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PUBLISHER
George Georgiades, Athens
georgiadis.mail@gmail.com

EDITOR EMERITUS
Dennis Cokkinos, Athens

EDITOR-IN-CHIEF
Natale G. De Santo*
Nataleg.Desanto@Unicampania.it

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Peculiarities of Child Healthcare Services in Europe: Answers to Six Questions
Barbara Stiegler (Fig. 1), Associate Professor of Political Philosophy at the University of Bordeaux-Montaigne, departing from Horton’s message, has authored an aggressive pamphlet *De la Démocratie en Pandémie* on the social consequences of the Covid-19 syndemic on university teaching and on political life. The pamphlet – a cumulative outcome of debates that took place at the University Master “Cure, ethics and health” Professor Stiegler directs. It includes the contribution of experts in public health, hospital medicine, linguistics, public law, political philosophy, philosophy of science and political history from Greeks to our time. The value of the starting point is evident and the evaluation is stringent. Less clear are the consequences of distant teaching that deprived university professors of the possibility to elaborate in community with fellows. The exchange between chair and fellows has been nearly zero. The teachers were unable to read on the faces of their fellows the reaction to their teaching. This has caused irreparable losses. Furthermore, distant teaching has generated another obsession—that of appropriate evaluation of fellows forgetting that the first duty is teaching blended with socialization and discussion.

The editorial in *The Lancet* on September 26 2021 read “Covid-19 is not a pandemic”, represented a strong stimulus to change by making full use of reason and politics. Richard Horton, the Editor-in-chief, wrote “Syndemics are characterised by biological and social interactions between conditions and states, interactions that increase a person’s susceptibility to harm or worsen their health outcomes...Approaching Covid-19 as a syndemic will invite a larger vision, one encompassing education, employment, housing, food, and environment. Viewing Covid-19 only as a pandemic excludes such a broader, but necessary, prospectus”. That editorial represents a concise understandable alarm on Non-Communicable Diseases, on the frailty they induce in populations, the frailty that favours the lethal as well as post-infection effects. It also attests that the fight against communicable disease is slow and needs continuous investments.

The decision-making of the French government, in line with the decision-making of all democratic countries, is, however, seen as an indication of an effective and dangerous loss of democracy, that is less evident, not imminent and negates, to a certain extent, the value of culture generated in France in the last 230 years. Professor Stiegler, as a university professor, in respect to the new generation, has the right and the duty of supervision. However, I think that the French philosopher-paleontologist Pierre Teilhard de Chardin was more humble. “I do not aspire to be incorporated into the fundaments of a growing palace. The future belongs to those who convey to next generations reasons for hope”. In fact opposite considerations flourish. Not only has the whole body of scientific output been proportional to the need to prevent the lethal effects but, also, the debate in the media has been continuous. So we have been informed and some of us have even had more time to read and meditate. In addition, people have read books more than in the past. Books that are indispensable companions for personal elaboration in order to understand where we are. Indeed, culture is a therapy (2), and books, according to Umberto

Eco, prolong life (3). “With the advent of language older people became the memory of species. They sat in caverns around the fire and recounted what had happened (or what had happened according to myth), before the birth of the young generations. Before the institution of such social memory men were born without experience, they had no time to acquire memory, they died very young. After that, for a 20-year-old man it was like having lived five thousand years. Events happened before him, and the recounts of senior people entered his memory. Today books are our older people. We do not realize. Those who do not read live just their life, we have lived many lives. So just after birth we are old”.

A recent book, written by more than 30 experts, generated the conviction that “nothing will be as before” (4). There will be epochal changes in art, performances, sport, tourism, history, urban planning, anthropology and psychology. Italo Calvino (The invisible cities) comes to the rescue. We have the possibility to accept the hell as it is or by taking the risk, being attentive and by continuous learning we must be able to recognize who and what in the hell is not hell and give it space and let it last (5).

of globalization and the heightened environment of competition that this creates (2). At the same time, every government in the world tells us that education is today the state’s first priority! There is no doubt, that universities must adapt better to society’s expectations, share tasks among themselves, enhance their administrative efficiency and improve transparency in terms of teaching and research activities. What they certainly should not do is to compromise academic freedom and autonomy for the sake of financial profit for the sake of the administrators’ definition of “efficiency”. The only profit a university must recognize is the educational profit that is a sum of knowledge, culture, ethics and social issues. The problem of university funding is beyond the field of commercial economics, and university policy cannot be based solely on the criterion of financial efficiency. Education (and fundamental research, of course) is a “collective good” and as such it should be offered by public institutions to everyone, irrespective of financial status. After all, the same is true for all other collective goods (e.g., defense, security etc.).

University funding is not equivalent to financial investments, but it is an investment of Society to create a place of public exchange and reflection, an investment in those structures that will turn the wheel of historical evolution.

New Technologies and the Importance of the Media

Another topic for lively discussions, particularly in this pandemic era, is that of the use of new technologies and media in education. It is proposed that the instructional process can be partly, or even fully, automated, and that new pedagogical frameworks are made. It is also often supported that the delivery of knowledge can be made, not only by traditional institutions, but also by media organizations. The new media may be used for training, but not for the delivery of culture that is and must retain its social character. We should not abandon the concept that the educational systems’ main intent should be the production of active and useful citizens.

The new tools and media should not redefine the notion of pedagogy, which is, and must remain, in the core of every educational system, and involves necessarily interaction between students and teachers. This interaction is necessary to bring people together, to counteract the isolation of learners, to help the student acquire the skills of managing the wealth of information available and to develop intellectually. Academic tuition is not only a procedure of delivering “bare” knowledge content, but also an opportunity for discussion and development of critical thought and of critical assessment of knowledge. That is why private enterprises designing educational delivery systems, computer firms, publishers, television and the like will never become competitors of the University. The University must use innovative approaches to teaching (computer-aided learning, self-instruction courseware, virtual laboratories, tele-teaching and videoconferencing) to help improve the quality of both teaching and learning, without compromising the live classroom and seminar debates and student Café discussions (3).

The Abstract Notion of Quality

Universities are suddenly inundated with recommendations as to how to improve Quality. Quality remains a rather abstract notion, as it means vastly different things to different people, and the issue behind it has only come to the fore recently as governments reduce budgets, whilst expecting increased services for fewer resources. Seen in this context, the real issue has very little to do with “quality” per se, but rather with who sets the criteria involved in its definition; and, therefore, who controls the academic life. Thinking for a second that, from its earliest days, the purpose of the University has been to define “quality”, to pass it over to society and to forward it in time, one can indeed be very suspicious of this latest rediscovery of “quality”. In the academic context, different types of “quality” need to be examined: that of teaching material, that of the delivery method, that of the student’s work and, most important of all, that of the learning process. Universities traditionally examine these “quality” matters, which have been the bread-and-butter of our academic work. The latter is a holistic process involving teaching, research and interaction with students and it is wrong to sub-divide the task into its simplest and often meaningless components.

These sub-divisions (job control sheets, etc.) are relevant to industry and business but they are irrelevant to the university environment, as are the league-tables of university classifications. The universities are morally obliged to give account to students for the quality of teaching they receive, to society and state for the overall services they get and for money spent. They can do so by themselves; most have been traditionally doing it. What they should not do is to allow non-academic consultants and “quality assurers” to infringe on academic freedom and autonomy. We should keep out of the University all those interests whose legitimacy derives simply from their potential to provide the University with additional funding.

CONCLUSIONS: The Integrative Role of the University

So, what is the role of the University in the near future? What is the content of the services universities should


provide to society? Must society be seen as a “client”, in which case a “pragmatic” analysis leads us to the acceptance of the market-centered, client-server model? Or should we maintain the concept of the “Universitas” as a *studium generale*?

