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# Challenges and opportunities for the SED in the 21st century

Taking over the presidency of the Sociedad Española de Diabetes (SED) at this stage means, above all, taking up the baton at a time of expansion and growth in the society's activities. The work carried out in recent years by Dr. Francisco Javier Ampudia and by the outgoing Board of Directors has placed our scientific society in a position of

institutional and scientific strength, but also as a core organization in everything related to the care of people with diabetes. Rarely does a term of office begin in such a favorable setting. Currently, the SED is a dynamic, open organization, with strong membership growth, greater international projection, and an increasingly integrative vision of diabetes care.

For this reason, this new period is not conceived as a change of direction, but as the continuation of a shared project involving all its members. Some lines of work are already fully operational and should continue to be reinforced, while others require further development and the exploration of new facets. Above all, we face new challenges that the reality of diabetes in the 21st century forces us to place on the table. This article aims to share that perspective with all readers, and especially with people with diabetes: where we are, what challenges lie ahead, and what the great opportunities will be in the coming years.

## THE REALITY OF DIABETES TODAY

Diabetes is one of the major health problems of our time. Its prevalence continues to grow in Spain and worldwide, especially type 2 diabetes mellitus, which is closely linked to increasing obesity, sedentary lifestyles, and population aging. Type 1 diabetes, although less common, also remains a highly relevant health problem, particularly among younger populations, and poses specific challenges because of its characteristics.

At the same time, we are experiencing a profound transformation in the management of the disease per se. The most recently developed drugs, with benefits that go beyond glycemic control—that is, cardiovascular, renal, and metabolic benefits—advances in continuous glucose monitoring, and hybrid closed-loop systems have, in just a few years, changed what we understand by quality care for people with diabetes. The incorporation of the possibility of screening for type 1 diabetes in preclinical stages, along with the first therapies capable of modifying the natural history of the disease, opens new horizons in prevention.

This transformation coexists with other major challenges. By way of example, we can mention the issue of equity in access, as well as the development and implementation of personalized precision medicine in the clinical management of people with diabetes. For example, we must address problems of equity in access to innovation, and we must help make this problem visible and collaborate in implementing equitable access for all people with diabetes in our country. With regard to

personalization of care, a single therapeutic pattern for everyone will become increasingly unacceptable, making an approach adapted to each person's characteristics, risks, and preferences even more necessary.

Added to these challenges are the sustainability of the health care system per se, the need to reinforce therapeutic education, and the need to better integrate care across health care levels and specialties. Here, we must specifically mention the central role of our nursing professionals in the overall management of people with diabetes, beyond their educational tasks. All of these are major challenges that the 21st century poses for diabetology.

## WHERE WE WANT TO GO

Faced with this scenario, the Board of Directors is working to define the priority actions that will shape the work and direction of the SED in the coming years. We have already reflected on the major lines of action that will structure this term, as well as on some of the essential cross-cutting areas needed to carry them out. The aim is to prioritize the most important and feasible actions, and those that allow active participation by members, especially through the working groups.

## PROMOTING RESEARCH

The promotion of research is one of the great hallmarks of the SED, and this must continue to be the case in the coming years. We are fortunate enough to have a consolidated research ecosystem, in which the Centro de Investigación Biomédica en Red de Diabetes y Enfermedades Metabólicas Asociadas (CIBERDEM) and the research groups linked to the society occupy a central place. On this basis, we want to continue building bridges between more basic research and translational and clinical research, and to strengthen collaboration between diabetes research and other areas of knowledge.

Special attention should be paid to evidence generated in real-world clinical practice. Our health care system produces an enormous amount of information every day, and we have a responsibility to use it for the benefit of people with diabetes themselves. The use of large databases, omics technologies, and, increasingly, artificial intelligence should allow us to better iden- ➤

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» tify each person's characteristics—phenotypes—stratify their risk, anticipate complications, and move toward truly individualized medicine.

Research should not be confined to already established groups. It is essential that young professionals find in the SED a natural space in which to begin and develop their research careers, with active mentoring programs and opportunities to participate in initiatives, mainly through the working groups.

We must not forget the importance of giving continuity to the type 1 diabetes registry, which should undoubtedly remain a priority action for the SED. This registry is an opportunity to generate new research actions and possible national and international collaborations.

## COMMITTING TO PROFESSIONAL EXCELLENCE AND TALENT

The second major line of action places all professionals involved in the management of people with diabetes at the forefront. Professional excellence requires high-quality continuing education. Therapeutic education deserves special mention as a structured pillar of the system, as does clear recognition of the role of specialized diabetes nursing. All of this must be visible in the SED's educational offer, in its working groups, in the program of the annual Congress of Fundación SED, and in collaborative projects with other societies.

One priority, as I have mentioned previously, is the commitment to young professionals. We need to create attractive environments so that new generations find opportunities for professional development within the SED, with all the necessary support actions and, above all, real opportunities for leadership in the working groups and in the society's own governance. The SED of the future is built, to a large extent, with those who today are residents and professionals in training, or those who are taking their first steps as specialist physicians, nurses, or researchers, without forgetting the other professional profiles.

At the same time, we want to reinforce the multidisciplinary nature of the society. Diabetes care involves professionals in endocrinology and nutrition, primary care, specialized nursing, pediatrics, cardiology, nephrology, ophthalmology, podiatry, mental health, nutrition, and many other disciplines. All of them should regard the SED as their own shared space, and all of them should find within it concrete opportunities for professional development and participation.

