



ISSN 2945-0381

The BULLETIN

OF THE EUROPEAN ASSOCIATION OF PROFESSORS EMERITI



EUROPEAN ASSOCIATION
OF PROFESSORS EMERITI

ISSUE 2024; 5(3): 49-84



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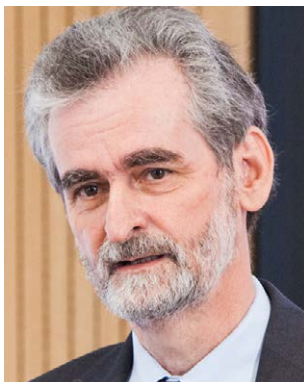
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The Bulletin

of the European Association of Professors Emeriti

Bull Eur Assoc Profs Emer
Quarterly Distribution (4 Issues per Year)

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The formation of the editorial board is under way.

*The following colleagues have already placed their services
at Buletin's Editorial Board and we thank them warmly for this.*

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ISSN 2945-0381

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George Christodoulou

The Address of the EAPE President

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

Email: profgchristodoulou@gmail.com

OCTOBER 2024

Dear Colleagues and Friends,

Time is passing by with unprecedented speed (at least this is the way many of us "old timers" perceive it) and we can't find time to do all the tasks that we schedule (including swimming - this weekend in Greece was very hot, ideal for it).

Yet, the international situation does not permit optimism and the luxury of remaining free from concerns. People are being killed every day and the drums of war are heard loudly and clearly. Nobody can be indifferent to the brutality of war.

If, however, we concentrate on our EAPE we have some very good news:

1. The former EAPE President Prof. Natale G. De Santo has informed us that the President of the Italian Republic Prof. Sergio Mattarella has awarded a President's Medal to our Association, for the Day of Older Persons' events (1st October) organized under the guidance of Prof. de Santo.

This is an important distinction provided to our Association for the second time.

2. The EAPE, in collaboration with other organizations, organised an International celebration of the World Mental Health Day, held in Athens, at the office of the European Parliament, on the 10th October. Our Section on Mental Health was represented by four of its members, Dusica Lecic-Tosevsky, George Ikkos, Nancy Papalexandris and George Christodoulou. The event was a hybrid one and those interested attended it electronically.

3. I am happy to report that the Internal regulations of our Sections, as modified by a Committee composed of the President, Dennis Cokkinos and George-Andrei Dan has been approved by the Board and it has been uploaded on the EAPE Website.

Thus, the Sections will have guidance concerning how to function, how to carry out elections etc. An item has been added concerning the possibility to

award the title of Honorary Member to a person who has excelled in the area covered by the relevant section.

4. The EAPE Board has authorized the President and Former President Prof. Cokkinos to represent EAPE and offer salutations in two important meetings where our Association will be a collaborating organization:

- Hippocratic Foundation Congress, Hippocratic Island of Kos, 13-21 October 2024.
- 9th European Conference on Tobacco control, Athens 22 October 2024.

5. During our Board meeting of the 25 September, the President-elect Prof. Giancarlo Bracale provided preliminary information on the EAPE Interim Congress to be held in 2025 in Naples (the main EAPE Congress will be held in 2026 in Athens). Further information will follow.

6. I am happy to say that the Membership of our Association has increased. Not dramatically but it has increased. Could each of us please try to recruit one member during this month? And, could each of us pay one's dues? I am sorry I have to deal with such trivialities. If I was you, I would certainly be annoyed by this appeal but what can I do?

The only thing that I and the rest of my board colleagues can do is to make membership in EAPE worth the yearly dues of 50 euros. If you have ideas that can further increase our performance towards this end, please do not hesitate to communicate your ideas to me.



SEPTEMBER 2024

Dear Colleagues and Friends,

Autumn is considered as a melancholic season. It is associated with the painful return from the summer vacations, is often accompanied by rain fall, fallen leaves ("les feuilles mortes") reminiscences from the time we were students and were going back to school from the summer carefree happiness (for those of us who can still remember!) etc.

However, this summer was not a particularly happy period. With at least two major wars occurring with fierce violence and many victims, with the climate change producing catastrophic wildfires (e.g. Greece, Portugal), floods and other natural disasters as well as many tragic losses, we can hardly call it a happy period in the life of humanity and our own lives. Let us hope then that, in spite of being "melancholic", autumn will remedy some of the consequences of these human-made and natural disasters.

But, enough with this introduction!

Our EAPE (European Association of Professors Emeriti) is progressing well but "well" is not enough. It can be better than "well". How can we make it better? By listening to you, the members. That is why we gave such an emphasis to our EAPE survey. It is true that the response rate was much lower than the rate anticipated. Yet those who responded were the ones who had the greatest motivation, who believed in the mission of EAPE and who had something to offer. We are grateful to them for their cooperation and, as promised, I carefully read all responses, one by one. Useful ideas have been put forward. So, in this month's letter I will deal with just one topic, the findings from the EAPE SURVEY.

The EAPE Survey

This was prepared in collaboration with Immediate Past President Sir Leslie Ebdon and Secretary-General Prof. Nikos Markatos.

During the summer I had the opportunity to review your responses in detail. Here they are:

- All of those who have responded, not surprisingly believe that there is indeed a point in having EAPE. What is this point? Most believe that it is a) being in contact with developments concerning Emeriti b) creating links with colleagues c) establishing research collaboration d) keeping up to date with scientific knowledge (e. g. via seminars) e) promoting the rights of Professors Emeriti.

Additionally, there have been complementary responses, as follows:

- Develop a policy to preserve the intellectual potential of older people.
- Consolidate the role of Silver Economy in Society.
- Strengthening EU and building bridges across borders.
- With one exception all respondents believe that being an EAPE member is beneficial for them.

In response to the question "What can be done to make EAPE more useful for you" we had many interesting responses, like the following:

- Creation of links with colleagues.
- Contact with scientific developments.
- Creation of Members' portal on website to find local members.
- Facilitation of relationship of Emeriti with researchers at national level.
- Aligning of EAPE activities with national policies.
- Expanding the awareness of EAPE beyond EAPE members (i.e. more visibility).
- Establishing closer links with other European societies.
- Closer links between EAPE Leadership and Membership.
- Safeguarding the rights to e-mail, copyright and digital use of Emeriti past publications.
- Participation of highly experienced members of EAPE in webinars/seminars of local Emeriti Associations, to promote solidarity and exchange experiences.
- Strengthening of the Bulletin, incorporating multi-disciplinary topics.
- Increasing the membership of EAPE.

The Website

Most respondents are happy with the website and have visited it, most of them from once a week to once a month!

Some recommendations for its improvement:

- Continuous updating.
- Add contents.
- Larger diffusion.
- Make it available to more people and utilize it to attract new members.

The Scientific Sections

More than half of the respondents are members of a Section and the majority of the remaining ones would like to become members.

Creation of two more Sections has been proposed, as follows:

- Section on auxology (growth) investigating the Evolution of needs, frustrations, differences and conflicts between generations.
- Section on Education Digitalization (distant learning, development of new digital educational tools.
- The Seminars/Webinars of the Sections seem to be enthusiastically approved by the respondents, the responses ranging from "interesting" and "good idea" to "excellent". The view has been expressed that it would be better if this activity was associated with some income for the EAPE.
- Most colleagues would like to participate in the webinars as speakers.

The Bulletin

Most respondents have visited the Bulletin and most of them are happy with it and have contributed to it.

Suggestions for improvement:

- Raise the standard of articles.
- Increased awareness concerning the existence and character of the Bulletin.
- More emphasis on general themes (like health, environment etc).

The Newsletter

Most respondents have visited the Newsletter and are happy with it but few have contributed to it.

- One respondent suggested making sure that there is no overlap with the Bulletin.

Congresses

Although only half of the respondents have participated in at least one of our two original congresses (Athens and Napoli) yet those who have participated are very happy with them.

Finances

With reference to the (difficult) financial situation of the Association most people feel that the annual subscription fee should stay as it is (50 euros per year) and, with one exception, all respondents can NOT secure a donation (from Bank, Pharma company, Publishing company) or a donation in kind.

Recruitment

Most people have stated that they CAN recruit one new member (please let me know whether you have managed to do so).

Add Something

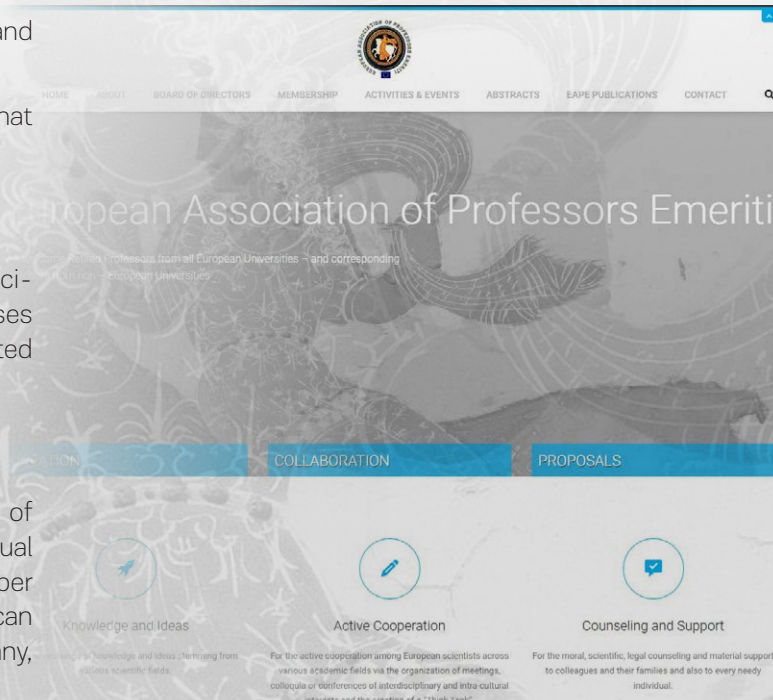
Responding to the question "Do you want to add something", people added the following:

- Improve visibility and communication.
- Promote EAPE in all Universities.
- Create more sections.
- "I am very new to the organization. It is a good initiative and I will no doubt participate in the future".
- "I offer to contribute to peer review of Bulletin submissions".

I am grateful to all colleagues who have cooperated with us in the context of the Survey.

With warmest regards to all and wishes for a happy and uneventful fall (autumn, to be on the safe side!)

George Christodoulou
President EAPE





George Christodoulou

George Christodoulou

MD, PhD, FRCPsych., FICPM, President, EAPE

Email: profgechristodoulou@gmail.com

EAPE Scientific Sections New elected EAPE Sections' Chairs, Co-chairs and Secretaries

Dear Colleagues and Friends,

I would, first of all, like to congratulate you for your election as officers of your Sections. We believe that the Sections should be empowered to become the scientific backbone of our Association and I am sure that you will do your best towards this direction.

Scientific backbone? What does this mean? It means two things:

1. Production of new information (research)
2. Dissemination of existing information (teaching, through conferences, seminars and webinars).

The rota of seminars or webinars that the Sections will have to organize from October onwards, is already uploaded on our website. Each of our sections will have to organize two webinars per year. You can of course collaborate with other sections and present inter-sectional webinars. Unfortunately the finances of EAPE do not allow us to provide funds for technical assistance for the webinars but you will probably manage to find assistance from your universities.

In response to our EAPE survey, a number of colleagues have expressed their wish and willingness to serve as speakers in webinars etc. Therefore, I am adding below a list of these colleagues with their e-mails and their preferences to participate in the webinars of this and that section. I should be grateful if you would encourage them to participate in the activities of your section, if appropriate. One of the main issues that we are called to face is the complaint of the members that they do not get enough information about our activities and that they are not invited to participate in them. So, I am sure that you will agree that we should remedy this.

Thank you very much for your cooperation and I look forward to working closely with you. By now you must have realized that the Sections are close to my heart. With best wishes for a creative future.

George Christodoulou
EAPE President

SECTION ON MENTAL HEALTH

Chair	Dusica Lecic-Tosevski
Co-Chair	George Ikkos
Secretary	Michel Botbol

SECTION ON CULTURE

Chair	Diamandopoulos Athanasios
Co-Chair	Thiene Gaetano
Secretary	Dougenis Dimitris

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Secretary	Racz Oliver

SECTION ON ENROLLMENT AND ADVOCACY

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Co-Chair	Dennis Cokkinos
Secretary	Stavros Koubias

SECTION ON HEALTH PROMOTION AND PREVENTION

Chair	Cokkinos Dennis
Co-Chair	Mancia Giuseppe
Secretary	Behrakis Panagiotis

SECTION ON ETHICS

Chair	Campanella Luigi
Co-Chair	Cok Lucija
Secretary	Biggs Michel

SECTION ON NATURE PROTECTION

Chair	Ciambelli Paolo
Co-Chair	Ochsenkühn-Petropoulou Maria
Secretary	Koubias Stavros

Below is the programme of the seminars or webinars until June 2026.



Program of EAPE Sections' Seminars/Webinars

Below the rota of the seminars or webinars of our EAPE Sections. Should you wish to participate in the seminars/webinars of any of the above sections or propose a topic, please write to the chair of the respective section.

NOVEMBER 2024

Section on Prevention and Health Promotion

Meeting in Bucharest, Romania.

