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Viewpoint

Competence with Integrity: Guarding Public Trust in Cardiology

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Cardiology is living through an unprecedented era of scientific and technological advancement. Artificial intelligence, advanced cardiovascular imaging, catheter-based interventions, structural heart therapies, and precision medicine continue to redefine what physicians are capable of achieving. Clinical practice guidelines evolve continuously, appropriate use criteria are regularly revised, and innovations that once seemed extraordinary have quietly become part of everyday practice.

Yet amid these remarkable achievements, one fundamental principle remains unchanged. The legitimacy of the medical profession has never rested on scientific excellence or technical mastery alone. It has always depended on the trust that society places in physicians. Technology may transform how disease is diagnosed and treated, but only integrity sustains the confidence that patients place in those entrusted with their lives.

This reflection is adapted from an address delivered at the convocation of newly graduated cardiology specialists and cardiovascular subspecialists within the Indonesian Heart Association (PERKI). On such an occasion, scientific accomplishment deserves celebration, but even more important is the reminder that competence must always walk hand in hand with integrity. Public trust in cardiology will endure only when professional excellence is inseparable from ethical responsibility.

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The Meaning of Professional Competence

Each year, PERKI welcomes a new generation of cardiologists and cardiovascular subspecialists into the profession. Behind every convocation lies years of rigorous education, countless hours of study, demanding clinical training, personal sacrifice, and the unwavering support of families, mentors, and colleagues. Graduation, however, is not the culmination of this journey; it is the beginning of a lifelong professional commitment, in which patients entrust physicians not merely with their illnesses, but with their hopes, their fears, and often their lives.

For this reason, competence alone has never been sufficient to define professionalism. Scientific knowledge and procedural skill are indispensable, but they acquire their true value only when guided by ethical judgment and moral responsibility. The question every physician must ultimately confront is therefore not merely whether a procedure *can* be performed, but whether it *should* be performed for the genuine benefit of the individual patient.[1]

This principle was eloquently revisited by Francesco Tona in his reflection, *When Cardiology Forgets to Ask Why*.[1] In an era of extraordinary technical capability, Tona reminds physicians not to lose the courage to ask the most fundamental question in medicine: why? He recalls the classical maxim *Quod fieri potest, non continuo faciendum est*—not everything that can be done must be done.[1]

This ancient counsel remains strikingly relevant to contemporary cardiovascular medicine. It does not discourage innovation, nor does it advocate restraint for its own sake. Rather, it reminds physicians that technical capability should never become the primary determinant of clinical decision-making. Every intervention should ultimately be justified by one consideration alone: whether it genuinely serves the patient's best interest.[1-2]

Science, Ethics, and Professionalism

Modern cardiology offers unprecedented opportunities to improve survival and quality of life. Yet every angiographic image, every intravascular ultrasound or optical coherence tomography examination, every transcatheter intervention, and every sophisticated therapeutic option represents a person, not a procedure. Clinical excellence is measured not by the number or complexity of interventions performed, but by the wisdom to select interventions that offer meaningful benefit while avoiding unnecessary harm.[2-3]

As members of PERKI, cardiologists stand upon three inseparable pillars: scientific excellence, professionalism, and ethical integrity. Science without ethics risks losing its direction; ethics without scientific competence cannot adequately serve patients. Professionalism emerges only when these two forces coexist in harmony.[3-4] Continuous professional development, adherence to evidence-based medicine, respect for clinical practice guidelines and appropriate use criteria, and commitment to lifelong learning are therefore not merely academic obligations, but ethical responsibilities owed to every patient entrusted to professional care.[2-4]

Within this framework, the role of an Ethics Council extends far beyond adjudicating professional misconduct. Its purpose is not to intimidate physicians, nor to function as an instrument of punishment. It exists to preserve the ethical values upon which the profession is built, to promote integrity, and ultimately to safeguard public trust.[3-4] Physicians have historically commanded deep respect not because of technological sophistication alone, but because society has believed that every clinical decision is motivated by a sincere commitment to the patient's welfare. Protecting patients is therefore inseparable from protecting the honour of the profession itself.[3-4]

Ethical Accountability and Public Trust

Earlier this year, following established organizational procedures, the Ethics Council of PERKI was compelled—for the first time in the Association's history—to impose its most severe ethical sanction on one of its members. This was not a decision reached lightly, nor one from which any member of the Council could take satisfaction. It followed a long process of careful, objective, independent, and fair deliberation.

This episode deserves mention not to dwell on disciplinary action, still less to pass judgment in public, but because transparency is itself part of the trust owed to colleagues and to the community served

by the profession. Decisions of this nature are never simply about punishing an individual. They are about upholding professional integrity, protecting patients, and preserving the public's confidence in cardiology as a moral as well as scientific profession.[3-4]

A profession does not lose its dignity because one of its members commits an ethical violation. It loses its dignity only when it knowingly tolerates such violations. Ethical accountability is therefore not a threat to professionalism; it is one of its defining features.[3-4] By upholding rigorous ethical standards, professional organizations reaffirm the social contract that underpins medicine and preserve the confidence society places in physicians.[3-4]

Public trust is neither automatic nor permanent. It is earned gradually through honesty, competence, compassion, transparency, and integrity, yet it can be lost in a single moment. Once compromised, rebuilding that trust may require years of consistent ethical conduct. This reality places a profound responsibility upon every physician, regardless of seniority, institutional position, or subspecialty.[3-4]

A Message to Newly Qualified Colleagues

For newly qualified cardiologists and subspecialists, this reality should not inspire fear, but reflection. The willingness of a profession to hold itself ethically accountable is not a sign of weakness; it is evidence of moral seriousness. It is precisely this commitment to accountability that protects patients, preserves collegial trust, and safeguards the honour of medicine as a calling.[3-4]

At the threshold of an independent professional life, the pursuit of excellence must therefore extend beyond technical proficiency. Continue learning. Remain intellectually humble. Seek guidance from mentors and colleagues whenever uncertainty arises, because medicine has always been a profession of shared wisdom rather than individual certainty.[2-4]

Young specialists and subspecialists will practice in an era of rapidly expanding technological possibility. New devices, new imaging modalities, new interventions, and new therapeutic pathways will continue to emerge. Yet the central ethical task will remain unchanged: to ensure that innovation serves patients, rather than allowing patients to become secondary to innovation.[1-3]

To those entering the profession today, one principle deserves to remain close at hand throughout an entire career: the measure of success in cardiology will never be the sophistication of an intervention alone, but the steadiness of judgment, the honesty of intention, and the integrity with which clinical decisions are made.[1-4]

What Patients Remember

Patients may eventually forget the name of a procedure, the complexity of an intervention, or even the technology employed in their treatment. They are far more likely to remember whether they were treated with honesty, respect, empathy, and dignity. In the end, what patients remember most is not the skill of physicians' hands, but the integrity of their character.[2-4]

Scientific knowledge will continue to expand. Technology will continue to evolve. Clinical practice guidelines will continue to change. Yet one principle must remain constant: every clinical decision must be guided by honesty, integrity, and an unwavering commitment to place the patient's best interest above every other consideration.[1-4]

Competence enables physicians to treat disease. Integrity enables patients to entrust their lives to physicians. Public trust endures only when both remain inseparable.

List of Abbreviation

PERKI Indonesian Heart Association

Author Contribution

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