Culture is neither something an educational Institution can communicate “virtually”, nor unavoidable on the side of market-dominated education. The multi-faceted crisis of our era, in the consumer-centered world we have built, has its causes in the lack of visions (political and others) for the future, and in the lack of historic consciousness. It is common knowledge that the most important role in the resolution of this crisis is to be played by the content of culture and education: not by the market, not by the tools and the new media, which can only play a complementary role in education. University education should entail culture, training and social issues. Universities serve the community and provide more than knowledge. They identify social needs and ensure the upkeep of the human element of moral judgment, beyond technical performance and achievement. They produce the social forces of debate and innovation, so much needed by Society today (3).

My academic teaching and training as a paediatrician started in a country lacking the tradition of parliamentary democracy. Later I worked in the same country at a university children’s hospital during the 20 years period of transition to a post-totalitarian system. If someone reads the latest report from United States Department of State, Country Reports on Human Rights Practices for 2020, North Macedonia, she/he will find only one sentence that “the government does not restrict academic freedom and cultural events” (1). The constitution issued by my university proclaims the principles of academic freedom; however, is it so brilliant in current practice?

For all these years, the topics of rights, justice and equity have been part of my scientific interests as a university paediatrician. For several years I have been especially interested in the role of

1. Democracy (examining both sides of the coin concerning endangered academic freedom at European universities)
2. Bureaucracy (European healthcare service systems being influenced by constitutional rights)
3. Meritocracy (career planning of European paediatricians being influenced by competition and not by social justice) and
4. Technocracy as a kind of bureaucracy that is run by technologists (medical and surgical care being dominated by medical technology in the Western world).

My personal experiences justify a critical comment on unnecessary, unfair, clientistic, corrupt and bureaucratic limitations of academic freedom for academic paediatrics in totalitarian systems in general. I will not mention the individual deficits and idiosyncrasies of people who are trying to “gamble” with systemic weaknesses. Instead, I want to describe complex mechanisms of leadership, governance and administration which are limiting freedom of research. The threat to academic freedom is a consequence of the direct interference of ruling political parties with the academic life of universities, starting with the election of the leadership of the universities and individual faculties. Career advancement is less based on scientific success than on loyalty to the ruling political party. Academic criteria are not sufficiently respected as criteria for ranking according to publications in journals with an impact factor. Our Law on Higher Education
devalues these criteria and enables the non-justified election to the title of a professor. The employment of young scientists depends directly on the authorities, and the academic community has no say. Family ties, political orientation and ethnic criteria take precedence over professional ones. This results in a brain drain to foreign countries. The state allocates only limited state funds for scientific research. Scholars are forced to seek funding for books, training and congresses from industry. Information on international projects and scholarships is released late or not available. Creative, ambitious staff members are not encouraged but are hampered at every step of their career ladder. Ethics committees are not free from external influences. Doctoral studies have even become a profitable business for academic leaders.

What are the solid criteria to decide upon adequate academic freedom? Many people would probably say that the criteria must be based on written constitutional rights; however, this may not be enough. I came to the conclusion that they must be also based on social justice. The philosopher Walter Benjamin (2) wrote that there is a gap between right and justice but also a link between these two. Indeed, the notions of reparation and restoration may be necessary to improve academic freedom because the concept of law is not adequate to understand ethical relations. I can think of three other terms that in a way could take the place of law: ethical demands, claims and duties.


Andreas¹, Abigail², Anna³ and Daniel⁴ Prohaska

¹Professor emeritus, Hanns Eisler University of Music, Berlin, Germany  ²Soprano, Henndorf, Austria  ³Soprano, State Opera “Unter den Linden”, Berlin, Germany  ⁴Staatstheater am Gärtnerplatz, Munich, Germany

Email: abigail.prohaska@web.de

Preface: “Art for me is the science of freedom.” (Joseph Beuys)

The mission of artistic education for composers, musicians, singers, dancers and actors at schools of music aims at achieving their best as artists, opinion makers and entertainers. Therefore, schools of music must be committed to the general principles of academic and artistic freedom. The broad spectrum of creativity, performance and spectacular expressions may be irritating for other people. However, this commitment to the unknown, eccentric and sometimes offensive activities assures the role of art in society. Claude Debussy: “Works of art make rules; rules do not make works of arts.” In this short essay, we are describing the scenario from the point of view as a family of active musicians, on how to cope with the academic, political and social challenges of combining different academic teaching systems.

In 1993, Andreas entered the field of a former East German art academy and held a professorship and a civil service contract for life. Andreas was frequently elected head of department, singing/musical theatre direction, head of study program and general direction. As his experiences were entirely based on the practice of opera theatre of the West European style, he had to adjust his own teaching concepts with the previous Eastern academic conditions of a communist university. The
What can we, seniors, do for the good of seniors - for ourselves? Given the growing proportion of elderly people in most countries and their increasing contribution to the silver economy, it is encouraging to see that some countries have government ministers with responsibilities for senior citizens. Listed below are the links to the websites of the ministers for seniors in Australia, Canada, Malta, New Zealand, Scotland, and Wales.

Many seniors are either still employed or working by looking after others – their children, grandchildren, others in their communities – rather than being in need of help themselves.

Younger generations can still learn in every field (technical, artisanal, cognitive) from elementary school up to university, from seniors whose know-how should be transmitted and not dispersed.

The more seniors there are, the more diverse society is. We need to recognise this to act correctly and create proper government policies. It is important for the citizens of all countries to unite, and build a stronger, more inclusive and more resilient society. It is the responsibility of governments to engage with citizens, civil society and stakeholders, including businesses of all sizes, organised...
labour, the broader public sector and not-for-profit sectors.

Why is it important to appoint a minister for seniors in every country?

The idea of having a minister for seniors is based upon the experience in several countries. It was first proposed to professors emeriti in the article "All Countries Need a Minister for Seniors" by Gričar J. The paper appeared in Reports from the 2020 World Day of Older Persons. A Contribution of the European Association of Professors Emeriti (Bulletin of the European Association of Professors Emeriti. Supplement 2020; 1(S1): 113-165)

Having a minister solely responsible for seniors ensures that policies concerning health care and financial security are considered through a senior's eyes. The minister has to be proactive in ensuring that a broad array of voices provides him with advice from all areas and regions of the country. The minister for seniors is expected to help the government to better understand and make decisions on the needs of seniors and ensure that programs and services are developed which respond to the aging population. She/he should support other ministers on initiatives across government that impact seniors.

The minister should provide seniors and future retirees greater security and a better quality of life.

She/he must be an “equal voice at the table” with other ministers, speaking on behalf of seniors.

Of great importance is the ministers’ collaborations with the ministers of health/ work/ families and social development, on initiatives to promote active and healthy aging. This includes learning from, and building on, government-supported programs that have proven successful and are supporting the needs of seniors and their families, as well as actions indicated in the Decade of Healthy Aging: Baseline report, World Health Organization 2021-2030.

In order to engage with seniors, stakeholders and experts to provide advice on matters related to the health, well-being and quality of life of seniors, the government is expected to establish a national seniors’ council. For example, National Seniors Council, Government of Canada.

Countries need to think differently about ageing if they are to tap into the potential of the growing seniors’ population and to offer those people the best possible future. It is necessary to ensure government investment in home care, community care and palliative care so that these services are well-coordinated and have their intended impacts.

An important area of focus should be to make sure that if seniors wish to remain in the workforce, barriers to achieving that aim should be removed. More work is required in collaboration with all partners to bridge the gaps between research, education and practice by fostering interactions between students, educators and community members. The related projects can establish meaningful roles for seniors in their communities by providing more connections with young people, identifying possible community programs that seniors with mild to moderate problems can take part in, and educating students to increase their knowledge and awareness of aging.

