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OF PROFESSORS EMERITI

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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

JANUARY 2025

Athens, 22.01.2025

Dear Colleagues and Friends,
Members of our Team,

FIRST AND MOST IMPORTANT, warmest wishes for the Year 2025 that has just commenced its course.

People usually wish for the New Year to be "uneventful". Yet, for a group full of vitality and thrust like the EAPE (this is not an attempt to be humorous) this is not an appropriate wish. We WANT events to happen, provided that they are towards a positive direction. We WANT to participate, we WANT to continue producing, we WANT to convey our experience to the younger generation of scientists, we WANT to teach them dexterities that we have acquired during our active scientific life and, most importantly, we WANT to ask them to consider our ethics positions that have shaped our **attitudes**.

Let me now explain why it is not a joke that we are "a group full of vitality and thrust". Because the mere fact that we are members of an ambitious group like the EAPE proves it. We could abstain and do nothing. But no! We keep on working, contributing and producing to the best of our ability. The report of activities that follows highlights this fact and the same stands for the previous reports.

So, let me report on some of our activities.

Webinars of the Sections

These Webinars are free not only for the members of the corresponding sections but for all the EAPE members and beyond. Please make a note of the date of the activity you are interested in. You are most welcome to participate.

Should you wish to be a speaker or discussant in any of our webinars that will be organized in the future please write to the chair of the section you are interested in, with a copy to me.

The e-mail addresses of the sections' chairs are as follows:

- **Section on Mental Health**
Chair: Dusica Lecic-Tosevski,
email: dusica.lecictosevski@gmail.com
- **Section on Culture**
Chair: Athanasios Diamantopoulos,
email: 1453295@gmail.com
- **Section on Ethics**
Chair: Luigi Campanella,
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- **Section on Health Promotion and Prevention**
Chair: Dennis Cokkinos,
email: dcokkinos@bioacademy.gr
- **Section on Meeting the needs of young and old-olds**
Chair: Halima Resic,
email: halimaresic@hotmail.com
- **Section on Nature Protection**
Chair: Paolo Ciambelli,
email: pciambelli@unisa.it
- **Section on Enrollment and Advocacy**
Chair: Nicholas Markatos,
email: n.markatos@ntua.gr
- **Section on the Elderly in our Society**
Chair: Natale Gaspare De Santo,
email: NataleGaspare.DESANTO@unicampania.it
- **Section on Education Reform**
Chair: Stavros Koubias,
email: koubias@upatras.gr

Webinar of the Section on Culture

25 January 2025, 12.00 noon Athens time.

Coordinator: Ath. Diamandopoulos

Speakers:

1. Gaetano Thiene: "Leopoldo da Vinci and Medicine".

2. **Athanasios Diamandopoulos:** "The Hogarth engravings on human health and well-being".
3. **Francesco Ferrara:** "The role of human environments in human health and well-being".
4. **Demetrios Dougenis:** "A medical freshman's attempts on medicine and poetry".

LINK: <https://shorturl.at/2sG3U>

Meeting number: 2732 731 0123

Password: PnauhU8UQ28

Join by video system

Dial [27327310123@uoa.webex.com](tel:27327310123)

You can also dial 62.109.219.4 and enter your meeting number.

Join by phone

+30-21-1990-2394 Greece Toll

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Access code: 273 273 10123

Webinar of the Section on Meeting the Needs of Young and Old-Olds

UNIVERSITY OF MARIBOR, Centre for Professors Emeriti and Retired Higher Education Teachers

Webinar: "CHILD HEALTH AND DISEASE"
February 26th 2025
at 14:00 Slovenia Time (CET)

PROGRAM

14.00–14.10 WELCOME ADDRESS

- **George Christodoulou**, President EAPE
- **Halima Resić**, Chair of the Section on Meeting the Needs of Young and Old-Olds.
- **Dušanka Mičetić-Turk**, University of Maribor.

14.10–14.30 Dušanka Mičetić-Turk

Childcare throughout history.

14.30–14.50 Gregor Cuzak

Children and association of patient organizations of Slovenia.

14.50–15.10 Jochen H.H. Ehrich

Between TABOO and TOTEM: How can child abuse be prevented?

15.10–15.30 Aida Ramić-Čatak

Guidelines of good practice in communication and promotion of children immunization.

15.30–15.45 Discussions and closing remarks

LINK: <https://shorturl.at/uGWeJ>

Meeting ID: 332 679 041 08

Password: tc2ak2LY

Webinar of the Section on Ethics

"EQUAL OPPORTUNITIES IN RESEARCH"

Tuesday, 11th February 2025,
2.00-4.00 pm (Paris time)

Coordinator: **Lucija Cok**

Speakers:

Milica Antic Gaber: "Initial thoughts on the situation in Slovenia"

Heinrich C. Mayr: "New phenomenon: "The dismissal of "unwelcome" professors". Short report of a study by German colleagues"

George Andrei Dan: "Gender gap in cardiovascular management"

This webinar will focus on the need for equal representation of men and women in research activities but will also deal with other issues associated with discrimination. If you wish to participate actively as a discussant please write to Prof. Cok (email: lucija.cok@upr.si) by 25 January 2025.

Centre for Humanities of the Centre for Science and Research (ZRS) Koper – Capodistria.

Webinar programme:

14:00-14:10	<i>Introductory ice breaker thoughts.</i> Lucija Čok, co-chair of the Ethic section, lucija.cok@upr.si / Lucija.cok@zrs-kp.si
14:10-14:40	<i>Some initial thoughts and information about the situation in Slovenia.</i> Prof. dr. Milica Antič Gaber, Faculty of Arts, University of Ljubljana
14:45-15:00	<i>A new phenomenon: the dismissal of "unwelcome" professors.</i> dr. Heinrich C. Mayr, Alpen-Adria-Universität Klagenfurt, Austria
15:05-15:20	<i>Gender gap in cardiovascular management.</i> Prof. Dan Gheorghe – Andrei, University of medicine "CAROL DAVILA", Bucharest, Romania
15:25-15:50	<i>Some thoughts and findings from the Professor Emeriti Network e-region</i> Prof.dr. Jože Gričar, University of Maribor, Slovenija
15:50-16:00	<i>Concluding thoughts and contribution to the European Commission's DG JUST: a Study on discrimination on the grounds of age in the EU.</i> Prof.dr. Lucija Čok

In the last part of the seminar, we will look at the information published by the European Commission's DG Justice and Consumers (DG JUST). **A Study on discrimination on the grounds of age in the EU** will be based on the data provided by the questionnaire, which the attached letter invites you to complete. As thoughtful participants in Sociality action, our participation will be welcomed.

You will attend the webinar via the following link:

Topic: My Meeting

Time: Feb 11, 2025

13:30 Belgrade, Bratislava, Ljubljana

Join Zoom Meeting: <https://shorturl.at/QypYh>

Meeting ID: 975 126 0571

Passcode: 280222

We are looking forward to your participation. Please send your attendance confirmation to my email address (lucija.cok@upr.si).

You can see the letter of European Commission's DG Justice and Consumers by [CLICKING HERE](#).

Signing of Contract with the Lilyan Voudouri Foundation

We have recently signed a contract with the above Foundation to receive a donation of 3.600 euros for the technical support of our sections' webinars. This project will start in March 2025. Many thanks to the Foundation for its support.

There is a possibility to organize joint activities with the Lilyan Voudouri Foundation in the future.

Elections of Officers of Two New Sections

As I have informed you previously, the Board has decided to establish two new important sections. Following this, elections for officers of these sections have been carried out and the following have been elected:

Section on "The Elderly in our Society"

Chair: Natale de Santo

Co-chair: Miltiadis Karayannis

Secretary: Vincenzo Savica

Section on Education Reform

Chair: Stavros Koubias

Co-chair: Liv Mjelde

Secretary: Sir Leslie Ebdon

Best wishes to the new sections for a productive term. The Board will be happy to help, if needed.

Change in Regulation of Sections

In view of the increase in the number of Sections to nine, the Board has decided to allow membership to THREE sections instead of two.

So, it will not be necessary for colleagues who have become members of the new sections to resign from their "old" ones.

The Naples Conference

As announced in my previous communication with you, our Italian colleagues are organising a Conference in Naples on May 27-29, 2025, with an interesting scientific program and a rich social program. A Committee coordinated by the President-elect Prof. Giancarlo Bracale is active in looking into all details associated with this difficult task. I would strongly recommend participation in this important EAPE Conference. I am sure that Prof. Bracale (e-mail: napleseape2025@gmail.com) will be happy to respond to any questions you may have.

Please, Pay your Dues!

Last but not least. Our EAPE needs some money to fulfill its mission. We have expenses, mainly related to the secretariat and these expenses are covered exclusively by the members' subscriptions of 50 euros per year. We are trying hard to justify this cost by spending practically nothing and being as productive as possible. But, please help us to fulfill our mission which is also YOUR mission. I personally do not want to allow crossing out the names of a number of colleagues who have not paid their dues for two and three consecutive years. So, please take a deep breath and fulfill your financial responsibilities by writing to our administrator Georgia Drosatou, at: gdrosatou@gmail.com.

Why do we need a deep breath? Obviously, it is unpleasant to receive a letter asking for money at the beginning of a New Year. It is also unpleasant for me to deal with such trivialities and send you such a letter. But what can we do, dear friends.

"Δει ὄν χρημάτων". C'est la vie!

With cordial regards and best wishes to all and each one of you,

George Christodoulou

EAPE President

Profgchristodoulou@gmail.com



DECEMBER 2024

Athens, 10.12.2024

Dear Colleagues and Friends,

The month of December is a special month! Full of festivities for most people in Europe, it provides us with the opportunity to recall what has happened during yet another year that has been added to the years that have shaped what each of us is today.

I have been working as a psychiatrist for many years, so my experience from my contact with people taught me and keeps teaching me that, as every year approaches its end, people regret more

the things that they have not dared to do or have postponed for a more suitable time, rather than the things they have done badly.

What conclusion can be derived from this? In my opinion the conclusion should be to try and implement our repressed wishes. There is always time for most of these wishes to be fulfilled.

Let us now turn to a more focused area, our EAPE.

I think we have managed well during this year. We have motivated the existing sections and have created two more (one on "Education Reform" and one on "The elderly in our Society") we have carried out elections for all sections, we have constructed the program for the sections' webinars. The **Lilian Voudouri Foundation** has kindly agreed to financially cover the expenses for the technical support of our webinars.

