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George Christodoulou

# The Address of the EAPE President

by **George Christodoulou**,  
MD, PhD, FRCPsych., FICPM, President, EAPE

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Dear Colleagues and Friends,

I am communicating with you to keep you informed of the developments pertaining to our Association, the European Association of Professors Emeriti (EAPE).

I am George Christodoulou, the new President, Greek, male, a psychiatrist by profession, married, with three children and one grandchild, a dog and more than 10 cats of various ages and kinds who live in our garden and invariably inform other cats that food is served. As a consequence, the population of these animals is steadily increasing.

But, enough about me and my semi-domestic animals.

I wish to thank you all for honoring me with your confidence and I am sure that my colleagues in the Board are also grateful for the honor of representing you.

I am very happy with the new Board. We are collaborating in harmony and we are trying to be nice to each other. So, we are not allowing the part of our brain called amygdala to dominate our behavior and make us aggressive and hostile to each other. Life is short and at our age it is even shorter, so we do not want to spend it with unnecessary stupidities.

We meet regularly once a month and, in addition to the seven members of the Board (Christodoulou, Bracale, Markatos, Ciambelli, Dan, Zlabinger, Botbol) three substitute members (Petropoulou, Resic, Lecic-Tosevski) and the three former Presidents (Cokkinos, De Santo, Ebdon) also participate without right to vote.

Nikos Markatos, our Secretary-General kindly organizes our meetings electronically and produces the minutes of each meeting.

Our ambition is to give life to EAPE and make it useful to its membership. In order to do this, we need your input and collaboration. There is no point in having a Board that works independently of the membership. The latter should be empowered to convey its messages to the Board and be heard.

How? Through the survey? This would be ideal but only one in eight members responded (yet, I have carefully read one by one these opinions and they will be taken into account as appropriate).

Perhaps by e-mail? We will be happy to communicate with you and discuss your ideas.

By becoming members of a Section? Yes, this is a good way and should be encouraged.

By being speakers in seminars? Yes, this is a good way. Some of you have expressed your wish to participate (in response to a relevant question of the survey) and I will inform the Sections accordingly.

I will now mention some of our actions that I consider important.

## 1. Position Statement

We have produced a Position Statement aiming at continuation of our academic activities. We feel that those of us who are able and willing should be allowed (and encouraged) to continue doing what we know better, namely teaching, research, clinical work (when appropriate) mentoring, participation in examining bodies, participation in governance etc. We should also retain our university e-mail facilities and this should also be the case not only with emeriti but also with retired professors.

This Statement has been uploaded on our EAPE media (Website, Bulletin, Newsletter).

I would suggest using this Statement as an additional argument to convince the authorities in your country to produce legislation that would promote the substantial participation of Professors Emeriti in academic activities. In some countries, like e. g. Greece this has, by and large, been achieved.

## 2. EAPE Survey

We have received your responses to our EAPE Survey.

The response rate has not been as good as we expected, so we cannot draw reliable conclusions. However, we have had some very interesting

suggestions from the Membership, especially the new members. We are grateful to those of you who have responded.

### 3. The Scientific Sections

The Sections should become the scientific backbone of our Association and we will help them to achieve this goal.

This goal can be implemented:

a) by dissemination of scientific information (the seminars and webinars of the sections) and

b) by production of new information (e.g. the research work of the "Section of Young and Old-olds" under the leadership of Prof. Jochen Ehrich).

### 4. Elections of Sections' officers

For the first time we have systematically organized elections for our sections.

The results of the elections will be announced as soon as all of them terminate their elections. Very soon.

Three more sections have been proposed (via the survey) and the floor is open for further suggestions. Please write to me if you have ideas, or if you feel that the existing sections do not cover the field adequately.

May I remind you that you can join the section of your choice (up to two sections) by writing to the Secretary of EAPE Ms Georgia Drosatou ([gdrosatou@gmail.com](mailto:gdrosatou@gmail.com)), with a copy to me ([Profgechristodoulou@gmail.com](mailto:Profgechristodoulou@gmail.com)).

### 5. Our Media

Our Association communicates with its members and with the outside world through the following media:

#The Website. <https://europemeriti.org>

This is handled by Mr. George Georgiades and supervised by the President. I believe that it has improved (once you find out how to find the information you seek) and I am happy to say that Mr Georgiades is collaborating nicely with us.

#The EAPE Bulletin

This is in the able hands of Prof. George-Andrei Dan who is spending a lot of his precious time in serving the important function of editing it. The Bulletin has already a history, created when Prof. Natale De Santo served as Editor. The Creative Director, responsible for the layout and the image of the Bulletin is again Mr. George Georgiades.

#The EAPE Newsletter

This electronic publication is associated with Dennis Cokkinos who has been its founding editor and is now again its Editor. The Creative Director, responsible for the layout and the image of the Newsletter is again Mr. George Georgiades.

There is inevitably considerable overlap among these three media, especially the last two ones but this is remedied by collaboration between the editors.

I need to stress that the quality of our media depends on the quality (and quantity) of the material submitted for publication. We can't expect the editors to write monographs. All the rest of us must contribute, with news, pictures, articles, reviews etc.

This note has evolved into a rather long communication.

I promise that next time it will be shorter (not much shorter but shorter).

With best regards and wishes to all.  
Enjoy your summer!

George Christodoulou  
President EAPE



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European Association of Professors Emeriti

Professors emeriti from all European Universities – and corresponding  
from non-European universities

EDITION

COLLABORATION

PROPOSALS



Knowledge and Ideas

For the knowledge and ideas stemming from  
various scientific fields



Active Cooperation

For the active cooperation among European scientists across  
various academic fields via the organization of meetings,  
colloquia or conferences of interdisciplinary and intra-cultural  
interests and the creation of a "Think Tank".



Counseling and Support

For the moral, scientific, legal counselling and material support  
to colleagues and their families and also to every needy  
individual.





# The EAPE Board of Directors

## 2024-2026



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# Editor's Corner

## Why Should I Know Why?

by **G.-Andrei Dan**,  
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G.-Andrei Dan

From the beginning, my teaching system as a physician and teacher was based on a single word: “Why?”. And this is the only question I ask my students when they are answering on a chosen subject. The model is inherited from my mentors. And it is, also, a recollection

of what can be seen in Parisian catacombs, a reference to Vergilius (29 B.C.): *Felix qui potuit rerum cognoscere causas* – happy is he who can know the cause of things. “Why” means curiosity, means doubts, means active introspection, and, finally, means thinking and intellectual being, as Descartes stated once “*Dubito ergo cogito, cogito ergo sum*”- I doubt, therefore I think, I think, therefore I exist. A long and unfinished discussion is moving around whether education should be a painful process or a superior reason for joy. Seneca, in his “Hercule the Furious”, stated what over time had become a logon for many Universities: *Per aspera ad astram*; it emphasizes that the road to the stars is difficult and involves pain and suffering. On the other hand, there is no greater joy than education satisfying one’s insatiable curiosity. Knowing the cause of biological mechanisms, even in a teleological way of thinking (i.e. explaining things as a function of their final purpose), gives a substantial third dimension to our knowledge. Otherwise, notions are dogmatically stored in our mechanical memory, and subject to forgetfulness. They remain simple drawings without history, without understanding. As Sherlock Holmes told Doctor Watson: “You see, but you don’t observe”. Unfortunately, there is an increased tendency for the “pragmatical” education. Many facts have contributed to this situation. Among them the explosive increase in the complexity of knowledge and a high degree of specialization. But other factors should be considered, like the health system input for uniformization and simplification or an increasing number of guidelines. Developing a philosophy derived from the “quick quitting” concept

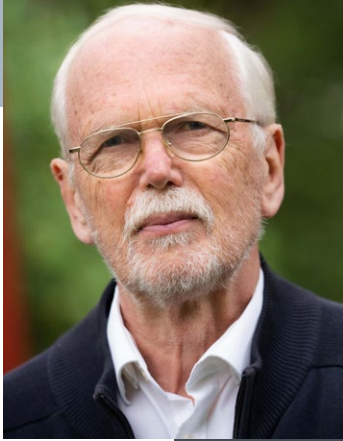
in business finds more and more disciples among the young generation.

Failure to look for the roots, unconditionally accepting the dogma of the precise practical indications define the amputation of one important feature of the medical profession: creativity. Should we expect, that AI will compensate for the loss of curiosity and creativity replacing human curiosity with that of machine “*deep learning*”? I hope not, as the machines now use human curiosity for deep learning. As Wallace Stevens once wrote “It is the unknown that excites the ardor of scholars, who, in the known alone, would shrivel up with boredom”

One may wonder what prompted these meditations. ...It was during my end-of-the-year examinations of the medical students of the 4<sup>th</sup> year. A nice young student exposed an excellent modality to solve a complicated case. Delighted with the answer, I still asked her to explain the scientific reasons for her decision. My question was very short: “Why did you make this decision?”. After several minutes, my student, partly confused and partly amazed, asked, on her turn: “Why should I know why?”. This time, I was the one confused and amazed...







Jochen Ehrich

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Robert P Woroniecki

## The Crisis of European Health Care Delivery Systems calls for New Enlightenment:

### Part 3 Cooperation of Philosophy and Medicine

#### How might philosophy and medicine, acting together, become pacemakers of a third enlightenment?

Following Kant's concept of the well-being of the body through medicine, it is conceivable that people in Europe could see the medically coordinated and philosophically based approach to fundamentally improved health care – once it has successfully started - as evidence of the possibility and necessity of a general third enlightenment epoch in Europe. This would ultimately benefit other sectors of society and sciences - such as technical universities, faculties of law and economics. The rationale and appropriateness of a combined effort of philosophy and medicine is also based on the fact that healthcare matters affect many federal and regional policy makers such as ministries of health, labour and social affairs, family affairs, transportation, building and urban affairs, education and science, food, agriculture and consumer protection and environment.

Public opinion will be crucial for the success of a complex health care reform and a new enlightenment. Individual enlightenment means to reflect mentally and prospectively on one's own as well as on other people's situations in order to influence the reshaping of the present. From the present, human judges the past and plans the future. The possibilities of co-determination in society and the change of mankind in the sense of a new culture of life result from two insights. First, in the process of reflection, the

dualisms of polar opposites - such as right and wrong or simple and complex - should be deconstructed (1). Second, pluralism of methodological approaches, or multi-perspectives of modes of perception, should be accepted as a prerequisite for objectivity in the humanities and natural sciences (1). The experience of being able to free oneself from habits and constraints enables individuals, together with their fellow human beings, to follow paths to autonomy and to gain access to new qualities of consciousness and action.

As medicine has become more and more successful, the fear of therapy failure or safety concerns has also increased. This has led to the success-mistrust paradox. Success is supported by basic, translational, clinical and public health science. Distrust is fuelled by the public and social media, which generally focus more on failures and disasters than successes and good news. This reinforces patients' distrust of health care systems, which should be addressed through communication as the therapeutic process continues. The trustworthiness of physicians is judged by patients based on the performance, communication, and empathy of physicians and nurses, which may be viewed sceptically by patients (2). This may result in important medical information not being shared by patients with professionals if patients feel that physicians are not receptive to their concerns. Conversely, physicians observe how their patients respond during consultations and tend to categorize the behaviour of families and their children as "managed or unmanaged" (2). Non-adherence and non-compliance with treatment are more often



attributed to behavioural deficits of patients than of caregivers, although they occur in both groups (2). If concerns exist on both sides, patients and doctors, they should be addressed and dealt with openly if the family is to benefit from counselling. How about asking a clinical philosopher? Each individual could gain increased confidence in overall societal development through positive personal experiences in medicine. Is there a better way for everyone than to build these new attitudes and expectations among all stakeholders to increase satisfaction with healthcare? Some selected objectives of such a third-Enlightenment in the area of healthcare are listed in the table (below).

