar Najzer, BA, executive director; and Boris Cibic, MD, vice president, talk to Robert Short, BSc, about the work of the foundation.

In 2004, Slovenia joined the then 15 countries of the European Union (EU) with a need to improve its situation relative to cardiovascular disease, which accounts for 39% of all deaths in the country. Ischaemic heart disease caused 105 deaths annually per 100 000 population (compared with the original 15-member EU average of 97 per 100 000), and cerebrovascular diseases caused 85 deaths per 100 000 each year (EU average: 61 per 100 000).1

The Foundation

The Slovenian Heart Foundation (SHF) started 15 years ago, after Slovenia gained independence. The foundation has 14 branches in all the regions of Slovenia, doing work locally and organising many different types of events. Its leaders serve part time. Dr Danica Rotar Pavlic works as an assistant teacher at the University of Ljubljana and as a general practitioner. Ms Elizabeta Bobnar Najzer serves as head of the public relations department at the Medical Chamber of Slovenia, and Dr Boris Cibic, the man who responds to the foundation’s mobile help line, is a retired cardiologist. Dr Rotar Pavlic has served as a board member of the European Heart Network since May 2005.

Finances

The SHF receives financial support from many sources. It has a yearly budget of about €417 000. “However,” says Ms Najzer, “for different projects, we invite other partners who participate with their budgets as well.” She adds, “As we receive only a small percentage of our income through the state lottery, the majority of funds we receive are through sponsorship and projects. Members, as we call our supporters, pay an annual fee of €12.52 as individuals and €16.69 for up to 4 family members. They receive many benefits that cover the fee completely.”

In a recent survey of 10 European countries (Austria, Finland, France, Germany, Italy, Norway, Slovenia, Spain, Sweden, and the United Kingdom), only experts from Slovenia, Austria, and Germany stated that cholesterol testing of asymptomatic adults takes place routinely and regularly.3 In Slovenia, the SHF can take some credit for this, because of its 6 drop-in Heart Health offices, which admittedly do not have locations in every region of Slovenia. Ms Bobnar Najzer says, “They carry out cholesterol and free blood pressure measurements for the population. Two of them are open every day in ordinary office hours, and 4 of them are open only 2 hours a day, because we do not have funds to open them for longer. This is the biggest task of the foundation.”

Under the Slovene National Programme on Primary Prevention of Cardiovascular Disease, started in 2002, primary care providers carry out the screening for behavioural risk factors, blood sugar, lipids, blood pressure, and calculation of the total coronary risk profile. Indeed, Slovenia has a national registry of people at high risk for cardiovascular disease.
The Public Help Line

Remarkably, since 2002, Slovenia has had a free telephone number that the public can ring for advice. Dr Boris Cibic (Figure 1), a cardiologist, mans the line. Dr Cibic served as director of the university clinic for internal medicine at the Doctor Peter Drzaj Hospital before retiring in 1991. One of the founders of the SHF, he currently serves as its vice president. He makes himself available to speak to the public between 12 noon and 2 PM on weekdays, although people seem to prefer to phone him in the evenings; Dr Cibic seems philosophical about this. He says, “In the case of sudden severe chest pain or emergency heart problems, I provide the advice regardless of the time,” and he explains that “it often happens that people call in irrespective of what day or time it is! However, they do not usually call during the middle of the night.”

With a population of only 2 million people to serve, Slovenia has only about 160 cardiologists. Dr Cibic knows many of them personally, and he may refer patients directly from the help line. He says, “I have many friendly as well as professional contacts with all of our cardiologists, and I can refer the patient to them for further treatment if necessary.”

Dr Cibic comments, “The Slovenian health system enables unlimited free access to general practitioners and to cardiologists. Both groups are therefore very busy and do not have enough time to answer all the questions the patients might have. In contrast, our phone advice line can give reasonably unlimited time to answer questions from a patient.” Amazingly, in contrast to some phone lines in other countries, patients do not seem to use the line without good cause or to abuse it.

Dr Cibic says, “We are happy to say that we do not have unnecessary calls. People seek our advice because their doctors are not available.” He adds that one priority in Slovenia involves increasing the number of general practitioners, to increase the speed and efficiency with which patients receive assessment and treatment.

Publications and Education

The foundation publishes a colourful, professionally produced magazine, Za Srce (Figure 2), which goes to the members bimonthly and is distributed at Heart Foundation events; the foundation also offers it as a free download from the Internet (www.zasrce.si/index.php?mid=155). In addition, the SHF produces a variety of educational publications for patients, healthy adults, and children—all distributed free, except for books, which require a nominal charge.

In addition to publications, educational work includes local lectures; workshops; posters, such as a poster discussion on “How Young Is Your Heart?” and Internet forums, such as those on first aid and on answering questions on cardiovascular disease.

Free Exercise Activities

Much of Slovenia’s landscape consists of forest or woodland, and the foundation encourages exercise events, especially walking and hiking. It has built or rebuilt 6 Heart Paths in city parks or in places of natural beauty near the city. Most of the paths go for about 2 km, but some offer longer nature hikes. On some of the Heart Paths, teams from the foundation spend 1 day a month on-site to measure blood pressure and answer questions.

Figure 1. Dr Boris Cibic (right) at a Heart Foundation event.