We have produced a **Position Statement** supporting the continuation of Academic Activities by Emeriti Professors at Universities that has been widely disseminated and promoted.

Our Board Member Professor **George Dan** has recently organized an excellent hybrid seminar in Bucharest, to which Dennis Kokkinos and George Christodoulou have been invited to participate. Excellent programme and exciting talks!



PROGRAM

- 09.00 - 09.10 *Welcome address*
Dorin-Sabin Delion, President, Bucharest branch ARS
- 09.10 - 09.20 *Welcome address*
George Christodoulou, President EAPE
- 09.20 - 09.40 *Social determinants of CV health*
G.A. Dan, Romania
- 09.40 - 10.00 *Europe 2040: less than 5% of smokers*
Panagiotis Behrakis, Greece
- 10.00-10.15 Coffee Break
- 10.15 - 10.35 *Mental Health in the Workplace: Is*

work a blessing or a curse

George Christodoulou, Greece

10.35 - 10.55 *The Insanity of our Times. In Health*

G. Diaconu, Romania

10.55 - 11.45 Panel Discussions

With the Participation of Prof. Vana Kokkinou

11.45 - 12.30 Snack Buffet

12.30 - 12.50 *Cholera and nation-building in XIXth century Romania*

Calin Cotoi, Romania

12.50 - 13.10 *Rejuvenation by art*

Verona Maier, Romania

13.10 - 13.25 Coffee Break

13.25 - 13.45 *"Burn-out" in 21st century physicians*

A. Buzea, Romania

13.45 - 14.05 *Precision, Personalized, and patient centered medicine*

Dennis Kokkinos, Greece

14.05 - 14.35 Discussions

14.35 Closing Remarks

Dennis Kokkinos / G.A. Dan

Our President-elect Professor Giancarlo Bracale is organizing an EAPE conference in Naples in late May 2025. Preliminary ideas about its scientific program are very encouraging.

Two memorable and most successful events organized by the EAPE have taken place in October 2024, namely *the Day of Older Persons* on 1st October and *the World Mental Health Day* on the 10th October 2024.

Our **Section on Ethics** has organized a successful webinar on "equality, diversity and inclusion" on 3rd December 2024 in which Luigi Campanella, Nikos Markatos, George Christodoulou and Les Ebdon have served as speakers.

On February 26, 2025, the **Section on Children and Old-olds** will hold a webinar in which Halima Recic, Dusanka Micetic-Turk, George Christodoulou, Gregor Cuzac, Jo Ehrich and Alda Ramic will participate.

EUROPEAN ASSOCIATION OF PROFESSORS EMERITI

Section on meeting the needs of young and old-olds
AND
University of Maribor, Centre for Professors Emeriti and
Retired Higher Education Teacher

Webinar:

CHILD, HEALTH AND DISEASE

February 26th 2025 at 14.00

PROGRAM

14.00–14.10 WELCOME ADDRESS

George Christodoulou, President EAPE
Halima Resić, President of the Section on Meeting
the Needs of Young and Old-Olds
Dušanka Mičetić-Turk, University of Maribor.

14.10–14.30 Dušanka Mičetić-Turk

Childcare throughout history.

14.30–14.50 Gregor Cuzak

*Children and association of patient
organizations of Slovenia.*

14.50–15.10 Jochen H.H. Ehrich

*Between TABOO and TOTEM: How can child
abuse be prevented?*

15. 10–15.30 Aida Ramić-Čatak

*Guidelines of good practice in communication
and promotion of children immunization.*

15.30–15.45 Discussions and closing remarks

Our membership has exceeded 200 members but many have as yet not paid their dues despite frequent reminders.

Our website has greatly improved but its further progress depends on whether and how we feed it. The Bulletin, under the leadership of George Dan is flourishing but again it needs to be fed. This is the responsibility of all of us and such is also the case with our informative Newsletter, under the leadership of Dennis Cokkinos.

OVERALL, I think we have done well but there is always ground for further improvement. Let us make our Association a paradigmatic organization that will justify its existence and will offer substantial contribution to its membership and to the Multi-Ethnic and Multi-Disciplinary society that we serve. Please participate with thrust in the activities of EAPE. Do not be passive recipients of information concerning our activities but instead **create** these activities.

Please write to me with ideas.

BEST WISHES TO ALL FOR THE FESTIVITIES.

MERRY CHRISTMAS AND HAPPY 2025 TO YOU
AND YOUR FAMILIES.

George Christodoulou

EAPE President

Profgchristodoulou@gmail.com



05

NOVEMBER 2024

Dear Colleagues and Friends,

This is my monthly communication with you.

The international political and socio-economic situation does not promote well-being of humans in this world. Yet, there is always hope that good

will, maturity, wisdom and resilience will prevail in order to control and prevent at least human-made disasters. We can do little for natural disasters produced by climate change but we can do a lot to reduce human-made disasters, like wars.

Concerning our micrography of the world, the world of Emeriti Professors, I have some very good news for you indicating that the EAPE is moving forward with quick steps.

The Sections

The program for the Sections' monthly seminars and webinars has been finalized and has been uploaded on our website, as well as it has been included in the last issue of the EAPE Bulletin, which you can also see online through EAPE website.

Seminar in Bucharest

This month (29th to 30th November 2024) we will have a seminar of the section on Prevention and Health Promotion to be held in Bucharest, Romania, expertly organized by Prof. George-Andrei Dan, member of the Board and Editor of the EAPE Bulletin.

Former EAPE President Prof. Dennis Cokkinos and me, George Christodoulou, as well as distinguished experts from Romania will participate as speakers.

Further information will be provided by the organizers.

Many thanks to Prof. George-Andrei Dan for organizing this important event.

Ethics Section

Next month (3rd December 2024) the Ethics Section, under the guidance of Prof. Luigi Campanella will organize a webinar on "Equality, Diversity and Inclusion".

Prof. Luigi Campanella, Prof. Nikos Markatos, Prof. Sir Leslie Ebdon and Professor Yeghis Kaheyany will be the speakers and I will say a few introductory words focusing on inclusion.

Google Meet: <https://meet.google.com/kns-smcf-zjr>

Donation by the Lilyan Voudouri Foundation

I am happy to inform you that the Lilyan Voudouri Foundation in Athens has kindly agreed to provide the EAPE with a donation to promote the work of the Sections (more specifically to fund provision of technical support for the sections' webinars).

I am grateful to the President Ms Irene Kairi and the Secretary-General Ms Irene Markoulaki who have accepted my request to provide assistance for the implementation of our action plan for sections.

Hippocratic Week

The EAPE has been appointed Collaborating organization in this important event (13-21 October 2024, Island of Kos, the birthplace of Hippocrates) to which Dennis Kokkinos and George Christodoulou were invited to participate. I had the opportunity to highlight the importance of the teachings of Hippocrates with reference to prevention.

Our new member Prof. Nikos Papantoniou was the chairman of the event.

International Conference of Tobacco Control

The EAPE participated as a Collaborating organization in this important event (22 October 2024). Our member Prof. Panagiotis Behrakis was the main speaker. Dennis Kokkinos and George Christodoulou addressed the audience at the Opening.

New Sections

The Board has decided (during its meeting on the 30th October 2024) to establish two more sections, namely the Section on "The elderly in our society" and the section on "Education reform". The establishment of a "Section on Auxology" (growth) has also been discussed but its official presentation is pending. We already have expressions of interest from colleagues who want to join the two approved sections and soon we will have elections of officers.

Should you want to join either or both of these sections, please write to me at:

Profgchristodoulou@gmail.com

The EAPE Conference in Naples

Prof. Giancarlo Bracale, the EAPE President-elect, has informed us that the dates of this important EAPE conference will be 27th to 29th May 2025.

The impressive social Program has been announced and soon we will have the full scientific program as well.

Many thanks to Prof. Bracale and to the rest of our Italian colleagues for organizing this important event.

I would like to invite all of you to come to Naples and not only attend the scientific activities but also enjoy the warm local hospitality.

Communication e-mail:

napleseape2005@gmail.com

and

info@mediacongress.it (for logistic information).

This is all for now. Please remember to recruit at least one new member. This is important for the survival and further development of our Association. We are trying to make EAPE a living and active ("kicking"!) organization. Help us to perform this "kicking" properly.

With warmest personal regards,

George Christodoulou

EAPE President

Profgchristodoulou@gmail.com



Editor's Corner

Child abuse: Facts, Attitudes and Symbols A double Reflection

by

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G.-Andrei Dan



Michel Botbol

"The test of morality of a society is what it does for its children"

Bishop Dietrich Bonhoeffer

The terms "child maltreatment" and "child abuse" are often regarded as synonyms, though their meanings are not identical (the concept of maltreatment is broader). The WHO defines this concept as "all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that result in actual or potential harm to the child's health, development, or dignity."

Four actions or inactions can result in child maltreatment: neglect, physical abuse, psychological abuse, and sexual abuse—the last being the most horrifying of all. Official statistics indicate that 6 out of 10 children under the age of 5, amounting to almost half a million children, suffer physical punishment or psychological violence from their parents or caregivers. One in five girls and one in seven boys have been sexually abused during childhood. In 2022, WHO estimated that one billion children worldwide were victims of acts of sexual violence. It is believed that three-quarters of child maltreatment cases are due to neglect.

Child maltreatment has lifelong psychological and physical consequences that socially and occupationally hinder economic development. Diagnosing child maltreatment is significantly hampered by underreporting, fear of reporting due to psychological reasons, or the severity of physical injuries. Additionally, perpetrators rarely admit their actions, and witnesses are found only in exceptional cases. There is a phenomenon of "tracking," whereby an abused child has a higher risk of becoming an abuser as an adult. In most cases, the parent is responsible for the abuse.

Several factors increase the risk of child abuse at the individual level (e.g., children with disabilities, single mothers, parental depression), familial level (e.g., domestic violence), community, or societal levels (e.g., poverty). Education, parental control, and support, as well as parents' inner resources and coping skills to handle stress and crises, play a crucial role.