Chair: Dennis Cokkinos,
email: dcokkinos@bioacademy.gr

DECEMBER 2024

Section on Ethics

Chair: Luigi Campanella,
email: luigi.campanella@fondazione.uniroma1.it

JANUARY 2025

Section on Culture

Chair: Athanasios Diamantopoulos,
email: 1453295@gmail.com

FEBRUARY 2025

Section on Meeting the Needs of Young and Old-olds

Chair: Halima Resic,
email: halimaresic@hotmail.com

MARCH 2025

Section on Nature Protection

Chair: Paolo Ciambelli,
email: pciambelli@unisa.it

APRIL 2025

Section on Mental Health

Chair Dusica Lecic-Tosevski,
email: dusica.lecictosevski@gmail.com

MAY 2025

Section on Health Promotion and Prevention

Chair: Dennis Cokkinos,
email: dcokkinos@bioacademy.gr

JUNE 2025

Section on Ethics

Chair: Luigi Campanella,
email: luigi.campanella@fondazione.uniroma1.it

JULY 2025

Section on Culture

Chair: Athanasios Diamantopoulos,
email: 1453295@gmail.com

SEPTEMBER 2025

Section on Meeting the Needs of Young and Old-olds

Chair: Halima Resic,
email: halimaresic@hotmail.com

OCTOBER 2025

Section on Mental Health

Celebration of the World Mental Health Day (10th October 2025)

Chair Dusica Lecic-Tosevski,
email: dusica.lecictosevski@gmail.com

NOVEMBER 2025

Section on Nature Protection

Chair: Paolo Ciambelli,
email: pciambelli@unisa.it

DECEMBER 2025

Section on Health Promotion and Prevention

Chair: Dennis Cokkinos,
email: dcokkinos@bioacademy.gr

JANUARY 2026

Section on Enrollment and Advocacy

Chair: Nicholas Markatos,
email: n.markatos@ntua.gr

FEBRUARY 2026

Section on Ethics

Chair: Luigi Campanella,
email: luigi.campanella@fondazione.uniroma1.it

MARCH 2026

Section on Culture

Chair: Athanasios Diamantopoulos,
email: 1453295@gmail.com

APRIL 2026

Section on Meeting the Needs of Young and Old-olds

Chair: Halima Resic,
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MAY 2026

Section on Mental Health

Chair Dusica Lecic-Tosevski,
email: dusica.lecictosevski@gmail.com

JUNE 2026

Section on Nature Protection

Chair: Paolo Ciambelli,
email: pciambelli@unisa.it

I should mention that if a Section would like to organize a session in addition to the above program it will be welcomed with thanks. The same stands for inter-sectional collaboration. For example, Mental Health Section with Ethics Section and Philosophy Section (if we had one) could collaborate in a joint webinar. By the way we should consider enriching EAPE with new sections.

Below follows the list of EAPE members who want to be speakers in Webinars.

List of EAPE Members who want to be Speakers in Webinars

The preferred sections' webinars are noted.

Aris Antsaklis: Professor Emeritus of Obstetrics-Gynecology- University of Athens, Greece
Email address: arisants@otenet.gr
[Preference: Ethics](#)

Raymond Ardaillou: Professor Emeritus of Nephrology-University of Paris, France.
Email address: raymond.ardaillou@academie-medicine.fr
[Preferences: Culture / Enrolment and Advocacy](#)

Michael Biggs: Professor Emeritus of Aesthetics, - University of Hertfordshire, UK.
Email address: m.a.biggs@herts.ac.uk
[Preference: Ethics](#)

Michel Botbol: Professor Emeritus of Child and Adolescent Psychiatry -University of Western Brittany, Brest, France
Email address: botbolmichel@orange.fr
[Preference: Mental Health](#)

Paolo Ciambelli: Professor Emeritus of Chemical Engineering. University of Salerno, Italy
Email address: pciambelli@unisa.it
[Preferences: Nature Protection / Health Promotion and Prevention](#)

George - Andrei Dan: Professor Emeritus of Cardiology, University of Medicine "CAROL DAVILA", Bucharest, Romania
Email address: andrei.dan@gadan.ro
[Preferences: Culture / Health Promotion and Prevention](#)

Athanasios Diamandopoulos: Professor Emeritus PH.D., Nephrologist-Archaeologist- University of Athens, Greece
Email address: 1453295@gmail.com
[Preferences: Culture / Ethics](#)

Dimitris Dougenis: Emeritus Professor of Cardiothoracic Surgery- University of Athens, Greece.
Email address: ddougen@gmail.com
[Preference: Health Promotion and Prevention](#)

Les Ebdon: Professor Emeritus of Chemistry- University of Bedfordshire, U.K.
Email address: Les.Ebdon@beds.ac.uk
[Preferences: Meeting the Needs of Young and Old-olds / Enrolment and Advocacy](#)

Ehrich Jochen: Professor Emeritus of Paediatrics- University of Hannover Medical School, Germany.
Email address: Ehrich.Jochen@mh-hannover.de
[Preferences: Culture / Meeting the Needs of Young and Old-olds](#)

Dimitra Karamaliki: Professor of Dentistry- University of Athens, Greece
Email address: elikarortho@gmail.com
[Preference: Health Promotion and Prevention](#)

Giuseppe Mancia: Emeritus Professor of Internal medicine and Cardiology -University of Milano-Bicocca
Email address: Giuseppe.mancia@unimib.it
[Preference: Health Promotion and Prevention](#)

Massimo Pica Ciamarra: Professor Emeritus of Architecture- University of Naples-Federico II,
Email address: picaciamarra@pcaint.eu
[Preference: Culture](#)

Roberto Scarpa: Professor Emeritus, of Physics, University of Salerno, Italy,
Email address: rscarpa@unisa.it
[Preference: Nature Protection](#)

Gaetano Thiene: Professor Emeritus of Cardiovascular Pathology-University of Padua, Italy
Email address: gaetano.thiene@unipd.it
[Preferences: Culture / Health Promotion and Prevention](#)

Dusanka Micetic-Turk: Professor Emerita of Paediatrics- University of Maribor, Slovenia
Email address: Dusanka.Turk13@gmail.com
[Preference: Meeting the Needs of Young and Old-olds](#)



Organization of Sections - Internal Regulations - Voting Procedures

1. Each Section of the European Association of Professor Emeriti (EAPE) consists of all its regular members and is managed by a committee of three (3) members in total. The committee of each section coordinates the activities of the section and functions as the liaison and in the name of the Board of Directors (BoD) of EAPE.
2. The committee of each section consists of: Chair, Co-Chair and Secretary. All registered members of EAPE, including corresponding members can be nominated and elected according to the By-laws of EAPE. No member can participate in more than two sections.
3. All members of EAPE can participate in the section to further promote its goals. The purposes of every EAPE Section must be in full compliance with those of EAPE (Article 3 & 4 of EAPE By-laws). Means to achieve the purposes of each Section are generally those of EAPE (Article 4 of EAPE By-laws). Certain additional actions to meet specific purposes are the following:
 - It should communicate with the BoD of the EAPE which will receive appropriate feedback and any other type of relevant information on a regular basis.
 - It should seek close collaboration with other Sections in order to maximize achievement of their respective goals; in this context, collaboration in regional meetings and other similar events is encouraged
 - An outreach policy will be adhered to by dispatching information on the ongoing activities of Sections; a main vehicle for the implementation of this policy shall be publishing its news and items in the EAPE Bulletin, newsletter, and the website. Also, each section will pursue, on behalf of EAPE, the participation in various funding and research European or other National or International projects and other European or International Agencies.
4. The term of Chair, Co-chair and Secretary is limited to 2 years. Election among all active members of the Section will take place every 2 years following election of the BoD of EAPE, preferably by electronic ballot.
5. The members of each Section shall be considered active based on the regular payment of their dues to EAPE; no further financial obligation will be required through separate fees to the Section. Third party financial support or any other means of sponsorship should be handled by the EAPE Treasurer as appropriate in collaboration with the Committee of each Section.
6. Correspondence of each Section will be carried out by the Chair, Co-chair and Secretary under the official logo of EAPE with cc to the EAPE Board.
7. The title of Honorary Member can be awarded by the membership of the Section to a prominent personality who has excelled in the field of the Section.



Editor's Corner

My Dog challenges Descartes

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

My dog is a beloved member of the family. One day, accidentally I stepped on his paw with all my weight. He yelped in pain, but my scream of fear was even louder. I was terrified. Suddenly, the little four-legged creature turned around, looked me straight in the eyes, and, pressing against my leg, began to

lick me. In his eyes, I could see the sadness that I, the human, was suffering because of him. It was a reaction that only a soul could generate. Does my dog have a soul? This is my question.

René Descartes, the father of philosophy, clearly distinguished between the body—a physical phenomenon—and the mind (which he referred to in his work as the "soul")—a psychological phenomenon. According to this "Cartesian dualism" concept, the body is explained like any material thing, through form, dimensions, or movement. Animals are characterized exclusively by physical traits—"automata"—and deprived of a mind (soul). According to his work *"Discourse on the Method"*, humans are distinguished from animals by the existence of language and intelligence. The human mind is immaterial and, therefore, immortal.

According to Descartes, animals are endowed with a spirit (pneuma), created in the brain under the influence of blood particles filtered through the pineal gland. The spirits (likened to air currents) are transported to the muscles (effectors) through "nerve tubes." The sensory organs activate "filaments" in the nerve tubes, sending information to the cerebral ventricles, from where, in the form of "spirit," they act on the muscles. Animals function exclusively based on these reflex mechanisms (in an archaic sense). In contrast, humans, possessing a mind (soul), have subjective experiences. Humans can speak and philosophize; animals cannot.

According to Descartes, the "automata" and the soul interact at the level of the pineal gland (conceived

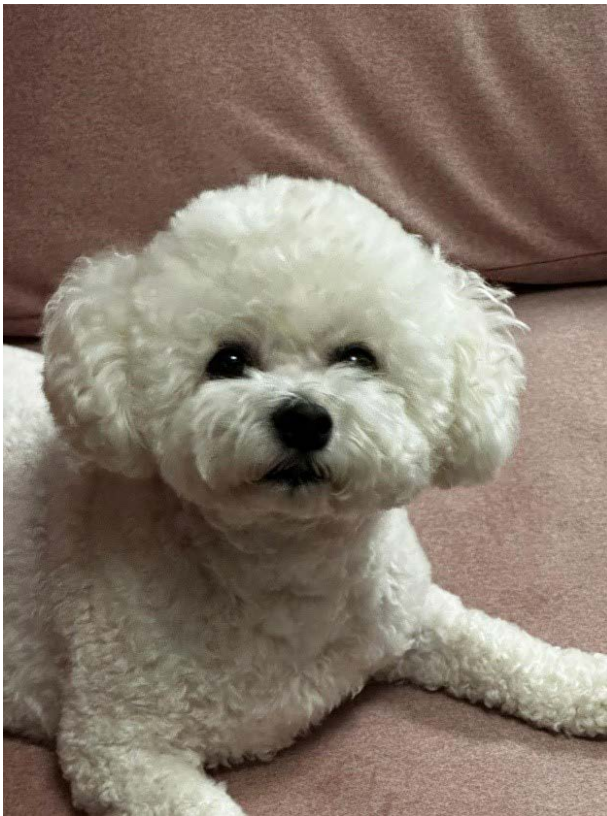
as a valve), which allows humans, but not animals, to be conscious of sensations and to initiate voluntary movements. The philosopher emphasizes that there is a "sensory consciousness" specific to the union between the mind and the body. Simply put, animals feel pain, but only humans can understand and integrate that pain.



Portrait of René Descartes, by Frans Hals

(Source: Wikipedia)

Descartes's thinking is just a stage in the evolution of thinking regarding the relationship between humans and animals. He follows Toma D'Aquino and refines Aristotle's concept of the immateriality of the soul. As expected, Descartes was harshly criticized by his contemporaries (like Cudworth) and by later thinkers. Descartes partially distanced himself from his dualism, acknowledging the emotions of animals (John Cottingham, *Philosophy*, 1978), probably influenced by the psychological pressure exerted by his close friend, a pet dog stiltedly named Monsieur Grat.



Bibi, my smart dog

Modern philosophy is much more nuanced, though still highlighting the difference between humans and animals based on the fact that humans live their lives with a long perspective, making plans and projections for the future, while animals only live "at the moment." Lacking language (do we know this for real?), animals cannot transcend the moment, which is why the span of their lives has

less significance for them. Because life holds more meaning for humans, who, while dying, lose more than animals, human life appears more valuable than that of animals (Mark H. Bernstein, *The Moral Equality of Humans and Animals*, 2015).

Marxist animalism, while accepting the animal origins of humans, still makes a clear distinction between animals and humans, based on the idea that animals produce only for themselves, whereas humans produce universally. Self-consciousness and self-aware activity are specific to humans.

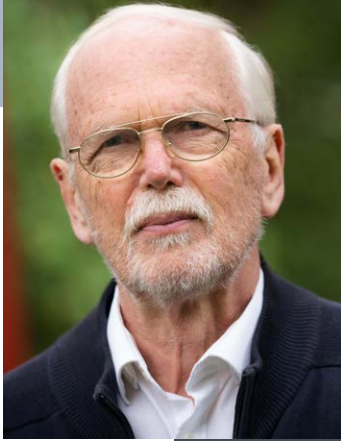
Descartes claimed: "*Dubito ergo cogito...*"

I doubt so I think. Certainly, my dog doesn't know about Descartes and doesn't speak in a way I can understand. But, surely, for him, I am more important than himself. My dog has a soul, and his soul is very close to mine.

References:

1. https://philosophynow.org/issues/108/Descartes_versus_Cudworth_On_The_Moral_Worth_of_Animals
2. Thomas E., Canadian Journal of Philosophy (2020), 50: 8, 999-1014, doi:10.1017/can.2020.44
3. Stache C., Monthly Review: On the origins or animalist marxism: rereading of Ted Benton, 2018
4. Bernstein M.H., The moral equality of humans and animals, 2015
5. Bennett, M. R. & Hacker, P. M. S. (2002). The motor system in neuroscience: A history and analysis of conceptual developments. Progress in Neurobiology





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The Crisis of European Health Care Delivery Systems calls for New Enlightenment: Part 4 Conclusions

May European healthcare systems benefit from the culture of other continents, such as Asia or Africa?

In his book, "Medicine and Culture", Lynn Payer (1) answered the question, "Is medicine international?" with "Medicine is not quite the international science that the medical profession would have us believe." Today's medicine differs not only from the past, but also from country to country because of diversity related to national culture and philosophies. For example, in his article, "Building bridges between Ayurveda and Modern Science", Sanjeev Rastogi (2) wrote "The 21st century has marked the beginning of a new era that is looking at Eastern health philosophy with a positive attitude." We agree with Rastogi (2,3) that health systems alone cannot be improved unless there is an attempt to fundamentally correct society. Therefore, it is important to ask how culture can be transferred from nation to nation. For example, German psychologist Stefan Strohscheider (4) compared the German and Indian ways of thinking about crises and problem solving. Selected differences are listed in Table 1. We conclude that disinterest in

foreign philosophies will deprive the Western world from establishing a third European enlightenment of many plausible benefits of foreign traditional health qualities. In contrast to the wide spread scene, Ayurvedic schools in India consistently push for a scientific embodiment of Ayurvedic principles (2).

Doehring et al. (5) analyzed child health reflected in African artefacts and concluded that today health beliefs with their premises from the past have largely replaced health artefacts. However, traditional health beliefs with historical references still seem to be an integral part of human life and illness in Africa and need to be carefully reconciled with modern medicine. We conclude that an understanding of the uniqueness of the cultural environment and recognition of their differences can help build bridges across national and cultural boundaries in modern medicine.