## MOVING TOWARD AN INTEGRATED CARE MODEL

How we provide the best care for people with diabetes in the 21st century should be the subject of profound reflection. The SED wants to and must actively contribute to defining the care model for diabetes. This framework should guarantee equity in access to therapeutic and technological innovation, the reinforcement of prevention and early detection actions, both in type 1 and type 2 diabetes mellitus and in associated complications. In addition, it must effectively articulate work across the different health care settings, especially primary health care.

We will continue to work on proposals that address specific aspects, as we have done with topics such as the diabetes day hospital or diabetes prevention. Our shared objective must be to guarantee the quality of care received by a person with diabetes in any setting.

A key dimension of this journey is the place of people with diabetes in decision-making. Management in the 21st century cannot be understood without the active voice of the patient, and for this we must work hand in hand with all organizations of people with diabetes, with FEDE at the forefront.

## REINFORCING THE VISIBILITY AND INSTITUTIONAL VOICE OF THE SED

A fourth axis responds to the need for the SED to be a recognizable voice in the various forums on diabetes and health

policy, at both national and regional levels. We want to consolidate stable dialogue with administrations, sister scientific societies, other stakeholders in the health care system, and associations of people with diabetes. And we want to do so from a position of independence, scientific rigor, and commitment to citizens.

This institutional presence must be accompanied by broader public projection. Diabetes remains, to a large extent, a condition with insufficient visibility in society, despite its health, economic, and human impact. The SED must actively contribute to increasing its visibility, with clear, evidence-based messages aimed at both professionals and the general population, and with a media and digital presence consistent with the scale of the health problem that diabetes represents in society.

## THE LEVERS THAT MAKE IT POSSIBLE

These four major axes, which we have set out in the previous sections, are supported by three cross-cutting areas. The first is communication, understood in a broad sense. The SED needs an internal communication strategy that keeps members well informed and connected to the society's activity, and an external communication strategy that clearly projects our voice toward administrations, the media, and society as a whole. Within this area, the annual Congress of Fundación SED occupies a very special place, as it is the greatest expression of our society's brand: a unique space for scientific exchange, education, institutional projection, and relationships among our members. We want to continue caring for it, renewing it, and making it even more attractive to all professional profiles involved in the care of people with diabetes.

The second cross-cutting area is strategic alliances. Diabetes can no longer be understood from a single specialty or a single perspective. Our joint work with other societies, such as the Sociedad Española de Endocrinología y Nutrición, the Sociedad Española de Endocrinología Pediátrica, the primary care societies (SEMERGEN, SEMFYC, SEMG), and other »

## THE CHALLENGE IS TO LIVE UP TO THAT POTENTIAL. AND THAT WILL ONLY BE POSSIBLE BY WORKING TOGETHER: THE BOARD OF DIRECTORS, THE WORKING GROUPS, ALLIED SOCIETIES, YOUNG PROFESSIONALS, RESEARCHERS, NURSING PROFESSIONALS, AND, ULTIMATELY, THE MEMBERS THEMSELVES

» scientific societies, is essential. Here we should mention people with diabetes as fellow travelers. We want to consolidate and expand this network, particularly around the care model, consensus documents, registries, and educational initiatives. In addition, we want to continue strengthening the international dimension, especially with the European Association for the Study of Diabetes (EASD), the International Diabetes Federation (IDF), and the other leading societies with which the SED has collaborated in recent years.

The third cross-cutting area, and probably the most important, is member participation. A scientific society only makes sense if it belongs to its members and exists for its members. We want to open stable channels for listening to members, energize the working groups, and make it easier for any member with interest and commitment to contribute actively to the life of the society. The governance of the SED must feel close, transparent, and open.

### A SOCIETY WITH ENORMOUS POTENTIAL

Beyond objectives and concrete actions, it is worth remembering something fundamental: the SED today has extraordinary

potential to face this scenario. We have a first-rate scientific base, with internationally recognized researchers and a demonstrated capacity to generate international impact. We have a broad, diverse, and growing membership base, with an increasing presence of professionals from different disciplines and of new generations. We have solid strategic alliances with the main national and international societies and with associations of people with diabetes. We have an active Foundation, as an instrument for many of the society's actions, especially one of the most important diabetes congresses in the European context. And above all, we have a deep commitment to people with diabetes, who are and must continue to be at the center of everything we do.

The challenge is to live up to that potential. And that will only be possible by working together: the Board of Directors, the working groups, allied societies, young professionals, researchers, nursing professionals, and, ultimately, the members themselves. Great scientific societies, as Dr. Ampudia reminded us in his farewell article, only move forward when their members share knowledge, commitment, and a common vision in the service of people with diabetes. Those words very well summarize the spirit with which we face this new stage. **D**

## CONCLUSIONS

1. The SED begins this stage from a position of institutional and scientific strength, and as the society of all professionals working in diabetes, thanks to the work carried out in recent years.
2. The challenges of the 21st century require a collective response and an action plan.
3. The coming years will be structured around 4 major axes: promoting research, committing to professional excellence and talent, advancing care innovation, and reinforcing the society's institutional visibility.
4. Communication and the FSED Congress, strategic alliances, and active member participation are the levers that move these axes.
5. The success of this stage will depend, above all, on the involvement of all members of the society, with the Board of Directors at the forefront.