The history of recognizing child abuse is much more recent than one might think, likely beginning with Auguste Tardieu's 1860 report on 32 cases of child maltreatment—18 of them fatal—caused by parental rage. Boileau de Castelnau introduced the term "misopédie," signifying hatred of children. Unfortunately, these observations were ignored or considered isolated cases until 1962, when pediatrician Henry Kempe defined the so-called "Battered Child Syndrome" in *JAMA*. In 1970, "child abuse" was integrated as an academic discipline in the US, despite criticism from those (including child protection agencies) who argued that the dichotomy of "abused" and "non-abused" artificially narrowed children's rights, preventing broader investigations into societal discrimination against children. Social investigations carried out in the early 1980s clarified

the current definitions and recognized aspects of child abuse, distinguishing abuse (commission) from neglect (omission).

Sigmund Freud, whose socio-anthropological interests are well known, analyzed the similarities between primitive societies (tribal communities) and "neurotic" psychology in his famous work *Totem and Taboo* (1913). A **totem** is a symbolic object, often an animal, plant, or other natural entity, revered as sacred by a group or tribe. The totem is considered the spiritual ancestor or protector of the group, a paternal identification unanimously accepted as a symbol of unity and common origin. In modern civilization, the equivalent is, after Freud, the *superego*, which represents the internalized authority of parents, societal norms, and moral codes. Just as the totem dictated what could or could not be done, the superego governs individual behavior by imposing ethical and moral restrictions. Freud believed that modern religion evolved from totemism, with God replacing the totem as the symbolic father figure. Religious rituals, doctrines, and moral teachings can be seen as extensions of the totemic system, reinforcing collective identity and guiding behavior. A **taboo** is a social restriction considered sacred or inviolable, often surrounding actions, objects, or relationships deemed dangerous, impure, or untouchable. In Freud's view, a taboo represents a subconscious expression of repressed desires (e.g., the Oedipus complex of incest and parricide). Freud equated the taboos of primitive societies with the compulsions of modern society, dictated by anxieties and repressed internal conflicts toward forbidden desires. Modern psychology and anthropology have rejected many of Freud's concepts.

In this issue of the *Bulletin*, Professors Emeriti Jochen Ehrich (Germany) and Carole-Lynne Le Navenec (Canada) present an exceptional plea and proposal for a project addressing awareness and actions against child abuse. The authors should be commended for this initiative. They draw on the Freudian concepts discussed above, applying them to their argument: TABOO, "You shouldn't talk about child sexual abuse," and TOTEM, "You have to talk about it." Is this symbolic extrapolation perfectly acceptable? Is the "silence" surrounding child abuse a taboo of our time? In our opinion, this comparison risks confusion.

To argue this, I refer to a recent case. In 2022, a group of British journalists investigated the Falkland Islands to uncover the fate of a young British mariner who disappeared without a trace—an unresolved case despite thirty years of his mother's desperate search. The journalists failed to solve the case but discovered a long and dark history of sexual abuse on the island, confirmed by experts from the UK. Efforts to identify and punish the perpetrators encountered a wall of silence. A local journalist, a sixth-generation islander, tried to convince the community but without success. She declared:

"I wanted to write an editorial sensitively, but I also wanted to say to them, look, we have to turn around. We have to face this, and we have to accept that we have a problem... Every person that was arrested is well known in the Falkland Islands. They've got family, they've got friends, everybody knows them. So, it's not a case of a complete stranger being arrested. A shockwave would run through the islands."

Can this silence be likened to a "taboo" in Freud's sense? Not at all—it is a criminal, conscious silence comparable to "omertà." It is a collective criminal assumption, as already seen in recent history. Do we need material representations ("totems") to raise awareness and condemn such abuses? Freud considered that modern civilization could be seen as an extension of the totemic framework, where symbolic figures (leaders, governments, or institutions) and collective rules suppress and channel human instincts. Do we need representations or substitutes in the digital information age to remind individuals or institutions of moral behavior to prevent and combat such reprehensible acts? Do we need a totem... for totems, or one that reminds us we are human?

Nevertheless, beyond semantic debates, the work of Ehrich and Le Navenec is not only an excellent initiative but also a wake-up call for contemporary civilization to confront abominable acts against innocent beings that regress humanity to its animalistic instincts. As Dave Pelzer said, *"Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul."* (GAD)



This edition of the EAPE Bulletin features an article by Professors Emeriti Jochen Ehrich (Germany) and Carole-Lynne Le Navenec (Canada) that creatively addresses a question increasingly central to global concerns: the prevention of child sexual abuse, and the effort to combat obstacles to recognising, addressing, and reducing their impact and occurrence. The article explicitly references the notions of totem and taboo, concepts borrowed from one of the most discussed works of S. Freud, in which he presents and develops an anthropological parable. This parable seeks to explain the universality of the Oedipus complex (the incest taboo as a pivotal point in individual psychosexual development) by integrating its role in individual development with that of totem and taboo in societal evolution. In this work, more speculative than many of his other writings, Freud applies the reasoning framework he used to describe and occasionally explain personal psychological dynamics in both mental pathologies and daily life. He posits a theory that identifies taboo as a key factor in transitioning from a primitive,

lawless horde to a somewhat organized human society, and totem as a collective construct affirming social identity resulting from this transformation.

It is thus not inappropriate for the authors to draw upon these concepts to support the central argument of their paper: the fight against child sexual abuse. While acknowledging the rhetorical effectiveness of invoking these concepts to capture the reader's attention, one might question their applicability to this context. It is uncertain, indeed, whether the notion of taboo strictly applies to the challenges one faces when considering disclosing such adverse events. In the present paper, the concept of taboo appears more ambivalent than a mere prohibition on revealing child abuse. It also resembles what a renowned French group psychoanalyst, René Kaës, refers to as a "denegative-pact," (*pacte dénégatif*) defined as a shared unconscious denial that reinforces the cohesion of any group, family, or society. In this sense, it is arguable whether the silence surrounding adverse events stems from a taboo on disclosure. More often, reluctance to disclose abuse—especially when grounds for doubt about its existence remain—is rooted not in taboo but in a deliberate and sometimes calculated effort to avoid the risk of destabilizing the group, family, or institution implicated.

The concept of totems, as observed by the paper among the First Peoples of the Vancouver area, provides a creative means of affirming collective solidarity and social identity. As such, erecting a totem to acknowledge the existence of abuse victims and recognize their collective will, could serve as a valuable option, particularly for those seeking public recognition and reparation in response to traumatic experiences with societal and institutional dimensions. However, one must also recognize that this is not the only available option to consider it in this specific context. Critics suggest that, while potentially healing, totems risk anchoring individuals' psychological states in a negative victimization

narrative, especially in more private and less public contexts. Like any positive intervention, its clinical applicability has limitations depending on specific situations that need to be assessed.

This acknowledgment does not imply any justification for tolerating or neglecting any form of child sexual abuse. But this does not mean that having to talk about it is the best prevention in every situation. One must indeed heed the cautionary insight of Arthur Schnitzler, an Austrian writer and physician, contemporary of Freud, who remarked that "Calumny possesses a certain moral quality, as it places the possible above the actual. »

It follows from all this that while there is no doubt that one must firmly oppose considering talking of child sexual abuse as a taboo, it should remain open to debate whether all instances of silence should be interpreted as manifestations of such a taboo, or whether the duty to disclose such abuses should be elevated to the status of a totem, particularly when there are enough clues that it places the possible above the actual. **(MB)**

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EAPE Emeritae and Emeriti at the 49th Congress of the International Society for the History of Medicine (Salerno, October 9-12, 2024)

The 49th Congress of the International Society for the History of Medicine was an occasion to meet in Italy some EAPE members who were speakers at that huge Congress encompassing high level scientific sessions and astonishing visits of Salerno, Pompei, Sorrento, Amalfi Coast and Naples and taste of Mediterranean cuisine.

The main events took place in Salerno at the Historical Salone dei Marmi of Palazzo di Città, in the Council Hall of Palazzo Sant' Agostino and at Teatro Verdi. The Congress attracted to Salerno – historically known as *Civitas Hippocratica* – many hundreds of specialists from all over the world. The Congress was presided by Professor Emeritus Carlos Viesca (Mexico City), whereas Professor Giorgio Zanchin (Padua) was the vice President. Dana Baran was Chair of the Scientific Committee and also the General Secretary of the Congress.

The International Society for the History of Medicine traditionally attracts EAPE members. Among those participating to the Congress in Salerno there were Dana Baran (University of Jasi), Athanasios Diamandopoulos (Lourous Foundation, Athens), Natale Gaspare De Santo (University Luigi Vanvitelli, Naples), Alberto de Leiva Hidalgo (Universitat Autònoma de Barcelona), Oliver Victor Rácz (Pavol Jozef Šafárik University in Košice) and Paolo Ciambelli (University of Salerno). Their contributions were in good keeping with the high standard of the Congress that benefitted of the expertise of renowned moderators.

Dana Baran, the President of the 48th IHSM Congress in Jasi, Professor of History of Medicine and Pharmacy at the “Grigore T. Popa” University of Medicine and Pharmacy in Jasi, lectured on 3 occasions. The first was related to the origins of the Medical School of Salerno and dealt with the

Originality of the Salernitan Palimpsest.

“An outstanding Medical School developed in Salerno, on the Tyrrhenian Sea. At the crossroads between vanishing and nascent worlds and civilisations, it reached glory in the High Middle Ages.

This first European proto-university soon became a paradigmatic establishment. Salernitan medicine integrated and enriched knowledge inherited from Ancient Greek and Roman Empires, from Medieval Byzantine and Sassanian Empires, from Hebrew traditions and Arabic schools in Bagdad, North Africa and Spain. Indirectly pharmacological elements pertaining to Ancient Chinese herbalism, along with some Indian concepts and practices were assimilated, too. Preceding the Salerno Medical School, the Schools of Nisibis and Gundishapur in Eurasia illustrated comparable functional melting pots, enabling fruitful transition from previous medical understanding to Islamic patterns and creativity. Travelling often, scientists from different ethnic and linguistic groups, religions and cultures enjoyed, for a while, freedom of thought and speech. In Salerno, Hippocratic, Galenic and Avicennic medicine, or Isaac Israeli's works, e.g., were extremely esteemed. The *Regimen Sanitatis Salernitanum* recommended sanogenetic rules, care for public and individual Hygiene – expressing “health” itself, and diet – i.e. a balanced lifestyle, including nutrition, simple remedies, walking, resting, listening to music, everything in moderation at the right time. Salernitan evidence-based medicine redimensioned humoral theories in relation to solidism and promoted ethics. Its conceptual universe synthesized a planetary approach, reforging the quintessence of a global healing art. Its spirit defeated prejudices, promoted women and multiculturalism, proved the necessary complementarity between Christianity, Islam, Judaism and Greek and Roman paganism, sacred consciousness and profane attitude, personal mentalities and regional customs, achieving a pre-Renaissance anthropological vision. Physicians trained in Italy and monks studying in Athos monastic libraries promoted Salernitan medicine also in the Romanian Lands after the 15th-16th centuries. Contemporary medicine could rediscover its roots, several basic truths and primordial modernity in the original ‘Salernitan palimpsest’, part of world scientific heritage”.