No medical health care system can heal its own wounds during crises alone if it has too many blind spots of perception and a confusion of terminologies.

The terminology around esoteric medicine includes alternative medicine, complementary medicine and integrative medicine. Modalities include acupuncture, anthroposophic medicine, applied kinesiology,

5. Doehring R, Ehrich J, Ehrich JHH. Child health reflected in African artefacts. Hannover, Medical School, Germany, 2018, ISBN-13: 978-3000342448

1. Payer L. Medicine and Culture. London: Victor Gallance, 1988.
2. Rastogi S. Building bridges between Ayurveda and Modern Science. Int J Ayurveda Res, 2010, 1: 41-46. doi:10.4103/0974-7788.59943
3. Rastogi S. Ayurveda for comprehensive healthcare. J Healthcare Ethics & Humanities, 2009, doi.org/10.20529/IJME.2009.031
4. Strohschneider S. Culture-Thinking-Strategy. An Indian suite. Bern: Huber, 2001

aromatherapy, autologous blood therapy, Ayurvedic medicine, Bach flower remedies, bioresonance, chelation therapy, chiropractic, colonic irrigation, detox therapies, dietary supplements, energy healing, herbal medicine, homeopathy, iridology, Kampo medicine, macrobiotic, magnet therapy, mind-body therapies, music therapy, neural therapy, ozone therapy, reflexology, Reiki, shiatsu, tai chi, traditional Chinese medicine, qigong, yoga. The existing theoretical approaches on the clinical benefit of these spiritual therapies may inspire patients in their distress, arouse hope, and reduce doubts and fears. But whether the implementation of the multitude of practices, which are so very different, can also achieve specific, additive or even exponential effects remains an open question so far. This unfortunate circumstance understandably irritates traditionally working physicians. Therefore, they are asking for "a more reflective and precise understanding of spirituality-based treatments" in order to substantiate the disease-healing potential of the various spiritual interventions.

Conclusions

We conclude that a 3rd Enlightenment in European health care service systems must integrate **natural sciences** with **humanities**, such as **clinical philosophy, sociology, traditional and positive psychology**, and **medicine**. In addition, regional cultures must be respected by health care services that means even in the smallest local and remote parts of Europe. We believe that there is a limited place for universalism and no one-size-fits-all solution in European healthcare. But there is of course a limit to "vive les differences" which could mean a chaos of different and controversial therapeutic guidelines or referral and clinical pathways for patients.

The 3rd Enlightenment must teach patients and physicians that the traditional concept of "opposing thinking" in antonyms like right and wrong is no longer attractive, as there is not only good or bad, and there are not only truths or lies, strictly different needs and desires of young and old, political vigilance and anti-watchfulness. All these concepts of reductive thinking are counterproductive. Polar ways of either **top-down or bottom-up strategies** in health management have led to the current disaster (6). A positive medicine must use a cybernetic system that is based on the **intrinsic motivation and autonomy** of the whole health care staff. **Inner motivation** of physicians and nurses is more important in health care than outside instructions or written guidelines (7, 8).

A prerequisite for change in healthcare is the perspectives and priorities of all opinion leaders and stakeholders. The immense variety of structures and processes in health care must be assessed in terms of 1. the organization and its performance and 2. the stability of autonomous dynamic systems, which are the basis of goal-oriented evolutionary processes. For this purpose, multi-perspectives are indispensable, taking into account the humanities and the natural sciences, whose representatives primarily use complex systems thinking. If patients and all stakeholders in the healthcare system agreed on the nature and priorities of problems, they would be better off, especially young and old people, who are the weakest and most vulnerable in our society.

Philosophy and medicine must work more closely together to achieve this aim (Table 2). Lyn Payer (1) concluded that three elements characterize the nature of the clinical transaction between patient and physician. These are technology, caring, and values. Although the nature, quality, and mix of these three elements vary widely in different circumstances in different countries, each is usually present. "Where is the wisdom we have lost in knowledge? Where is the knowledge we have lost in information?" These two questions, articulated by T. S. Eliot, are also the central challenges to improving the diversity of healthcare for all people in Western societies.

In summary, the concept presented here aims to create one of the possible foundations for an epoch-making enlightenment mood in medicine that is self-sustaining and can fall on fertile ground in various forms of democracy and autocracies alike. The primary goals are regionally and not universally oriented. Healthcare providers may correctly object that philosophers do not present solutions that they themselves can prove to be correct. However, philosophers are very skilled at avoiding "false universalisms, whose falsity consists in confusing a local, particular norm of man with a universal paradigm." (9) Philosophers can, above all, suggest paths to the solution of universal challenges and take care "that the 'we' of the ethical community is open-ended and continuously evolving" (9). A peaceful revolution in health care services by a stronger collaboration between natural sciences and humanities could become a major initiator or "arrow head" for a general 3rd Enlightenment. Wilhelm Krull concluded his foreword (9) to the book "Towards a New Enlightenment" with the sentences: "To ultimately realize the potential of humanities as strongholds of reflexivity, multi-perspectivity, and normativity, they will have to proactively take on the task of adopting a conceptual and strategic framework that puts them centre stage when it comes to tackling such crucial questions for our common future as: What is a sustainable value system for the 21st century?"

6. Anonymous. Positive and negative results of medical action (1892) JAMA; 19: 98-101. doi:10.1001/jama.1892.02420040010001c

7. Summerton N (1995) Positive and negative factors in defensive medicine: a questionnaire study of general practitioners. BMJ 1995; 310: 27-29 doi:10.1136/bmj.310.6971.27

8. Lianov LS, Fredrickson BL, Barron C, Krishnaswami J, Wallace A. Positive Psychology in Lifestyle Medicine and Health Care: Strategies for Implementation. Am J Lifestyle Med. 13: 480-486. doi:10.1177/1559827619838992

9. Viola T, Honnacker A, Huetter Almerigi Y, Joerke D, Hampe M. Multilingual Symposium on Michael Hampe's Die Dritte Aufklärung. Eur J Pragmatism Am Philosophy, 2020. <https://doi.org/10.4000/ejpap.2163>

How can we create a common way forward towards a New Enlightenment? When and why are people prepared to change their behaviour and to reconfigure their lifestyles in favour of a sustainable future for

humankind and our planet? Last but not least, the provision of adequate answers to these questions will require serious commitment to interdisciplinary, trans-sectoral, and intergenerational collaboration”.

Table 1.

Comparison of German and Indian thinking from the point of view of a German psychologist (4).

	Axioms of German thinking	Axioms of Indian thinking
1	Fear the worst!	Hope the good!
2	A problem is a problem, independent of its situational and social embedding.	The situational and social context of a problem is important and must be taken into account when looking for a solution.
3	In certain situations you have to risk something to see the effects and to learn.	Open-ended problems are dangerous, because the action is linked with unpredictable consequences. In such situations, act cautiously, avoiding risky decisions and too much activity. Anger and resentment are not adequate reactions to failure.
4	Solutions must always be perfect.	Solutions do not have to be perfect; it is enough if they work.
5	To cope with a problem, one must know its cause.	Operate with the problem at hand. It is of little use to think too long about the reasons why the problem arose.

Table 2.

Contribution of theoretical and practical philosophy to a new Enlightenment in health care systems

a. Cooperation of physicians with theoretical philosophers may lead to new types of health care service systems, catalogues of ethics and values, democratic management, environmental philosophies, economic anthropologies,

b. Cooperation of physicians with practical and clinical philosophers may lead to new tools for reflecting on their own life, the ability of patients to express themselves, perceiving, understanding, reflecting, recognizing and communicating their insights, feelings, hopes, expectations, fears and intentions to care givers. Cooperation should lead to strengthening the following skills of patients through intimate relationships in the family and in love:

1. Self-assertion (readiness and will to defend oneself)
2. Self-confidence (self-assessment, self-knowledge)
3. Self-esteem (self-confidence)

4. Self-control, on the other hand, means suppressing one's own feelings, which may only be useful at times and depending on the situation.

Normality means not differing from the majority in a negative, exaggerated or conspicuously positive way. Normality is an essential goal for all sick and disabled people and can be reached by:

1. The art of living, i.e. finding one's own meaning (self-will) in life through self-care (aesthetics of existence),

2. The understanding of living, i.e. providing an answer to something that the individual does not possess or cannot achieve, so that this state of unfulfilled needs or lack of perfection or normality can be endured. Patients must therefore find their own (self-) solutions to their problems.

3. Coping with life contains various problematic definitions, such as the slogan "Don't try to master your life, but be a master of your life." We do not define it as a status symbol, because it is not a permanent state that is to be striven for but must be fought for again and again.





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Pyrocene: The Fire Age

Introduction

Human activity in the current epoch of time is causing larger, more severe and more frequent catastrophic fire events than never before. In 2015, Stephen J. Pyne, an emeritus professor of the Arizona State University, a scholar on fire, and the most famous historian of fire on every continent, coined the term Pyrocene as a catchphrase for our epoch of time. Later, in 2019, Pyne proposed the term Pyrocene as an informing principle, in the literary sense. Pyne regards all of the Holocene as an Anthropocene, and from a fire perspective the Anthropocene as a Pyrocene, a Fire Age of comparable scale to the Ice Ages of the Pleistocene. The key driver of the Pyrocene is human activity. Humans and fire have evolved together over time. Fire allowed humans to evolve small guts and big heads, and then took them to the top of the food chain and powered almost all human activities. People have carried fire to places and times in which it could not have existed otherwise. Thus, fire and humans have expanded each the realm of the other. Today the transition from burning living landscapes to burning fossil fuel is a fundamental driver of global changes due to the effluents of the combustion. Fire forged humanity but now threatens to unhinge the planet. Is it possible to restore the balance?

Pyrocene

The current brief note about the theme Pyrocene is based on an overview of humanity and fire Pyne has presented in a comprehensive article published in *Scientific American Magazine*, Vol. 330, 2024 (1).

Pyne emphasize that Earth is a fire planet, the only one in the cosmos we know. Fire is possible on Earth because life provides the fuel and the oxygen fire needs. However, life does not furnish ignition. The appearance of humans, the unique species able to start a fire at will, made possible ignition and the use of fire to remake us, and then fire and we remade the Earth.

Summarizing the relationships between fire and humans, Pyne writes:

We developed more compact guts and big heads because we learned to cook food. We went to the top of the food web because we learned to cook landscapes for hunting, foraging, farming and herding. We have become a geological force because we have begun to cook the planet. Becoming the keystone species for fire made us the keystone species for Earth. Not only can we start (and within limits stop) fire, but fire serves as a fulcrum for our desires, good and bad. The fire stick became an Archimedean lever with which we move the world.

Earth's fire story is an amalgam of three types of fires. "First fire" is nature's fire. As long as Earth has had terrestrial vegetation, it has had first fire ignited by lightning. "Second fire" appeared in the Pleistocene epoch and was ignited by humans who became able to domesticate fire i.e. birth, feed, train, shelter, tend. The domestication of fire created a landscape more amenable to human habitation and grew the relationships of fire with humans. Many intellectual from the roman architect Vitruvius to the anthropologist Claude Levi-Strauss (20th century) think that fire control separates the civilized from the barbaric.

Fire control is a complex matter as it depends on numerous interacting factors e.g. type of landscape, climate, plant cover and management. After the Great Fires of 1910 that burned millions of acres in the western regions, the U.S. spent 50 years trying to take all fires out of this landscape, which resulted in the accumulation of huge quantity of biomass and mega fires. In the following 50 years, the fire management strategy was to put good fires back in the landscape.

Several southern European countries have carried out prescribed burning (fire control) since the late 1970s (2). The objective of such good fires, by reducing fuel load, is to mitigate wildfire risk in wildland-urban interfaces and forests, to restore the ecological role of fire in fire-adapted ecosystems

1. Pyne Stephen J. 2024. Life in the pyrocene. Ancient prophecies of worlds destroyed by fire are becoming realities. How will we respond? *Scientific American Magazine*, 330 (5) p 22.

2. Ascoli D, Bovio G, 2013. Prescribed burning in Italy: issues, advances and challenges. *iForest* 6: 79-89 [online 2013-02-07] URL: <http://www.sisef.it/iforest/contents?id=ifor0803-005>

and conserve biodiversity, to manage agro-pastoral resources and agro-forestry.

“Third fire” is arrived over the last 2 centuries. It is characterized by the transition from burning living landscapes (as for First and for Second fire) to burning fossil landscape. In the present humans are burning stuff taken out of the geological past, and losing its effluent into the future. Third fire has amplified any kind of fire on the land; it overloads the atmosphere with greenhouse gasses, promotes changes in land use and is regarded as a fundamental driver of global changes. Still third fire is a core technology that let turn mud into brick and pottery, limestone into cement, ore into metals, and exists somewhere in the life cycle of all made things and in-built environments.

First and second fire have different realms of combustion compared to third fire; third fire burns fossil fuel in combustion chambers while first and second fire are open fire with flam. Fire in living landscape evolved with checks and balances that could within limits be stretched. Third fire had no such ecological fetters. Pyne named pyric transition, the transition from burning living biomasses to burning fossil biomasses.

Wildfires and climate are two closely related natural processes (3). Fire regimes rely on rhythms of wetting and drying, as moisture must be high enough to grow biomass and low enough to convert biomass into combustible fuel. Regions with even humid climate and regions with constant dry climate may experience fires only after exceptional drought/rainy period. Mediterranean regions undergo annual cycles of wet and dry seasons and manifest regular fire seasons. In others regions, e.g. those associated with the oscillations of El Niño, fires have multi-year rhythms. Some regions have fire cycles about a century or even longer.

Plants of fire-prone ecosystems are adapted to fire and some even need fire in their life cycle e.g. seed germination of pines with serotine cones. For examples of fire adaptation see (4).

Third fire abolishes open fire as fires are housed in machines. Third fire can burn winter and summer, through wet and dry spells; it dominates the planet today and is a fundamental driver of global changes trough the greenhouse gasses it releases.

Nowadays urban environments have no open fire as the combustion of lithic fuel sublimated into electricity. Modern cities are made of materials that

have already passed through fire to become cement, glass, metal, and have been arranged in ways that retard fire spread.