One of the main tasks for all stakeholders will be to accept the complexity of the challenges in medicine and to work on them together. Social complexity includes the subjective perspectives of the people involved (3). The humanities and social sciences can develop normative guidelines for desirable social change and the limitation of lobbying, patronage,

clientelism, and corruption in healthcare systems. Insight into irreducible complexity must be created among all stakeholders, and being prepared for chance and contingency must be trained. Ethical transformation is about creating a culture of creativity that successfully addresses complex problems (3).

Humanities bring the moment of *conditio humana*, which allows first to identify socially desirable goals for the future, and then to find appropriate means to achieve them (1). The power to change and overcome crises must come from a combination of individual and collective faith in what is just, good and true, and courage to act on it. People who rush to help others in the face of danger and adversity do so because they genuinely care about the safety and well-being of others. Those qualities of “natural leaders” or “heroes” must be cultivated in health care. However, this change in leadership quality can only occur when a spirit of optimism has arisen throughout the country and decadent weaknesses do not dominate.

**Table.**

**Selected goals of a Third Enlightenment for improvement of health care in all 53 European countries.**

1	Recognizing that non-medical protective elements in society are more responsible for reducing morbidity than the health care system.
2	Evaluating, making changes in, and maintaining appropriate standards of quality in food and nutrition care services.
3	Improving cooperation between the natural sciences, humanities and social sciences in the planning of health services.
4	Analysing the therapeutic potentials of philosophical spirituality, clinical philosophy and philosophical practice during medical treatment (2).
5	Application of thinking in complex systems instead of the reductionist search for simple solutions to diagnostic, therapeutic and organizational care crises (3).
6	Turning away from the opposing antonyms of universalism (one fits all) and unpredictable heterogeneity ( <i>vive les différences</i> ) in Europe. Instead, the diversity of all national healthcare systems should be made transparent in databases.
7	Elimination of incompatibilities between theory and practice in the preparation of operating manuals and treatment guidelines.
8	Reducing bureaucracy and overregulation by creating a new culture of communication and consensus in public healthcare.
9	Establishing diagnosis-related groups (DRG) for young children and the old elderly, therefore, enabling a patient classification system to standardize the prospective reimbursement of hospitals for patients who require significantly more and longer care than other age groups.
10	Creating an alliance in society between modern medical technology and national culture. Exploring how the influence of technology determines the way doctors think about medicine without them realizing it (4).
11	Providing better concepts for healthy aging and more safety nets for young and old people.
12	Workforce planning and developing functional methods for calculating the adequate balance of annually trained and retired doctors and nurses, aiming at keeping the workforce stable and responding to the needs of patients in the different European countries, which are characterized by diverse socioeconomic contexts and different healthcare systems (5). Avoiding brain drain of doctors and nurses in less developed countries.
13	Closing the European gaps in fragmented care, e.g., between primary and tertiary care or between normal working hours and out-of working hours such as nights and weekends (6).
14	Developing strategies for reducing the gaps between rural and urban healthcare in Europe.
15	The immediate challenge of such an interdisciplinary enlightenment is to find appropriate voices and teams of discussants. The vocabulary and meaning potential of our current scientific language needs to be clarified in order to explain the new aspects of joint projects (7).

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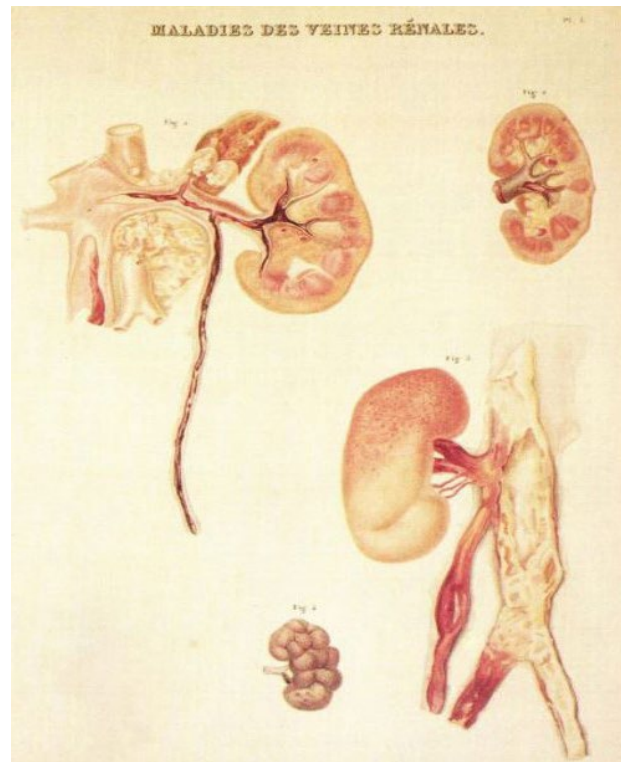
# What was Known about Kidney Diseases and Physiology before the Birth of Modern Nephrology (1820-1950)?

The 19th and early 20th centuries were revolutionary in medicine because they enabled us to move from false beliefs and ineffective and often harmful treatments to a rationalized medicine. Attempts had been made in the previous century, culminating in d'Alembert and Diderot's Universal Encyclopaedia, but the entries given were often of the problematic type, i.e. asking questions without giving real answers. Doctors were all generalists, but they began to take a particular interest in a given organ, even if it meant moving easily from one discipline to another. In this brief review, I will consider several aspects of the knowledge that has accumulated during this premonitory period: the clinical signs and pathology of kidney diseases, the structure of the kidney, renal physiology and the exploration of kidney functions.

## 1. Clinical signs and pathology

Two names emerge, Richard Bright (England) and Pierre Rayer (France). R. Bright (1789-1858) was the first to identify, in November 1827, chronic nephritis, publishing five observations in the "Reports of Medical Cases selected with a View of Illustrating the Symptoms and Cure of Diseases by Reference to Morbid Anatomy" (1), and this disease soon became known as Bright's disease. His research had enabled him to uncover the relationship between albuminuria, oedema and kidney damage, and he also noted that in chronic nephritis patients have a constant rise in blood urea levels. Pierre Rayer (1793-1867) became interested in renal pathology as early as his thesis (1818) and wanted to follow the example of R. Bright. In 1837, he published an atlas of kidney diseases and, from 1839 to 1841, a treatise in 3 volumes entitled "Maladies des reins et des altérations de la sécrétion de l'urine (Kidney diseases and impaired urine secretion)" (2). His contribution was to try to distinguish between several types of chronic kidney disease: simple nephritis, albuminous nephritis and suppurative nephritis, which is in fact a pyelonephritis [Fig.1]. He also calls for biological investigations to be added to the clinical examination, including microscopic examination of the urine to detect

crystals, pus and deposits of epithelial and blood cells. Both of them, Bright and Rayer, had brilliant careers, the first as a doctor at Guy's hospital in London and Queen Victoria's physician, the second as Louis-Philippe's physician, then Napoleon III's, and Dean of the Faculty of Medicine in Paris.



[Fig.1] Renal vein disease. Renal diseases atlas, Pierre Rayer, (1837)

Some years later, Fernand Widal (1862-1929), a famous French doctor asked the question: "Is there a nitrogen balance in chronic renal failure" and he gave the answer in 1904 (3). He subjected patients with chronic renal failure to a constant protein intake until blood urea and urine output were stable. Then, every 5 days, the protein intake was increased by a constant amount and blood urea rose to reach a new plateau. Urea urinary flow followed, restoring the nitrogen balance at the end of each experimental period. The protocol was then reversed, with the nitrogen intake being reduced every five days. Widal observed

1. Bright R. Reports of medical cases of Guy's hospital. London, 1827.

2. Rayer P. Traité des maladies des reins et des altérations de l'urine. 3 vol., Paris, J.B. Baillière, 1839-41.

3. Widal F, Javal A. Le mécanisme régulateur de la rétention de l'urée dans le mal de Bright. CR Soc Biol.1904 ; 56 : 301-4.



a stepwise fall in urinary and blood urea, mirroring the previous test. He concluded that the nitrogen balance is respected during chronic renal failure as in healthy subjects, blood urea concentration being the regulating factor in this equilibrium.

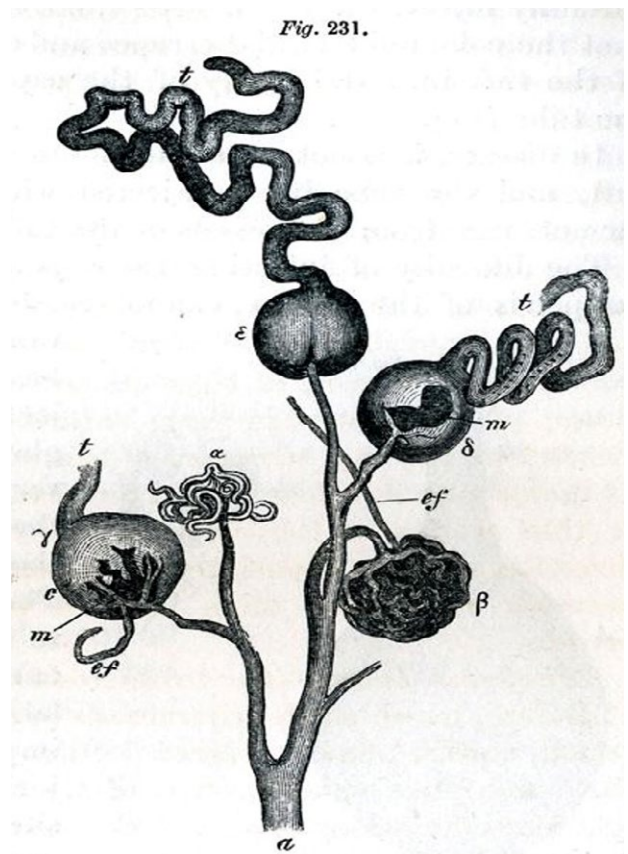
Around the same time, he tested the effectiveness of a low-salt diet to treat oedema (4). Struck by the work of physiologists who established that sodium chloride plays a primordial role in maintaining the osmotic balance of body's fluids, he observed the disappearance of oedema in patients suffering from "subacute infectious nephritis" on a low-salt diet. While maintaining this diet, he observed that the oedema reappeared by adding 10g of salt (a dose considered harmless at this time). Widal concluded that chloride retention was the cause of the renal and cardiac oedema (chloride, but not sodium could be easily measured at this time). In 1904, Léo Ambard (1876-1962) recognized for the first time that blood pressure (BP) levels increased in patients with a high-salt diet.