Very innovative and well received was Dana Baran's presentation on

**Medicine in Constantin Brancusi's
"Experimental Sculpture"**

"Constantin Brancusi (1876-1957), the famous modern Romanian sculptor, studied at the National School of Fine Arts in Bucharest. In 1900-1902, guided by Professor Dimitrie Gerota (1867-1939), he created a remarkable "écorché" as graduation work. Gerota, a prominent anatomist and surgeon with several original contributions internationally recognised, specialised in Paris and Berlin, after medical studies in Bucharest. Pupil and Master thoroughly analysed human anatomy on corpses during dissections, examined anatomical preparations and casts in the Comparative Anatomy Museum of the Faculty of Medicine, whereas at the School of Fine Arts a copy of Antinous's statue inspired them. Brancusi's écorché, reminding Vesalius' illustrations in the *Humani Corporis Fabrica*, got the bronze medal. Observing the Vitruvian "golden ratio", it expressed accurate beauty, balance, robustness, resignation and elegance, seemingly "uncovering" partly the mystery of human body and soul. Several "original" copies of this flayed man cast in plaster were acquired for the Faculties of Arts and/or of Medicine in Bucharest, Iasi and Craiova. Later another one reached the Medicine Faculty in Cluj. Brancusi's long activity on cadavers, he compared to "beefstakes", determined him to avoid photographic approaches in his original creations. Following the "écorché", his classical masterpiece, Brancusi's art radically changed. After three months with Auguste Rodin, he went his own way, becoming the worldwide known "father of modern sculpture". Trained in Paris, he lived there most of his life, getting familiar with avant-gardist trends and artists, painters like Modigliani, composers like Erik Satie, poets like the Romanian born Tristan Tzara. Milarepa, Guénon and Freud also impacted his work. *Brancusi's experimental translational sculpture* emerged: a kathartic vision bearing archetypal imprints. He transfigured humans and things, living beings and concepts, looking for the essence in health and disease, turbulence and serenity, profane and sacred, rendering them symbolically abstract, between archaic primitiveness, elaborate simplicity and folklore".

The final contribution of Professor Baran focussed on

George E. Palade a Romanian born Nobel Prize contributor to the elucidation of glomerular filtration

"In 1974, the Romanian born George Emil Palade (1912-2008) shared the Nobel Prize in Physiology or Medicine with Albert Claude and Christian de Duve for "discoveries concerning the structural and functional organisation of the cell". Born in Iasi, Palade graduated from the Bucharest Faculty of Medicine. After 1946 he specialised in Universities and Research Centers in the USA. He teamed up with renowned scientists,

improved electron microscopy laboratory techniques, implemented osmium tetroxide OsO_4 , buffered at pH 7.4 with veronal-acetate (Palade's fixative), developed the "sucrose method" for homogenation and tissue sample fractionation, thus accurately isolating sub-cellular components and obtaining morphological and biochemical information. Palade and coworkers studied cell membrane structure and biogenesis, endothelia, synapses and other cell junctions, plasmalemmal vesicles, vesicular transfer, cellular organelles, endoplasmic reticulum, mitochondria, Golgi apparatus, ribosomes and rough endoplasmic reticulum, cytocrinia, ATP and protein synthesis. Initially, ribosomes, e.g., were equally named Palade granules (1955). He was involved in describing the atrial natriuretic peptide (ANP) and the Weibel-Palade bodies in endothelial cells (1964). Interestingly, Palade's doctoral thesis focused on "The uriniferous tubule of the dolphin. A study of comparative morphology and physiology" (1940), including a serial section-based three-dimensional nephron reconstruction. Later, with Marilyn G. Farquhar, he continued to observe renal morpho-physiology and pathology. They individualised mesangial cells – "deep cells" – trying to explain their function, and thoroughly investigated the components of the glomerular filtration barrier, a multilayered structure (1961-1963). Consequently he outlined the importance of the fenestrated capillary endothelium and basement membrane, as the main filter, of podocytes, mesangium, controlling filtration residues and of intercellular junctions. He also noticed that a damaged basement membrane determined more tightened and deeper interepithelial connections, compensating for increased permeability. Podocytes, filtration slits and slit diaphragms were equally considered. Among the first, Palade, *father of modern cell biology*, elucidated essential details of glomerular filtration".

Athanasios Diamandopoulos is the key person to understand the developments of the International Society for the History of Medicine in the first quarter of this century. The list of the service he has rendered to the society, including the innovative presidency, is long and appreciated. His suggestions have been taken into account. He had been a leader in many decisions that have significantly modernized the life of the society.

At the Congress of Salerno Professor Diamandopoulos was a significant presence as speaker as well as outstanding and tolerant chair. His friends and estimators have felicitated him for the Honorary Membership.

Professor Diamandopoulos, newly elected President of the Section on Culture of the European Association of Professors Emeriti, in association with Emily Diamandopoulou and Marios Marselos discussed the topic

Phlorizin and the "I Told It First" Syndrome

"In science, as in the arts and politics, there is an inherent rivalry regarding who first discovered a drug,

identified a disease, devised a treatment, composed a melody, created an artefact, or introduced a new political theory. This article explores the extensive lineage of scientific predecessors behind the discovery of phlorizin's diuretic, myo-damaging, and antipyretic properties.

Phlorizin, a flavonoid glycoside found in species of the *Malus* genus, was extracted from apple bark in 1835 by de Koninck and was initially proposed as an antipyretic. Its diuretic and hypoglycemic properties were identified by von Mering in 1886. In 1996, researchers at Kyoto University and Tanuba Seiygyu Co. in Japan developed phlorizin analogues, the first chemically engineered sodium-glucose co-transporter inhibitors (SGLT2is).

In an article published in 2017, we traced references to the diuretic properties of apple species to an earlier treatise, Dioscorides' renowned *Materia Medica* from the 1st century A.D. After analysing his relevant statements, we concluded: "For the time being, we suggest that it was Dioscorides [who observed this diuretic action] until a future publication proves us wrong". This present article challenges that conclusion.

The Group of Diamandopoulos illustrated extracts from the works of Hippocrates, written five centuries before Dioscorides, where the same diuretic action of apple species is described.

Furthermore, recent experimental work by Lodzin et al. with rats concluded that "Phlorizin at a dose of 20 mg/kg p.o. daily exacerbated the damaging impact of diabetes on muscle mass and strength". We now also reference a passage from *Materia Medica* that describes the adverse effects of apples on muscles. Additionally, we found that Hippocrates had previously described the antipyretic action of apples. This leads to conclude that in the race for priority in the field of phlorizin research, Hippocrates and Dioscorides are currently leading. For now, at least".

Professor Alberto de Leiva Hidalgo, is professor Emeritus of the Department of Medicine of the Universidad Autónoma de Barcelona (Spain) and new member of the European Association of Professors Emeriti. In Salerno he had two presentations. The first described

The birth of Andrology as a Medical Specialty

He departed from A.A. Berthold "who in 1849 demonstrated that testicular extracts reproduced biological effects in castrated cockerels (1). In 1889, Brown-Séguard investigated the rejuvenating effects of animal testicular extracts (2). In the third decade of the 20th century, thousands of subjects were treated with the surgery of rejuvenation (3).

In 1935, Laqueur isolated testosterone. Butenandt and Ruzicka synthesized the hormone, and received the Nobel Prize in 1939. Siebke introduced the term Andrology in 1951. In 1968, the first Andrology Department was created at Puigvert Foundation (PF) in Barcelona. In 1970, Puigvert and Mancini created the Comité Internacional de Andrología (CIDA), which adopted *Andrologie* as its publication arm, changing its name to *Andrologia*.

The American Society of Andrology (ASA) was created in Detroit, Michigan, in 1975; its first scientific took place at the University of Massachusetts in Worcester. E. Rosenberg was elected ASA first president. In 1977, CIDA organized the First International Congress of Andrology (ICA) in Barcelona. In 1978, *the International Journal of Andrology* (IJA) became the official publication of CIDA. In 1980, ASA launched the *Journal of Andrology*. At the 2nd ICA in Tel-Aviv (1982), CIDA was transformed into the International Society of Andrology (ISA).

In May 1992, the European Academy of Andrology (EAA), developed by R. Eliasson and E. Nieschlag, became the owner of IJA. In 1997, the EAA established the recognition of EAA Training Centers for certification as Clinical Andrologists. The collaboration between EAA and ASA made possible the creation of the journal *Andrology*; the first issue was published in January 2013. At present, ISA brings together around 40 national and regional member societies, representing 10,000 andrologists worldwide. Andrology, a recently created medical specialty, fosters a multidisciplinary approach to the fundamental and clinical aspects of male reproduction in health and disease".

Professor de Leiva in association with Ferran Morell – Brotad also lectured on

History of Guanidines: From Galega Officinalis (Middle Ages) to Metformin (2024)

"The history started with Culpeper's Herbal in 1662. The herbal revealed that *Galega officinalis* has been used since medieval times in the treatment of polyuria (4). In 1850, Strecker isolated guanidine (G) from *Galega*. In 1918, Watanabe demonstrated the hypoglycemic activity of G (5). In the 20th century derivatives of G were investigated. In 1926, E. Frank introduced the first oral antidiabetic drug, Synthalin, prescribed for more than 20 years (6). Werner and Bell synthesized Metformin (MET) in 1922. In 1957, Sterne demonstrated that MET reduced the insulin dose in type-1 diabetes (DM-1) and replaced insulin

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in type-2 diabetes (DM-2). MET decreases insulin resistance (IR) without inducing hypoglycemia. Phenformin was banned by the FDA in 1977 (risk of lactic acidosis). In 2006 the International Diabetes Federation recognized MET as the first-line drug in the treatment of DM-2. In recent investigations, MET has shown a powerful pharmacologic effect over the intestinal secretion of two anorexigenic metabolites, GDF 15 and N-Lactoyl-phenylalanine, opening the way to new anti-obesity drugs.