Modern agriculture uses petrol chemicals that are cocked into fertilizers and biocides and are delivered by pumps, plane and tractors powered by fossil fuels. Moreover, third fire lacks in the beneficial of open fires to vegetation that convert dead biomass into nutrients and purge sites of pests and competing plants.

Despite media show impressive images of numerous, frequent, big fires, there is a deficit of first and second fire compared to third fire. Pyne’s article closes stressing that good fires have made humankind, bad fires may break it. Thus, bad fire has to be reduced and the deficit of good fire spoiled.

Third fire is the latest phase change in the relationship of humanity and fire. Boosted by the pyric transition, fire is assuming the position previously held by ice in the Pleistocene’s serial age, remaking the entire landscapes, creating continental shifts in biogeography, dramatically changing sea level and spawning serial extinctions. The global changes of the Pleistocene influenced human survival. Cultural innovation, as the control of fire, allowed humans to live in colder climate; yet still all human species but one went extinct (5). The planetary scale of the changes in the greenhouse gasses in the Pyrocene threaten human survival. Will be humans able to reorient, before it is too late, their relationship with fire?



3. Lavorel S., Flannigan M.D., Lambin E.F., Scholes M.C. (2007) Vulnerability of land systems to fire: Interactions among humans, climate, the atmosphere, and ecosystems. *Mitigation and Adaptation Strategies for Global Change* 12: 33–53.

4. Virzo De Santo A., (2020) Fire in a Changing World. In: *The Capital of Knowledge, Proceedings of the First International Congress, European Association of Professors Emeriti*. Edited by Dennis V. Cokkinos, Niki Agnantis, Katerina Gardikas, Constantin R. Soldatos. Society for The Propagation of Useful Books. Athens., pp: 99-108.

5. Timmermann A., Raia P., Mondanaro A., Zollikofer C.P.E., Ponce de León M., Zeller E., Yun K., (2024) Past climate change effects on human evolution. *Nature Reviews Earth and Environment* <https://doi.org/10.1038/s43017-024-00584-4>



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Adolescent Medicine The Emergence of a New Specialty

Introduction

The chronological definition of who is young, who is a child, or who is an adult varies by nation and culture. The World Health Organization (WHO) defines an adolescent as a person between the ages of 10 and 19. The broader WHO definition of youth includes individuals between the ages of 10 and 24 (1). For statistical purposes, the United Nations (UN) defines young people as between 15 and 24 years of age. The use of 15 as the lower limit for youth, rather than 18, is a statistical consideration, as data are very often only available for age groups spanning five years (2). In many countries, legal provisions of majority are usually established at the age of 18 or older.

In many societies, adolescence is equated with puberty and a cycle of physical changes that culminate in reproductive maturity. In other societies, adolescence is understood in a broader sense, encompassing psychological, social and moral aspects as well as strictly physical aspects of maturation. In these societies, the term adolescence usually refers to the period between the ages of 10 and 20 and is roughly equivalent to the word teenagers.

The scientific progress of the last century greatly contributed to the understanding of the changes that occur in children during puberty and enabled the development of adolescent medicine. The study of psychological, cognitive and behavioral development of adolescents dates back to the beginning of the 20th century. G.S. Hall is always mentioned as the "father of adolescent psychology", who already in 1904 described normal adolescence as a time of "storm and stress" (3). Many psychologists have made significant contributions to our understanding of adolescent behavioral development. From a biological point of view, adolescence should be the best period of life. Most physical and mental functions such as speed, strength, reaction time and memory

develop most during the teenage years. New, radical and different ideas have a powerful effect on the imagination. Teenagers have an extraordinary ability to overcome crises and the ability to find something positive in negative events. Youth is characterized by its own forms of behavior and lifestyle, imperfect social status and ideal value concepts of youth in terms of vitality, mental freshness and liveliness.

On the one hand, the prolongation of life in economic dependence on parents, and on the other, the increasingly rapid entry through the doors of experiences and knowledge that are unique to adults, transfers to the young generation a large "backpack" of expectations, wishes and demands that are already present in society and which young people, with their spark, originality and intelligence, challenge them and expect them from themselves (4).

History and development of adolescent medicine

All changes in the way of life and the understanding of the development and needs of the adolescent dictated the development of a new discipline—adolescent medicine. The field of adolescent medicine began to develop at the beginning of the twentieth century with the work of Granville Stanley Hall (3), a developmental psychologist who firmly established adolescence as a special developmental category. He was the first to propose the establishment of the field of adolescent medicine. A new medical specialty dedicated to the adolescent age group appeared only in the fifties of the 20th century, as a branch of pediatrics.

The first medical unit dedicated exclusively to adolescents in the United States of America was founded in 1951 by Dr. J. Roswell Gallagher (5) at Children's Hospital in Boston. At the time, most doctors discussed a patient's health problems with parents and rarely allowed young people to speak for themselves. On the contrary, Dr. J.R. Gallagher and his staff insisted that teenage patients needed "their

1. <https://www.who.int/health-topics/adolescent-health>

2. World development report 2007: Development and the next generation, The World Bank, Washington, DC, 2007.

3. Hall GS. Adolescence: Its Psychology and Its Relations to Anthropology, Sociology, Sex, Crime, Religion, and Education. D. Appleton and Company, New York, 1904.

4. Alderman EM, Rieder J and Cohen MI. The history of adolescent medicine, Pediatric research, 2003; vol. 54, No. 1.: 137–147

5. Gallagher JR. The origins, development and goals of adolescent medicine. J Adolesc Health Care 1982; 3 : 57 – 63

own doctor," who would treat patients separately from their parents, who would protect their confidentiality, and who would put the teen's concerns and trust first. The Boston Adolescent Unit has served as a model for other hospitals in North America. By the mid-1960s, there were fifty-five adolescent clinics in hospitals in the United States and Canada, and by 2002, more than half of all children's hospitals in the United States had units dedicated to adolescent health care.



The expansion of adolescent health services led to the founding of the Society for Adolescent Medicine in 1968 and the establishment of *The Journal of Adolescent Health*. In the middle of the 20th century, professional organizations such as the American Academy of Pediatrics (AAP) and the American College of Physicians began to organize education about adolescent health. The first academically complete program in adolescent medicine was launched in the Bronx by the Department of Adolescence at Montefiore Medical Center/Albert Einstein College of Medicine. The program contained all medical, surgical, gynecological and psychological problems and their treatment, including the health service of the juvenile detention facility, the research laboratory unit and the social psychology program (4).

In 1978, the Task Force on Pediatric Education, formed by all American pediatric academic societies, published a report that gave importance and

legitimacy to the emerging subspecialty of adolescent medicine (6). In 1979, the AAP organized the Division of Adolescent Health to provide continuing medical education in the field of adolescent medicine within pediatrics. In 1991, a board/specialist exam was introduced for the first time for doctors in America who want to become subspecialists in adolescent medicine (7).

Europe-UEMS

What was happening on our continent? Similar to America, scientific advances in developmental research have greatly influenced advances in the field of adolescent medicine. The progress that also took place in the management of chronic diseases, various diagnostic technologies, in the pharmacology of psychotropic drugs and hormonal contraception, and other innovations, had a strong impact on the quality of life of the entire population. However, in Europe, as in America, the increase in preventable causes of death among adolescents, such as violence, car accidents and suicide, has become alarming. In Europe, too, a rejection of traditional religious, work and interpersonal values by an increasingly independent and growing youth population occurred in the 1960s, resulting in sexual experimentation, inconsistent contraceptive practices, widespread use of illicit drugs, cigarettes and alcohol, and failure in middle and higher education (8). Such behavioral trends are associated with increases in sexually transmitted infections, teenage pregnancy, substance abuse, accidents and violence. The field of adolescent health care has had to develop specific interdisciplinary skills to address the unique interplay of complex health, developmental, and psychosocial issues specific to the adolescent. It has come to the realization that caring for adolescents and young adults requires in-depth education and specialization in adolescent medicine, just like in the United States. The decrease in the number of school doctors, who take care of the growing population as part of their specialization in school medicine, also contributed to this.

Thus, in 2019, the European Committee for Pediatrics (EBP) discussed the issues of adolescent medicine and proposed to the International Union of Medical Specialists (UEMS) to establish a Multidisciplinary Joint Committee on Adolescent Medicine and Health (UEMS Multidisciplinary Joint Committee on Adolescent Medicine and Health – MCJ) (8). MCJ is led by prof. Pierre-André Michaud from the University of Lausanne, Switzerland. The position was adopted that every specialist doctor who works with adolescents and young adults

6. Cohen MI. Importance, implementation, and impact of the adolescent medicine components of the report of the Task Force on Pediatric Education. *J Adolesc Health Care*. 1980;1(1):1-8.

7. Rieder J, Alderman EM, Cohen MI. (2005). Adolescent medicine: Emergence of a new specialty. *Virtual Mentor*, 2005; 7(3), 249-252.

8. <https://www.unil.ch/euteach/en/home.html>

(10-24 years old) must acquire basic knowledge of adolescent medicine, which addresses the main peculiarities of development in adolescence and the resulting specific health paths.

Content from adolescent medicine is included in all specializations that are in contact with adolescents and young adults. The AM education curriculum that is part of the Euteach training program (www.euteach.com) covers four main topics:

1. Basics of effective communication with adolescents.
2. Acquaintance with the lifestyle of adolescents with the aim of preventing risky and health-damaging behavior and finding and promoting protective factors.
3. Principles of age-appropriate health examination.
4. Comprehensive care for chronic patients and an efficient process of transition from pediatrician to health service for adults (9).

This document sets out a set of practical, clinically oriented, holistic goals that should enable all European specialists and primary care providers (pediatricians and family physicians) to have additional knowledge regarding the specific health needs of AYAs. A structured psychosocial interview HEEADSSS (home, education/employment, eating, activities, drugs, sexuality, suicide/depression, safety) is recommended. Doctors with this acquired knowledge and skills offer complete care and treatment for various health conditions of adolescents and young adults, which include: Substance abuse, dermatological problems - acne,

Sports medicine and orthopedic problems, Menstrual disorders, Contraception, Unplanned pregnancy, Sexually transmitted diseases, Disorders eating disorders, Delayed or premature puberty, Personality disorders, Anxiety disorders, Depression, Bipolar disorder, Some types of schizophrenia, Addiction to drugs, alcohol and tobacco, and others. In addition, they know how to take into account various cultural and legal frameworks in individual settings.

Conclusion

The next decade will undoubtedly bring many challenges. Science is making incredible progress and new insights from the field of neurobiology show that the maturation of neurobiological development during adolescence takes longer than previously believed. This change in our current understanding of adolescent development will have far-reaching consequences and will require constant acquisition of new knowledge. Ethical issues related to adolescents, such as gene therapy, organ transplantation, genetic testing, will also need to be given a lot of attention. The entire field of adolescent medicine faces many complex challenges. These include the provision of clinical services for a rapidly changing and culturally diverse generation of adolescents, the further development and expansion of education, training and research programs in the field of adolescent medicine. We believe that many of the challenges shall follow.



9. <https://www.uems.eu/news-and-events/news/news-more/2022-update-from-uems-mjc-on-adolescent-medicine-and-health>





G.-Andrei Dan

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Full Professor of Cardiology and Internal Medicine, University of Medicine "Carol Davila"
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"Tempus edax rerum" (time, devourer of all things)

Ovidius, Metamorphoseon Libri XV

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*

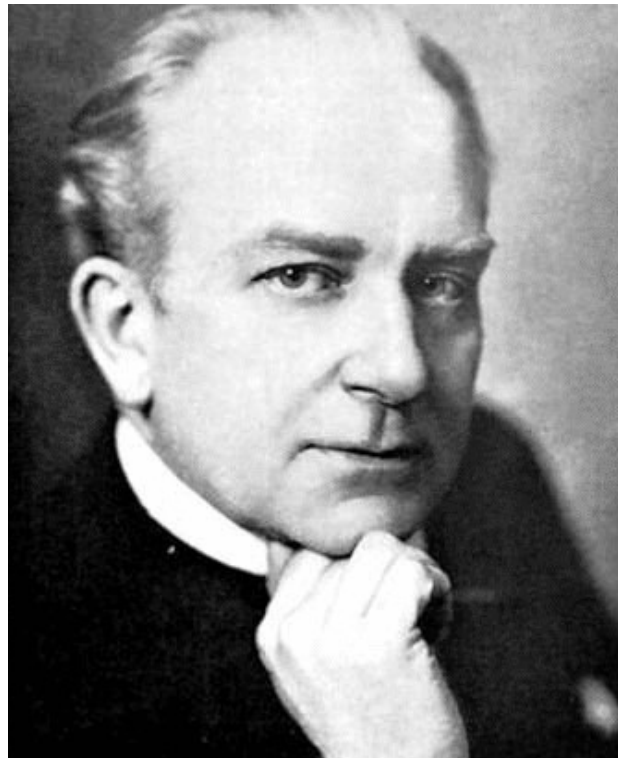
Episode 2: Challenges of Genius

Sergei Bortkiewicz is another example of an exceptionally talented figure who was unfairly forgotten. This gifted composer and pianist, born in Kharkov (Ukraine) in 1877 to parents of noble origins, faced three major challenges: the intersection of two turbulent centuries, the ravages of a revolution and two devastating wars, and, above all, the challenge of surpassing the cultural legacy of the great composers of his time. Bortkiewicz drew his creative roots from Liszt, Rachmaninoff, Scriabin, as well as from Chopin and the national compositional tradition illustrated by Tchaikovsky. Accused of being merely an imitator, Bortkiewicz once stated in a Berlin newspaper:

"I have often been called an epigone of Tchaikovsky, but that is not correct: I certainly create music in the atmosphere of Tchaikovsky and may well count myself among the Romantics, but I have retained my personal character... Today one is probably inclined to dismiss all melodicists as epigones. Certainly, very often wrongly. Especially as far as I am concerned, romanticism is not the bloodless intellectual commitment to a program, but the expression of my most profound mind and soul."