## 2. Structure of the kidney and urine elaboration

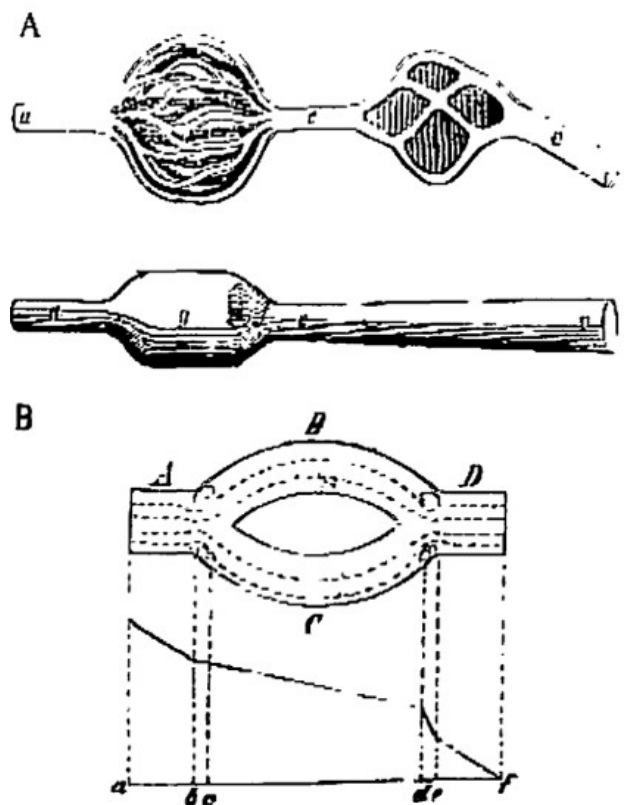
As far back as 1670, Marcello Malpighi described corpuscles in the renal cortex. But the first to show in 1842 that these corpuscles were the site where urine was filtered and passed through a tube leading to its excretion was William Bowen, curiously an ophthalmologist [Fig.2]. A question immediately arose: how is urine formed? Henri Dutrochet (France) had already shown that water transfers obey osmosis laws (1828), but it was the German Carl Ludwig (1816-1895) who demonstrated that glomerular filtration is an ultrafiltration that depends on the hydrostatic pressure in the capillaries [Fig.3]. Finally, Claude Bernard in his "Lectures at Collège de France" concluded that the kidneys excrete urine from plasma through physical processes (hydrostatic and osmotic pressure) and is not a secretion from the kidneys (circa 1855). Many experiments at this time included only urine examination because blood was difficult to collect. Hermann Strauss, a German physician (1868-1944) solved the problem by manufacturing a special needle for uncomplicated venous blood sampling. He died in a concentration camp where he was interned as a Jew.

## 3. Renal physiology and exploration of kidney functions: how we arrive to the concept of clearance?

In 1897, Charles Achard (1860-1944) and Joseph Castaigne (1871-1951), French clinicians both gifted with a scientific mind, expressed their position as follows: "The need is felt to add to the study of damaged organs, that of disturbed functions and to complete anatomical investigation with physiological



[Fig.2] Malpighi's corpuscles in man by William Bowman (1842)



[Fig.3] Renal microvasculature by Karl Ludwig (1844) (pressure profile in the glomerulus of dogs)

investigation. Special methods therefore need to be invented, making it possible not only to check the mechanism of organs in a static state, but also to observe these organs in action in a dynamic state... From being observer, he (the doctor) becomes experimenter" (5). Following this idea, they proposed the methylene blue test to investigate renal function. This test involves subcutaneous injection of 0.05g of methylene blue, at least 50% of which is found in urine after 24 hours. This fraction is significantly reduced in case of impaired renal function. Methylene blue was later replaced by phenolsulfonephtaleine. Around the same period, Sandor Koranyi (1866-1944; Hungary), aware of the kidney's role in regulating the internal environment, wondered whether this function was modified during uraemia. He noted that as the disease progressed towards its terminal stage, the cryoscopic delta of the urine was less and less influenced by the volume of the beverages, becoming close to, and eventually identical to, that of the plasma: this was isosthenuria. S. Koranyi thus created the concept of renal insufficiency, "a more or less pronounced physiological inability of the kidney to produce urine of an osmolarity adapted to the equilibrium of the osmolar balance".

An essential question arose: How to measure glomerular filtration rate (GFR)? There were some initial works: Alfred Newton Richards (1876-1966), an American pharmacologist performed in 1924 micropunctures of the frog Bowman's space and could show that primitive urine was an ultrafiltrate of plasma devoid of proteins. In France Léo Ambard (1876-1962) proposed the first relationship between plasma and urinary urea that was called Ambard's constant ( $K = P/(UV)^{1/2}$ ), a time utilized to evaluate the degree of chronic renal failure. Eventually, Donald Van Slyke (1883-1971), a Dutch-American biochemist made

an outstanding contribution by defining the notion of clearance ( $UV/P$ ) as the virtual volume of plasma cleared of the substance, under study, in the unit of time (1924). Some years later (1926) P.B. Rehberg, a Danish physiologist identified creatinine as the best endogenous substance for measuring GFR because it was neither reabsorbed nor secreted by the nephron tubule. Therefore, in such a condition  $UV = (GFR) \times P$  and  $GFR = UV/P$ . However, even if creatinine was useful in the current clinical biology, it was secreted in part when its plasma concentration was high. The problem was solved by Homer Smith (1895-1962), an American physiologist, who demonstrated that inulin, a fructose polymer, was the ideal substance. In my youth as junior nephrologist, I was told to read the master book by Homer Smith "The kidney; Structure and Functions in Health and disease" (6) because this book was considered at that time as essential to understand renal physiology. To finish the saga of GFR, we must finally quote J. Oliver who dissected the nephron and measured the diameter (180  $\mu m$ ) of the human glomerulus (1941).

P = plasma concentration;  
U = urinary concentration;  
V = rate of urine excretion per min

### Acknowledgments

The Figures shown belong to the library of the Academy of Medicine in Paris and are published with its permission.



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6. Smith HW. The kidney: structure and functions in health and diseases. New-York. Oxford University Press, 1951.







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### Sanctorius Works enrich Science in his Hometown

The Centre for Humanities of the Koper Scientific Research Centre recently hosted an exhibition on the heritage of the famous Koper physician and inventor Sanctorius, who more than 400 years ago laid the foundations of quantitative medicine and physiology. The exhibition covers his printed works and instrument models. His pioneering work in the field of energy balance is also an important starting point for the much younger science of human movement, kinesiology.

Sanctorius was born in 1561, in Koper (Capodistria) in a Istrian noble family. His father Antonio, a Venetian officer born in Cividale del Friuli, commanded for many years in Koper (Iustinopolis at that time), and his mother Elisabeth came from a well-known Koper noble family. Their firstborn, Sanctorius, followed his primary education in his birthplace. Later his father took him to Venice where he was educated together with his auntie's sons, Paolo and Andrea Morosini. He enrolled at the university in Padua at 14, where he initially studied philosophy, then turned to medicine and finished his studies after seven years (1582). After working as a doctor in Hungary and Croatia he returned to Venice. Andrea Morosini gathered key intellectuals, such as Galileo Galilei, Paolo Sarpi, Giordano Bruno and others in his studio, and this was the place where Sanctorius encountered physics, mathematics and philosophical knowledge.

In 1611 he became a professor of theoretical medicine in Padua, where he proved to be an excellent teacher, very popular with students. He commented on the works of Galen and Hippocrates, adding his own experience in lectures and writings.

Following his decision to stop teaching, he focused his work on inventing medical instruments. For measuring body temperature, he made scales for measuring body weight and the difference between ingested and excreted body substances. He also made the *pulsiologium* - a device with a pendulum for measuring the heart rate, the thermoscope for

measuring body temperature, a wind gauge and water current meter, the trocar for removing fluids from body cavities and the hygrometer for measuring humidity. Two examples of his most famous inventions are a special bed and a mobile bath for the infirm.

In 2024 the Scientific Research Centre Institute for Kinesiology celebrates 20 years of studying the responses of the human organism to various situations and environmental peculiarities. The institute works with many institutions from all over the world, including the University of Padua, with which it shares ties with Sanctorius Santorii.



Sanctorio Portrait

The premises of this great researcher, namely the quantitative foundation of physiological and pathological research is testing and measuring, remain for centuries a guide for fearless researchers.

The research work of the interdisciplinary and international team of researchers in kinesiology is related to the fields of physical activity and exercise, sports training, space and sports medicine, biomechanics, neurophysiology, rehabilitation, dietetics, ergonomics, psychology, and sociology. This allows them to investigate modern scientific questions in a comprehensive and in-depth manner. *Kinesiology for Quality of Life* is their motto and the vision for an integrative and broad investigation of

health. Not only Sanctorius, but also the kinesiology team is facing unmeasurable dimensions of human health. Or at least doubt the validity of available approaches. Therefore, it is of great importance, to understand the functioning of the human body, and to validate new biomarkers, also non-invasive, of our health. It is with great enthusiasm to follow the research field after preliminary findings and observe leaps of science which are based on them. Indeed, Sanctorius' inventions affected quantitative physiology a hundred of years after, when new findings, technologies and ideas launched new instruments.

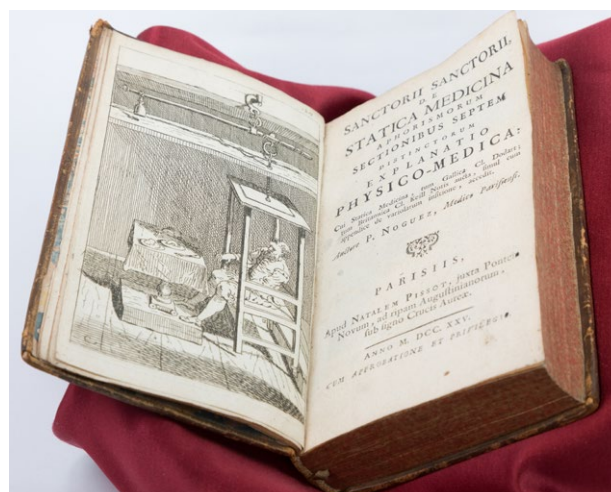
For example, in the last forty years space agencies have been pushing studies to investigate human deterioration in Space, in the microgravity environment. As it is impossible to study actual astronauts, scientists have developed a ground-based model to mimic the consequences of space travel. Dry immersion, bed rest, unilateral limb suspension, limb immobilisation or step reduction are all models of deconditioning, that's what Sanctorius aimed to study in metabolism changes, muscle atrophy, nerve denervation, bone resorption, cardiovascular deterioration, social and psychological stress. The kinesiology research team is focused on skeletal muscle atrophy in young (1) and old (2). Importantly, older participants undergo larger loss in skeletal muscle size and function than young. And even more importantly, older participants did not recover to baseline when physical activity was restored, and rehabilitation done. This challenged them to develop a new method to detect early changes in muscle deterioration before atrophy occurs. They have proposed and validated Tensiomyographic amplitude as a new biomarker to detect pre-atrophic processes (3). Interestingly, these findings triggered new fields of application and investigation. In their FIFA Medical centre of excellence, they are using the same biomarker for safe return after sports injuries to classify severe muscle loss in ageing (sarcopenia) and to test the device in Toulouse dry immersion studies to be used in actual Space travel.

On the 28<sup>th</sup> of March at the Scientific Research Centre together with researchers from Padua Sanctorius's book *De Statica Medicina* was presented and a model of his invention – *pusiologia*

1. Whole muscle contractile parameters and thickness loss during 35-day bed rest. R Pišot, MV Narici, B Šimunič, M De Boer, O Seynnes, M Jurdana, G Biolo, IB Mekjavić. *European journal of applied physiology*, 2008 - Springer

2. Greater loss in muscle mass and function but smaller metabolic alterations in older compared with younger men following 2 wk of bed rest and recovery. R Pišot, U Marusic, G Biolo, S Mazzucco, S Lazzer, B Grassi, C Reggiani, L Toniolo. *Journal of Applied Physiology*, 2016 - journals.physiology.org

3. Tensiomyography detects early hallmarks of bed-rest-induced atrophy before changes in muscle architecture. B Šimunič, K Koren, J Rittweger, S Lazzer, C Reggiani, E Rejc, R Pišot, M Narici, H Degens. *Journal of applied physiology*, 2019 - journals.physiology.org



*De Statica Medicina*

(heart rate monitor), was demonstrated to school-children. The importance of Sanctorius book, edited in 1614 and published in many editions in different languages, and his work are essential for today's understanding of health. It was the first attempt to set with the help of measurements a quantitative basis for physiological and pathological research. The work is known as the first systematic study of basal metabolism, in which Sanctorius argued the theory of "imperceptible sweating" (*perspiratio insensibilis*), according to which health is the harmony of moods, which is also expressed in the ratio of substances that the human body uses and eliminates. He is classified among the so-called *iatrophysicists*, who explained the vital processes using physical phenomena.