The knowledge, competences, and experience of socially and economically engaged seniors are not just an intergenerational bond in the work process. The contribution of previously acquired goods, values and assets pave the way for the success of the younger generations. Cyber reality is driven by the technology of data accumulation, but life is played out on the causes and consequences of its use. Here are the valuable experiences of the elders.

We, members of the Professors Emeriti Network, are interested in actively seizing the opportunities offered by the silver economy and reducing the problems posed by a long-lived society. In the cross-border environment, we want to help by interdisciplinary e-collaboration.

Signatories

Dr. Tadej Bajd, Professor Emeritus, Robotics, University of Ljubljana, Slovenia &amp. Former President, Slovenian Academy of Sciences and Arts in Ljubljana.
Bajd@Robo.FE.Uni-Li.si

Dr. Lucija Čok, Professor Emerita, Linguistics, Cultural Anthropology &amp. Former Rector, University of Primorska, Slovenia.
Lucija.Cok@UPr.si

Dr. Natale Gaspare De Santo, Professor Emeritus, University Luigi Vanvitell,i Naples, Italy.
NataleGaspare.DeSanto@Unicampania.it

Dr. Jože Gričar, Professor Emeritus, Information Systems University of Maribor, Slovenia. Program Coordinator, Inter-Municipality Initiative: Cross-border e-collaboration in the e-Region, Member &amp; Secretary, Slovenia Professors Emeriti.
Joze.Gricar@UM.si

KozmaT@ella.hu

Dr. Michael Kunze, MD, Professor Emeritus, Public Health, Medical University of Vienna, Department of Social and Preventive Medicine, Center for Public Health, Austria. Member, Board of Directors, European Association of Professors Emeriti.
Michael.Kunze@MedUniWien.ac.at

Dr. Carole-Lynne Le Navenec, Associate Professor Emerita, Nursing, University of Calgary, Canada. Program Co-Director, Emeriti Association of the University of Calgary &amp; Board Member, College and University Retiree Associations of Canada – CURAC.
CLLeNave@UCalgary.ca

Dr. Heinrich C. Mayr, Professor Emeritus, Application engineering; Former Rector, Alpen-Adria University of Klagenfurt, Austria. Head, Application Engineering Research Group, Department of Applied Informatics.
Heinrich.Mayr@AAU.at
Nurses Leading the Future Together: We are Career Starters and they are Retired Nurses

Dr Hildah L. Mokgolodi
University of Botswana
Email: Mokgolodih@UB.AC.BW

I am just starting my career as a nurse. Overwhelmed, I need guidance, counselling and mentoring from a retired nurse...

Career development does not have to be either/or. Symbiosis does not have to be between different species nor should it only happen in parasitism, but it can be between an upcoming professional nurse and a retired one. Why reinvent the wheel when we can improve the existing? With Covid-19 out of control in every corner of the globe, this article seeks to challenge engraved methods of doing things, to employing available resources in intergenerational collaboration to fight it. Retired nurses and other health professionals can no longer afford to go sunbathing, it is time to dust that manual that one developed to make it easy to remember a procedure, and load it into a computer for access by career starters. Quoting Ruiz and Hernández (1), this article explores the professional integrated culture of nursing for problem solving, through a professional exchange between the experienced and the less experienced. Both nursing career starters and retired nurses need to make the best of technology to address the challenges posed by Covid-19 and current work demands.

Imagine a nurse who is just starting their day at a health facility for the first time. Or imagine the anxiety to prove to self that they have gone through the necessary and adequate training to be a nurse; or the anxiety to prove to their supervisors that they have what it takes to be a great nurse. However, you look at it, a starting professional is likely to experience some level of anxiety, whether as a result of excitement or fear of failure. Mokgolodi and Gaotlhobogwe, (2) highlighted that, for better performance in their careers, professionals need to receive handholding at the beginning of their careers. New nurses will therefore need close support to start their nursing careers. Handholding is likely to inspire and motivate. Who else is better placed to do some mentoring, other than someone with reasonable experience in the field? A retired nurse with a lot of experience is likely to support a starter very well.

There is need to acknowledge that elderly people, have varied


life experiences, pregnant with skill and knowledge that younger generations can learn from. Based on my indigenous perspective, elders are custodians of knowledge and skills, hence, these are passed down to younger generations through interactions with older generations. Emphasising this is that, during the International day of the Elderly in 2019, the Assistant Minister of Botswana Local Government and Rural Development, Modukanele, highlighted that “the irreplaceable knowledge that Botswana's elderly possess is the cornerstone of our very culture and identity. He quoted the words of Botswana's founding President Sir Seretse Khama which are simply "A nation without a past is a lost nation, and a people without a past is a people without a soul" (Personal Communication - BWgovernment - Posts | Facebook).

Intergenerational Activities and the Role Retired Nurses Can Play

The study "Retired professionals as a career resource tool for schools in Botswana: effective partnerships in education" by Mokgolodi and Gaotlhobogwe (2), heightened what retired people from varied professions are capable of. According to the study, there are various ways in which retired nurses could assist upcoming nursing trainees or career starters, which included: being mentors in both acquisition of career knowledge and skills as well as supporting their mentees emotionally; being educators, helping in leadership; part-time consultants or volunteering acquired knowledge and skills in clinical settings. Furthermore, the study, accentuated that retired professionals can be counsellors for their mentees and assist young people to develop much more than self-awareness and technical skills in their careers.

Another study by Ehrich, Nwaneri, and De Santo (3) named the phenomenon ‘falling back to experience’. They made reference to having an intergenerational activity where retired paediatricians played experienced surrogate grandparents with children where there is loss of trust in current physicians. They highlighted the duties of retired professors emeriti as i. Teaching and training of students, young pediatricians, and research fellows. ii. Advising in leadership and good governance iii. Being liaison officer with international paediatric societies iv. Being liaison officer with editorial boards of paediatric journals v. Being ombudsman”. These can also be the duties of retired nurses.

Older people may not trust younger nurses to help them in hospitals. Although I may have previously associated this mistrust with traditional beliefs that an agemate is likely to understand your concerns better, elderly people believe young people may have the knowledge but are unlikely to have adequate experience. People in my life who are over 65 years do not want to be treated by young nurses or younger medical doctors. However, my opinion is that this can be changed by integrating varied generations in career development. Retired professionals need an invitation to assist young trainees and upcoming professionals. It has been normalised in many countries that retired professionals are tired. While it may be true that a 35-year-old Olympian may not physically perform as a 20-year-old one, the two can work together to enrich the Olympics.

Impact of a Symbiotic Nature of Intergenerational Programmes

Intergenerational activities are seen as symbiotic. A review by Gualano et al (4), comprehensively outlines the benefits young people, from childhood to university age and retired and other elderly people, get from each other. Most importantly is the individual’s wellbeing and improved understanding and appreciation of another generation. Specifically, children and young people were personally and socially developed; their perspective and knowledge of elderly people improved and these children viewed ageing positively. On the other hand, the elderly peoples’ work with children became positive; disengagement of the elderly slowed and/or disappeared; while their psychosocial wellbeing improved and they had a reduction in violence and anger.

The improvement in the quality of life, whether at career or personal level is likely to reduce the burden governments carry in supporting medically, or feeding, the growing numbers of mature age populations around the world. The increasing numbers would not be a problem if the retired and mature aged people actively participated in countries’ economic development rather than being isolated.


E. Carter, K. Penderecki, E. Morricone: Three Long, Creative Lives in Music Between the 20th and 21st Centuries

Enzo Viccaro

In charge of the musical programming of the New Scarlatti Orchestra of Naples, Italy

Email: enzo.vic60@libero.it

Elliott Carter (1908-2012), Krzysztof Penderecki (1933-2020), Ennio Morricone (1928-2020) are three great figures of contemporary music, very different from each other: the American Carter was a pioneer of experimentalism; the Polish Penderecki, a great renovator of the past; the Italian Morricone, a very experienced composer conquered by the suggestions of cinema. But these three composers had in common the fact that they bridged the second half of the twentieth century and entered the third millennium with an ability to play freely between modernity and tradition, without pre-established schemes: the secret of a long-term creativity, marked by the extraordinary fruits of longevity.