Guided by his mother, a dedicated pianist, like many Russian composers linked to family tradition, Bortkiewicz received his musical education from the famous composer Anatoly Lyadov and from Karl von Arek at the Imperial Conservatory in Saint Petersburg. In 1900, Bortkiewicz was in Leipzig, continuing his studies with two of Liszt's students (giving him the aura of being a student of the great Hungarian pianist and composer) and received the Schumann Prize upon graduating from the Leipzig Conservatory. He then moved to Berlin, where he had brief contact with the Scharwenka brothers' Conservatory, which was mentioned in the previous episode. In 1913, Bortkiewicz recorded his first resounding success with his first piano concerto. The outbreak of World War I marked the moment when destiny changed the composer's life into a series of dramatic challenges. He was arrested in Germany as a Russian citizen and deported to Russia with his wife. After a very brief period of peace when he taught in Kharkov, he was again forced to flee due to the Revolution and the occupation of the city by the communists. The temporary victory of the White

Army allowed him to return to Kharkov, where he tried to repair his house destroyed by the civil war, only for the city to be surrounded by communists again, forcing Bortkiewicz to flee once more, this time reaching Constantinople after a dramatic journey aboard a line ship.



Sergei Bortkiewicz

(Source: Wikipedia)

In Constantinople, Bortkiewicz was highly appreciated by the "Sultan's pianist" Ilen Ilegey, which allowed him to resume his concert and teaching life. During this period, he forged a lasting friendship with the wife of the Serbian ambassador, to whom he dedicated "*Trois Morceaux Op. 24*". The first of these three miniatures is a superb nocturne (Sergei Bortkiewicz - Nocturne (Diana), Op.24/1 (youtube.com), where echoes of Chopin and Liszt can be heard in a piece of original lyrical fabric. With the help of his friend, Bortkiewicz managed to obtain a visa for

Yugoslavia, arriving in Belgrade, from where he applied for an Austrian visa, the country where he would spend most of his life. In memory of his stay in Belgrade, he wrote the *Yugoslav Suite*, which also contains a wonderful brief nocturne with a Chopin-like fragrance (Bortkiewicz - Nocturne "Dubrovnik" in E minor, Op. 58, No. 5 from the Yugoslav Suite (youtube.com)). In 1922, Bortkiewicz arrived in Austria, however receiving citizenship only in 1926. In the meantime, in 1924, at the request of Paul Wittgenstein, who had lost his right arm in the First World War, Bortkiewicz composed the dramatic second piano concerto (Sergei Bortkiewicz - Concerto No.2 for piano and orchestra, op.28. (For the Left Hand) (youtube.com), exclusively written for the left hand (just as Maurice Ravel did with his concerto for the left hand). Wittgenstein greatly appreciated this energetic and virtuosic concerto, which he performed numerous times between the wars. Afterwards, Bortkiewicz decided to live in Berlin. After just a few years of apparently peaceful life in Berlin, the rise of Nazism forced him to return to Austria, where he would remain until the end of his life.

This period was marked by great inner turmoil and financial difficulties. He was often forced to borrow money from his friend Hugo van Dalen, who supported him generously. He translated in this period, into German, Tchaikovsky's famous letters to his benefactor Nadezhda von Meck. From this period dates also the "*Elegie*" (Sergei Bortkiewicz - Elegie Op. 46 (audio + sheet music) (youtube.com), a piece of great sensitivity and refinement with a Rachmaninoff-like fragrance. With an even more pronounced tragic air à la Rachmaninoff, the "*Ballade Op. 42*" (Sergei Bortkiewicz - Ballade Op. 42 (LATE HALLOWEEN TRIBUTE) (youtube.com), a masterpiece of maturity, which combines nostalgia for his homeland with depression and, at times, despair. The musical ballad's finale is marked by heart-wrenching drama and a sense of an inevitable end (accentuated by the imitation of bells in the musical background). The connection to Rachmaninoff's second concerto is evident but does not diminish the value and originality of this wonderful piece.

World War II further affected the life of the troubled composer. Forced to live in a bathroom, the only room that could be heated, Bortkiewicz wrote:

"We still have unresolved problems. Three holes in the walls and the window pane, etc. I can say that never in my life have I experienced such horrors, humiliation, and miseries. It is bitter that if anything is found in my works, I owe it to the corresponding impressions and experiences of what is beautiful in life and nature..."

He was considered a criminal and a traitor in the Soviet Union, his works were no longer performed, and even in Vienna, he was not warmly received. From this period dates the second piano sonata (Sergei Bortkiewicz: Piano Sonata no. 2 in C-sharp minor, Op. 60 (performed by Jouni Somero) (youtube.com), with a first movement featuring heroic and optimistic inflections, a second part beautifully rhythmic on a Slavic melody interrupted by an intermezzo reminiscent of Tchaikovsky, and a third part, in slow tempo, returning to sadness and nostalgia, interrupted by a chorale like a prayer. This part begins and ends with the same short

motif of resignation. The final part brings back energy and hope. His friend Hugo von Dalen first performed the sonata during 40'. The bombings destroyed most of Bortkiewicz's creations, a blow that also suspended most of the composer's sources of income.

After the war, Bortkiewicz's life was calmer. He managed to teach a Master Class at the Vienna Conservatory, was finally granted a pension by the state, and even a musical Society was established in his honor. Among other things, he composed the *Preludes Op. 66* dedicated to the Dutch pianist Hélène Mulholland, who had supported him with clothes and food during the war. Unfortunately, only two of these preludes have survived.

On his 75th birthday, the beleaguered composer conducted a concert at the Musikverein Hall in Vienna, including *Symphony No. 1 (*Aus Mein Heimat*) directly referencing the Tsarist anthem. Happy, he declared:

"Finally, I had the opportunity to show, in a large hall with a large orchestra and soloists, what I can do. Not only the critics but others who know me were surprised and amazed... I can always feel happy to have found so much recognition at the age of 75 years, which really comes in most cases after death to someone who really earned it."

Sergei Bortkiewicz passed away on October 25, 1952.

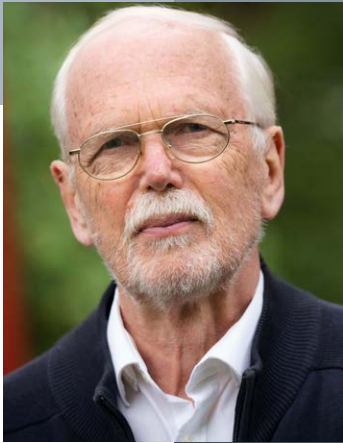
In his piano work, Bortkiewicz had a special fondness for the world of children, to whom he dedicated remarkable suites ("*Aus Andersens Märchen*, *Aus Meiner Kindheit*, *Thousand and One Nights Ballet Suite*, *Kindheit – After a Novel of Lev Tolstoy*, *The Little Wanderer*" and others), all imbued with the sensitivity of this great composer who has been unfairly forgotten. Other works contain references (but not paraphrases) to the pieces of his great predecessors. Among these, the four pairs of "*Lamentations and Consolations Op. 17*" deserve mention, a direct allusion to Liszt's famous poetical suite, yet filled with the composer's originality. Each tragic reference (lamentation) is followed by the optimistic resolution of the consolation (Trinity ATCL Piano Repertoire No.32 Bortkiewicz Lamentation Op.17 No.1 and Consolation Op.17 No.2 (youtube.com).

Although dominated by piano works, Bortkiewicz's oeuvre includes, also, chamber and symphonic genres, even though his soul speaks most clearly through the piano (Nadejda Vlaeva: DREAM by Bortkiewicz (youtube.com). Life or registered interpretations of Sergei Bortkiewicz's work are few, and obtaining the scores of his works is difficult, sometimes impossible. There are no recent reprints.

Nevertheless, his influence has not died, and the spirit of this genius, with a destiny laden with tragedy, reveals all that is most beautiful and uplifting in humanism.

N.B. The reader could access the cited pieces using the previewed hyperlink. He could confirm or infirm the author's opinions, however much more important he could enrich his soul listening to Bortkiewicz's music.





Jochen Ehrich

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Therese Heuck

Progression and Regression: a Topic for Debate in EAPE?

Background

In her book on progress and regression the philosopher Rahel Jaeggi wrote that the introduction of social security systems is generally regarded as social progress - as a change for the better. Nevertheless, the idea of a general progress movement has lost its former lustre, and nowadays even evokes scepticism (1).

The term regression, on the other hand, is today on everyone's lips. It is applied to various contemporary phenomena, from right-wing authoritarian populism to democratic fatigue. On 6 September 2024, Professor Rahel Jaeggi defended the concepts of progress and regression as an indispensable socio-philosophical tool for the critique of our time in her lecture on the occasion of the award of the Science Prize of the Hanover Research Institute for Philosophy. She understood progressive or regressive not only as the result of political decisions, but above all as the form of social transformation itself. By questioning the mental and spiritual blockages that favour regressive tendencies, she developed a concept of progress that avoids both Eurocentric distortions and the idea of an inevitable development trend in Europe. She showed that progress is not the run-up to an already known goal, but a never-ending process.

Narrative of a midwife practicing clinical philosophy

In my view, thoughts about the world and world events always begin in the mind of the individual and involve an analysis of one's own way of thinking. The yardstick is understanding and reason.

How well does the individual know himself, his rationality and irrationality in chronic illness? To what

extent are people able to recognize their own efforts to heal and progress and to assess their illness and the associated regression?

These questions arose from my way of thinking quite practically from an inner resonance to Rahel Jaeggi's lecture and book "Fortschritt und Regression" (1). As I like to do, I related the content of her lecture from the collective image to my inner self. In this inner process of thinking, I name structures, combine perceptions as neutrally as possible into new forms, allow emotions to be pure expression and open up new fields of learning with joy.



Rahel Jaeggi

Photo Source: Wikipedia

What fascinated me was that I was missing something in the lecture. I was missing something without being able to immediately name or describe it at that moment. It would have been easy for me to project my disturbing perception onto the speaker. Could she perhaps have done this or that differently? Or should I rather focus on the particularly inspiring content to block out my feeling of missing something? But I recognized this way of thinking, which, as I slowly became aware, precisely reflects the resistance and regression that people always succumb to when looking outwards without really understanding it.

1. Jaeggi R (2023) Fortschritt und Regression, <https://www.suhrkamp.de/buch/rahel-jaeggi-fortschritt-und-regression-t-9783518587140>

My joy in “thinking beyond” lies in my willingness to recognize my own defences and obstacles, not to judge them and instead ask myself: “How can I look at it differently, and what is it for?”

For me, progress means observing my very own experience of “going beyond”, using the point of standstill and regression, especially when there is no goal, but only a perception that seems to block something. Using this example, I understand standstill, resistance and regression as a moment of learning, in which coherence penetrates consciousness.

With freedom of thought and reason, I can look at the collective from my own small experience and thus bring a way of thinking to the outside.

In the context of illness and healing, I interpret both progress and regression as thought processes that can direct attention towards positive change, as well as acceleration and development. Regression, which is often perceived as a standstill and a step backwards, can also be used as an invitation and challenge to take a closer look instead of refusing the new and unknown. I therefore consider regression to be a natural phenomenon in learning processes and social change.

Regression is easily judged negatively in terms of its significance as disruptive or obstructive. Regression often goes hand in hand with emotions and resistance. However, learning initially means not knowing exactly where the path leads. Asking the question of what regression is for can open up new thought processes, i.e. first of all with oneself in daily life. The starting point for this learning is to think more deeply about one's own way of thinking. This thought process should also apply to healthcare systems and chronically ill patients.

So what exactly was it that I had missed in the lecture? It was the awareness of meaning. I pursued the question and searched for a connection between myself and the content of the lecture.

I realized that I had been in the exact moment of regression, of pausing, the time of questioning myself, and my resistance also became palpable. My intention was not to look for an opinion or interpretation of progress and regression. No, I gave free rein to the observation of my thinking, which made me aware of the meaning I experienced in it. Just as people consciously and unconsciously experience inhaling and exhaling physically, going through the smallest pause between the two breaths, I understand the function of regression in the same way.

I would like to use this description of my way of thinking as a stimulus for patients and doctors and as an invitation to observe their own thought processes. It is an interesting way to discover new things, to say goodbye to old meanings and to make room for inner progress. Standing still offers a gap for new contemplation.

Stopping enables the progression of consciousness within oneself. The individual shapes the collective. The collective raises questions for the individual. Not the other way around.

This way of thinking creates a way of living. This rethinking has nothing in common with the variability of individual opinions and professional attitudes.

I would like to thank Professor Jaeggi for the profound inspiration she gave me through her lecture.

Different views on progress and regression

In the biology of evolution, progression refers to an increasingly complex (re)construction. Regression refers to a structural simplification. Both effects often occur in parallel in nature.

In sociology, progression - as a social progress - refers to a development and the promise of the feasibility of a better life such as multicultural life styles. Regression means to aim at restoring past civilisations and previous cultural habits such as nationalism, monarchy, colonialism.

In psychology (for example in psychoanalytical theory), regression refers to a psychological defence mechanism that serves to overcome anxieties.

In philosophy, the concept of progression refers to the shaping of social transformations. Edgar Morin defined progression as the acceptance of complexity and emergence. Regression means remaining fixated on reductionism and linearity.

In theology, progression and regression signify a dispute about the future development of religion.

In medicine regression means ‘poor reshaping’ or ‘reverse development during chronic illness’. In medicine, these terms are used in various contexts, such as senescence, unhealthy ageing and degeneration.

In politics, liberal democracy has been put under pressure from populist and extremist political forces. Public opinion is dissatisfied with democracy and there is a risk of progressive democratic regression (2).

Aims of our initiative

Our article wants to start a discourse of EAPE members on several aspects and terms which are related to the topic of progress and regression. The table presents the linguistic variability of terms concerning progress-versus regression. The actual public use of the terms progress and regression seems to have developed in everyday life a multidimensional character resulting in “declarations of war” to several actual life styles in Europe. These

2. Chopin, T (2019), Europeans face the Risk of Democratic Regression: What can be Done? <https://institutdelors.eu/en/publications/europeans-face-the-risk-of-democratic-regression-what-can-be-done-2/>

terms call for conflicts in politics and are in danger of becoming empty phrases, including ill defined calls for help and encouragement, obfuscation strategies, concealment strategies and conspiracy theories, altogether leading to a deceptive motto of the meaning and purpose of life.

The strategy of EAPE could be to recognize the urgency of the problem not only in its own organisation. The challenges are not only a political and cultural education. An important key is an intellectual one to be found in European academic elites, who must openly discuss and stimulate European values. This complex European development could be investigated by members of the EAPE and clarified by a concerted cooperation of philosophers, sociologists, psychologists, biologists, physicians and theologians.