Sanctorius died in February of 1636 in his house in Venice. His posthumous remains are in Venice's Servite cemetery, except for his skull which is still kept at the university in Padua. The Science and research centre named a conference hall at the Centre for the Humanities the Sanctorius's hall.



Prof. Fabrizio Bigotti demonstrating a pusiologia







Robert P Woroniecki

## Robert P Woroniecki

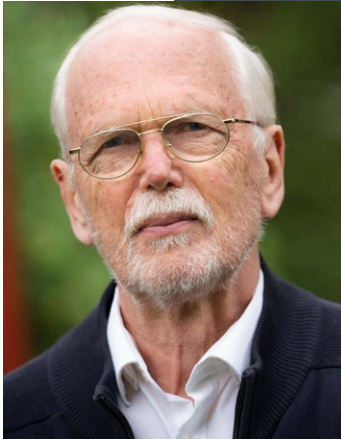
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Jochen Ehrich

# An Appeal for the Establishment of Human Spirit Measurements in Pediatric Medicine

## Introduction

In Latin, the word spirit is related to the vital process of exchanging air, i.e. *spirare* means to breathe. Spirit ("wind, air, breath") is the linking element that connects us to our external life, its purpose, and the meaning of relationship with other humans, animals, nature, or "higher power". It is not our environment and it is not our mind, but rather "air", or connection, between the environment and our body and mind. The balance of the triad our body, mind, spirit and the organic and inorganic matter in our world connects our senses, emotions, desires, inclinations and cravings, pains, physical illnesses, our past and present experiences to our network of "outside" life, and the spirit connects all of this to our "inner" life purpose and the meaning of life itself.

The work of Victor Frankl, a survivor of a Nazi concentration camp and a psychologist, argued that the will to find meaning is the primary motivation in life (1). Human spirit has close connection with religion and religious beliefs (2,3). Non-religious spirituality, or a quest towards life oriented towards spirit, is distinct from religion understood as institutionally sanctioned

beliefs and practices of a defined faith group (4). Since the individual human brain is able to imagine, meet, or create God non-religious spirituality could merge with religious beliefs. Through this alliance, the spirit defines individual life goals, forms community and common goals, bears sacrifices and delays satisfaction that can be differentiated by the mind.

## Human Spirit Health Benefits

Purpose in life has been associated with increased likelihood of seeking preventative health measures and avoidance of risk taking behaviors. Having a purpose in life may positively impact daily health and well-being, even during life-changing events such as the COVID-19 pandemic (5). Chronic disease can irreversibly alter purpose of life and human relationships, but human spirit can also affect how the body responds to illness, injury or hardship (6). The results of measures of the sense of life in adults were able to predict markers of ageing, work and family life, personality and health status observed ten

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years later (7). Good scores were associated with fewer depressive symptoms in older adults and with greater overall life satisfaction. Examination of relationship in hospitalized children and their healthcare providers showed that positive relationships helped the patients to cope with pain and medical procedures (8). As far as we know, much less is known about how the doctor's spirituality affects patient outcomes. We are therefore reviewing how the human spirit of patients and physicians can be assessed so that ongoing surveys by the European Association of Professors Emeriti (EAPE) on the needs and wishes of patients with chronic diseases can be incorporated into clinical outcomes (9).

## Human Spirit Measurements

Quantitative modern medicine in which all physical matter can be touched, manipulated, and measured made significant use of technological advances from the magnifying glass, scalpel and microscope to quantum physics, computer and genetic science, and experienced exponential progress (10). The study of the spirit without its physical location in the body is much more difficult to accomplish than study of the body or brain/mind.

Validated spirituality questionnaires have been used in research for the last several decades (11), and life purpose can be measured in adults using standardized and validated tools (12). Kidney disease literature focused on measurements of quality of life (QOL) and rarely measured human spirit or spirituality concurrently (13). Pain and emotional health are significantly worse in children on dialysis than in children with earlier stages of CKD and kidney transplant recipients, however, studies on purposefulness, spirit or spirituality are lacking. In adults on dialysis, the spirituality measured by validated end stage renal disease Spiritual Beliefs Scale (14) was clinically

relevant and had an impact on health related QOL (15). But could the spiritual beliefs scales be adopted in children? Is the purpose in life even amenable to measurements in children?

We propose that children should be treated as individuals with developing body, mind, spirit and personality, and that spirituality scales used in adults can be adapted to research spirituality in children. This lack of spirit and spirituality research is not unique to children. A recent systematic review of 8946 articles regarding spirituality and health, offered 6 implications regarding incorporation of spirituality in the care of patients with serious illness and in health outcomes (16). Those included: 1. incorporate spiritual care into care for patients with serious illness; 2. incorporate spiritual care education into training of interdisciplinary teams caring for persons with serious illness; 3. include clinical philosophers (17) or specialty practitioners of spiritual care in care of patients with serious illness, 4. incorporate patient-centered narratives and evidence-based approaches regarding associations of spiritual community with improved patient and population health outcomes; 5. increase awareness among health professionals of evidence for protective health associations of spiritual community; and 6. recognize spirituality as a social factor associated with health in research, community assessments, and program implementation. Balboni et al. (16) concluded that the role of spirituality in serious illness and health has not been systematically assessed. This is despite the fact that some medical schools are teaching spirituality and compassionate care in medicine.

Children, as individuals with developing bodies, minds, souls and personalities, must be better protected against psychological abuse and physical abuse by authoritarian adults in all institutions and organisations, e.g. in competitive sport, in schools of all kinds, in religious organisations and in the family. Children and young people must be asked whether or not they feel comfortable in their organisations and institutions. The degree of discomfort and abuse could be assessed with age-adapted spirituality scales. The current lack of preventive research in the field of child abuse must be urgently addressed.

## Acknowledgement:

Rebecca J. Johnson, PhD, Division of Developmental and Behavioral Health, Children's Mercy Kansas City, UMKC School of Medicine, Kansas City, MO helped to critically review and provide comments to the above work.

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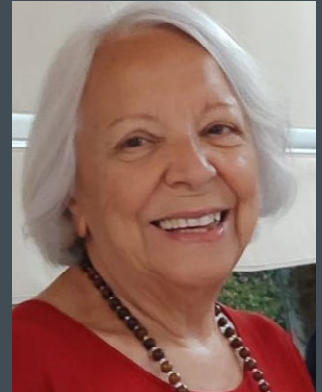
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# The Society Ages Upwards and Downwards: The Need for Ministry of Elderly, Women and Children in the European Union. New Roles for Professors Emeriti(ae)

## Preamble

Getting old is often associated with death. However, from amphorae in the British Museum, Louvre, and Cerveteri, we know that Attic vase painters were aware that Heracles, in addition to battling various enemies (such as the Nemean lion, Boar of Erymanthos, Man-eating birds on Lake Stymphalos, totaling 12 labors), also faced Geras, the god of old age. No other ancient texts mention this fight, but Attic vase painters knew and depicted it.

## Introduction

We live in a society where 4-5 generations coexist, leading to the overlapping needs of all generations with fairness in order to achieve intergenerational harmony. This article examines potential solutions to intergenerational expectations and is divided into two parts. The first part focuses on the aging process, the needs of the elderly and the young, while the second part discusses old and new roles for emeritus professors.

*The welfare crisis has weakened trust between generations, which requires a new pact between them. It seems obvious that the covenant is no longer based on the receiving and returning that has been successful for about two thousand years.*

Remo Bodei (1938-2019)

## Part One: Our aging society

### Our society ages

Our society is aging upwards and downwards. It ages upwards since the number of people living longer due to better living conditions has increased. However, Life expectancy often progresses at a slower pace than healthy life expectancy. Its social costs are high. Our society is aging also downwards. Births have decreased. Couples choose to have fewer children in order to provide them with a better quality of life and more opportunities. Migrants can be helpful, but they are not the ultimate solution. However, all countries can benefit from their presence. However, migrants will be unable to solve the problem because they immediately adopt the new lifestyle when they arrive in European Union.

Jean-Hervé Lorenzi and his team of economists in Aix en Provence have studied the problem.

The extension of life expectancy for individuals reaching the age of sixty-five, with a fourth to a third of their lifespan still ahead of them after retirement that needs to be filled with opportunities and meaningful activities (1).

1. Lorenzi J-H, Albouy F-X, Villemeur A. L'Erreur de Faust: Essay sur la Société du Vieillissement. Paris: Descartes & Cie, 2019.

Expectations vary among different generations. This may generate social conflicts that may shatter the whole society. Thus, there is a need to overcome generational interests and guarantee senior citizens respectable living conditions. In the aging society, the economic burden of the elderly is a major concern (1).

In order to continue to grow, we need to put the well-being of older people at the center of our social systems without overshadowing the expectations of young people. Conversely, a society that only caters to the productive members would be unjust. As people are now living more than a quarter, almost a third of their lives after the age of sixty, it is essential to develop activities, prevention strategies and learning models for this extended period of life. This is a relatively new phenomenon that has never occurred before. The architecture of our society is structurally complex since it is based on four generations of people who live together (1).

## Avoid the error of Faust

Faust's lack of interest in the society where he lived led him to sell his soul for eternal youth as a personal solution to the problem of death. This is a huge mistake and, in the future, we should avoid trading benefits for the privileged few (1).

## Some solutions

Some potential solutions for financing such programs could include: (i) delaying retirement, (ii) selling older individuals' homes with a state guarantee, (iii) providing everyone with a state insurance plan, (iv) assisting individuals in obtaining specific insurance for degenerative diseases, with a refund offered if no disease manifests by age eighty or older, and (v) engaging everyone in some form of social work to contribute to the community (1). The recent study conducted by Il Sole 24-Ore (March 17, 2024, p. 4-5) highlights the issue of depopulation in Italy and the European Union as a whole. This trend indicates that there are more elderly individuals and fewer younger inhabitants.

The abandonment of rural territories and internal areas is a challenging problem that affects 49.3% of all municipalities, totaling 13 million inhabitants. This coexists with demographic decline. In fact, 58% of Italian municipalities are characterized by internal areas with limited access to services. The issue of residents fleeing from rural areas and only the elderly population remaining is a common trend. The study rigorously distinguished peripheral and ultraperipheral territories in relation to: (i). *Health* (at least one hospital with advanced operational capabilities); (ii). *Mobility* (at least one train station for 2500 passengers/day); (iii). *Education* (at least one scientific or classical high school, and at least one technical or professional school).

## Disparities in life span

Although age has increased significantly and at the age of sixty-five many additional years can be expected, there are significant disparities.

"Following the course of the Washington subway - departing from the poor quarters in the South-East of the City, where blacks live, to the rich County of Montgomery where rich people live: for every mile the length of life of the inhabitants increases by 18 months, for a total at the extremities of the underground of about 20 years of difference in life expectancy. In other words, according to the quarter where one lives and according to the economic and cultural resources, life expectancy varies from 53-58 years up to 73-78" (2).