Epidemiological studies have shown benefits of MET in the prevention of diabetes, treatment of gestational diabetes, polycystic ovary syndrome, cardiorenal protection, ageing, and decreased risk and mortality for various neoplasms. MET has been also investigated in experimental animals and men for the treatment of pulmonary fibrosis, a disease with low life expectancy. Teague et al. published a cohort study of 3,599 adults with PF and concomitant DM-2; the group treated with MET presented reduction of all-cause of mortality [by 53%; (p<0.001)] and decreased risk of hospitalization (p=0.003).

In summary, for a hundred years, MET has proven to be a safe, effective and cheap generic drug with a promising therapeutic pleomorphism for investigations in the years to come”.

Natale G De Santo, Carmela Bisaccia and Luca S. De Santo, illustrated the history of gout from the *Corpus Hippocraticum* to the Renaissance discussing the contribution of not less than 25 authors. Specifically, **Carmela Bisaccia** focussed on

Timelines for the history of gout from the fifth century BCE to the end of the fourteenth century CE: the contribution of Rufus of Ephesus

“Gout, from Latin *gutta* (drop), is the oldest recorded inflammatory arthritis. It is a common, complex, systemic disease due to deposition of sodium monourate crystals in peripheral joints and periarticular tissues driven by hyperuricemia. Literature spans from 2760 BC to Hippocrates, to Giovanni Battista Morgagni (1682-1771), to Alfred Garrod (1819-1907) to Nobel laureate Gertrud B. Elion (1988)”.

“Rufus of Ephesus (80-150 CE) (7), Rufus a gouty person (8), was a prominent physician who lived and flourished in the late 1st and early 2nd century CE. Probably he lived at the time of Trajan (98-117 AD). Rufus was quoted extensively by Galen, Oribasius, Aetius of Amida, Paul of Aegina, and translated by Rhazes into Arabic. He wrote a treatise *De Podagra*, in 37 chapters, where gout is due to a toxic humour. The book has been translated into French (*Editio*

princeps) by Daremberg and Ruelle (9). We have for the first time rendered *De Podagra* into English. Rufus adopted the four humours and practiced a medicine based on the identification of their imbalance and restoration. He was gouty and introduced the theory of metastasis of gout leading to convulsion, confirmed by recent studies. Podagra was curable “at onset, however, when inflammation sets in, there are reasons to worry”. Diagnosis is an important step that can be eased by the narrative of the patients on the onset of pain by excluding recent bumping. If this was not the case the patient “must be immediately put on a diet, given an enema and bloodletting”. Exercise is important, any type of exercise “walking, running, horse riding, massaging the thigh and below”. Massages “first dry, then with oil”. Baths are helpful “when the body suffers (insistent) pain”.

Finally, **Natale Gaspare De Santo** illustrated the ***Timelines for the history of gout from the fifth century BCE to the Renaissance. The role of Alexander of Tralles***

“Gout is the oldest recorded inflammatory arthritis to affect humankind, with roots stretching back to 2640 BC. It is due to deposition of sodium monourate driven by hyperuricemia. The association of humours with causation stems from Hippocrates (480-370 BCE). More specifically a toxic humour was suspected by Celsus (25 BCE-50 CE) and Rufus of Ephesus (98-138 CE) and confirmed by Alfred Garrod in 1849. Its therapy has been based on colchicine since Severus Iatrosophista, Theodosius the Philosopher and Jacobus Psychrestos (10), introducing Colchicum as an innovative treatment for podagra in the early Byzantine period. A breakthrough in treatment was the introduction of allopurinol in 1966 (11).

The goal of the study was to establish milestones for a comprehensive timeline of gout, from the *Corpus Hippocraticum* to the Renaissance. The goal is being pursued through two steps. Firstly, we will review the contributions to gout that have not been translated into English, such as those of Rufus of Ephesus (98-138 CE), Galen (129-after 210 CE), as well as works like Alexander of Tralles (525-605 CE). Secondly, we will examine a significant group of Greek, Roman, Byzantine, Moslem, and Salernitan authors who showcased their creativity and knowledge on gout from the 5th century BCE to the Renaissance. The list includes Hippocrates (460-370 BCE), Celsus (25 BCE-50 CE), Arethaeus of Cappadocia (fl. 1st half 1st Century CE), Anonymus

9. Daremberg Ch. and Ruelle Ch.É. Oeuvres de Rufus d'Éphèse, Paris 1879.

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Londinensis (1st century CE), Lucian (c.120-after 180 C), Oribase (c320-400/403 CE), Severus latrosophista, Theodosius the Philosopher and Jacob Psychrestos (all 5th century CE), Aetius of Amida (502-575 CE), Alexander of Tralles (525-605 CE), Paul of Aegina (625-690 CE), Rhazes (d.923-924 CE), Avicenna (980-1037 CE), Michael Psellus (1018-1078 CE), Constantinus Africanus (c.1020-before 1079), Matthaeus Platearius (died c.1161 CE), Demetrios Pepagomenos, Nikolaus Myrepsos (13th century CE), and John Actuarius (end of the 14th century)".

Professor Oliver Victor Rácz of the Pavol Jozef Šafárik University in Košice explained the

Serendipitous path from an abnormal electrophoretic hemoglobin band to the gold standard of the assessment of glycaemic compensation

that coincides with life and work of Samuel Rahbar, the scientist who studied hemoglobinopathies in Iran.

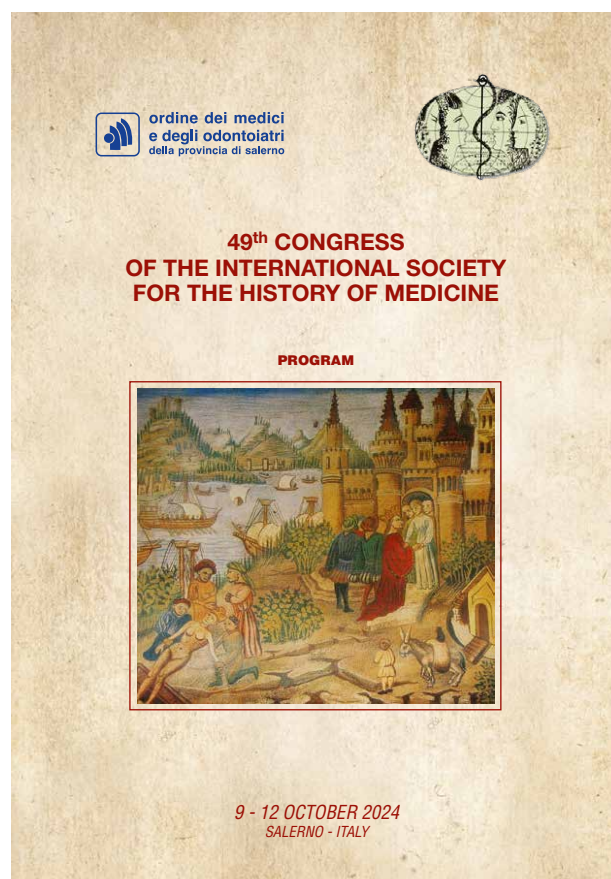
"As a recent graduate of the University of Tehran Medical School, Samuel Rahbar was initially interested in immunology. After a trip to Israel and a lecture by Professor Lehmann, he changed his mind and began to search for variant forms of haemoglobin in the Iranian population. He worked with an improved electrophoretic method and discovered 11 haemoglobinopathies in Iran. Among the large number of samples examined, he noticed an unusual band in the two subjects with diabetes mellitus. He was not satisfied with the seemingly logical explanation (a hereditary disease with both diabetes and a haemoglobin variant) and, after publishing the results (12), he went on a study trip to the workplaces in USA where the structure of haemoglobin and its small fractions were already known (13). It was soon recognised that his "unusual" haemoglobin was identical to one of the small fractions of normal human haemoglobin, namely HbA1c, and that this fraction was formed by the slow irreversible non-enzymatic addition of glucose to human haemoglobin A. Its concentration reflects a retrospective integrated marker of blood glucose levels over the previous weeks (14).

From this point, the path of HbA1c to its current glory as the gold standard for assessing glycaemic compensation was relatively straightforward. Its precise standardised measurement is now possible using various chromatographic methods, capillary electrophoresis and immunochemical or enzymatic assays on laboratory analysers. It should be measured

regularly in every diabetic patient and provides a sound basis for therapeutic decisions" (15).

Professor Paolo Ciambelli, Emeritus of Chemistry of the University of Salerno, has been a significant presence in the Congress. We can define him one of those who lead from behind. In fact, his name and many other prominent Salernitan Scholars appeared in the special issue of Salerno Medicina that the Order of Physicians, Surgeons and Orthodontists of Salerno produced for the occasion. That issue is special in the sense that gives also an insight into the birth of the Faculty of Medicine at the University of Salerno and on the active participation of the City of Salerno to the achievement to which Professor Ciambelli also participated as a member of the Administrative Council of the University.

Professor Ciambelli reports on his experience as CEO of NARRANDO a start-up generated by a doctoral thesis at the University of Salerno. NARRANDO is the acronym of (NAnocaRbonRadiatioNDOsimeter) that gave origin to a dosimeter for ionizing radiations. The Start-up is now guest of the EBRIS Foundation in Salerno and there is collaboration for the development of solution that apply technologies to the biomedical sector with the approach of chemical engineering (16).



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How did Three 19th Century French Writers Reconcile their Literary Work with a Political Career?

At other times, famous writers gave their opinions and recommendations on political events, such as Voltaire on the Calas affair and that of the Chevalier de la Barre, and Jean-Jacques Rousseau in numerous writings such as “The Social Contract” (Le contrat social) and “The Origin and Basis of Inequality Among Men” (Origine et fondement de l’inégalité parmi les hommes). But none of them held an administrative post or sat on the King's Council. In the following century, several writers became directly involved in the governance of the country. We will summarize how they managed to reconcile their opinions with their political careers, taking François-René de Chateaubriand, Alphonse Lamartine and Victor Hugo as examples.