The New York musician Elliott Carter, after a neoclassic debut with features of a pleasant populism, at the turning point of the post-war period summarises the various components - musical, literary, philosophical, political - that nourish his inspiration in a new, highly personal, modernist style. Starting with pieces such as the String Quartet No. 1 (1951), composed in the evocative solitude of the Sonoran Desert in Arizona, Carter elaborates a new musical language that is no longer a unitary sound flow in a univocal direction of time - as seen, so to speak, from Monteverdi to Stravinsky - but it is articulated as a superimposition of divergent musical lines, with rhythms, speeds and directions independent of each other: “simultaneously contrasting layers of musical activity”, in the words of the composer himself. We find this kaleidoscopic ‘multiverse’ of sounds (just to mention one of the most characteristic works of Carter’s very rich production) in the Double Concerto for harpsichord, piano, and two chamber orchestras (1961), hailed by Stravinsky as a masterpiece. In this piece, two independent orchestral groups, led respectively by the piano and the harpsichord, collide with each other in an "exuberant whirlwind of notes, colors, speed and direction, a sound image of subatomic particles or of stars and galaxies in continuous evolution" (1).

The incessant passion for research - “a means to capture the teeming simultaneities and changefulness of modern life” (B. Northcott) - is the essential secret of Carter’s extraordinary creative longevity and its miraculous late spring. Exceptional case in the history of Western music, he composed more than sixty works after the age of ninety, and the pieces completed when he was over 100 years of age are an authentic miracle of freshness and lightness! We mention among these: The Flute Concerto (2008), a rhapsody of contrasting inventions moved by the charming timbre of the flute. As Carter himself says “from mid-September, 2007 to March, 2008 ideas and notes for it fascinated me without relief”: the creative fervor of a centenary!(2); What are Years, Concertino for Bass Clarinet and Chamber Orchestra (2009), another small masterpiece that exploits the most penetrating and mysterious resonance of the bass clarinet (an instrument loved by Wagner); his final work, Epigrams (2012) for piano trio, is a concentration of sudden sound bursts and illuminations in an atmosphere of freedom and dream. Each musical invention of the last Carter is an electrifying listening experience, crossed by that Socratic smile that accompanied him until the last days of his long life on earth (3).

Krzysztof Penderecki, the most significant Polish composer of his time, in his youth responded to the appeal of the avant-gardes of the second half of the 20th century with an impact of the sound material that immediately expressed the strength of a very modern personality, at the same time rich in ancient resonances.

from the hypnotic *Anaklasis* (‘Refraction’) for strings and percussion of 1960 to *Polymorphia* for 48 strings (1961): ‘texture music’, micro-polyphony so intricate and dense as to constitute a thick and indistinct sound continuum in incessant evolution; a dramatic and powerful expressionism which gives body to all the anguish and terrors of our time. This music not surprisingly has conquered both cinema (*Polymorphia* is found in the soundtracks of two great horror films, *The Exorcist* and *The Shining*) and ‘progressive’ rock (Jonny Greenwood, guitarist of the famous English band Radiohead, composed in 2012 *48 Responses to Polymorphia*). In the central phase of his creative activity, Penderecki opens up to a magnificent confrontation with the great tradition - from Gregorian chant to Wagner, from Romanticism to Stravinsky - and to a deeply felt religiosity (a strong sign of identity in the scenario of post-Stalinist Poland): thus, great symphonic-choral masterpieces were conceived such as the St. Luke Passion (1965) and *A Polish Requiem* (1984). For the composer, memory is the spiritual basis of the future: this is the secret of his artistic longevity and of his last extraordinary creative phase, where the memory is renewed in a whimsical and moving autobiography, as in the *String Quartet n. 3 Leaves from an Unwritten Diary* (2008), a rhapsodic evocation of a whole life, animated by a restless neo-expressionist vitality (4); or as in *Tanz* for solo violin (2009), less than a minute and a half of music in which Bach, Paganini and the East merge dancing in playful freedom (5). *Violoncello totale* (‘Total Cello’) for solo cello (2011) gives us five minutes of music in which Penderecki achieves the depth and essentiality of Bach’s Suites, but also a great vitality. Finally, *Aria, Ciaccona & Vivace* (2019, pianistic adaptation by Sef Albertz) is a concentrate of the strength of Penderecki’s invention. What conquers us in these last pieces is the very modern singing - with ancient roots - of a great European soul at the turn of the 20th and 21st centuries.

Ennio Morricone - perhaps the most famous and beloved Italian musician of the last century - was trained in Rome in the 1950s, dividing himself between nights in the ‘dolce vita’ clubs playing the trumpet and days spent in the Conservatory of Santa Cecilia studying composition with a “great” of contemporary music, Goffredo Petrassi (a friend of Carter). Then, he was able to blend, in his film soundtracks, the rigor of high doctrine and the craft of pop music in a ‘secret formula’ of global success. He creates wide and enveloping melodies of a suggestion, at times even religious, as he himself seems to confirm: “even in gangster films there is the mystique of death and the sacredness of crime, and then, with my music, I find sacredness in all human things or, at least, I look for it even if it isn’t there”. Morricone mixes the ancient Italian musical tradition (in particular that of the Baroque of Albinoni and Vivaldi) with a refined reworking of the rhythms and sounds of the American popular song, and also of the country, of the ballad: an inimitable style, that has never missed a shot for over half a century, since the first great exploit of *For a Few Dollars More* in 1965, and that we also find (just to name a few random titles among many) in the poignant wave of *La Califfa* (1970), in *Once Upon a Time in America* (1984), masterpiece of Sergio Leone’s cinematographic ‘poetics of the time’, to which his friend Morricone gives the maximum persuasiveness of his melodic invention, and we find again in the refined, cool music for *Ripley’s Game* (2002, a disturbing thriller film directed by Liliana Cavani), etc. An omnivorous curiosity and a versatile genius were the secret of the longevity and extraordinary resilience of Morricone, who was able to renew himself deeply and get back into the game in old age by composing the Oscar-winning music in 2016 for *The Hateful Height* (western film *sui generis* by Quentin Tarantino, with a thrilling atmosphere): a very modern and biting sound, an absolutely stunning masterpiece of avant-garde inventions for an 87-year-old musician!

4. Penderecki K. *String Quartet No. 3 Leaves from an Unwritten Diary* (part 1). San Jose CA, Le Petit Trianon Theatre; October 3, 2010 - https://www.youtube.com/watch?v=b1k47VuFXHA
5. Penderecki K. *Tanz*. University of Indianapolis; 2018 https://www.youtube.com/watch?v=5UkS950mRUM
The prolific, acclaimed, important star-philosopher Byung-Chul Han adds another brick to his critical series of short essays on our society. The Palliative Society: Pain today, just translated by Polity Press in Cambridge, available on June 21, was originally published as Palliativgesellschaft by Matthes & Seitz (Berlin). We have read it and enjoyed the outstanding Italian translation La società senza dolore (Einaudi, Turin). Han analyzes the algophobia of our present society and its permanent search for anaesthesia aiming to erase pain and to generate perennial happiness.

Han, born in Seoul, South Korea in 1959, studied, initially, metallurgy at the local university. In 1980 he moved to Germany. There, he studied German literature and theology at the Universities of Freiburg in Breisgau and Munich, earning a doctoral degree with a thesis on Martin Heidegger (1994). Han later registered at the University of Basel for a PhD in philosophy. He has been professor at the University of Karlsruhe and the University of Arts in Berlin where he now directs the Studium Generale. He has published no less than 20 monographs among them the most recent The Burnout Society (2015), The Transparency Society (2015), The Scent of Time (2017), Topology of Violence (2018) and, in 2021, Umbrüche der Lebenswelt (Absurdity: upheavals in the world).