Göran Therborn, Emeritus Professor of Sociology at Wolfson College, Cambridge demonstrates that in London there are inequalities in lifespan according to the quarter where one lives.

"In London moving East on the Jubilee Line 6 months are lost for each stop for a total gap in life expectancy of 9.2 years between the richest and the poorest (3)".

Years ago, in a round table discussion with Watson and many other authorities, Steve Jones stressed that "in the UK, data from the postmark indicates that children born in poorer regions of the country live 11 years less." In Turin, Italy, residents living on the mythical hill, where the Agnelli family resides, have a life expectancy four years longer than those living in the popular quarter. Additionally, there is a tram system in operation that is known as 'The tram that wastes five months of life per kilometer' (4).

"There are countries where people live sixty years or less: Nigeria, Sierra Leone, Niger, Swaziland, Central African Republic, South Sudan, Mozambique, Chad, Zambia, Somaliland, Lesotho and Afghanistan. In Africa one of the main problems of elderly people is not having a pension, there is no social security policy for the majority of citizens and the main jobs are in agriculture and livestock farming, which is hard and tiring work. There is no public healthcare system commensurate with the salaries of the majority of African citizens, and few can afford treatment in public hospitals. The elderly are taken care of by families and communities, not by the state, the needs of the population are shared in the villages (5).

2. Giovanni Padovani. *Diritto Negato*. Roma. Il pensiero Scientifico, 2008.

3. Göran Therborn. *The killing fields of inequality*. Cambridge: Polity, 2013.

4. Stagliano R. *Il tram che fa perdere cinque mesi di vita al chilometro*. La Repubblica, venerdì 2016.

5. De Santo NG, Bonavita V, Salvatore F, Giancola C, Pignata M, Santini L, Maione A, Bottaro P, Pica Ciamarra M, Cananzi R, Bracale G, Frattini B, Bova A, Diako Capuano F, Perna A, and Marotta M., *The Challenges of Aging: When Society Achieves Intergenerational Harmony, Aging Continues to be a Process of Learning, Discovery, and Creation*, Bull Eur Assoc Profs Emer 2023; 4(3). 75-80\*, europeimeriti.org, accessed March 27, 2024.



## The needs of the elderly and the young

Plato considered old age with the ideas of continuity and disengagement in mind. Continuity that is, continuing to do what has been done in the most creative and productive years. Disengagement is like abandoning oneself to the contemplation of the eternal values of the spirit. However, Plato tries to bridge both. In the *Republic* he speaks of the escape and return of the wise old man to the cave where only voices and shadows of the world were perceived. The wise man escapes from the cave, reaches wisdom, and becomes a free man, but then he asks himself if it is permissible to abandon everything in favor of contemplation. He opts to help others to free themselves from social conventions and lies and the old slyness and returns to free the cave dwellers (6).

It is not without meaning that in Plato's time, those over fifty spoke first in assemblies, while young people were given the opportunity to speak towards the end. Solon (640-560 BC), author of the *Elegy of Old Age*, as a legislator, by decree, obliged children to support their elderly parents. In Rome, there was a strong emphasis on the authority of elders and the pater familias, creating a paternalistic society. The appointment of Gustav Mahler as director of the Hof Opera in Vienna during the 19th century created a scandal. Young age was a serious obstacle to the entrustment of managerial responsibilities. At the close of the previous century, young people asserted their role by fighting for their rights (the 1968 watershed). Thus, there was no scandal in 1995 when Richard Horton, at the age of thirty-three, was nominated as Editor of *Lancet*. Over the course of 29 years, he has advanced its growth by engaging in the contentious debate of medicine as a political issue. (7).

Younger people have had difficulties and Bob Dylan chanted (*The Times they are a Changin*):

Come mothers and fathers / Throughout the land  
And don't criticize / What you can't understand  
Your sons and your daughters  
/ Are beyond your command  
Your old road is rapidly agin'  
Please get out of the new one  
if you can't lend your hand  
For the times they are a-changin.

And Jack Wimbeg – for the free speech movement shouted: “Do not trust anyone over thirty”.

## The euthanasia booths of Martin Amis

In the Guardian of January 24 2010 Caroline Davies interviewed Martin Amis about his 'euthanasia booths'

“Novelist wants euthanasia booths for elderly. Warning of 'civil war' between young and old”. “They'll be a population of demented very old people, like an invasion of terrible immigrants, stinking out the restaurants and cafes and shops. I can imagine a sort of civil war between the old and the young in 10 or 15 years' time”...“There should be a booth on every corner where you could get a martini and a medal,” he added”...“What are these death booths? Are they going to be a kind of superloo where you put in a couple of quid and get a lethal cocktail?”

## What does aging serve? What is its point?

James Hillman in *The force of Character and the Lasting Life* (8) discussed the three major changes that character undergoes in later life.

First is “lasting”, that is the desire to live as long as possible. Next is “leaving” where we change from holding on to letting go, and our character becomes more exposed and confirmed. The final stage is “left”: “what is left after you have left”. “Character requires the additional years. The last years confirm and fulfill character. Far from blunting or dulling the self, the accumulation of experience concentrates the essence of our being, heightening our individual mystery and unique awareness of life.”

He felt very uneasy with the varying approaches to education for the elderly and adolescents.

“Why mercy, justice, charity and magnanimity are virtues preached to the aging? Who ever says the adolescents «be merciful and charitable»? They are taught to get their due and to hold on. The bywords for youth are «Achieve», «Look good», «Succeed».”

Hilman finally admits that an incurable vice may occur in aging. “Ambition may be one incurable vice that rarely weakens with aging and sometimes grows stronger”...

«A senile ambition for everything» as De Gaulle said of Petain!”.

Thus, Hillman was ready to suggest

“Follow your curiosity, inquire into important ideas, take the risk of transgression”.... “inquiry, the nearest equivalent of the Greek *Aletheia* an activity of mind that gave origin to all Western philosophy: “an endeavour...to place us in contact with the naked reality...concealed behind the robes of falsehood” (José Ortega y Gasset).

6. McKee and Barber CE. Plato's Theory of Aging. *J Aging and Identity* 2001; 6(2). 93-104 DOI:10.1023/A:1011340414462.

7. Cookson C. The Lancet's Richard Horton: 'We're going to continue to see health as political. *Financial Times* February 24, 2024.

8. Hillman J. *The force of character and the lasting life*. New York: Ballantine books, 2001.

Finally quoting the Poet Alfred North Whitehead Hillman invited us to follow

"The adventure of ideas"... "A thought is a tremendous mode of excitement".

## Seniors have insights to share, can be creative, and deserve the opportunity to continue working at universities

According to Linne Segal

"The idea that being old means you have got nothing to give to anyone is the most horrific thing our culture imposes on people'... 'however we have things to say to young people. Younger people have things to say to us... our culture tries to continuously fence us on age groups" (9).

The 'human capital of age' which might loosely be called 'wisdom' should not be wasted, rather it should be utilized maximally, as it is a resource given for free. The loss for growth will be higher in countries with lower economic status (10). The emeritus professors who are successfully working, prodding the boundaries of nature, are among those who seek the "emotion of discovery". Bearing this in mind one can understand why Peter L. Berger, emeritus professor of sociology at Boston University, a scientist who continues to write relevant books, recently declared himself very proud of "my last position of 'Senior research associate. This ambiguous title allows me to continue to coordinate a series of special projects" (11).

Acknowledging that successful teams often benefit from the experience and knowledge of older scientists, it is clear that emeritus professors can bring valuable insights to the table.

## Old men ought to be explorers

Thomas S. Eliot in *Four quartets* says

"Old men ought to be explorers / Here or there does not matter / We must be still and still moving / into another intensity for a further union, a deeper communion".



T. S. Eliot

9. Segal L. Out of Time: The Pleasures and the Perils of Ageing. Verso: London, UK, 2013.ig loss'.4

10. Feynman RP, Leighton R. Surely You're Joking Mr. Feynman. New York: W.W. Norton & Company, 1985.

11. Berger PL. Adventures of an Accidental Sociologist. How to Explain the World without Becoming a Bore. Amherst, NY: Prometheus Books, 2011.

## An appeal to European Union for establishment of a Ministry dedicated to elderly, women and youth

At EAPE we have previously expressed interest in creating a Ministry for Seniors in all countries in the European Union (12). However, we have been reconsidering this aspect. We have taken into consideration (a) the reasons and the value of the EAPE Committee on Meeting the Needs of Children and Old-olds and (b) the structures of all EU Governments. As a result, we are proposing here an Appeal to the EU to create a Ministry for Family Affairs, Senior Citizens, Women and Youth in all European Countries (13).

At EAPE the Committee on Meeting the Needs of Children and Old-Olds was established on the basis of an idea by Alcmeon of Croton (fl. 6th-5th Century BCE) "Human beings die because they cannot join the beginning with the end". This committee deals with a very particular aspect of our Association and makes EAPE unique. It is the committee where the association discusses problems related to childhood by trespassing on and broadening the borders of our interests to include the future of the whole of society. Childhood is not different from old age since it is a fragile component of society that must be protected. Furthermore, women, although key-persons in the family, in Europe are still discriminated as the Council of Europe has spelled out.

"The fulfillment of the human rights of women is still lagging in Europe. Discrimination on the grounds of gender and sex remains widespread and has been further exacerbated by the economic crisis and ensuing austerity measures adopted in some European States, which have impacted on women disproportionately. They are objects of violence, are less well paid, and access to leadership positions in all sectors of civil life and private sectors is still demanding. Indeed, women in competing with males have to exceed by far the merits of men" (13).

This would be a real political advance to protect fragilities, to increase possibilities for informed actions taken with the satisfaction of users in turn to be empowered to control and ameliorate the services that are vital for them. This would make them better and happier citizens and would increase their confidence in the politics and bureaucracy of their countries with enhancement of democracy. This would lead to the possibility of improving or abolishing decisions in case of inefficacy and is the safest, smartest and, at the same time, the most

12. De Santo NG, Gricar J, Erlich J. An Appeal for the Establishment of Ministers for Seniors in all Countries of the European Union. Bull Eur Ass. Profs Emer 2022; 3(1):10-11).

13. De Santo NG, Ehrich J, Santini L, Bracale G, Ciambelli P and Bonavita V. An Appeal to Establish A Ministry for Family Affairs, Senior Citizens, Women and Youth in All European Countries. Bull Eur Assoc Profs Emer 2023; 4(1): 1-2. www.Europemeriti.org Accessed March 27.



productive approach. It is a way to guide a country by making citizens happy and confident in the people to whom they have conferred political power. There is only one country in which seniors, women, and youth are protected together under a single ministry. In the Federal Republic of Germany, they have created the “Ministry of Family Affairs, Senior Citizens, Women and Youth” with the aims of promoting sustainable social policies, which recognize the diversity of life plans and cultures in Germany as an opportunity”. In addition, in Norway operates Ministry of Children and Family Affairs.

Attention towards families, seniors, women, and youth is lacking. In fact, the study of the structure of the European Governments tells us that (i) In Croatia there is a Ministry of Demography, Family, Youth and Social Policy, (ii) Sweden and France have Ministries of Gender Equality; (iii) in Ireland there is Ministry of Children, Equality, Disability, Inclusion and Youth; (iv) in Scotland a Minister for Older People has been appointed; (v) Wales has a Commissioner for Older People; (vi) in Italy there is a system based on three Ministries without Portfolio a) the Ministry of Sport and Youth; b) the Ministry for Family, Nativity and Equal Opportunity and c) the Ministry for Disabilities. They work in synergy with the Committee for the Policies of the Third Age; and seniors”.

