

Editorial

Cardiothoracic anaesthesia and the *European Journal of Anaesthesiology*

I take great pleasure in writing this Editorial announcing the affiliation of the European Association of Cardiothoracic Anaesthesiologists (EACTA) with the *European Journal of Anaesthesiology*. It is one of the first affiliations between a specialist society and the Journal and we have great hopes for its success. Readers should be aware that we hope that research output associated with cardiothoracic anaesthesia will be reflected in an increase in sub-specialty publications in the Journal, and we are fortunate that Dr Hans Tydén, past Scientific Secretary of the EACTA, who is already an Editor, will be giving his considerable experience and talent to the Editorial team in this particular area.

The EACTA was founded in 1983 by a group of eminent cardiac anaesthesiologists, motivated by Professor Simon de Lange, who has recently retired from the University of Maastricht. Of the pressures that led to the formation of the EACTA, two were most significant: first, the lack of time dedicated to the sub-specialty at the major international general meetings, and second, the rather bizarre situation whereby European anaesthesiologists travelled to meetings in North America to discuss matters of common interest with their other European colleagues. Thus, the EACTA was born. The inaugural meeting was held in Cambridge, UK, in 1984 and meetings have been held annually since. Therefore, EACTA is not new, but the organization has recently undergone a number of changes to meet the needs of our members. Information on our association (including details on membership, educational courses, grants and fellowships) can be found on our website: <http://www.eacta.org/>

What are the challenges facing cardiac anaesthesia today? The training of future cardiac anaesthesiologists is of concern, not because current standards are inadequate, but because these young men and women need to be protected from numerous competing

pressures. We are clear about the needs of training in cardiothoracic and vascular anaesthesia and are fortunate in having past and current officers of the association, who are experienced in both education and training matters, to provide advice. We believe that the main priority in this area is to protect the quality and comprehensive nature of training programmes in the sub-specialty and to foster the development of specific areas of interest, such as perioperative echocardiography.

Nowadays, it is difficult to develop research programmes in many aspects of anaesthesia and perioperative care, and cardiothoracic anaesthesia is not sheltered from these pressures. The EACTA has a long and proud tradition of supporting research in the past by encouraging research presentations at its meetings and it is now providing funds for research and clinical fellowships to its members.

Cardiac anaesthesia is a 'high tech' area, frequently associated with high costs. As clinicians, we can do little to contain these factors, but we can and do ensure that colleagues from weaker European economies can continue their own personal professional development in an affordable manner. This has always been, and will remain, one of EACTA's foremost commitments. Despite these and other challenges, the practice of cardiothoracic anaesthesia is immensely fulfilling and it is no surprise to me that colleagues involved in this work throughout Europe are among the most dynamic and enthusiastic anaesthesiologists to be found. We look forward to bringing those qualities to our new affiliation with the *EJA*; you will be hearing more from us!

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