Viscount François-René de Chateaubriand (1768-1848)



Viscount François-René de Chateaubriand

Born into a family of minor Breton nobility, he remained until his death a royalist attached to the Bourbon dynasty, that he served as a soldier, ambassador and member of the Chamber of Peers under the Restoration. He was a fierce opponent of Napoleon I, whom he considered a usurper. He embellished his life story in his masterpiece “Les mémoires d'outre

tombe” (Memories from beyond the grave). He served Bonaparte, then First Consul, but resigned from his post as French representative in Switzerland after the execution of the Duke of Enghien, who had been captured in Germany. He resumed his political career after the Bourbons returned to the throne in 1814 and did not abandon Louis XVIII during the “Hundred Days” (Les Cent jours) when the king fled to Belgium after the return of Napoleon to Paris. His career was particularly brilliant, with 2 major successes: the negotiation of the Treaty of Verona, which kept the Bourbons on the Spanish throne, and the conclave of 1829, when he was ambassador in Rome and helped

to elect the candidate of France to the pontifical throne. Appointed member of the Chamber of Peers, he resigned after the revolution of July 1830 and the election of Louis-Philippe d'Orléans. He supported the escapade of the Duchess of Berry, which earned him the king's disfavor. His ultimate satisfaction was to learn of the king's exile in 1848. We must add two features to this portrait. Chateaubriand was a great traveler in North America and the Middle East and, despite his many escapades, a convinced Christian as evidenced by his work “The Genius of Christianity” (Le génie du christianisme). Let's say also that he was feared for his murderous sentences such as, recounting the exit of Talleyrand and Fouché from the office of Louis XVIII, he wrote to describe them “Le vice supporté par le Crime” (Vice leaned on Crime).

Alphonse de Lamartine (1790-1869)



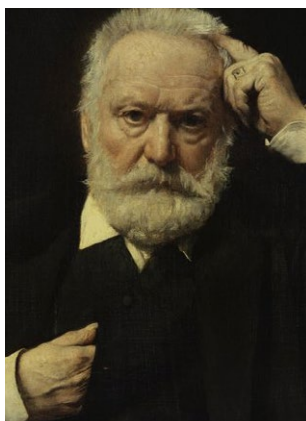
Alphonse de Lamartine

Until the age of 40, Lamartine was essentially a poet whose work was immensely successful; but literature did not fulfil all his ambitions. Deeply liberal, he rallied unenthusiastically to the July Monarchy and was elected deputy. In 1848, with the fall of Louis-Philippe and the proclamation of the Second Republic,

Lamartine played a central role in setting up the Commission of the Provisional Government. On 24 February, he announced on a balcony of the Hôtel de Ville in Paris that “the republic was proclaimed” in front of the crowd. On 25 February 1848, in a now famous declaration, he opposed the adoption of the red flag in favor of the tricolor: “for the red flag that you bring back has only ever flown around the Champ-de-Mars, dragged in the blood of the people in 91 and 93, and the tricolor flag has flown around the world, with the name, glory and freedom of the fatherland” (« car le drapeau rouge que vous rapportez n'a jamais fait que le tour du Champ-de-Mars, traîné dans le sang du peuple en 91 et en

93, et le drapeau tricolore a fait le tour du monde, avec le nom, la gloire et la liberté de la patrie. ». He was Minister of Foreign Affairs from February to May 1848 and the real head of government. He signed the decree abolishing slavery on 27 April 1848, defended by Victor Schoelcher. He pushed for a social policy (even announcing a proposal for an income tax). He ran for the presidency of the new French republic and obtained only 0.26% of the vote that brought Louis-Napoléon Bonaparte, the nephew of Napoleon I, to power. At the end of the 1860s, almost ruined, he sold his property in Milly and accepted the help of a regime he disapproved of, but which gave him free lodgings in Paris where he died in 1869. Lamartine was a generous man whose generosity ruined him. He was admired by all as a poet, but considered a poor politician. We should remember, however, that he supported the Serbs in their revolt against the Ottomans, abolished slavery and was one of the founders of the Second Republic of France, unhappily overthrown by Louis-Napoleon Bonaparte.

Victor Hugo (1802-1885)



Victor Hugo

With Victor Hugo, we move on to a man recognized as exceptional by the whole world, both as a writer who dabbled in every mode of literature from poetry to the novel and the theatre, culminating in a body of work occupying an entire shelf in his readers' bookshelves, and as a politician. This aspect of his career can

be summed up quickly in a few words: generosity, a cult of freedom, obstinacy in the defense of the law, universality aimed at the peaceful resolution of conflicts, women's rights, children's education, defense of workers. Initially a royalist under the Restoration, a member of the Chamber of Peers under Louis-Philippe, and a supporter of the February 1848 revolution that created the 2nd Republic, he opposed Louis-Napoléon Bonaparte's coup d'état and went into exile, first in Jersey, from which he was expelled, then in Guernsey, where he lived until the disaster of the war against Prussia and the flight of the Emperor to England (September 1870). It was in Guernsey that he wrote poems, pamphlets and historical accounts of the man he called 'Napoleon the Lesser'. Let us quote "Les châtiments" with its most famous poems that include 'le manteau impérial' (The imperial cloak) et "Souvenir de la nuit du 4" (memory of the night of the 4). He opposes in the last poem the ambitions of Louis-Napoleon with the grievance of a poor grand-mother whose grand son was killed by the soldiers." He wants

to have Saint-Cloud, full of roses in the summer, where prefects and mayors will come to worship it; That's why old grandmothers of their poor grey fingers that make time tremble, sew into their shroud seven-year-old children" (Il veut avoir Saint-Cloud, plein de roses l'été, où viendront l'adorer les préfets et les maires; C'est pour cela qu'il faut que les vieilles grand'mères, de leurs pauvres doigts gris que fait trembler le temps, cousent dans le linceul des enfants de sept ans"). In the last chapter of this book "L'expiation" he describes Napoleon I as anxious before the punishment that God will give him for the coup d'état of 18 brumaire an VIII. After a long list of atonements, he finally comes to the essential: it is to have as successor an incapable and bandit. Back in Paris, Victor Hugo fled again to Brussels during the Parisian revolution called "The Commune". The insurrection only lasted from March to May 1871 and was crushed by regular troops from Versailles. The repression was merciless: summary executions, imprisonments and deportations. Victor Hugo demanded amnesty and a return to civil peace. Elected to the National Assembly, then to the Senate, he constantly fought to obtain them. His death in 1885 gave rise to a national funeral and he was buried in the Pantheon. Among the friendly foreign countries, Italy, homeland of Giuseppe Garibaldi, great friend of Victor Hugo and who had fought with the French in 1870 against the Prussians, participated in our mourning.

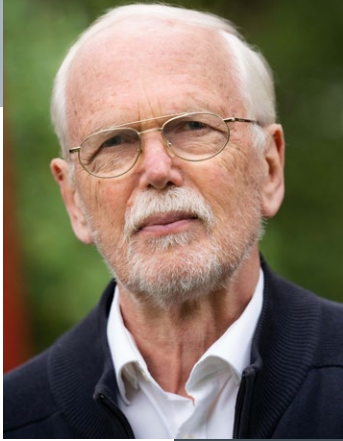
Conclusion

Many other authors were interested in politics and made known their opinion, but they did not participate in the direction of the country, even if they had a profound influence on the public opinion. It is not possible to speak of all of them. I will only quote Emile Zola (1840-1902), writer of "les Rougon-Macquart", a colossal work describing the society of the 2nd empire. He published a letter to the President of the Republic on the Dreyfus affair entitled "j'accuse" (I accuse) (1898) where he specifically accused military leaders, by mentioning their names, of having falsified evidence to accuse Dreyfus of treason. After many events, this was the beginning of the path that led to the rehabilitation of Dreyfus.

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Carole-Lynne Le Navenec

Between TABOO

"You shouldn't talk about child sexual abuse"
and TOTEM

"You have to talk about it":

How can Child Abuse be Prevented?

Part 1

Introduction

Are there still voices in society that prefer to discuss the topic of child abuse only behind closed doors? Is this behaviour hypocrisy, cover-up, corruption or a criminal act? Or is it a kind of caution or fear and taboo to prevent something worse? What is going on in society to prevent child abuse? The principal current issue today is that too many young and old people witness physical, psychological and sexual violence without taking action. As a result, although they mistakenly believe that they must only remain a silent observer, they actually become participants in the violence by neglecting and/or refusing to help.

In terms of content, **taboos** are about certain values of a society that formally regulate life. One illustrative definition of a taboo is any activity or behaviour that is considered completely unacceptable. However, one might ask the following questions: Is a taboo an unwritten law of an ethical nature, or is it rather a morally misguided collective aberration? Do taboos relate to aspects of life that tend not to be regulated? Are taboos experienced by all people in negative form? Some people (including the authors of this article) conclude that taboos sometimes seem to align human behaviour with something that is neither explicitly stated in a set of laws nor can they be defended on any other principled basis. Hence, there is a debate about: To what extent are people actually allowed to talk openly

about everything, even if it embarrasses them and others? Shouldn't people be obliged to talk about everything that pathos, morality, clientelism and corruption have buried?

On the other hand, would it make sense to refer to the work of Sigmund Freud and use the term **totem** in connection with child abuse (1)? Totem poles are monuments created by First Nations of the Canadian Pacific Northwest to represent and commemorate histories, people, or events. On June 22, 2023, a totem pole carved as a tribute to indigenous children was erected in Vancouver to commemorate the victims who had died due to a wide spectrum of child abuse in residential schools (2). The 5.5-metre pole features a raven on top, while the rest reveals the faces of many children. After being displayed in downtown Port Hardy, the monument was loaded onto a truck and driven to a number of different communities on Vancouver Island.

Where are the totem poles in European cities commemorating child abuse in churches, on public squares and in institutions known to be hot spots of maltreatment? In the sense of totemism, cooperative behaviour and reciprocal responsibilities would oblige those persons not affected by misfortune to help the victims on an individual and collective level and to weaken the perpetrators.