*To age is to oversee*  
Roger Dadoun (1928-2022)

## Part Two

### **Roles for emeritus professors include mentoring, conducting research and advocating for the rights of older individuals**

Since its foundation EAPE has asked emeritus professors to play a role in disseminating culture based on mentoring and research (the two intertwined academic activities that cannot be separated. As Nobel Prize Richard Feynman wrote in *Surely You are Joking, Mr. Feynman!: Adventures of a Curious Character*, “Teaching is indispensable to generate new ideas and student’s questions are crucial to stimulating thinking”.

Indeed, the incipit of EAPE bylaw says:

“We believe that a university professor is called to continue their vocation as an educator, counselors and research for life ...to offer their aid to their still active colleagues and to society in general on a voluntary and public benefit *pro bono* basis”.

This referral to the society is particularly relevant in light of the working hypothesis of the Lorenzi Cycle of Aix in Provence (1) that basically requests every retired person to select a field of action in favor of the community (Indeed emeritus professors are ambulant libraries who know 80-90% of their

disciplines (14). Furthermore, pensioned clinical professors continue to work hard, to conduct significant research (15,16,17), and offer services to the community (18), as emphasized in the inauguration of the European Association of Emeritus Professors (19).

### **Professors Emeriti, Depontani Senes?**

Emeritus professors; however, at least in Europe, play a minimal role at the universities where they met the needs of many generations of students. Their knowledge does not attract the interest of rectors, or university administrators. It is difficult for them to obtain research grants since in Europe they ask for university status even if the European Union allows such professors to act as principal investigators in the grants they support. There are two exceptions: the University of Calabria at Rende and the University Ca’ Foscari in Venice (20).

This tells us that not much has changed from the second century AD when Pompeius Festus wrote on

*“Depontani senes, qui sexagenarii de ponte deiciebantur”*/ “The men sixty years of age hence called sexagenarii, because they were freed from the obligation of voting in the comitia; that is, of passing over the bridges (pontes) which led into the saepta”, [where the voting took place.] (21).

Emeritus professors have a strong sense of responsibility toward those who did not have the opportunity to pursue higher education, or those who have retired without access to resources or support. Staying connected to the world and engaging in various activities are essential for preserving creativity and maintaining physical and mental health as we age. Access to cellular phones and other media can help facilitate collaboration, communication and socialization, leading to greater opportunities for

14. De Solla Pice DJ. Little science, big science. Columbia University Press, New York, 1963.

15. N.G. De Santo, P. Altucci, A. Heidland, G. Stein, J.S. Cameron, B. Rutkowski, The role of emeriti and retired professors in medicine. QJM: An International Journal of Medicine, Volume 107, Issue 5, May 2014, Pages 405–407, doi.org/10.1093/qjmed/hcu02615. (16)31189–1.

16. De Santo NG, Altucci P, Heidland A, Stein G, Cameron JS, Rutkowski B. Il ruolo e l’attività dei professori clinici emeriti o in pensione. L’Acropoli 2014, XV:324–330.

17. De Santo NG, Lauro C. A paper in Times Higher Education. E-NEWSLETTER 2017; 5: 12–13.

18. Ehrich J, Nwaneri N., De Santo NG. The role of retired pediatric professors in European Child Healthcare Services. J Pediatrics 2016; pii: S0022-3476(16)31189–1.

19. Cokkinos VD, Spinellis D, Vasilikiotis G, Bonavita V, Santini L, Ehrich J, De Santo NG. The birth of European Association of Professors Emeriti. Acrh Hellenic Med 2017 £4: 8–9

20. De Santo NG. The Human Capital of Age: Protecting the Creativity of Professors Emeritiae. In De Santo NG, Bonavita V, Campanella L, Phillips M, Cokkinos DV. Eds, *The Capital of Emeriti in Action*. Proceedings of the Second International Congress. Athens: Society for promotion of Useful Books, 2023; pp. 23–26.

21. Smith W, Wayte W, Marindin GF, Ed. Dictionary of Greek and Roman Antiquities. Hellenicaworld.com, <http://www.hellenicaworld.com>, p. 1618 and p. 508 accessed July 4, 2023.

creative and exchange of ideas. Attending sporting events or other cultural activities can also provide inspiration and stimulate the mind. Much can be done to improve the world. The European Union has the potential to make significant contributions towards this goal. Access to comfort goods can help individuals cope with difficult times, but it is also important to recognize the value of special training foreseen by the Hungarian born American economist Tibor Scitovsky (1910-2002), for stimulating goods, which provide a sense of meaning, support, and social as well as spiritual connection that can be essential during difficult times.

Roger Dadoun, former professor of Comparative Literature at Diderot University in Paris, in the *Manifeste pour une vieillesse ardente* (22) raises many points for discussion and reflection.

“Man has lived through time as an instrument accumulating and preserving knowledge, and as a condition for their systematic transmission. And time, concretely, is age. Advancing in years means increasing one’s knowledge and becoming its custodian. The elderly person, a true repository of collective knowledge, assumes a vital function for the group. Thanks to their experience, the elderly are called upon to watch over the continuity, cohesion, balance, and self-regulation of the group. To age is to oversee”.

Dadoun also thinks that seniors now have the potential of

“Creating a mythical movement of affirmation and recognition of old age, the advanced age - agonizing and paradoxical, which in this third millennium possesses the strength of numbers and political potential - would be able to face a society dominated by fantasies of impetuous youth and the easy enthusiasms of mature and “handsome” men in the prime of life”... “Growing and affirming as a senior, advanced age could - call to mind utopia, make its entrance into history, bringing awareness of memory, prudence, distance, and perhaps wisdom. All qualities that would offer humanity the possibility of a future, of a new era...freshly painted with the colors of the present”.

## Making a good life: does it apply to emeritus professors?

In a recent book review published in the Bulletin of Emeriti, it was demonstrated that emeritus professors have the potential to lead fulfilling lives (23). “Professors emeriti(ae) have had a challenging life. First of all, they are in the highest percentile of the cultural enterprise in the countries they live in, second, they have had the good fortune to work with younger generations and to have been able to meet

their needs and, much more, to have lived giving and receiving. Their work has been appreciated, their lives were nearly free of economic difficulties, they have had access to wisdom and to powerful personal relations to nurture it. They may be considered in the category of wisdom. They have the qualities needed for fruitful exchange giving healthier and longer life. So as a category they are very lucky. Thus, one easily understands why they strive to remain active in their teams at university and to continue teaching, though not necessarily in a leading role. Indeed, the stimulating atmosphere typical of the university gives sense to their lives. University and research are also the places where their networks are grown”.

Because of their knowledge and their role in the society emeritus professors should take the lead of all retirees who have had less appealing jobs and probably will see their nets dissolved. Their presence and actions are needed not only at their universities but also as representatives of the needs and of the rights that are typical of the retired status. This is something that such professors are learning through their active participation in the activities of the International Day of Older Persons an event promoted by UNO, WHO and European Union” (24).

## Transforming the diversity of cultures into a culture of diversity

At the Second Congress on the Capital of Knowledge, Adolfo Russo (25) provided a unique and original definition of professors emeriti as “those who were able to acquire wisdom”, and asked them to concrete initiative in favor of those who could not attend universities, inviting emeriti to work for their territories and the solution of the many problems that afflict the society in order to turn the cultural heritage into opportunities and innovation policies. The third mission of the university promotes the social impact and little is invested in this field”. [He invited emeriti] “to use their vast cultural heritage- now frozen and underused to be placed at the disposal of the citizenry. A very precious resource which is not used adequately. An unforgivable waste of culture and civilization”. [The main goal for the years to come is] “transforming the correct diversity of cultures into a culture of diversity”, favoring “the transition from a multiethnic to an inter-ethnic vision of relationships between the various population present in the area.”. A vision, a project not only for Naples but for the whole of Europe” (25).

24. De Santo NG, Mjelde L, Newell D, Bartsocas Ch, et al. World Day of Older Persons: EAPE Events for October 1, 2023 *Bull Eur Assoc Profs Emer* 2023; 4(4) 75-80. [Europemeriti.org](http://Europemeriti.org), accessed March 27, 2024.

25. Russo A, Professors emeriti(ae): those who have wisdom and look for the “Beyond” and the Unknown. Building a European Alliance of Those Who Have Nurtured Wisdom and Those Who Could Not. In De Santo NH, Bonavita V, Campanella L, Phillips M, Cokkinos D, Eds. *The Capital of Knowledge in Action*. Athens, Society for the Propagation of Useful Books, 2023; p. 27-32.

22. Dadoun R. *Manifeste pour une vieillesse ardente*. Paris. Zulma Éditions, 2005.

23. De Santo NG, Phillips M, De Santo RM. What Makes a Good Life? *Bull Eur Assoc Profs Emer* 2024; 5(1).15-17.



## Conclusion

In the USA, retirement based on age has been amended and retirement is a personal decision and can be anticipated as needed for those who have practiced heavy and risky labors. The transition has not had a negative financial impact on life at American Universities (26). A trade-off has been evidenced by the significant number of older scientists receiving grants from the NIH, allowing them to refine and market their ideas more effectively. The same happens in Australia where emeritus professors and retirees can continue to work at

their universities unless friction develops with other scientists. The same happens at the University of Calabria at Rende and at University Ca' Foscari in Venice, Europe (20). Europe is the continent where Ivory Towers and University have had a century-long history of independence. Thus, it will be difficult to popularize the safe experiment of Rende and Ca' Foscari. However, it is pleasant to note that the changes in their constitutions, have not had negative effects. Their success deserves the attention of the European Union.

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26. Nussbaum MC and Levmore S. Aging Thoughtfully. Conversation about retirement, Wrinkles, Romance and Regret; New York: Oxford University Press, 2017.





Professor Dimitar Nenov

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## In Memoriam

# Dimitar Nenov (1933-2024)

## Professor of Medicine Behind the Iron Curtain, President of the Bulgarian Association of Professors Emeriti

### Introduction

Professor Dimitar Nenov was born on May 9, 1933, in the village of Pobit Kamak, in the Razgrad district of Bulgaria. He was only 11 years old when the Soviet Army invaded Bulgaria which entered in the USSR orbit following the *coup d'état* of September 9, 1944 (Socialistic Revolution). The agricultural land and machinery of the family were confiscated because of state collectivism.

He died after an intense creative academical life on February 2, 2024. His publications can be found in medical platforms, his contributions to nephrology have been illustrated recently (1,2). His timeline is given in Table 1.

### Nenov physician-scientist and professor of medicine

Here the focus is on the nephrologist of international reputation, a career Dimitar Nenov started after obtaining a specialty in Internal Medicine in 1962 and his enrolment as teaching assistant at the newly founded University of Varna. He received high standard training in Nephrology in prestigious International institutions (Prague, London, Bologna, Parma and Moscow). Being an international trainee had been easy for him since he fluently spoke Russian, French, English, Czech and Serbian. In 1973 after obtaining a Ph.D. in Nephrology he became

associate Professor in Medicine and chief of the Division of Nephrology and Dialysis at the University of Varna. The nephrological unit of the University of Varna was organized with International Standards (1,2) and attracted to its programs many young physicians. Some of them became nephrologists, ten of them became associate professors and two full professors. The scientific and clinical activity of Nenov and his young group immediately attracted the attention of Professor Bruno Watschinger (1920-2017) who was aware of the lack of exchanges between nephrologists of Eastern and Western Europe. To facilitate such exchanges across the Iron Curtain he had started in 1971 in Linz *The Danube Symposium in Nephrology* where he invited nephrologists from East Europe. He asked Dimitar Nenov to organize in Varna in 1979 the *4<sup>th</sup> Danube Symposium in Nephrology*, being aware of the excellency of his work, of the strength of his group and his organization skills.