EAPE Council will have to explore the necessary pathways for speaking with one voice to politicians who will have to take the EAPE mission to political leaders in Europe. The expert analyses of EAPE should aim to reach a consensus within EAPE that could result in a declaration and an appeal to Brussels. The European Commission would then be in a position to propose legislation to ensure that European Union (EU) laws and regulations are properly applied in all EU countries. Therefore, EU spending programmes could be appropriately distributed in Europe to initiate both positive progress measures and to reverse undesirable developments in a balanced way.

Table. Linguistic variability of opposite terms concerning progress and regression

I. Basic developmental processes include first further development, retrograde development, underdeveloped coping and shaping strategies, **second** dualism and binarism of progress and regress, development according to "ahead and behind", "up and under" **and third** healthy and sick development as well as rationality and irrationality. **Several terms are used such as:**

1. change
2. transition
3. transformation
4. improvement
5. renewal
6. restoration
7. elimination
8. enlightenment
9. standstill
10. other

II. Progression requires

1. daring
2. curiosity
3. creativity
4. error culture
5. fear of something excluding general fear
6. challenges
7. education, training, development, continuation, moving things forward
8. empowerment of the individual
9. other

III. Regression is connected with

1. crises and catastrophes
2. general fear of future developments
3. rejection of changes of life styles according to external changes
4. habituation to stagnation
5. neuro-diverse mental and spiritual processes
6. decadence
7. other





George Christodoulou

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Mental Health in the Workplace

George Christodoulou

Introduction

The title of this paper is identical with the theme of this year's Mental Health Day that was celebrated in Athens on the 10th October 2024 with a hybrid session organized by the European Association of Professors Emeriti, the Society of Preventive Psychiatry and the Greek Network of Carers "EPIONI" in Athens.

The meeting was attended by about 150 persons (remotely and in person) and had significant impact. Our EAPE Section on Mental Health was represented in the panel of speakers by Dusica Lecic-Tosevski, Nancy Papalexandri, George Ikkos and George Christodoulou.



Παγκόσμια Ημέρα Ψυχικής Υγείας, Αθήνα 10.10.2024
Από αριστερά: Γιώργος Χριστοδούλου (Ευρωπαϊκή Εταιρεία Ομοτίμων Καθηγητών), Σπύρος Ζορμπάς ("Επιόνη"), Δημήτρης Βαρτζόπουλος (Υφυπουργός Ψυχικής Υγείας), Νίκος Παπαϊωάννου (Υπουργείο Παιδείας), Νίκος Χριστοδούλου (Εταιρεία Προληπτικής Ψυχιατρικής).

A broader perspective of "workplace"

Let me first say that we need a broader vista when dealing with issues related to "workplace". For two reasons:

1. The concept of workplace has changed in our times. It is no longer associated solely with settings like the factory, the mining site or the farmland. It is now mostly office work with computers, with the use of artificial intelligence, with remote electronic work etc. This differentiation in the concept and style of work has been reinforced by the social isolation imposed by the need to defend ourselves against the COVID pandemic. During this period, professional

and social communication was limited almost exclusively to electronic means and this agoraphobic pattern seems to be continuing.

2. The concept of "workplace" cannot be limited to just professional work. There is, for example, an increasing number of non-professional carers at home who look after their relatives with dementia, with physical or mental health problems etc. The tasks of these carers constitute what has been called "the forgotten workplace". Carers, who are usually women, often neglect their health, their appearance, their social interaction, their wellbeing. They often develop depression and many of them sacrifice their lives for the sake of their suffering relatives.

Blessing or Curse

More than half of the world's population work. Their work can be a "blessing" or a "curse", depending on a great number of parameters among which the personalities of employee and employer (or supervisor) play a significant role.

What is usually the case? Is work a blessing or a curse? It seems that unfortunately it is more a curse than a blessing.

There is evidence arising from a significant number of surveys indicating that the majority of employees identify work as a major (if not the major) source of stress in their lives.

Poor working conditions lead to chronic stress and this in its turn leads to burn-out, absenteeism and presentism.

A significant proportion of working adults suffer from a mental disorder (mainly depression and anxiety). This has a severe financial impact, mainly associated with lost productivity and not so much with cost of medication and even hospitalization. That is why keeping people with mental illness active in the community and at work is preferable (even on economic grounds) than isolating them in asylums or at home. However, in order to keep people with mental health problems in the production and additionally avoid creating mental health problems to working people who are still psychologically fit, we have to change the work conditions and try to make work enjoyable (or at least tolerable).

How can this change be achieved?

The answer to this question is: By listening to the working people.

What do the people say? As shown in surveys the people say that they basically want:

- A positive aura at work
- Inflation-adjusted salaries
- Flexible work hours
- Time off ("give me a break")
- Remote work
- Four days' work
- No workplace monitoring
- No bullying
- No violence
- Contribute to decision-making
- Work-Life balance.

Good atmosphere in the workplace, a spirit of collaboration, moral reward for achievement, development of friendships, reciprocal empathy between employer and employee are all factors of great importance but cannot be dictated and imposed. You cannot develop empathy if you do not have the capacity to identify with the "other" person perceived as an enemy and this stands for employers and employees alike. Guidance, seminars and courses definitely help and are strongly recommended but they can help up to a point.

One last issue. "Recovery" (understood in social and not in medical terms) defined as building a fulfilling life despite challenges arising from one's psychopathology, is a desired outcome of holistic psychiatric management. Work is basic in achieving recovery. Therefore, excluding people with mental

health problems from work is definitely against recovery. Those who have motivation to work should by no means be excluded from it but, on the contrary, be encouraged to join in and be active and productive in a protected environment. This would be rewarding not only for the patients but also for society as a whole because, as discussed earlier, it would be financially beneficial. Under this light it is important to additionally note that unemployment is strongly associated with suicide.

In conclusion, it is important to intensify our efforts to make the official and unofficial workplaces more friendly, more rewarding and less stressful because this would benefit all parts involved. Strategies to this end should not be based on guesswork but on research, updated in line with the continuously changing circumstances.



You can watch the meeting in Youtube following this link:

<https://www.youtube.com/watch?v=FGgluQfwxNO>



World Mental Health Day

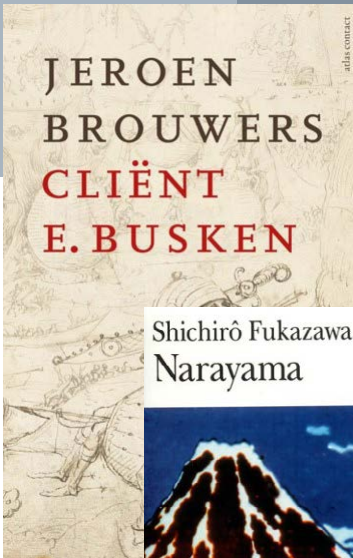
Below the program of the meeting:

PROGRAM

Thursday, 10th October 2024, 16:00 – 18:30

Office of the European Parliament, Amalias Avenue 8, Athens

- 16.00 - 16.30 • **WELCOME AND INTRODUCTION**
George Christodoulou
President, European Association of Professors Emeriti
Nikos Christodoulou
Secretary General, Society of Preventive Psychiatry
Spyros Zorbas
President, Greek Carers' Network "EPIONI"
- **GREETINGS**
Representative of the Prime Minister
Niki Kerameos *Minister of Labour and Social Security*
Dimitris Vartzopoulos *Deputy Minister responsible of Mental Health, Ministry of Health*
Zoi Rapti *Deputy Minister of the Ministry of Development*
George Patoulis *President, Athens Medical Association*
- 16.30 - 16.40 • **FROM MENTAL HEALTH TO GENERAL WELLBEING IN THE WORKPLACE**
Juan Mezzich *Secretary General, International College of Person-Centered Medicine, Former President WPA*
- 16.40 - 16.50 • **PRIORITIZATION OF WELLBEING IN THE WORKPLACE: A PRACTICAL SUGGESTION**
Gabriel Ivbijaro *Secretary General, WFMH*
- 16.50 - 17.00 • **STRESS IN THE WORKPLACE ENVIRONMENT**
George Chrousos *Academician, Professor Emeritus of Pediatrics, Athens University*
- 17.00 - 17.10 • **MENTAL WELLBEING IN THE WORKPLACE: A VISTA FROM THE WPA**
Danuta Wasserman *President, WPA, Former President EPA*
- 17.10 - 17.20 • **WHO GUIDELINES ON MENTAL HEALTH AT WORK**
Ledia Lazeri *WHO Regional Advisor for Mental Health, European Region*
- 17.20 - 17.30 • **FIGHTING BURNOUT FOR BETTER MENTAL HEALTH IN THE WORKPLACE**
Nancy Papalexandri *Professor Emerita and Former Sub-Dean, Athens University for Economics and Business*
- 17.30 - 17.40 • **MULTIPLE ROLES OF WOMEN PHYSICIANS IN DEVELOPING COUNTRIES**
Dusica Lecic - Tosevski *Academician, Emerita Professor of Psychiatry, University of Belgrade, Serbia*
- 17.40 - 17.50 • **THE FORGOTTEN WORKPLACE: THE NEEDS OF CARERS WHO LOOK AFTER PEOPLE WITH MENTAL ILLNESS AT HOME**
Norman Sartorius *Former President, WPA and EPA*
- 17.50 - 18.00 • **CONTRIBUTION OF CARERS TO THE WELLBEING OF PEOPLE WITH MENTAL HEALTH PROBLEMS**
Spyros Zorbas *President, Greek Network of Carers "Epioni"*
- 18.00 - 18.10 • **DISCUSSION**
George Ikkos *Emeritus Professor of Psychiatry, Former Treasurer, Royal College of Psychiatrists, London, UK*
- 18.10 - 18.20 • **DISCUSSION**
Nikos Christodoulou *Assoc. Professor of Psychiatry and Director, Department of Psychiatry, University of Thessaly, Greece*
- 18.20 • **CLOSING AND THANKS**



Shichirô Fukazawa
Narayama



Natale Gaspare De Santo

Professor Emeritus University Luigi Vanvitelli, Naples, Italy

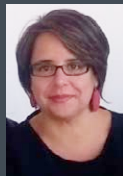
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Malcolm Phillips

Former Board Member of the EAPE Bulletin, London, UK

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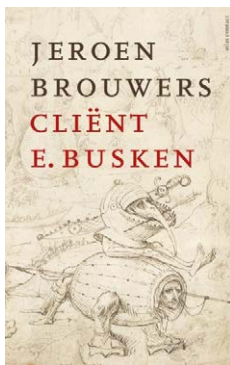
and Rosa Maria De Santo

Postgraduate School of Integrated Gestalt Psychotherapy,
Torre Annunziata, Italy

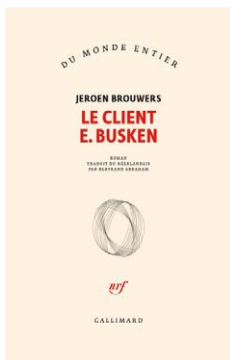
Email: Bluetobblue@liberot.it

Aging in *Client E. Busken* and in *The Ballads of Narayama*

BOOK: *Client E. Busken* by Jeroen Brouwers



Client E. Busken
Amsterdam, Uitgeverij
Atlas Contact, 2020

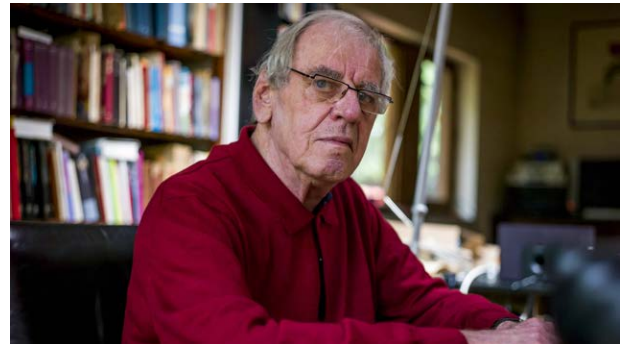


Le Client E. Busken
Paris, Gallimard, 2023

Client E. Busken can be considered the testament of Jeroen Brouwers (1940-2022), one of the greatest modern writers in Netherlands. Born in Batavia, the capital of the Dutch West Indies, he died in Maastricht. His childhood was spent in Indonesia but for part of the time he was isolated in the Camp of Tjident after the Japanese invasion of the country.

He is a guest of Villa Madeleine, a retirement home for the elderly. An alcoholic, an inveterate smoker of "cancer-causing" cigarettes, he needs diapers and sits with difficulty. He is secured to a wheelchair with straps around chest and legs. His classmates are "people who pee in their diapers and all that."

Busken reveals himself as a strong man who resents his decline and, despite the misery of his state, makes trenchant analyses of the people around



Jeroen Brouwers (1940-2022)

Photo Source: <https://nos.nl>

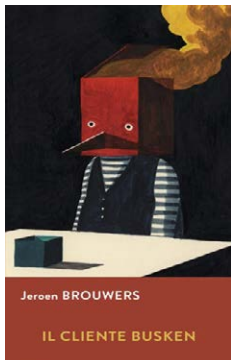
him and the environment in which he lives. "He tied me to the chair with a strap around the waist, the metal buckle on the navel I can't open. My anger and protests are cooled down with pills and injections. Also, my legs. I could kick with my feet until they tied those up too. I have a whistle in my shirt to call for help. Help with everything: drinking, scratching, going to the bathroom. In protest, Busken pretends not to hear and doesn't speak or respond."

Villa Madeleine is a sort of nursery, directed by 'Richard', the health director. Patients are just guests, as in a hotel, they are not patients but also customers. But you are not allowed to leave. Time passes in a wheelchair. Lying down on the bed is not allowed, only in the evening when you go to sleep.

After a fall with injuries and bleeding from his head and neck, Busken began to see blue "only blue, what was really blue, blue, Delft blue, Saxon blue, Prussian blue, Baltic blue, sea blue".

His day begins with breakfast. "Always two slices of bread, always one wholemeal with cheese and one white with something sweet, like chocolate spread or cream with yellow or red jam, all cut into ready-made bites, on a plastic plate, a small carton of milk with a bent straw". There are days that are more distressing than others when the tremor I have is so uncontrollable that the hand with one of these pieces of bread or toast cannot find the mouth and ends up against the cheek or the nose".

Busken defends himself from the oppressive life of the residence by remaining silent. "However, I am silent on principle out of protest. Against everything and everyone; from the moment I realized that I would never leave here." "No one ever says anything to me because I suffer from senile dementia, as they say in here with me present. Or Alzheimer's. Or senescence. Or bizarreness. Or numbness of any kind".