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2. CTV News Channel (2023) <https://bc.ctvnews.ca/totem-pole-tribute-to-residential-school-victims-arrives-in-vancouver-1.6451707>

A call to introduce voluntary, regular measurements of children's well-being, stress and fear in public institutions for children and young people

A few weeks ago, the first author watched a French documentary of child abuse in competitive sports on TV. The presented narratives on child abuse opened his eyes. Therefore, the purpose of this discussion paper is to convey a transparency initiative against child abuse in sports, religious institutions, kindergartens and schools, health care and other youth organizations. Our belief is that children, as individuals with developing bodies, minds, spirit and personalities, must be better protected against psychological, sexual and physical abuse by authoritarian adults in all types of institutions, hospitals and organisations, informal settings, and/or activities such, in competitive sports, in schools of all kinds, during vocational training, in religious organisations and their family and neighbourhood setting.

Another belief which we wish to evoke is that children and adolescents must be anonymously asked by a questionnaire (*see box in the addendum that will be published in the next issue of EAPE Bulletin, as the 2nd Part of this article*) whether or not they feel comfortable in their institutions and organisations. The degree of discomfort and abuse could be assessed with a qualitative and anonymous survey without using a quantitative scaling system. A short anonymous questionnaire (MiniQ) could be given at regular intervals or on demand to children in institutions. The MiniQ is meant to diagnose their characteristic symptoms and signs of behavioral signals which are the observable part of their behavior, and how the inner behavior is expressed, perceived and captured multimodally by children and adolescents. In other words, the anonymous answers in the questionnaire could be used as red flags asking for prevention and protection from maltreatment by adults or peers. A list of selected dangerous areas of life for children is shown in table 1 and a list of selected interactions between perpetrators and victims is shown in table 2 of the addendum (*see Part 2 of the article in the next issue of the EAPE Bulletin*).

Information for parents, teachers, trainers, doctors, priests and other people who care for young people in youth organizations

Child sexual abuse prevention has relied largely on child-focused on education and on teaching children how to identify sexual abuse (3). The society's lack

of attention to child sexual abuse correlates with the complexity of perceptions and feelings which are listed in tables 3 and 4 in the addendum (*see Part 2 of the article in the next issue of the EAPE Bulletin*). Therefore, the purpose of this article is to use complex systems thinking in exploring how prevention opportunities can include the whole society in new and innovative ways. To address the message "How can child abuse be prevented" to the public requires that all parents, teachers, trainers, physicians, religious staff and related formal and informal carers/support partners of youth organisations have to be informed about our initiative, and they must agree with it. Their obligation will be to ask for further diagnostic measures and effective steps to address current challenges that affected children are experiencing. This planned initiative could likely stimulate civil courage, responsibility, and transparency of all people involved, which subsequently could reduce resignation, resentments and camouflage.

We do not think that the basic questions of the questionnaire must be oriented to specific types of child activities in institutions such as sports clubs and religious services. Hence, this questionnaire could become an innovative **MiniQ** although it still does not look so "mini" (*see addendum in Part 2 of the article in the next issue of the EAPE Bulletin*). We are inviting all readers of this discussion paper to provide us with your feedback and your ideas for new proposals.

This questionnaire initiative does not aim to establish a reporting system for official data banks nor the police. Nor is it an attempt to compete with already existing children's protection initiatives. Instead, it should provide knowledge that could become part of non-governmental organizations (NGO) on child abuse. We consider the risks to be low regarding blackmail, defamation of character, slander and smearing innocent people or family members. Moreover, the family is not the target of this MiniQ. We regard the project to also be a part of the spirit of a new *Enlightenment* as described by Ehrich and Woroniecki: "A 3rd Enlightenment in European health care service systems could integrate natural sciences with humanities, such as clinical philosophy, sociology, traditional and positive psychology, and medicine. In addition, regional cultures would be respected by health care services even in the smallest local and remote parts of Europe" (4).

We believe that there is a need for more European child friendly education and healthcare programs, including some involving peer groups i.e., creation of discussion groups for children to express their views about topics they would like adults to listen to, instead of only allowing the

3. Rudolph J, Zimmer-Gembeck M, Shanley DC, Hawkibs R (2018) Child sexual abuse prevention opportunities: Parenting, programs, and the reduction of risk. *Child Maltreat.*23:96-106.

4. Ehrich J, Woroniecki RP (2024) The crisis of European health care delivery systems calls for New Enlightenment: Part 2 European Medicine and Health Care Systems. *EAPE Bulletin* 5:9-11

opposite practice. However, recent national and global trends indicate there is also a limit to "vivre les différences" which could mean a chaos of different and controversial therapeutic guidelines or referral pathways for patients (5,6). Nevertheless, 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. There is not only good or bad, nor only truths or lies; instead, the new view is that there are different needs and desires of people both young and old. All these concepts of reductive thinking and monocausal explanations are counterproductive in the context of child abuse. Polar ways of either top-down or bottom-up strategies in health management have not solved the current disaster of child abuse. An approach to facilitate positive medicine must use complex systems thinking, a cybernetic system that is based on the intrinsic motivation and autonomy of the whole society. We hope that the humane society can serve as a kind of social medium to cultivate program ideas and to combat anonymity (7,8). The combined activities could significantly improve personal commitment and desire to spread official programs to prevent the various types of child abuse.

Of course, the above-mentioned factors should not negatively affect quality management, supervision and incidence reporting. This is exactly

where the new MiniQ on "Anonymous questionnaire for children and young people to prevent child abuse" comes in. The MiniQ will have to be filled in by children and adolescents with or without support of their parents/extended family/or related people in their close social networks. The questionnaire should be distributed and analyzed by those associations, institutions, social media or networks shown to be at risk for child abuse. The results of the MiniQs including the anonymous individual narratives should be made public without violating laws of data protection.

Limitations of the project

We have come to the conclusion that we should focus less on perpetrators or victims and more on the people around them who seem to be standing by uninvolved. We focus on these people in this article. The reasons for their "reluctance" are complex, and a selection of perspectives is presented in Table 3. Whether our choice is a good way to make a difference can be questioned, as our approach has certain limitations. The idealism of activists will not be enough, but requires the moral ambition of a start-up team and sponsorship from a charity (9).

We are starting the pilot project with a list of undertakings that cannot be carried out by the initiators alone in the long term. Another feature of the beginning of this project is use of a qualitative, multi-center study design and questions to which we hope to find informative answers. Therefore, our expectations of the readers of these lines and of the individual and institutional respondents to whom the questionnaires are distributed in the initial phase of the project are focused on this central point.

5. Goldhagen J, Mercer R, Robinson G, Duran E, Webb E, Ehrich J (2015) Establishing a child rights, health equity, and social justice-based practice of pediatrics. *J Pediatr* 166:1098-1099

6. Ehrich J, Pettoello-Mantovani M, Lenton S, Damm L, Goldhagen J (2015) Participation of children and young people in their health care: Understanding the potential and limitations. *J Pediatr* 167:783-784

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8. Kaës R (2020) Les alliances inconscientes. <https://amahc.fr/2020/02/06/kaes-rene-les-alliances-inconscientes//6-février-2020>

9. Bregman R (2025) Moral ambition: How to stop wasting your talent and start making a difference. Bloomsbury



An artistically designed mobile totem pole by Jochen Ehrich, which can be placed in front of a church or other facilities that are known to be risk locations for child abuse. An additional poster explains the metaphorical connection between children and screw clamps. In this sense, the campaign can become a profound and lasting statement





A Debate

Between Professors Emeriti and Emeritae
at the Italian Institute of Philosophical Studies

At the Italian Institute of Philosophical Studies, Professors Emeriti and Emeritae debated the fragilities of our times: children's needs, women's jobs and careers, independent and dependent old-olds, as well as criminals, both free and incarcerated. These problems require framing within a European vision, using the method of complexity, combined with enthusiastic hope and the certainty that culture is the primary element.

Natale Gaspare De Santo¹; Vincenzo Bonavita²; Arturo Martorelli³; Don Tonino Palmese⁴; Giorgio Amitrano⁵; Francesco Rossi⁶; Maria Triassi⁷; Paola Izzo⁸; Massimo Capaccioli⁹; Giancarlo Bracale¹⁰; Francesco Paolo Esposito¹¹; Raffaele Cananzi¹²; Don Antonio Maione¹³; Alessandra Perna¹⁴; Margherita Borriello¹⁵; Luigi Santini¹⁶; Paolo Ciambelli¹⁷.

A founder of EAPE^{1,2}; Co-President of the EAPE Congress in Naples²; Executive Committee Italian Institute for Philosophical Studies³; President of Polis and Guarantor of the rights of people detained and deprived of personal liberty⁴; Professor of Japanese Literature and of Language and Japanese Culture Università L'Orientale in Naples⁵; Professor Emeritus University Luigi Vanvitelli, Naples⁶; Professor of Hygiene, University Federico II, Naples⁷; Professor Emerita University Federico II⁸; Professor Emeritus University Federico II⁹; President Elect of EAPE¹⁰; President of the Order of Physiotherapist¹¹; Former State Lawyer and Former Undersecretary of State of the Presidency of the Council of Ministers in Italy¹²; Founder of La Mano sulla Roccia, Pratella (Caserta)¹³; Professor of Nephrology University Luigi Vanvitelli, Naples¹⁴; Investigator Dept of Precision Medicine University Vanvitelli, Naples¹⁵; Professor Emeritus University Luigi Vanvitelli Naples¹⁶; Councilor of EAPE¹⁷.

***Palazzo Serra di Cassano, the Home of the
Italian Institute of Philosophical Studies,
Naples, October 2024^{1,2}***

by the noble Serra di Cassano family between 1717 and 1719, based on a design by Ferdinando Sanfelice. The entranceway, which faces the Royal



Palazzo Serra di Cassano, Naples. Italian Institute of Philosophical Studies.

Palace, was sealed, emblematic of the family's mourning and opposition to the Bourbon regime following the execution of Gennaro Serra di Cassano. This act reflected the turbulent political climate of the time and the family's commitment to the ideals of the Republic. Serra was decapitated on August 20, 1799, by the decision of Ferdinand IV, King of Naples and Sicily.

Fiorinda Livigni, a political philosopher and historian of philosophy, and the General Secretary of the IISF, supported the event with her traditional enthusiasm, meticulously attending to details and ensuring a warm welcome for all attendees. Luigi Santini and

Paolo Ciambelli briefly and elegantly introduced the speakers, highlighting their roles and suitability for the event while addressing the specific expectations of the audience.