The event met all expectations allowing nephrologists from Eastern countries to meet with those from the West. A few years later (1986) Nenov and his young group organized in Varna the *3<sup>rd</sup> National Conference in Nephrology*. "Both events were held at a time when Bulgaria was under socialism and scientific exchanges between Eastern and Western Europe was very limited. However, both events had a great international participation and achieved great success" (1). After the fall of the Berlin Wall Professor Nenov organized the Varna Kidney Foundation, started an annual international nephrological conference on *Hot Topics in nephrology* and the Journal *Aktualna Nephrologia*. The important work made with the Varna Foundation on Nephrology came to light when years later the *International Federation of Kidney Foundations* was established with his active participation.

1. De Santo NG, Bellinghieri G, Capasso G, De Napoli N, Dimitar Nenov (1933-2004) distinguished professor of medicine and nephrology at the University of Varna behind the Iron Curtain. ERA-EDTA Obituaries.

2. De Santo NG, Bellinghieri G, Capasso G, De Napoli N, Savica V, Papalia T, Sergi P, Iorio L, Virzo A, Derzsiova K, Resic H, Diamandopoulos A, Nenov V. Dimitar Nenov (1933 - 2024), the Doyen of Bulgarian Nephrology, Distinguished Professor of Medicine at the University of Varna behind the Iron Curtain and President of Bulgarian Branch of Professors Emeriti. IAHN Bull 2024; 5(2).



**Table 1. Timeline of Dimitar Nenov**

<b>1933</b>	Birth on May 2, 1933 at Pobit Kamak, District of Razgrad, in the Kingdom of Bulgaria (1929-1941)
<b>1944</b>	<i>September 9, Socialist Revolution</i>
<b>1952</b>	Registration at the Medical School of Sofia
<b>1955</b>	<i>Warsaw Treaty of Friendship, Cooperation and Mutual Assistance on May 14</i>
<b>1956</b>	Married Liliana
<b>1957</b>	<ul style="list-style-type: none"> <li>• MD from the Medical School of Sofia</li> <li>• Doctor at the Hospital of Burgas</li> </ul>
<b>1960-62</b>	Chief of Emergency Services in Burgas
<b>1962</b>	<ul style="list-style-type: none"> <li>• Specialist in Internal Medicine</li> <li>• Teaching Assistant at the Medical Institute of Varna</li> </ul>
<b>1965-67</b>	Training in Nephrology at the university of Prague
<b>1966</b>	Senior Teaching Assistant at the Medical Institute of Varna
<b>1969</b>	Ph.D. in Nephrology
<b>1972</b>	Chief Teaching Assistant Medical Institute of Varna
<b>1973</b>	<ul style="list-style-type: none"> <li>• Associate Professor in Nephrology</li> <li>• Founder and Chief of the Renal Unit of the Medical Institute of Varna</li> </ul>
<b>1975</b>	Doctorate in Medicine
<b>1978-1987</b>	Vice Rector of Medical Institute of Varna
<b>1985</b>	Full Professor in Medicine
<b>1987</b>	Head of the United Department of Medicine at the Medical Institute of Varna
<b>1989</b>	<i>Fall of the Berlin Wall on November 9</i>
<b>1990</b>	<ul style="list-style-type: none"> <li>• <i>First Free Elections in Bulgaria since 1931</i></li> <li>• Founder and First President of the Doctors' union in Varna (restoration of the Union)</li> </ul>
<b>1991</b>	<ul style="list-style-type: none"> <li>• Founder of Kidney Foundation of Varna</li> <li>• <i>June 27-July 7, Ten Days War for the Independence of Slovenia</i></li> </ul>
<b>1992-2001</b>	Head of Department of Nephrology, Hemodialysis and Hematology
<b>1993</b>	A founder of BANTAO in Ohrid
<b>1995</b>	President of First BANTAO Congress in Varna
<b>1995-97</b>	First President of BANTAO
<b>2001</b>	Retirement
<b>2001-2022</b>	Director of a Private Hemodialysis Center in Varna
<b>2003</b>	President of Sixth BANTAO Congress in Varna
<b>2003-2005</b>	President of BANTAO
<b>2003</b>	<ul style="list-style-type: none"> <li>• Founder and First Editor in Chief (2003-2005) of BANTAO Journal</li> <li>• Award of the Bulgarian-Czech and Slovak Friendship Association of Varna</li> </ul>

<b>2005</b>	Honorary Award "Blue ribbon" – Varna Medical University
<b>2007</b>	<i>Bulgaria Member of the European Union on January 1</i>
<b>2019</b>	Founder of BAPE (Bulgarian Association of professors Emeriti)
<b>2024</b>	February 2, Death in Varna

## The Balkan Cities Association of Nephrology Dialysis Transplantation and Artificial Organs (BANTAO)

In 1991, with the dissolution of Yugoslavia, bloody wars started in The Balkans (the first was that for the independence of Slovenia (June 27-July 7) and went on for ten years (Table 1), and exchanges between scientists in those countries became impossible. Politicians needed their time to establish peace. The nephrologists of the Balkan Region were quicker and created in Ohrid in 1993 BANTAO. Nenov was the President of the first congress of the newborn association and in 1995 he was elected first President. When in 2003 the BANTAO Congress returned to Varna Nenov created with the joint efforts of his collaborators and the help of his son Veselin Nenov (now Consultant of Medicine in London) the *BANTAO Journal* (3). The journal has been instrumental for the development of nephrology, dialysis transplantation and artificial organs in the whole region, as reported also in the Journals of ERA-EDTA (4,5).

## Partnerships in Italy

Table 2 is a synopsis of partnerships Dimitar Nenov established with Italian colleagues (1,2). We provide here just details of the special relationship with Neapolitan nephrologists and with the Italian Institute of Philosophical Studies, an Institution that has a Goold Medal of the European Parliament and disseminates Philosophy in Europe and beyond. In its Historical Council there were philosophers like Hans-Georg Gadamer (1900-2002) and basic scientists like Rita Levi Montalcini (1909-2012) and Ilya Prigogine (1917-2003).

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Nenov was a speaker at the International Conference on *Human Clinical research, Ethics and Economics* in 1997 (6) and at the multisite international annual program *Survival is Not Enough* (2007-2020). The former was a cultural event centered on the need of clinical reesearcch to which cotributed Professor Garabed Eknoyan (a friend of EAPE), the Scienrific Editor of the New York Times, members of Clinton's administration, presidents of the Research Council form Europe and beyond.

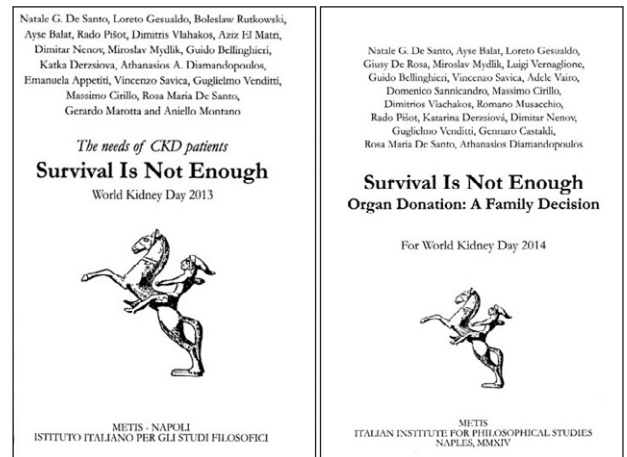
**Table 2. Partnerships of Dimitar Nenov in Italy (2)**

Luigi Iorio, Division of Nephrology, De Bosis Hospital, Cassino: <i>Conferences on Kidney Failure and Heart Failure</i>
Nicola De Napoli, Teresa Papalia, Division of Nephrology, Annunziata Hospital Cosenza: <i>Telesio Conferences on Edema, Sister Program of the International Society of Nephrology</i>
Guido Bellinghieri and Vincenzo Savica. Division of Nephrology University of Messina: <i>Taormina course, Mediterranean Kidney Society, International Federation of Kidney Foundations</i>
Natale Gaspare De Santo, Giovanbattista Capasso, Massimo Cirillo, <i>7<sup>th</sup> European Colloquium on Renal Physiology, Borelli Conferences on Acid-Base Balance, Visiting Professor of the University Luigi Vanvitelli, Conferences of the Italian Institute of Philosophical Studies on Human Clinical Research: Ethics and Economics (1997) and Survival is Not Enough(2007-2020), Bulgarian Association of Professors Emeriti (2020)</i>

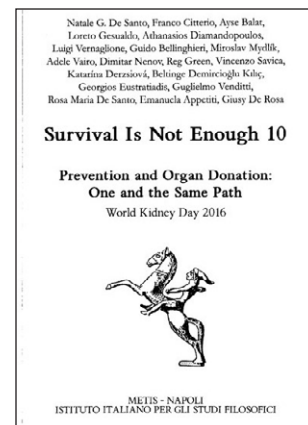
## Survival is Not Enough

In 2007 the Italian Institute for Philosophical Studies launched the initiative *Survival is Not Enough* to support the needs of patients with chronic kidney disease throughout Europe, with the same format around the World Kidney Day. The annual meeting in the years 2007-2020 took place in more than 70 city in Europe and in Northern Africa (7,8). Everywhere the same topic and format, inviting to debate: patients on dialysis or transplanted, living kidney donors, family members of deceased organ donors, nurses, technicians, economists, health administrators, jurists, magistrates, psychologists, philosophers bioethicists, pediatricians, nephrologist, neurologists, psychiatrists, transplant surgeons, journalists, medical editors renal patients and their associations. In 13 years the event took place in some 80 cities including repeatedly Naples, Tunis, Milan, Koper, Bari, Messina, Athens, Gdansk, Cairo, Kosice, Trieste, Rome, Istanbul, Tokyo, Gaziantep,

Nagoya, Bucharest, Portaria, Adana and Varna. The idea was to put the patients in the center of the health systems. Varna was one of the most active centers and collaborated to various publications of the Italian Institute for Philosophical Studies (Figures below).



*Survival Is Not Enough, World Kidney Day 2013 and 2014*



*Survival Is Not Enough, World Kidney Day 2016*

## The Bulgarian Association of Professors Emeriti

Dimitar Nenov founded with 10 other Colleagues from five universities in Varna the Association of Professors Emeriti. Three of them were registered in EAPE, and one of them came as delegate to the Athens International Congress. It was the last collaboration he had with Naples and with EAPE. He had a wonderful project in 2023 but could not join Naples for the Congress because of frailty and Covid.

Dimitar Nenov died on February 2, 2024 due to inoperable brain cancer. Three weeks after his death, the Renal Unit he created in Varna celebrated 50 years since it was first established.



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### Lost Traces\* Series:

*\*These series intend to put in the right light great human values lost in oblivion because of the erosion done by time and human weakness. Bulletin's readers and collaborators are very welcome with ideas or papers*

## Episode 1: The Late Romantic

*"Tempus edax rerum" (time, devourer of all things)*

Ovidius, Metamorphoseon Libri XV

My father used to say that what history has buried must be forgotten. My father was a philosopher, an excellent musician, and a wonderful violinist with that sweet and vibrant sound that only talent can give you. The discussion started when I asked him what Brahms's first version of the piano trio opus 8 (which we often had played) sounded like - [Brahms "Piano Trio B Major op 8" - Istomin-Stern-Rose - YouTube](#). This initial version was completely refurbished after almost 40 years (even if the opus number was preserved). Brahms told one friend "I didn't put a wig on him, but I combed his hair a little". In fact, there are huge differences between the 2 versions.