The book opens with a quote of Ernst Jünger (1895-1998) “Tell me your relation to pain, and I will tell you who you are!” and makes full use of many sources including, but not limited to, Adorno, Agamben, Andersen, Benjamin, Canetti, d’Avila, Foucault, Freud, Fukuyama, Hegel, Heidegger, Jünger, Kafka, Koons, Nietzsche, Palazzeschi, Pearce, Proust, Schubert, Sontag, Valery and Weizsäcker. The essay is structured in 11 short chapters in a direct style, understandable to the non-philosophers. The word pain appears in the title of 8 out of the 11 chapters. The outstanding chapters are entitled “Compulsion to Happiness”, “Survival”, and “The Last Man”.

The first chapter is entitled “Algophobia”. Our society, based on achievements, on complacency, based on “I like” “is a victim of the mania of the wanting to please. Everything is smoothed in order to get approval... Nothing shall be painful. Not only art but also life must be instagrammable, without corners, edges, conflicts, contradictions, that might arouse pain ... but pain purifies and achieves a cathartic effect... Art must be capable to bewilder, to disturb, to worry and even able to hurt”.

The “compulsion to happiness” carries risks and deleterious effects. For Han “pain is a social construct, its presence and its impact on the society depends on the forms of the dominion... and without doubts...pain has a constructive role”. However, “it is depoliticized and turned into a medical problem”. The new formula of dominion recites “be happy”. It is the idea of happiness granted by state, originated in the thought of Gaetano Filangieri,
adopted by Benjamin Franklin and introduced into the American Constitution. So, in this search for happiness everyone is busy with himself, his own psyche, instead of studying the social problems. Thus, “the suffering caused by society is privatized, psychologized”. Thus, society is made responsible for our fears and uncertainties. “The device of happiness isolates the human being and drives to depoliticization and desolidarization”. Thus “the palliative society depoliticizes, medicalizes and privatizes the pain, whereas the social dimension of pain is suffocated and removed... Pain supports happiness. Painful happiness is not an oxymoron. Every intensity is painful. Passion links pain and happiness. When pain is suffocated happiness flattens out and is turned into apathetic numbness. The deep happiness remains inaccessible to those not opened to pain”.

“Life without sufferance, protected by a constant happiness is not a human life. The life erasing and driving away its negativity eliminated itself. Death and pain support each other. Pain anticipates death. However, a life without death and pain is not human, it is a just non-dead. The human being kills himself to survive. Probably he will be able to catch immortality with his life”.

Today we live in a post narrative era. It is not the story but the counting that influences our lives. Narration is the capacity of the spirit to overcome the contingency of the body. In addition, we no longer have any connection of meaning of narratives, of superior instances or of purposes capable of embracing the pain and making it bearable”.

“All our energies are used to prolong life. The palliative society is a society of survival”. “The more we survive the more we fear death”. “Pandemics make the death again visible. The death we had removed and evicted...The society of survival has lost the sense of good life. The pleasure of life is sacrificed in name of a good health”. Enjoyment has given place to survival. Prolonging of life at any costs is a global value, “the highest of the values putting all the others in the background”. Furthermore, “In the presence of pandemics even the limitation of our fundamental right is accepted without discussion”. Not only is survival the goal, but we are convinced that having a patrimony “a capital right is accepted without discussion”. Not only is survival the goal, but we are convinced that having a patrimony “a capital right is accepted without discussion”. Not only is survival the goal, but we are convinced that having a patrimony “a capital right is accepted without discussion”. Not only is survival the goal, but we are convinced that having a patrimony “a capital right is accepted without discussion”. Not only is survival the goal, but we are convinced that having a patrimony “a capital right is accepted without discussion”. Not only is survival the goal, but we are convinced that having a patrimony “a capital right is accepted without discussion”. Not only is survival the goal, but we are convinced that having a patrimony “a capital right is accepted without discussion”.

We appreciate Han’s ideas on survival and we have already criticized in terms of psychological wellbeing, quality of life and mental health and have stressed that in chronic diseases survival is not enough and underlined the role of antiques Western Philosophy (Encyclopedia of sleep and dreams, Greenwood 2012).

“Pain is perceived as meaningless. There are no ties capable to provide us hold and orientation when confronted with sufferance. We have unlearned the art of sufferance. Medicalization and phamacologization of pain deprives all cultures of the capacity to integrate pain. Now pain is a meaningless disease that must be faced up to with the help of analgesics. Just mere body torture, it has completely lost the symbolic order” (Ivan Illich).

We are centered on our needs, the interest for the other is lost. “In times of pandemic the pain of the other disappears”. The other is diluted in the “number of cases...Persons die alone in intensive care units without any human support. Proximity distance reinforces the loss of empathy that is turned into mental distance. The other is a potential virus carrier and we must separate from him. Thus, social distance is turned into an act of social distinction. We are dominated, dazed and intoxicated by our ego”.

The final chapter is entitled "The Last Man". It is inspired by Nietzsche and even more by Francis Fukuyama and his *The End of History and the Last Man* (1992). Fukuyama notices that megalothymia (the need to be recognized as superior to others) in our times is weakened by isothymia (the desire to be recognized as the equal of other people). However history does not end with the triumph of liberalism since we are directed to "a regime of biopolitical surveillance" and we will be forced to give up our freedom. We are controlled by digital platforms. "Big data will render human behavior predictable and influenceable".

“Communication without limits, considered to be a sign of freedom, will be turned into totalitarianism by surveillance. Our hysteria for health will build within us an internal dictatorship, an internal control... A world without pains will be born", although it will take time. “Life without pain associated with a stable state of happiness, will be no longer a human life. Death and pain are born together. They are made for each other. Who wants to defeat pain shall defeat death. A life without death is not human but just not dead. The human being commits suicide to survive. He can reach immortality at the price of his life”.

A great book, a strong analysis of human difficulties nowadays. It is written for people of the Western world. They can understand. The philosopher makes himself understood. A great blend of Eastern and Western culture.

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**Professor George Christodoulou Honored by the Paul Tournier Prize**

Professor George Christodoulou, member of the Board of the European Association of Professors Emeriti is the recipient of the 2020 Paul Tournier Prize. This prestigious prize is awarded to persons who have shown excellence and leadership in the promotion of the Person-Centered perspective in illness and health. It is a prize that honors Paul Tournier, a Swiss physician who has been a pioneer in this field and has written a great number of books on this subject. His best known book is "Medecine de la Personne".

The Board that decides to whom the Prize will be awarded is composed of the Board of Directors of the International College of Person-Centered Medicine and the Board of the Paul Tournier Society in Geneva.

Professor Christodoulou is Emeritus Professor of Psychiatry at the University of Athens and has been the Director of the Psychiatric Department of Athens University at Eginition Hospital. He has dealt extensively with Person-Centered Medicine, Psychosomatics, Clinical, Biological and Social Psychiatry, Ethics in Medicine, among other topics. He has served as President of the World Federation for Mental Health, EC member of the World Psychiatric Association, President of the International College of Psychosomatic Medicine, President of the Hellenic Psychiatric Association for 16 years and is currently the President of the Society of Preventive Psychiatry. He is also a Fellow of the Royal College of Psychiatrist and an Honorary Fellow of the World Psychiatric Association.

He is the author of a great number of scientific papers and editor of more than 40 books.
Welcome to the Meeting
Jože Gričar, Secretary Professors Emeriti Network University of Maribor Centre for Professors Emeriti and Retired Higher Education Teachers, Slovenia.