Figure 2. Za Srce is a colourful, professionally produced magazine which goes to the members bimonthly and is also available online.
Obesity in Children
Although the SHF has aimed its work mainly at adults, the organisation also has a vigorous campaign to combat obesity in children—partially through education about a healthy lifestyle, but also through encouraging children to increase their exercise levels. Since 2005, the SHF has published brochures aimed at children and young people, caregivers, and teachers, with the aim of combating obesity and the trend in children and young people to become increasingly overweight. The SHF sends these brochures to the schools and distributes them at all public activities it arranges. Most children and young people receive improper nourishment during their preschooling and schooling period. Children in Slovenia often go to school without breakfast, and many children have the habit of eating hamburgers and drinking sweet, fizzy beverages.

Ms Bobnar Najzer explains the problems surrounding exercise. “In Slovenia, very young children get plenty of exercise, but as they get older, entering their teenage years, they tend to stop exercising. Our problem now is that our adolescents are becoming fat, and their nutrition is unhealthy. They sit too much, they watch TV, and they play games on the computer and do not exercise enough.”

She says that for the past 2 years, since the problem clearly became apparent, the SHF has led a national focus on children and on teenagers. She explains the strategy: “We go to schools and give them information and organise workshops at the schools. Our workshops tend to focus more on ages 11 to 14.”

The foundation involves medical students in these workshops, because the children seem to engage with and listen to these “cool” young people more readily than to people of their parents’ age. In 2006, more than 150 workshops took place in schools throughout Slovenia, encouraging good lifestyles and particularly aiming to increase moderate physical exercise such as walking 1 hour a day. An evaluation on how effectively the intervention has changed lifestyles is now underway.

Other Activities
Other activities include the organisation of resuscitation courses and the promotion of automatic defibrillators, activities for the World Heart Days, and taking part in pan-European projects. The foundation also encourages healthy nutrition by conferring the trademark Protects Health on approved foods.

Robert Short is a freelance medical writer.

References
Although he manages to fit writing poems in between his other work as a clinician, teacher, and head of a research department, he admits that he struggles to find time to concentrate on his novel.

“I can only write the novel if I go away, so I rent a house by the sea in Denmark and go there to be completely alone with some food and wine. It requires a certain mindset,” he explains. “I need to get away, and I don’t have enough time to do that. I struggle with the thought, ‘should I spend my life just writing poetry?’—and that’s really difficult. So far, I haven’t wanted to do that.”

The novel he is writing may represent the one part of his writing where he has drawn on his experience of medicine. Set in Sarajevo, Bosnia and Herzegovina, the plot focuses on the lives of a female Muslim doctor and a Catholic priest who have been friends since childhood. “Most of my colleagues believe that man is a higher form of monkey with complex neural networks, and so does the doctor in the novel. The male character in my book would believe that man had a separate destiny, putting him at the centre of the universe. Their debate and interaction changes them both.” Dr Martin continues, “I think art is more important than science or medicine. Why are we repairing the heart?” he asks. “It’s so the patient can appreciate the arts. The object of life is to gain understanding of the internal man.”

One might expect that Dr Martin’s writing would draw heavily on his work in medicine, but, in fact, it does not. His work covers topics as diverse as his stepdaughter, evolution, and the death he once witnessed of a motorcyclist. “The fact that I’m a doctor influences all of my life, but I don’t write poetry about medicine or find beauty in a microscope slide,” he comments.

The favourite among the short stories he has written is “Xocoatl or Bitter Water.” It was inspired by meeting a woman crippled by polio in the Andes mountains of South America (see Figure). “I had an instant rapport with her. I spoke to her in Spanish, which she spoke with a South American Indian accent. I love the fact that you can have deep contact, often unexpectedly, with most human beings.”

Although his grounding in philosophy, which he studied in Spain, may have opened his eyes to different ways of viewing life, Dr Martin has had no formal training in writing, and he does not think such training would have benefited him. “I think everybody has the ability to write poetry or find an artistic part of their soul. One of the tragedies in life is they don’t find that potential. Today’s candidates for medicine specialise too early, without any experience of humanities. It’s made me realise more and more that the point of life is not economic; it is fulfilment through the arts.”

His interest in writing in no way detracts from his enjoyment of medicine. Ever since studying at Sheffield University Medical School, he has not regretted his decision to become a doctor, a decision he made after he found inspiration reading Dr Zhivago by Boris Pasternak and The Stars Fell Down by A. J. Cronin. The latter book relates the story of a family doctor in Wales.

After qualifying, Dr Martin became a senior lecturer at Melbourne University, Australia, researching platelet formation. In 1986, he moved to King’s College School of Medicine, London, United Kingdom, and he also became head of cardiovascular research at the Wellcome Foundation Research Laboratories, also in London.

As a current board member of the European Society of Cardiology, Dr Martin participates heavily in developing European policy on preventing heart disease, and somewhere in all this activity, he has found time to set up a Biotech company, Ark Therapeutics Ltd, with offices in London and Kuopio, Finland. It is a specialist firm focusing on gene therapy in vascular disease and cancer. But, as Dr Martin quickly points out, “whatever your work commitments, however busy you are, it’s never too late to try out new things. I didn’t start writing until I was 50, and that’s a source of optimism for others—that anytime you can have an epiphany.”

Going back to his proudest literary moment to date, he recalls, “I wrote ‘The Second Polish Corps’ in the back of a taxi in Barcelona, Spain, early in the morning when I was thinking about a patient we had on the ward.”

Emma Wilkinson is a freelance medical writer

Reference

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