Johannes Brahms was extremely severe with himself and in full maturity he destroyed an important part of what he had written, considering it below the value of the music he wanted. I have always wondered how many masterpieces have been lost in this way. Some were saved by chance (for example the piano trio op. post. [Brahms: Piano Trio in A major Op. Posth. – Patricia Parr.. Mayumi Seiler.. David Hetherington \(youtube.com\)](#)).

Although for a long time, I respected my father's teachings (to whom I owe almost everything I know and am in music), my mind and soul always pushed me towards the search for new sounds. As they say "Serendipity means digging for worms and finding gold", the chance made me listen to Philipp Scharwenka's wonderful piano trio op. 100 ([Philipp Scharwenka - Piano Trio, Op.100 \(1897\) \(youtube.com\)](#)) a piece almost unplayed in concert halls. It is a piece full of introspective meditation, rich in musical ideas and an unexpected beauty combining romanticism with classicism in non-conformist writing and with a remarkable balance between the instruments. I tried to buy the sheet music by contacting the big stores in Vienna, Paris, or Amsterdam. The answer was the same: it is no longer edited.

Years ago, the same thing happened to me with a masterpiece, rarely played, written by a genius Belgian composer who tragically lived only 24 years,

Guillaume Lekeu - the violin and piano sonata. I then addressed some Belgian institutions that decided to reissue the wonderful score. Unfortunately, it was an exception. I got to find a digital copy of Scharwenka's work, refurbish it, print it, and finally enjoy singing it with my chamber music ensemble.



Ludwig Philipp Scharwenka,  
the Polish-German composer and teacher of music (Source: Wikipedia)

Scharwenka is not an unknown name, but reference is always made to Xaver Scharwenka, renowned pianist, creator of a conservatory named after him in Berlin, prolific extroverted composer of piano music, who entered history through his Polonaises, continuing Chopin's tradition. Xaver was the younger brother of Philipp, from whom he differed structurally, despite a common education.

Philipp Scharwenka was born in the province of Posen (currently Szamotuly, Poznań in Poland)

on February 16, 1847, his father being an architect and his mother his first piano teacher. While in high school, he started taking private lessons in music theory and the art of interpretation. The musical meetings were frequent and instructive. Introverted by nature, Philipp, a less virtuoso pianist, was eclipsed by his younger brother « My brother Xaver, whose uncommon musical talent had already attracted attention in Posen, was always the center of this circle » (quoted by William Melton).

Moved to Berlin in 1865, the Scharwenka brothers entered the Neue Akademie der Tonkunst, led by the famous teacher and pianist Theodor Kullak (student of Carl Czerny). Less dedicated to piano virtuosity than his brother, Philipp, attracted by composition, will remain a teacher in Kullak's academy, whilst Xaver followed the path of interpretive fame and volcanic piano compositions. A long friendship was established between Philipp and the Moszkowski brothers, Alexander and Moritz, the latter becoming a remarkable pianist and composer. A good draftsman with a developed sense of humor, the young Scharwenka illustrated some of Alexander's literary-humorous fiction (below is one of his sketches).

Shortly after that, Philipp left the Neue Akademie and, with his brother, took over the leadership of the smaller, but already famous, music school Scharwenka in Berlin. Between 1891 and 1892 the two brothers found themselves in New York to put the foundations of a conservatory. At the beginning of the century, Philipp Scharwenka found his consecration as a Professor and was accepted into the Academy of Fine Arts. After a serious heart disease, Philip died on July 16, 1917. Xaver confessed that his death was a "liberation from insidious, painful suffering, which he had borne steadfastly and without complaint".

Among Philipp Scharwenka's students was the great conductor Otto von Klemperer who declared that Scharwenka was the first to introduce him to the work and genius of Gustav Mahler. Philipp was admired by many contemporaries including Max Reger who dedicated him the Phantasiestücke op. 26.

Philipp Scharwenka's creation counts over 120 works including an opera, 3 symphonies, many other orchestral pieces, concerts, various chamber compositions, and piano and voice music. Piano music occupies a special place in Scharwenka's work. His concise pieces of great refinement, unfortunately, were forgotten or unknown by pianists attracted by the ceaseless interpretations of Liszt, Chopin, or Schubert. His songs are always full of nostalgia or sadness, well internalized. An eloquent example is the Elegy ([Philipp Scharwenka: Elegy in e flat minor \(youtube.com\)](#)), a dream finished with funeral chords. Another example is Rückblick (Backward Glimpse)...a bitter look at youth devoided of pathos ([Philipp Scharwenka - Rückblick, Op.77/3 \(youtube.com\)](#)), somehow suggesting Grieg's lyrical pieces. Other pieces, such as Romantische Episode op.65/1, have a more heroic character, suggesting Chopin's or Xaver Scharwenka's Polonaises, but interrupted by lyricism and nostalgia ([5 Romantische Episoden, Op. 65: No. 1, Feurig bewegt \(youtube.com\)](#)). None of these works are re-edited and the curious musician has to do some detective work to recover them from antique shops or poor-quality old copies.

Chamber music probably best represents the intimate and introverted character of Philipp Scharwenka's music. Emblematic in this sense is the piano quintet op. 118 ([Philipp Scharwenka - Piano Quintet, Op. 118 \(1910\) \(youtube.com\)](#)) where we find together the restrained exuberance of part 1, the meditative romanticism in part 2, the nostalgic suffering interrupted by giggles from the introduction of the finale, and the smoldering tension of the finale; there is no lack of optimism, but it is always punctuated by tears.

Philipp Scharwenka's music is full of harmonic originality, sensitivity, and a human message. Knowing and transmitting it is not only an expression of culture, but a way to preserve humanity.



One of Philipp Scharwenka's sketches



# News

## Professor Miroslav Mydlík, Awarded *In Memoriam* the Centenary Medal of the Louis Pasteur University Hospital in Košice

by **Katarína Derzsiová**,

Former Head of the Nephrological Laboratory of the University Hospital Louis Pasteur, Košice, Slovakia

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Katarína Derzsiová

The 100th anniversary of the first State Hospital in Košice, was held on June 21, 2024 in the House of Arts in Košice, in the presence of Peter Pellegrini the President of the Slovak Republic, the Minister of Health and other important representatives of the Slovak Republic and of

Košice. A commemorative plaque was unveiled to commemorate this event for generations to come. The plaque was placed in the entrance areas of the Directorate building (Fig.1).



Fig.1: Commemorative plaque in the entrance areas of the Directorate building

The State hospital in Košice was opened on June 24, 1924. At that time, it was the largest and most modern hospital in Slovakia. It became the cradle of Košice medicine, which gave impetus to the establishment of other city hospitals. After many changes in the name of the hospital, is now "University Hospital of Louis Pasteur".

Its most important, key educational partner is the Faculty of Medicine of the University of Pavol Jozef Šafárik (UPJŠ) in Košice. UPJŠ was founded in

1959 and historically follows the tradition of Košice University - *Universitas Cassoviensis*, founded in 1657 and confirmed by Emperor Leopold I with the 1660 Golden Bull.

In his speech, the President of the Slovak Republic qualified the University Hospital as a top medical and scientific research workplace. The speeches of the Rector of UPJŠ, the Dean of the Medical Faculty UPJŠ and the Director of University Hospital of Louis Pasteur were also in a similar spirit. After the ceremonial speeches, Ľuboslav Beňa, Director of the Hospital, awarded a commemorative medal (Fig. 2) and a letter of thanks to key partner medical and educational institutions, and *in memoriam* to 27 giants of Košice medicine whose significance exceeded the borders of Slovakia. Medals were also presented to those who contributed to making the State Hospital an international academic center.



Fig.2: Commemorative centenary medal of the Louis Pasteur University Hospital in Košice

The medal was also awarded *in memoriam* to Professor Miroslav Mydlík, MD, DrSc., a giant in medicine (1-8), who spent most of his active life behind the Iron Curtain. The Director handed over the medal to Ing. Katka Derzsiová, his longtime colleague and partner, head of the Nephrology Laboratory of the Fourth Internal Clinic, (Fig.3). Professor Mydlík participated significantly in the development of the University Hospital, in the field of nephrology. He created the first dialysis center at the Internal Clinic, which he gradually improved and expanded and became one of the most important nephrology workplaces. He presented his experiences at various international congresses around the world and published them in important journals. His activity made University Hospital and UPJŠ visible. He founded the first Nephrology Clinic in Slovakia, which was privatized during the unfavorable period of the

privatization boom. He held important positions, e.g. head of the Internal Clinic, Nephrology Clinic, Vice-rector of UPJŠ, Chief Specialist for Nephrology of the Ministry of Health of Slovakia and others. For his merits, he was recognized as a giants of the University Hospital.

Professor Mydlík was also one of the founders of EAPE in Athens, in 2016. He was elected to the wider EAPE committee. As an emeritus professor of UPJŠ, he was enthusiastic about the establishment of this association.



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Fig.2: Director handed over the medal to Ing Katka Derzsiová





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THE CHIEF EDITOR  
G.-Andrei Dan



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The Bulletin adopts the Vancouver style. Authors are invited to visit the website of the Association and read the last issue. Manuscripts shall be in good English in Word, font 12, with good illustrations and shall be emailed to the editor in Chief, Gheorghe-Andrei Dan.

• Email: [andrei.dan@gadan.ro](mailto:andrei.dan@gadan.ro)

Original manuscripts (Word file) around 900-1100 words shall include affiliation(s), email and phone numbers of the authors, as well as 5 keywords from the manuscript. Preferably titles should not exceed the length of 50 characters (spaces included). A portrait of the 1<sup>st</sup> author is required. 1 Figure and 1 Table (emailed on separate sheets) and a maximum of 6 references and a minimum of 3 are allowed. References must be numbered and ordered sequentially as they appear in the text. When cited in the text, reference numbers are to be in round brackets.

Manuscripts related to news about emeriti and their associations shall be limited to a maximum of 500 words, and up to 3 references; no portrait of the author is required, but 1 Figure or 1 Table can be added.

All manuscripts undergo editing.

At the end of the article number references consecutively in the order in which they are first mentioned in the text. For articles with more than 6 authors, list the first 3 authors before using "et al."; For articles with 6 authors, or fewer, list all authors.

### JOURNALS

1. *Journal article published electronically ahead of print*: Authors may add to a reference, the DOI ("digital object identifier") number unique to the publication for articles in press. It should be included immediately after the citation in the References.

Bergholdt HKM, Nordestgaard BG, Ellervik C. Milk intake is not associated with low risk of diabetes or overweight-obesity: a Mendelian randomization study in 97,811 Danish individuals. *Am J Clin Nutr* 2015 Jul 8 (Epub ahead of print; DOI: doi:10.3945/ajcn.114.105049).

2. *Standard journal article*. List all authors when 6 or fewer; when 6 or more, list only the first 3 and add "et al." Abbreviate journal titles according to *Index Medicus* style, which is used in MEDLINE citations.

De Santo NG, Altucci P, Heidland A et al. The role of emeriti and retired professors in medicine. *Q J Med* 2014;107: 407-410

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World Health Organisation. Good Health Adds Life to Years. Geneva, WHO, 2012.

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