Ethical and Legal Aspect of Retired Researchers and Professors Emeriti Contribution in Public Goodness.
Lucija Čok, Former Rector, University of Primorska, Slovenia.
The Austrian Experience.
Heinrich C. Mayr, Former Rector, Alpen-Adria University of Klagenfurt, Austria

The Italian Experience.
Luigi Campanella, Sapienza University of Rome, Italy, General Secretary, European Association of Professors Emeriti

The Canadian Experience.
Carole-Lynne Le Navenec, College and University Retiree Associations of Canada – CURAC.
The USA Experience.
Gregory M Sadlek, Dean Emeritus, College of Liberal Arts and Social Sciences – CLASS, Cleveland State University, OH, USA.

53rd European Renal Association-European Dialysis Transplant Association Congress, Berlin 2021
June 7, 15.00-16.30 Glomerular Disease & General Clinical Nephrology
Papal Kidney Stone Diseases: From Saint Peter to John Paul II (34-2005 AD)
Natale G. De Santo, Professor Emeritus University Luigi Vanvitelli, Naples, Italy (Lecture).

European Digital Spring Program,
Digital Cultural Heritage and Social Change
June 29, at 2.30-4.00 pm
The Potential Contribution of the European Association of Professors Emeriti
Moderator: Dennis V. Cokkinos, Professor Emeritus, University of Athens, Greece
The European Association of Professors Emeriti
Les Ebdon, Professor Emeritus, University of Bedfordshire, University Square, Luton, UK
How can we give more students the opportunity to participate in University Education?
Liv Mjelde, Professor Emeritus, Oslo Metropolitan University, Norway
Opportunities for mentoring
Dear colleagues,

This is a reminder about the upcoming abstract submission deadline for the 12th International Conference on "Instrumental Methods of Analysis" (IMA-2021) which is going to take place between 20-23 September 2021 as a Virtual event organized by the Aristotle University of Thessaloniki and the National Technical University of Athens.

The abstract submission will remain open till 15 June 2021

IMA is a biannual series of conferences that started in 1999 and covers all areas of Chemical Analysis, including the development of new techniques, modern trends, and applications in a wide range of scientific disciplines. For the 12th IMA conference (first time in Virtual format), it is our ambition to bring together some of the most talented and innovative analytical chemists from all over the world for an excellent scientific online conference.

Considering existing pandemic conditions, we decided to organize IMA-2021 with virtual presentations and attendance in order to ensure safety for all participants and provide the opportunity for high-level analytical scientists from all around the world to promote their relevant research.

In addition, a significant lower registration fee in comparison to previous conventional conferences is applied. Very soon the registration procedure will become available.

The scientific program will consist of keynote lectures, oral and poster presentations, given by a wide mix of scientists and engineers, ranging from the established academics and world leaders in analytical chemistry to the dynamic and ambitious postgraduate students. Furthermore, contributions from companies, including presentations of new instrumentation, new applications, and assessment of future commercial trends and opportunities will be also included.

We look forward to welcome you to IMA-2021 and in return promise a rewarding and enjoyable conference! You are kindly requested to visit the conference website regularly where you will be able to find all relevant information for attending IMA-2021.

Please circulate this announcement within your institute or your working network and assist our effort to promote the Conference (IMA-2021 leaflet).

The Chairs of IMA-2021

Prof. Manassis Mitrakas
Analytical Chemistry Laboratory, Department of Chemical Engineering, Aristotle University of Thessaloniki

Prof. Maria Ochsenkühn-Petropoulou
Lab. of Inorganic & Analytical Chemistry, School of Chemical Engineering, National Technical University of Athens

Assist. Prof. Fotis Tsopelas
Lab. of Inorganic & Analytical Chemistry, School of Chemical Engineering, National Technical University of Athens

THE EVENT IS ORGANIZED BY

Prof. Maria Ochsenkühn-Petropoulou, Co-Chair,
Email: oxenki@central.ntua.gr

- Miniaturized analytical systems (Lab-on-a-Chip), micro- and nano-fluidics,
- Immunoassays, Electrophoretic separation techniques,
- Sampling techniques and strategies,
- Robotics and Automation,
- Quality control-quality assurance in analysis,
- Metrology
- Data processing and Chemometrics,
- Environmental analysis
- Biomedical (Eco-toxicological, Clinical) and Pharmaceutical Analysis,
- Food Analysis,
- Materials Analysis (Nanomaterials, Smart/ Advanced Materials, Surface Analysis),
- Archeometry,
- Analytical chemistry markets and possibilities for commercialization.

Special sessions

- Aerosol Metrology (supported by EU Project AEROMET II)
- Advanced X-ray techniques
- Virus spread analytics

Conference Topics

- Spectrometric and Electrometric analysis,
- Chromatographic, Mass Spectrometric, Microscopic and Thermal analysis methods,
- Proteomics, Metabolomics, Metallomics and Elemental Speciation Analysis,
- Chemical- and bio- sensors,
- Field analysis - Mobile analytical instruments,
Global Webinar on Healthy Aging for the World Day of Older Person

Organized by The Fraternity of Pilgrims in Naples in Collaboration with European Association of Professors Emeriti, Reference Site Collaborative Network and MeFAVS

Speakers: Vincenzo Bonavita, Natale G. De Santo, Madgalena Illario, Giancarlo Bracale, Don Tonino Palmese, Vincenzo Galgano.

2021 World Day of Older Persons

To mark the United Nations ‘Decade of Healthy Ageing’ and to celebrate the World Day of Older Persons on October 1st 2021 the European Association of Professors Emeriti (EAPE) and the University of British Columbia (UBC) Emeritus College are organising a global webinar. The theme of this special event will be “Healthy Ageing”.

Emeritus Professor Dianne Newell is organising the event. The UBC President, Dr Santo Ono and the UBC Emeritus College Principal, Emeritus Professor Joost Blom QC, will be part of the opening ceremony.

There will be two speakers each from EAPE and UBC, each contributing a 10 minute presentation, followed by a moderated panel discussion.

The first UBC speaker will be Emeritus Professor Judith Hall OC, MD, DSC, FRSC, FCAHS who will speak on her research into the healthy ageing of Professors Emeriti: ‘Do Emeriti Have the Opportunity for a New Stage of their Academic Career?’ Professor Hall has served as President of the American Society of Human Genetics and the American Pediatrics Society. Recently she was inducted into the Canadian Medical Hall of Fame. She is a past President of the UBC Association of Professors Emeriti.

The second speaker, UBC Emeritus Professor of Economics John Helliwell OC, FRSC, will speak on ‘What makes for Happy and Healthy aging?’ Dr. Helliwell is a member of the National Statistics Council and a Research Associate of the National Bureau of Economic Research, USA. He was previously visiting special advisor at the Bank of Canada and a visiting research fellow at Merton College, Oxford, St. Catherine’s College, Oxford and Mackenzie King Visiting Professor of Canadian Studies at Harvard. Currently he is a Senior Fellow of the Canadian Institute for Advanced Research and co-director of their programme on ‘Social Interactions, Identity and Well-Being.’

The distinguished paediatrician, Emeritus Professor Ehrich Jochen, from Hannover, Germany will be the first speaker from EAPE. He will talk about ‘The Needs and Wants of Young and Old-olds.’

The second speaker from EAPE will be the EAPE President-elect, Emeritus Professor Sir Les Ebdon CBE, DL, DSc, DUniv, CChem, FRSC. He will speak about ‘Adult Education and its Value to Health’. After an award-winning career as a researcher and teacher in analytical chemistry, he was appointed Vice Chancellor and Chief Executive at the University of Bedfordshire before being appointed by Government to regulate all English universities as Director of Fair Access. His contribution to education and social mobility has been recognised several times by Her Majesty the Queen most notably when he was knighted in 2018.