Il Cliente Busken
Milano, Iperborea, 2024

Customer E. Busken has not only worked in trades in his life, but is also a productive writer who writes works of various genres using fax paper. "When they abolished fax machines in the office I was allowed to take one home. The device failed shortly after but I was in possession of rolls of paper. Then I began to write my reports and over the years I have collected the paper used in the office to use for writing my scientific papers". When his friend, Herman Skigge visits him, he gives him the completed parts of his manuscripts which he had kept in a safe. This major production is apparently highly appreciated by the academies who have awarded "three doctorates in scientific erudition, plus another five honoris causa for which I am world-renowned as homo universalis". Busken writes with an encrypted alphabet "invented words, sometimes in mirrored handwriting, non-existent letters, an algebra with a sort of hieroglyphics from the era of the pyramids or Arabic concoctions without points or commas, pentagrams with musical notes or equivalent signs, grids with black colored squares like crossword puzzles, or red or green doodles with crayons, it's impossible to extract the rule".

Busken illustrates the changes in his body. "...once Herculean in figure, a column of masculine prowess, a heavenly vision for the eyes when I admired myself naked in the mirror, erect member, biceps pulsating with vigor. As a person I have not changed even if I now have the shape of a team". When Nurse Morton accompanied him to the bathroom recently, "for a split second I glimpsed my image in the mirror, enough to confirm my sense of revulsion towards myself and humanity in general."

"This is where they drove me crazy from being quartered here with violence. I wasn't crazy at all. I was an esteemed teacher at two creative writing academies" ... "Here they detoxify you until you go numb, you see things that don't exist, or dares that exist but deformed by a squint that suddenly reaches your eyes. And if you hear noises that others do not hear, shapes and colors that bang and creak, and voices, often of the dead, even of dead that I have not often known from centuries ago or even before, who complain in languages and dialects unknown to me - all this began here".

The book ends with an expected, inevitable conclusion. "Now calm down, E. Busken, try to calm down and relax, it's really a matter of little importance, it can't last much longer, it's about to happen, it's getting closer".



BOOK: *The Ballads of Narayama* by Shichirō Fukazawa



Shichirō Fukazawa (1914-1987)

Photo Source: Wikipedia

First published in Japan in 1956, the novel has been successfully translated into multiple languages by a team of renowned translators, among them, *Narayama*, Paris, 1980, *Die Narayama-Lieder*, Zurich, 2021, *Le Ballate di Narayama*, Milan, 2024. The author Shichirō Fukazawa (1914-1987), a former guitarist, penned this short novel, which first appeared in a literary journal. The novel received widespread acclaim, with the renowned author Mishima Yukio publicly endorsing it.

Although some critics found the book's themes and subject matter uncomfortable, it was well received in Japan, a country that was emerging from the war. Japan, at that time, was still developing its social policies around aging. Two films were inspired by this short novel: one by Kinoshita Keisuke in 1958 and the other by Shohei Imamura in 1983. The first film was shown at the Venice Film Festival, but went unnoticed, while the second film, directed by Imamura, was awarded the Gold Palm at Cannes.

Shichirō Fukazawa
Narayama



Narayama
Paris, Folio,
Gallimard, 1980

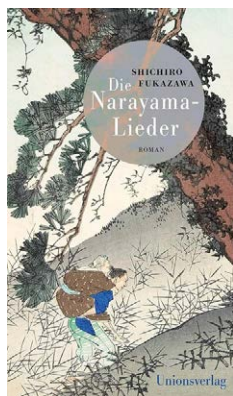
The novel is set in a remote rural village deep in Japan's countryside, where money was scarce and trade was limited to bartering; this was reflected in the name of one family's home, "The House of the Coin", which held a single coin minted in 1835. The villagers struggled to balance their numerous needs against the limited resources. In this village, a centuries-old tradition known as "ubasute" was practiced, where elderly citizens would be taken to the top of Mount Narayama when aged 70, and be left to die of starvation. The inaccessible mountain, populated by black crows and covered in white bones, was a final resting place. At the edge of the village, on the way to Narayama Mountain, stands the last house, known as the "chopping block". It is here that the 'Terrible God' resides. Family members carry the sick and elderly to this place on their shoulders. The Neko family, a family of seven spanning four generations, resides here. Orin, a widow for the past 10 years, lives with her son Tatsuhei, a widower himself who has four children. Also present is Matsuye, lives the pregnant girlfriend of Kesakichi, the youngest son. It was decided that after the child's birth, it would be taken and thrown into the ravine by his parents, Kesakichi and Matsuye.

Matsuye: "Don't worry, when the little mouse is born I will go and throw it in the valley behind the mountain".

Kesakichi: "I'll go. What do you want it to be for me?"

Kesakichi: "Did we say that I would throw it away or not?"

Matsuye: "Sure, just think about it".



Die Narayama-Lieder
Zurich, Unionsverlag,
2021

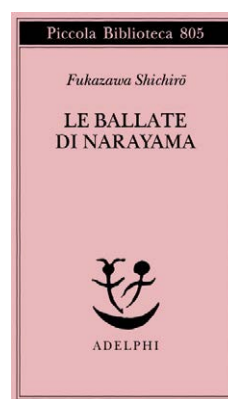
Orin is the matriarch of the household, who takes care of everyone's needs. But her time is coming to an end. She is sixty-nine and in good health. She has all 32 teeth, that are a focus for comment in the family indicating possible voracity and capability of eating even the hardest "broad beans and pine cones". She recognizes that the time has come to go to Mount Narayama and spare her family the weight of her needs for food. She is ready for the journey and hastens her departure before Matsuye and Kesakichi's baby is born. In the days remaining she is successful in finding a new wife for Tatsuhei—a lady (Tamayan), just widowed, from another village,

who, before completing the traditional 49 mourning days, joined the family before marrying Tatsuhei.

Orin has also secured enough sake to prepare and celebrate her journey to the mountain. She knows that Tatsuhei is unhappy about the trip. Despite his discontent, Orin knows that the village's economic reality and tradition of sacrificing the elderly to ensure community survival cannot be escaped. In the secluded Shinsu mountains, the villagers ultimately surrender to their predetermined fate, a destiny etched into their lives like an epigenetic marker.

From time to time someone resists the final journey, but the few that do so are dragged there.

Orin hopes that the day she reaches the mountain to be left to die, the mountain's ancient spirit will be gentle with her and "let it snow", a sign of good fortune, a sign of appreciation.



Le Ballate di Narayama
Milan, Adelphi, 2024

The village is poor and hunger is a constant companion. There is only one day when the villagers feast with satisfaction. It falls on the eve of the *Bon* festival, that is, the twelfth day of the seventh month. On this special day, they indulge in mountain delicacies, "wild grapes, beechnuts, nutmeg, mushrooms and above all white rice"—something very precious, usually reserved for those genuinely in need sick to help them recover from their illnesses. The villagers are careful to ensure that those who receive white rice are indeed truly ill, and not simply feigning illness in order to gain access to this coveted food.

The final trip of Orin is recounted in detail. Four days before the new year Orin told Tatsuhei that she would depart on the following day, the eve of *Bon*. He should invite, for the evening, all those who had been on a trip as carriers, to the mountain that has a perilous path and includes seven valleys and three lakes. Eight people were invited and came in preparation for the trip. The rituals included generous drinking of sake before and after each talk. The rules for the trip were strict. (i) absolute silence (ii) nobody allowed to see people leaving their homes for the trip (iii) when an old people was finally left on the mountain, the carrier was to immediately turn his feet towards the village and not turn back.

The journey of Tatsuhei and Orin was silent; the place terrifying. An area without skeletons was finally found on the side of the mountain. "Orin tapped Tatsuhei's back and shook his legs, to make him understand that she wanted to get off the table to which she was attached. Orin placed the mat he had tied to his hips on a rock. She clasped her son's hands and turned him back in the direction they had

come, and pushed him". Having left his mother on the side of the mountain, Tatsuhei took the route back. Surprisingly, it started snowing. Orin's wish had become true. Tatsuhei walked back along the path and, breaking the rules, calls out to his mother: *"Mother, have you seen that it is snowing?"* She waves at him, but remains silent. Finally, Tatsuhei returned to the village and, looking at the perilous nature of the path, understood why carriers often threw people from cliffs without reaching the mountain, as had been suggested by one of the advisers the evening before.

Modern Japan is an aging country; it is actually the oldest country in the world. Ten percent of the population is over 80 years old, 16.1% older than 75 years old, and 29% older than 65 years. There are 93,000 centenarians. The government is working to provide answers to the disproportionate ratio

between the aging of the population and the decline in births. Recently, a governmental program called "Plan 75" has been approved. It offers free and legal euthanasia to those over the age of 75 who no longer have any reason to live (November 30, 2022).

Acknowledgements

The translation of Professor Giorgio Amitrano is appreciated. The passages between inverted commas are from his "Le Ballate di Narayama" Milan, Adelphi, June 2024).



News



European Association of Professors Emeriti 2024 Events for the World Day of Older Persons

by **Natale Gaspare De Santo**,

Professor Emeritus University Luigi Vanvitelli, Naples, Italy

Email: NataleGaspare.Desanto@unicampania.it



The President of the Italian Republic Hon. Prof. Sergio Mattarella awarded the Presidential Medal to the European Association of Professors Emeriti (EAPE) for the 2023 Events of The World Day of Older Persons.

“The quality of our community and development model also depends on how we will be able to guarantee rights and services to older citizens and on how we will be able to integrate them into social processes, pressured by very rapid changes but always in need of dialogue and solidarity.”

Hon. Prof. SERGIO MATTARELLA,
President of the Italian Republic^{1,2}

EAPE is proud to remember that President Sergio Mattarella in 2022 awarded EAPE the Medal and gave the Patronage to its Second International Congress on *The Capital of Knowledge*.^{3,4}



Domenico Ghirlandaio, *An Old Man and his Grandson* (c.1490), Louvre Paris

1. On. Prof. Sergio Mattarella Presidente della Repubblica. Messaggio per la Giornata Mondiale delle Persone Anziane. 2020.

2. De Santo NG, Ardaillou R, Phillips M, Campanella L, Berche P, Bonavita V et al. The Treatment of Elderly People is a Marker of Society as a Whole. Are they an Untapped Treasure?. Bull. Eur. Assoc Profs.. Emer. 2020 (s1): p113-115. <https://europemeriti.org/index.php/en/eape-publications>.

3. The President of the Italian Republic Hon. Prof. Sergio Mattarella Awarded a Medal to EAPE Day of Older Persons. Bull Eur Assoc Profs. Emer 2023; 4(3):84. <https://europemeriti.org/index.php/en/eape-publications>.

4. De Santo NG, Bonavita V, Campanella L, Phillips M, Cokkinos VD. On the creativity of professors emeriti(ae). The key to aging young. In *The Capital of Knowledge of Emeriti in Action*. Athens, Society for Useful Books, 2023, p. 17-21.



2024 Events for the World Day of Older Persons Košice • Sarajevo • Athens • Frascineto • Messina • Naples

Giorgione

The three ages of Man

1500-1501

Palazzo Pitti, Florence

Oil on poplar

cm 62 x cm 77.5

The young man in the center reads a score and discusses it with an adult gentleman to his left (music teacher?). They seem estranged from the world, busy with work, focused only on their role. And they take themselves so seriously that they no longer pay attention to others. The old man on the left looks towards the observer, and with his *auctoritas* probably tells us that life is not just work.



Organizing Committee

Guido Bellinghieri, Messina; Alena Buková, Košice; Vincenzo Bonavita, Naples; Giancarlo Bracale, Naples; Angelo Catapano, Frascineto; Paolo Ciambelli, Salerno; Katarína Derzsiová, Košice; Natale G. De Santo, Naples; Athanasios Diamandopoulos, Athens; Massimiliano Marotta, Naples; Rita La Paglia, Messina; Dianne Newel, Vancouver; Alessandra Perna, Naples; Oliver Racz, Košice; Halima Resic, Sarajevo; Luigi Santini, Naples.

2024 EAPE Events to Celebrate the World Day of Older Persons

Professors Emeriti are a particular category of retired, those who have had the possibility to study, to make research, to teach and to reach the highest academical positions. Generally speaking they are privileged of acceptable rents, and enjoy the benefits of the large personal nets built during their academical careers. They have been identified as large ambulant libraries of the developments of their disciplines occurred during their academical life. Thus it can be said that what preceded their entering in science was not relevant for furthering the disciplines (as reported in a lucky book by Derek John De Solla Price in 1963).

EAPE has had special attention for aging, creative aging, successful aging, healthy aging, since its origins. Centenarians, old artists, stylists and actors along with innovative books on aging have continuously discussed in all issues of the first series of the EAPE e-Newsletter published since April 2017.

In 2020 EAPE produced a supplement of its Bulletin reporting on selected events organized that year to celebrate in Europe and beyond the World Day of Older Persons. In that occasion elderly persons were identified as the "untapped treasure" of our times and a group EAPE members accepted to describe their transition to the emeritus

state. The new cadre of EAPE member may trace this news in the *Bull Eur Assoc Profs Emer* 2020; 1(S1):S113-S165). Furthermore, from 2021 onward events were organized directly by EAPE to celebrate October 1st, backing the wants and needs of elderly people including those with an academical past.

An EAPE appeal to European Union was launched aiming to have in every country a Ministry for Women, Elderly and Youth taking as example the model adopted by the Federal Republic of Germany many years ago. A recent article in the last issue of the bulletin reinforced the quest with a paper on "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)".

We are pleased to detail the 2024 events that will take place at Sarajevo, Košice, Athens, Frascineto, Messina and Naples. Over the years at EAPE we have learned that Elderly people may achieve the goal of active aging provided that intergenerational harmony is achieved, a prerequisite for continuing to be creative. In 2023 EAPE for its program for the World Day of Older Persons was awarded a Medal of President of the Italian Republic Hon. Prof. Sergio Mattarella, that shall be a strong stimulus and a support for EAPE to continue on its path of excellence.

