Royal Academy of Medicine – Joaquin Poch, President – Spain



23.09.2014

Tags: innovation, R&D, investment, basic research

Joaquin Poch, president of the Royal Academy of Medicine of Spain, outlines the Academy's history and current initiatives.

What are the objectives of the Royal Academy of Medicine and what are your own personal objectives as president?

In order to answer this question we have to go back to the origins of royal academies in general. These academies, in countries like Spain, France and England, came to fruition during the Age of Enlightenment at the end of the 18th century, and eventually became scientific societies, which were multidisciplinary, due to the characteristics of science at that time, which were not particularly specialized. As time went by, this exclusively scientific activity began to progressively transfer to different specialties of scientific societies. In this way, Academies rested as a scientific product of high prestige due to the nature of the people that were getting involved with them and because they were still multidisciplinary places. The Academies kept this diversity and kept putting people of different areas of knowledge together.

The Academy has several objectives. On one side, there are the legal objectives that are established in the statutes of the Academy. Royal Academies are consulting institutions of the State, who can address them in the same way that the Academies can address the authorities. The

Academies are also consultants for the judicial system, meaning that the reports that the Academy does, under the request of the judicial power, are extremely valuable. In addition to these legal objectives, the Academy is much more than that. Our institution is a meeting point for many things. The historical legacy that the Academy has is enormous; the second biggest historical library of medicine in the country is located here, after the library of Universidad Complutense de Madrid. Furthermore, the Academy is the author of a dictionary of medical terms that is considered to be the first of its kind in the Spanish language. To this extent, the Academy is also promoting and sponsoring a new edition of the dictionary, which will gather all Academy-approved terminologies of South America as well as those of academic institutions in Spain. This specialized dictionary will have more than 80,000 terms and is not just a lexical-graphic text but also a fundamental book of medicine. Due to constant changes in medicine, there is always a need to revise such books. In this way, we do not only have the dictionary but also a consultancy service of medical terminology and at the same time we collaborate with the State and the Autonomous Communities in the process of creating this electronic clinical history.

Secondly, we have received approval by the Royal House to develop a Museum of the History of Medicine. This project has helped us greatly in the juridical setting of the institution. We are currently in the phase of gathering collections, of which we have over 3,000 pieces. Now we are missing the economic support of people that are in the capacity to help make this project a reality. A museum with these characteristics can be found in places like Paris, Berlin or London and these are museums of special interest because they put together important knowledge areas. Actually, the Academy is specializing as a keeper of historical patrimony of pieces with a particular important value in medicine.

In addition to this, the Academy is also the meeting point for R&D topics. We are constantly engaged in meetings with academics of all areas who present their best publications here, even if they are not Academy members. We also have commemorative meetings and we commemorate the annual days of certain conditions, for example Alzheimer’s Day, Tuberculosis Day, and so on. Our constant organizing of events shows that we want the Academy to be a place for scientific meeting with selection criteria.

We are also very sensitive to the sociopolitical evolution of Spanish healthcare. Under this context, we have very specialized cycles; right now, for example, we are about to finish a cycle of seminars called “Healthcare in times of crisis”. The Healthcare advisor of each Autonomous Community has come to these conferences and they have discussed with academics regarding scientific issues, not political ones. This is why these meetings are very productive and clarifying.

Do you think there is a sense of solidarity that has emerged as a consequence of the crisis within the medical and political communities for collaborating together?

The crisis in Spain has had a very important influence, although its intensity and length has not been as long as previous ones in Spain. Doctors perceive this more as a financial crisis rather than a production crisis, meaning that the production mechanisms are still untouched, as well as the creativity of production plants. The crisis has not been long enough to significantly change the existential capacity of the nation. On the other hand, we have to consider that, as everywhere in Europe, here in Spain the willingness of modern European society goes beyond the crisis. This means that in all European countries we are willing to spend more than what corresponds to the GDP in order to maintain certain basic social services and in all of Europe we believe that healthcare is a basic social service. On the other hand, if the crisis goes longer than expected, then I think that it will start affecting the production side. Firstly, the most obvious consequences will be the obsolescence of equipment in big hospitals, for example. Actually, we were lucky enough that the crisis started right after some hospitals were bought. The efforts people are making to buy medicines are already noticeable. Spain had an exceptional system in which the State helped patients to buy medicines; that has changed and now we have what we call the personal contribution. If the crisis lasts longer, the impossibility to perform certain assistive processes that we are luckily still doing today will become evident. There is an impression that we are trying to get out of the crisis shyly and of course the healthcare system will be on the right path because that is one of national consensus.

What are Spain’s greatest strengths in terms of particular indications or specializations?

In terms of assistive medicine, there is an acceptable equilibrium among all specializations. There are some specializations that have a bigger impact on the patient but I do not think it is possible to say that one is better than other. I think that this country is at the same level of any western European country or the United States. There are some innovation aspects that may be done differently in some places than in others, but this does not mean that some are better than the others. The area where we probably have an outstanding advantage is the area of transplants; we are a great country of donors. The other area of great reputation is our teaching, especially in postgraduate degrees. In Latin American cities, for example, there are newspapers that advertise preparation courses for the admission’s exam for the Spanish residents and interns system. Now, in San Carlos Hospital we have students from all over Latin America. Usually when we do postgraduate courses, they have short cycles and many students come despite the high costs of

the trip. All these characteristics have to be pointed out because in terms of transplants and teaching our country definitely has leadership. Actually, we are currently preparing a collection of 18,000 slides of children with physical anomalies. Once we have sorted out the legal aspects, this will be very useful for educational purposes worldwide.

To read more articles and interviews from Spain, and to download the latest free report on the country, click here.

See more interviews