The Moderators for the Panel Discussion will be Professor Luigi Campanella, who is the EAPE General Secretary and a distinguished chemist from the University of Rome, and Anne Junker, MD FRCPSC is Associate Professor Emeritus of Pediatrics and a rare diseases clinician in immune deficiency disorders. She is immediate past Scientific Director of the Maternal Infant Child & Youth Research Network of Canada (MICYRN). Through MICYRN she represented Canada as an international member of the European Network for Pediatric Research at the European Medicines Agency and provided a portal for industry to establish multinational paediatric clinical trials in Canada. She is Vice-Principal Elect of the UBC Emeritus College.

The program committee members are Dianne Newell and Donald Fisher, Emeritus Professors from UBC and former Principals of the UBC Emeritus College, and Les Ebdon and Luigi Campanella, Emeritus Professors from England and Rome, respectively (described above).

Zoom details for this event will be announced in due course.
Participants: Natale Gaspare De Santo, Les Ebdon, Patrick Berche, Maria Ochsenkuehn-Petropoulou, Liv Mjelde, Nikos Markatos, George Christodoulou, Dennis V. Cokkinos, Georgia Drosatou. The meeting was held in the absence of General Secretary Pr. Luigi Campanella, the Minutes were taken in draft form by Georgia Drosatou.

Natale G. De Santo asked if all the members of the Board of Directors agreed with the report that the General Secretary had sent. All members agreed. The President proposed the By-laws’ matters to be discussed next time so that the General Secretary could be present.

At the next teleconference Prof. Ochsenkuehn-Petropoulou will refer to the project “Horizon Europe 2021-2027”. She reported that, until now, there is nothing to report, because the platform for the new Horizon Europe proposals has not been opened and is not available to interested people. Due to Covid-19 all previous Horizon 2020 projects have been postponed for 6 months at least, and the new Horizon Europe program will begin after the end of the previous one.

De Santo then referred to the 2nd Congress of EAPE. He proposed that the next congress shall be in person in Naples on April 28-30, 2022 (commencing 2 p.m.), if of course, the coronavirus pandemic allows it. The President wishes to organize a congress with the same success and glamour as the first, held in Athens. He mentioned to the members that he took a report from Mrs. Georgia Drosatou, about the cost and all the organization matters.

Maria Ochsenkuehn-Petropoulou also proposed a congress organized as a hybrid event, where physical sessions will be combined with virtual ones to offer the opportunity to emeriti professors from all over the world to participate in the conference.

Some members (Patrick Berche) agreed with this proposal and expressed the view that the congress will cost less if it were organized in hybrid form. However, the main view is that the Congress will be held in person to encourage as many paying participants as possible but with the possibility of recording talks for a U-Tube channel if the effects of the pandemic on attendance persisted. There is a need to consider the costs involved in all this.

Professor Cokkinos suggested that a letter should be sent in June in order to allow preparations to begin. Additionally, he suggested that with Mrs. Drosatou he could ask Prof. Meletis to publish again the abstracts of the Congress.

The President said that he will prepare a letter that the secretary should email to all the members. In addition, he said that the members of the Board of Directors will have the main responsibility for the Congress and for this reason he would like all Board members to send him their ideas about the congress.

The President referred to his successful meetings with Professor Bonavita for the organisation of the 2nd EAPE Congress and with Prof. Joze Gričar. He mentioned that he was impressed by the Slovenian members, that they work hard and have many activities.

Moreover, he thanked and congratulated Prof. Ochsenkuehn-Petropoulou regarding the congress she co-chairs to be held in September 2021.

Prof. Cokkinos informed the Board of Directors that he had managed to obtain technical support from the Onassis Foundation for the European Webinar and asked Prof. Ebdon and Prof. Mjelde to prepare a video of their presentations (deadline June 29th). Moreover, he said that he had sent a letter to Prof. Unger in which he invited him to collaborate with EAPE. Prof. Cokkinos believes that Prof. Unger will be a great help to EAPE. Professor Cokkinos had also helped by contacting Prof. Meletis concerning the Abstracts to appear in the Archives of Hellenic Medicine.

Prof. Ochsenkuehn-Petropoulou has proposed that Prof. Les Ebdon will be nominated as Co-Chairman in the EAPE congress (Natale+Bonavita+Les), because he will be the President of EAPE in 2022. Natale De Santo commented that the Presidents will be himself and Prof. Bonavita and that he will ensure that Professor Ebdon will be honoured as his rank and achievements deserve.
Child healthcare services system (CHCSS) in the 53 European countries show a great diversity between and within countries. CHCSS in the two North American countries also differ in several aspects from region to region. Moreover, CHCSS in North America and Europe also differ in many ways. We conclude from previous publications, and our own surveys (1,2,3,4), that the large differences that existed in European CHCSS might have been not so much based on scientific findings but on national habits, rights and rules (5). While Canada has a universal healthcare system it is managed slightly differently by each province and territory, the USA has a for-profit healthcare system with vast differences in coverage, accessibility and cost by state and territory with some national basic coverage for elders and low-income citizens, but challenges for access.

How much do North American physicians know about the needs and wants of European pediatricians and vice versa? Is there a need of pediatricians and a want of stakeholders in healthcare service systems to be taught and to learn across the Atlantic?

Our following two articles in this issue of the EAPE Bulletin aim to start a debate among pediatricians on the necessities of either standardizing child healthcare services to one universal system or of identifying those variable elements requiring different concepts according to the different regional needs and wants of young patients, their families and their care givers.

We have made our personal rankings of major systemic barriers to well-child health in North America (Tab.1) and in Europe (Tab.2) in order to start our series of articles on the needs and wants of young and old people. At a later stage of our project, it is our aim to continue with articles which will address the needs and wants of geriatricians and their old patients.

Table 1  Ranking of major systemic barriers to well-child health in the United States of America and Canada

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<tr>
<th>USA</th>
<th>CANADA</th>
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<tbody>
<tr>
<td>1. Younger pediatricians want work - life balance and assured benefits</td>
<td>1. Younger pediatricians choosing set hour jobs (hospitals, emergency room, group practice, etc.) rather than commitment to follow patients and their families</td>
</tr>
<tr>
<td>2. Indigenous people, immigrants, and refugees don't have access to care because of lack of insurance, language barriers, and a lack of understanding of the system</td>
<td>2. Indigenous populations are often isolated and immigrants and refugees are not oriented on how to access care even though it is free, and the lack of clinics geared to their cultural background</td>
</tr>
<tr>
<td>3. Adolescents have new issues not covered by training – LGBTQ issues, eating disorders, and mental health</td>
<td>3. The system in Canada is also lacking those with training and resources to handle these issues</td>
</tr>
<tr>
<td>4. 60 – 70% of pediatricians are women, often with families – they are paid less for the same work, need time off to care for families – this complicates the system and continuity of care</td>
<td>4. 60 – 70% of pediatricians are women with similar stressing issues</td>
</tr>
<tr>
<td>5. Effects of the Covid pandemic have highlighted disparities in care and access to care because the healthcare system is profit driven</td>
<td>5. The pandemic has brought out stress in children at home and in isolation; rural areas lack resources and experience stress</td>
</tr>
<tr>
<td>6. Primary care is often provided by large group practices and by nurse practitioners, so there is a lack of continuity. Many people lack insurance, so they do not have regular follow-up</td>
<td>6. Primary care is provided by family physicians and public health clinics. It is part of universal healthcare</td>
</tr>
</tbody>
</table>

Table 2. Ranking of major systemic barriers of well child health in West and East Europe