EAPE Event for the World Day of Older Persons in Košice *Vitality and Benefits of Physical Activity and Sport in High Age*

Medical Faculty, UPJŠ Košice, 1 SNP Avenue
Košice, September 30, 2.30-6.00 PM

Under the Auspices of

Mayor of City Košice, *Ing. Jaroslav Polaček.*

Rector of Šafárik University, Košice, *Prof. MUDr. Daniel Pella, PhD.*

Special Guest

Mgr. Katarína Ráczová-Lokšová

President of Fair Play Club of Slovak Olympic Committee

Organizers and Partners

European Association of Professors Emeriti

Institute of Physical Education and Sports, UPJŠ Košice

Medical Faculty, UPJŠ Košice

Košice Medical Association, Local Chamber of Slovak Medical Association

Regional Medical Chamber, Košice

Košice Marathon Club

Organized by *Oliver Rácz, Alena Buková, Katarína Derzsiová*

Ceremonial and social part

Introduction and mission of WDOP, *Derzsiová K.*

Introduction, *Polaček J, Mayor of City Košice.*

Welcome address, *Pella D, Rector of Šafárik University, Košice.*

Peace Marathon in Košice, 1924-2024, *Sudzina J, President of Kosice Marathon Club.*

Presentation of Fair Play movement activities, *Ráczová-Lokšová K., President of Fair Play Club.*

Presentation of 50 Tage Bewegung, project, *Barbara Fastner Öska, Wien, Austria.*

Professional part (invited lectures)

Zusková Klaudia, Institute of Preventive Medicine, Medical faculty, Hradec Králové, Czech Republic.

Ukropec Jozef, Institute of Experimental Endocrinology, Biomedical Research Centre of Slovak Academy of Sciences, Bratislava.

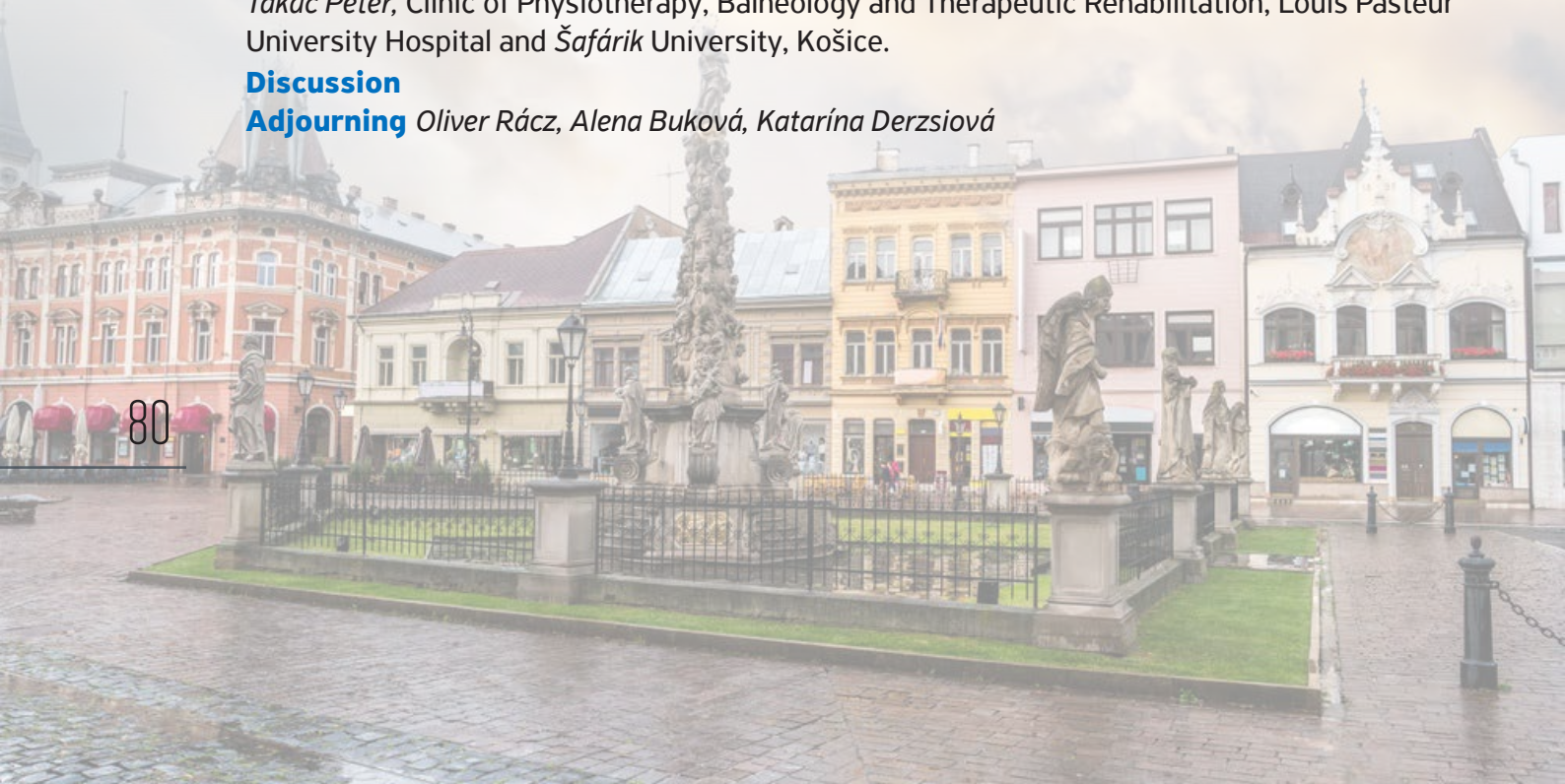
Polan Peter, Institute of Musculoskeletal and Sport Medicine, Hospital AGEL, Košice-Šaca and Šafárik University, Košice.

Takáč Peter, Clinic of Physiotherapy, Balneology and Therapeutic Rehabilitation, Louis Pasteur University Hospital and Šafárik University, Košice.

Discussion

Adjourning *Oliver Rácz, Alena Buková, Katarína Derzsiová*

KOŠICE



Sarajevo World Day of Older Persons **Symposium on How to Live a Quality Life in Old Age**

General Hospital «prim. Dr. Abdulah Nakaš»
9.00 AM-3.30 PM

Organized by *Halima Resic*

Under the Auspices of The Ministry of Health of Sarajevo Canton

Patronage of World Health Organization

Program

World Health Organization politics of healthy ageing -- *Erwin Cooreman*, WHO Special Representative.

Physical activity in the third age of life -- *Izet Rado*.

The role of Artificial Intelligence in senior population – *Mirza Žižak*.

Medicine in adolescent population – *Dužanka Turk Mičetić*.

The challenges of healthy ageing – *Aida Pilav*.

Urinary tract infections in the elderly – *Halima Resić*.

Gastrointestinal tract changes in elderly – *Azra Husić*.

Neurological changes in elderly – *Merita Tirić-Čampara*.

Hypertension in the elderly – *Milan Gluhovic*.

Bone fractures in elderly – *Ismet Gavrankapetanović*.

Dosing of medicines in the elderly – *Jasmina Krehic*.

Sarajevo

EAPE World Day of Older Person in Athens

Athens, Louros Foundation October 1

Organized by *Athanasios Diamandopoulos, President EAPE Culture Committee*

Program

Prof. George Christodoulou, President of EAPE: Introduction

Key note lectures by

Dimitrios Kardamakis, Emeritus Professor University of Patras, Radiotherapist,

Distinctiveness in approaching the geriatric oncological patient.

Athanasios Diamandopoulos: Aging, lessons from History of Medicine.

Athens

EAPE World Day of Older Persons at Frascineto (Cosenza)

City Hall of Frascineto

October 1st 10.00 AM-1.00 PM

Organized by *Angelo Catapano, Mayor of Frascineto*

Promoted by

Municipality of Frascineto

Center for Migrants of the University of Calabria at Rende

European Association of Professors Emeriti

Program

Angelo Catapano, Mayor of Frascineto

Le attività per gli Anziani del Comune di Frascineto

Caterina Adduci, Councilor for Culture Municipality of Frascineto

The Programs of Women's and Men's Municipal Clubs for Older Persons of Frascineto

Pantaleone Sergi, Director Migrants Center University of Calabria at Rende

Six Centuries Migration in Frascineto.

Natale Gaspare De Santo, EAPE Committee for the World Day of Older Persons

"Life aging and death of a woman of people" of Didier Eribon

Giuseppe Trebisacce, former Professor of Pedagogy at the University of Calabria

Bylaws on Emeritus Professors of the University of Calabria a model for Europe

Giuseppe De Bartolo, former Professor of Economy at the University of Calabria

Silver economy

Frascineto

EAPE World Day of Older Persons in Messina

Auditorium Ordine dei Medici, Messina

October 1st 10.00 AM-1.00 PM

Promoted by

Guido Bellinghieri, President of the Italian Branch of EAPE

Rita La Paglia President of the Italian Association of Catholic Physicians of Messina

Program

Guido Bellinghieri, The World Day of Older Persons.

Filippo Boscia, Presidente of the Italian Association of Catholic Physicians

The Great Age

Anna Gensabella, Professor Emerita, Member of the National Committee of Bioethics,

The Duty to Protect Creativity and Fragility of Older Persons.

Giuseppe Gembillo, President of The Edgar Morin Center on Complexity in Messina,

Seniors and Complexity.

Rita La Paglia, Meeting the Needs of Children.

Messina

EAPE World Day of Older Persons in Naples

Italian Institute for Philosophical Studies

Monte di Dio Street 14

October 5, 9.30 AM-1.00 PM

Promoted by

Massimiliano Marotta for the Italian Institute of Philosophical Studies

Natale G. De Santo, Vincenzo Bonavita, Giancarlo Bracale, Paolo Ciambelli, Luigi Santini
for The EAPE Committee for the World Day of Older Person

Program (All speakers 10 min),

Session 1

Moderators: Vincenzo Bonavita

Massimiliano Marotta, We Shall Care for the Many Fragilities of Our Times.

Natale G. De Santo, Amalia Virzo, Vincenzo Bonavita: Europe ages and shall square the Circle between the needs of Old-olds, Children and Women and Retirement Age.

New Roles for Professors Emeriti(ae)

Don Antonio Palmese, The Fragility of those Imprisoned.

Giorgio Amitrano "The Ballads of Narayama", (invited)

Session 2

Moderators: Natale G. De Santo @ Massimiliano Marotta

Paola Izzo, Protecting Women' Careers in European Universities.

Francesco Rossi, Successful aging also depends on Pharmacological Research

Maria Triassi, Successful Aging Depends on Prevention.

Massimo Capaccioli, Even the Sun Ages.

Session 3

Moderators: Paolo Ciambelli @ Luigi Santini

Giancarlo Bracale, Lights and shadows of life extension: analysis, suggestions, measures in the vascular field.

Raffaele Cananzi, Reduction of the Level of Bureaucracy is a prerequisite for meeting the Daily Needs of Older persons.

Francesco Paolo Esposito: Aids for Autonomy: Physiotherapists and the Problem of Mobility in Older Persons.

Don Antonio Maione, Seeking Happiness

Conclusion

Elective Didactic Activity (EDA) for Medical Students who have completed at least the activities of the 3rd year. It grants 1 CFU Credit and is entitled World Day of Older Persons 2024

Organized by Alessandra Perna, Professor of Nephrology University Luigi Vanvitelli, Naples.

SAPE
Naples



Bulletin Redistribution

Restrictions and Guidelines

We would like to inform all colleagues, members of the EAPE and all readers of this Bulletin, for the possibility that a version of this issue may have come into their possession containing an article or articles that have been removed from the official version currently being read.

This happened because of a procedural misunderstanding, in which some colleagues thought it appropriate to redistribute the issue that came into their possession before the official distribution, without taking into account that it was addressed exclusively to authors of articles, in order to check their texts and make the appropriate corrections to them, if necessary.

This resulted in some colleagues receiving an issue containing the wrong material which was not approved by the Editorial Board of the EAPE Bulletin.

For all the above reasons, we consider it necessary to inform all our colleagues, in whose possession each issue of the Bulletin comes, either by direct distribution or by redistribution, of the way in which each issue is completed and reaches its official distribution. And on this occasion, to inform you of some restrictions that exist during this process.

The procedure is the following:

STEP 1: The authors send their contributions for each issue to the Editorial Board.

STEP 2: The Chief Editor together with the Deputy Editors make the first editing of the material and send it to the team responsible for the creation of the Bulletin.

STEP 3: When the first DRAFT is created, it is sent back to the Editorial Board to receive its approval or comments and corrections that need to be implemented.

STEP 4: After Step 3 is completed and potential corrections instructed by the Editorial Board have been implemented, this DRAFT, is sent to all authors so they can check their respective contributions and send back their approval or comments and corrections that need to be implemented.

STEP 5: After everything is checked and corrected if needed, then the Issue is ready for its official distribution.

Prior to its official distribution and during the above mentioned process, the redistribution of the DRAFT between colleagues, members or not, IS STRICTLY PROHIBITED.

Redistribution is allowed ONLY AFTER the official distribution that is made through the usual method, which is the sending of an email containing the link to see and/or download the Bulletin, from the official email account of the EAPE.

Thank you all for your understanding and cooperation.

THE CHIEF EDITOR
G.-Andrei Dan



INSTRUCTIONS TO AUTHORS

The *Bull Eur Assoc Profs Emer* is the bimonthly cultural Journal of the European Association of Professors Emeriti (www.Europemeriti.org) that supports the vocation of Professors Emeriti for teaching and Research. It is structured in two main section *Original manuscripts* that undergo peer review and the *section on News* that covers the life of the association and is under the care of the Editorial board.

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

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 1st 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](https://doi.org/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

3. Committee on Infectious Diseases, American Academy of Pediatrics. Measles: reassessment of the current immunization policy. *Pediatrics* 1989; 84:1110-1113.

BOOKS and other MONOGRAPHS

1. Personal authors

Antier JJ. Jean Guitton. Milan, Paoline, 2002

2. Committee report or corporate author

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

3. Chapter in book

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

4. Agency publication

Committee on Infectious Diseases, Report of the Committee on Infectious Disease, 22nd Edn. American Academy of Pediatrics. Elk Grove Village, 1991; 319-320.

INTERNET REFERENCES

1. Website

Plato. Laws. <http://data.perseus.org/itations/um:cts:greek-Lit:tlg034,perseus-eng1:3.666> (accessed May 14, 2020).

2. Online journal article

De Santo NG. The Impact of Covid-19 on Education and Science Florence in the XIV century -after plague, famine, death and depopulation- generated Renaissance Scholars such as Filippo Brunelleschi, Giovambattista Alberti and Leonardo An Achievable goal for our Universities. *Bull Eur Assoc Prof Emer* 2020; 1(2): 19-20. (accessed 14 May, 2020)

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ISSN 2945-0381