<table>
<thead>
<tr>
<th>West Europe</th>
<th>East Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continuing diversity of primary healthcare service systems</td>
<td>1. New diversity of primary healthcare services after the collapse of the Soviet Union</td>
</tr>
<tr>
<td>2. Lack of pediatric workforce planning and lack of harmonization and standardization of child healthcare services according to new needs</td>
<td>2. Lack of pediatric workforce planning and lack of harmonization and standardization of child healthcare services according to new needs</td>
</tr>
<tr>
<td>3. Fragmentation of high technology sub-specialty care</td>
<td>3. Lack of accessibility, adequacy and affordability of sub-specialty care</td>
</tr>
<tr>
<td>4. Worshipping of modern technology</td>
<td>4. Lack of modern technology and drugs</td>
</tr>
<tr>
<td>5. Lack of time of care givers for patient contacts</td>
<td>5. Migration of care givers to West Europe and North America</td>
</tr>
<tr>
<td>6. Underprivileged patients (migrants, vulnerable, disabled, patchwork families, poverty)</td>
<td>6. Underprivileged patients (poverty, ethnic minorities within countries, children with long term and rare diseases)</td>
</tr>
</tbody>
</table>

Comments on the Article “As Few Pediatricians as Possible and as Many Pediatricians as Necessary?” by the European Pediatric Association

Judith G. Hall
OC, MD, DSc honoris causa, FRSC, FCAHS
UBC & Children’s and Women’s Health BC’s Children’s Hospital, Vancouver, Canada
Email: judith.hall@bcchr.ca

I read with interest the article on “As Few Pediatricians as possible and as many pediatricians as necessary?” (1) and I had several thoughts.

The first was about adolescent healthcare—who takes care of adolescents in Europe? Here in America, there is a subspecialty of pediatricians who care for patients 13 to 18 years old. They have special training to take care of the whole set of problems unique to that age. The patients of that age are in transition so that those with special needs have to be programmed to make a transition to an adult doctor. We certainly are working on it but that is a challenge!

My second question has to do with women. With such a high number of female pediatricians, both in practice and training, what role does working part time have? And how has the pandemic affected them? Certainly, here in the Americas during the pandemic women are staying home to take care of their own children who are not in school. I think this will be a continual challenge and so it needs to be looked at and addressed. Many feel that, during the pandemic, women have lost some progress, previously gained, which took into account their many roles, and to receive equal pay for equal work (2, 3).

My third question has to do with primary care. Here in Canada, but not in US, children are theoretically taken care of by a family practitioner, for their primary care and then referred to a pediatrician when they have a complex problem. The pediatrician then refers them to a pediatric subspecialist if they are really complicated. I think there is a different system in Europe but I think it needs to be defined for each jurisdiction. It appears that each country in Europe has its own system. In the United States each state, and in Canada each province, has its own system! And, even more challenging, a pediatrician will train in one region, but move to another.

Then there is the question of whether or not all the pediatric subspecialists are hospital based. Certainly, in our system, they tend to be, and there is only the occasional renegade subspecialist in large cities that work outside the hospital.

During the Covid pandemic healthcare has had to change. 'Virtual' has become the norm and we know that mental health issues have increased markedly. How will this “play out” in the future? There is nothing like seeing and examining the child and observing the parents. However, we will surely feel the pandemic effect, learn from it, and need to be responsive in the future.

Finally, there is the question of resources for Indigenous, immigrant, and refugee families, that take into account the different cultural understandings and approaches to healthcare. Canada prides itself on accommodating diversity, but the healthcare system cannot afford all of the alternative approaches. Nevertheless, I think we can be aware of, and sensitive to, differences and educate ourselves about them, so as to address misunderstandings and inappropriate traditional approaches. Healthcare should always be science-based.

Back in the late 1990s, a national survey was carried out in Canada to determine the number of subspecialist pediatricians on a population basis. It provided numbers to justify training programs and physician resource planning (4). The assumption was full time appointments for each subspecialty. Since then, the number of hospitalists and part time hospital-based pediatricians have increased markedly. In addition, nurse practitioners and teams often provide care to certain populations. All of these approaches need careful review and consideration.


Peculiarities of Child Healthcare Services in Europe: Answers to Six Questions

Jochen Ehrich
Children’s Hospital, Hannover Medical School, Hannover, Germany
Email: ehrich.jochen@mh-hannover.de

The members of the European Paediatric Association (EPA/UNEPSA) concluded that “Future European strategies also require a mixture of centralized and subsidiary intuitions being involved in a constant exchange of top down and bottom up decision making. Ministerial proposals will have to be tested by regional committees before being implemented. Regional experts must return the results of their findings, conclusions and proposals to the central ministries to allow the adaptation of theoretical to practicable solutions. In this network solution all pediatricians must actively collaborate and constantly strive to improve safety and outcomes. Local teams of pediatricians must organize and evaluate all day care as well as liaise with social care and hold two-way communication with specialized pediatric centres. These pediatric specialist centres should not be seen as “stand-alone” institutions but as parts of a well-managed clinical network, promptly accepting the most urgent and appropriate cases for treatment and, subsequently, sending children back into the local system for rehabilitation after specialist care. Clinical leadership for gate-keeping and basic child health care resides with the community pediatricians who organize shared care with clear patient pathways and clinical care plans, including training and joint clinics by specialized teams.

We think that most countries in Europe need more well-trained general pediatricians and pediatric sub-specialists to achieve the goals of improving child healthcare on different levels. This ideology could be phrased by philosophical statements such as “the total is more than the sum of all single parts”. By contrast, the motto “better care by fewer pediatricians” is a slogan that is unrealistic (1).

My answers to the questions raised by Judith Hall (2) are the following:

1. Adolescent care: The quality of adolescent healthcare differs from country to country and within countries. Adolescent healthcare in Europe has been extensively published by Pierre-André Michaud (3). I conclude that it is still very difficult for many countries to transfer theory into practice.

2. High number of women pediatricians in practice and training: Several Eastern European countries have a long-lasting tradition of having a proportion of >80% women pediatricians both in practice and training. It looks as if Western countries will also have >70% in the near future. I conclude that good workforce planning will be able to cope with the challenges arising from the fact that women have multiple loyalties in their lives (1).

3. Primary care. EPA/UNEPSA has published several articles on primary pediatric care in Europe (4,5). I see no scientific reason why all 53 European countries should have an identical service system for primary healthcare.

4. Are all pediatric subspecialists hospital based? European pediatricians reported 38 different subspecialties which were mostly hospital based. Most pediatric subspecialists could not survive financially in their own practices unless covering the whole spectrum of pediatrics (6).

5. The role of virtuality: The future of European pediatric research depends, among other factors, on the wide use of E-health technologies and on the engagement of all


2. Hall J (2021) Comments on the article “As few pediatricians as possible and as many pediatricians as necessary?” by the European Pediatric Association. Bulletin EAPE No. 3 June 2021


pediatricians. Online research facilitates the participation of those primary and secondary care pediatricians who have previously been excluded from research projects. Online surveys can expand from surveillance to “ambulatory/hospital” research networks with a win-win balance between reported data by general pediatricians and feedback recommendations by subspecialty experts. Evidence-based public health research and child health policy and systems research have a chance to grow after building networks between clinicians and public health researchers (7).

6. Healthcare should always be science based: Of course, treatment of diseases will always remain a science; nevertheless, could treatment of patients become an art? How might systems thinking help pediatricians avoid reductive thinking and improve a combination of deductive and inductive thinking in research (8)? Specialization and fragmentation drive the progress of knowledge; however, they also break down knowledge of the whole and may cause new ignorance.


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De Santo NG. The priority: broadening the boundaries of paediatrics and turning basic science into cures. In Erich J, Corrard F, De Santo NG, ed. This I think should have priority in child health care services. Joachim Barke, Hannover 2018: 69-71.

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Natale Gasparr De Santo, MD
Editor in Chief • Bull Eur Assoc Prof Emer

Nataleg.desanto@unicampania.it
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ARFACID ONLUS
Association of Social Solidarity and Promotion of Studies on Cancer, Aging and Degenerative Diseases
President: Prof. Vincenzo Bonavita
Cupa delle Tozzole 2
c/o Hermitage Capodimonte
8031 Napoli, Italy