In Naples, the EAPE event commemorating the World Day of Elderly Persons was held at Palazzo Serra di Cassano, the headquarters of the Istituto Italiano per gli Studi Filosofici (IISF), on October 5¹⁻³. The palace, an architectural gem, was constructed

The Interest of IISF for Fragiles³

The event was introduced by Professor Arturo Martorelli, delegate of President Massimiliano Marotta. As a member of the Executive Council of the Institute, Professor Martorelli has a deep understanding of its mission and objectives, drawing from his extensive experience working closely with its visionary founder, Avvocato Gerardo Marotta. In his opening remarks, he emphasized the Institute's commitment to addressing issues related to fragility.

From 2007 to 2020, the Institute hosted the event "Survival is Not Enough," a project initiated by Rosa Maria De Santo. This initiative aimed to raise awareness and support for the rights of individuals living with chronic diseases, with a particular focus on Chronic Kidney Disease.

The event "Survival is Not Enough" was organized to coincide with World Kidney Day and was held in various locations, following an identical format. The initiative spanned cities in Italy such as Naples, Messina, Foggia, Bari, Brindisi, Cosenza, Milan, Palermo, Rome, Salerno, and Trieste. Additionally, the event extended its reach internationally, with gatherings in Athens, Cairo, Gaziantep, Istanbul, Portaria, and Sfax-Tunis.

The proceedings of the "Survival is Not Enough" events have been compiled into several elegant monographs of appealing size, which are included in the catalogue of the Italian Institute for Scientific Research (IISF). The Institute invited patients and their advocates, nephrologists, dialysis nurses and technicians, administrators, psychologists, and philosophers to discuss patients' needs. They also debated the economics of treatment and how these issues have attracted the interest of Wall Street.

Furthermore, for 40 years (1981-2019) Remo Bodei had a seminar lasting one week at the end of June on the philosophical understanding of the new ideas driving the world. From 2012 onward Bodei dedicated himself to explain the "frugal abundance", "the degrowth" and the ideas of Serge Latouche.

Finally, in 2022, the Institute collaborated with EAPE to organize a new event for the World Day of Older Persons, focusing on the rights of the elderly. In 2023, they published a booklet titled *The Challenges of aging. Managing with justice the time, the space and resources of the elderly*.

In 2019, the traditional ceremony to mark the beginning of the academic year featured a speech on the topic of fragility by Professor Mario Palma, the National Delegate for the Rights of People in Prison and President of the European Penological Centre at the University of Rome³.

Europe Ages and must square the Circle between the Need of Elderly, Young and Women and Age at Retirement. New roles for Professors Emeriti^{1,2}

"Growing old is the only chance to live long"

Aphorism by Charles Augustin de Sainte Beuve

At the age of 65, which is commonly regarded as the retirement age, individuals now experience an

extended period of life that can encompass a third to a quarter of their entire lifespan. This additional time demands that we seek out meaningful experiences, opportunities, and activities that contribute to a fulfilling and high-quality life. The differing needs and priorities between generations can lead to misunderstandings and conflicts that may disrupt social harmony. None are against ensuring satisfactory living conditions for the elderly, but the economic burden of aging is a concern.

To continue to grow, we must place the well-being of the old at the center of our social system, without overshadowing or downplaying the expectations of the young. Increased life expectancy is a new, epochal global challenge that has never been encountered before, resulting in a more complex societal structure. With the depopulation of rural areas, this topic has gained increasing attention in economic journals over the past year.

The dean and president of French economists Jean Hervé Lorenzi in collaboration François-Xavier Albouy, Alain Villemeur in a successful book, *L'Herreur de Faust* (2019), suggested potential solutions: delaying retirement; social insurance for all; everyone should have insurance against neurodegenerative diseases from age 50 to 85, the cost of which could be paid back at age 85; everyone, no exclusions, should be compulsorily associated with social initiatives for the protection of old age, in favor of the community: i.e., a social activity of the long-term retirees for example in the field of social and solidarity economy; keep the elderly in the best possible health conditions; All caretakers should receive compensation from the state. One could start delaying retirement on a voluntary basis as it seems may be the case with the next budget in Italy.

Emeritus professors, defined as those typically over 65 years old (and over 70 in Italy), form a special category within academia. Having dedicated many years to meeting the aspirations and needs of multiple generations of students, they often wish to continue their contributions to the university and remain engaged in the scientific community.

The European Union is not opposed to allowing elderly researchers to serve as principal investigators in the research projects it funds. They are fortunate to have had the opportunity to study and engage in extraordinary and enriching work throughout their lives. This academic and professional journey has allowed them to live their later years with dignity and without significant worries. Additionally, they benefit from a well-established network of relationships that provides support and companionship, helping to facilitate a fulfilling and meaningful experience in their old age. They have had the opportunity to acquire wisdom and aspire to create a society without generational contrasts so that they can continue to learn, research and create.

Ultimately, "growing old is not merely a physiological process: it is an art form, and only by cultivating it can we make our old age a mighty and memorable aesthetic structure, and embody the archetypal role of the ancestor, keeper of memory and conduit of the power of the past." (James

Hillman. *The Force of Character*). We just have to let ourselves get excited.

The Fragility of Inmates⁴

Don Tonino Palmese, a sixty-six-year-old Salesian priest, has had a fulfilling career in university teaching, particularly in the fields of theology and education. He has served as the regional representative of Libera an association to combating the influence of the mafia and camorra in society and is President of Polis Foundation, (Polis is the acronym of *Integrated Security Policies*) with two main goals: the repurposing of assets seized from criminals to support community initiatives and provide relief to innocent victims of crime. To be redeemed, criminals need the forgiveness of the victims' families. This is difficult to achieve, but it is a sine qua non condition for a criminal to embark on a path that ultimately transforms them into a new person. Don Tonino Palmese, who oversees the Justice and Peace office for the Catholic Church and serves as the Guarantor for the rights of individuals detained and deprived of personal liberty in the City of Naples, emphasizes that the primary objective is to minimize social harm. Everyone should be a sentinel for maintaining dignity of persons, ensuring that in prison there is continuity with the Constitution and State laws.

For him, "men are like angels with one wing; to fly, they need to embrace each other." (Luciano De Crescenzo, *So spoke Bellavista*). Thus, one can understand why his focus is on vulnerable groups, including patients in hospitals, former convicts, migrants, and residents of the House of Tonia for single mothers.

Presently in Italy prisons are overcrowded, the number of suicides is intolerably high and the suicide attempts have increased significantly. This contrasts with article 27 of the Italian Constitution saying that penalties must meet two requirements

1. they cannot consist of treatments contrary to the sense of humanity and
2. must aim to reeducate the condemned. However, the primary needs of people in prison remain the forgiveness of the persons they have wounded with their criminal act that can start the changes.

The Ballads of Narayama and Ageing Society in Japan⁵

The psychological and social problems associated with old age have been a significant theme in Japanese literature long before the aging population became a pressing social issue. Authors such as Kawabata Yasunari and Tanizaki Jun'ichirō, to name two of the most renowned Japanese writers of the 20th century, excelled in capturing the range of emotions and reflections of characters who, while confronting physical decline and a heightened sense of mortality, still maintained a commitment to life. These writers did not ignore the challenges of old age, but their narratives focused on characters who,

far from being ostracized, were respected by both society and family.

A much harsher depiction of ageing was presented by Fukazawa Shichirō in his 1956 novella *The Ballads of Narayama* (translated into English as *The Songs of Oak Mountain*). This work is likely one of the most intense and dramatic portrayals of the lives of elderly people in an impoverished community where survival is precarious and food is always scarce. The story is set in a rural Japanese village where extreme poverty compels the community to abandon the elderly on a mountain to die when they reach the age of seventy.

The novel takes place in an unspecified past and is based on an ancient legend, which has inspired poems, Noh dramas, and, more recently, manga and anime. Although there is no concrete evidence that this custom of abandoning the elderly was practiced, the novel caused a shock in Japan, which, in the late 1950s, was undergoing a period of rapid economic recovery following the hardships of the war. While more of a dark fable than a realistic account, the book remains relevant in its questioning the role of elders in society, both within Japan and beyond.

Active Aging depends on the Funding of Pharmacological Research on Aging⁶

The World Health Organization defines successful/active aging as "the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age". Active aging means being active or becoming active in several areas of the social (job market, volunteering, etc) and personal sphere (hobbies, tourism). Active aging is positively linked to physical and psychological benefits (healthy aging), including the perception of a better quality of life. Therefore, successful aging is a tool to achieve healthy aging. Despite political efforts to improve successful and healthy aging, we are still facing discrimination for the care of elderly patients, who are considered "too old and expensive" not only to receive the most advanced treatments, from which they would benefit the most but also for their inclusion in clinical trials. This reflects the negative perception of aging that can lead to a renunciation of treatment, screening, and preventive behaviors. Elders are the main users of drugs, often affected by multimorbidity, polytherapy, and subsequent problems of appropriateness, drug-drug interactions, and adherence. Therefore, it seems important to include them in clinical trials and to encourage translational research projects in the geriatric area. In Italy, among national programs on elderly, there is the AGE-IT program (currently ongoing), which through ten scientific macro-areas, aims to address the consequences and challenges posed by the aging of the Italian population. Specifically, for the pharmacological field, there are studies conducted to optimize innovative therapies in the elderly, such as those related to monoclonal antibodies for Alzheimer's disease (lecanemab and donanemab) or immune checkpoint inhibitors

for non-small cell lung cancer (nivolumab and pembrolizumab). Finally, an exponential interest in investigating cellular senescence has recently grown due to its implications with several pathologies. An example is the innovative use of senolytic CAR-T for age-related metabolic dysfunction. Funding research into aging, including pharmacological research, can improve aging itself and the quality of elder care.

Strategies for Preventing Health Problems in the Elderly⁷

Population aging presents a growing challenge for socio-health systems, with the number of individuals over 65 years expected to nearly double in the next 50 years. In Italy, an estimated 2.5 million elderly people, equivalent to 3.9% of the population, are classified as non-self-sufficient, and 46% of those over 85 live in conditions of frailty. Although increased longevity reflects positive progress in socio-health systems, it also requires adjustments to care models to ensure long-term sustainability. Frailty, recognized as a complex condition, is associated with a higher risk of physical, cognitive, and functional decline, necessitating a proactive and multidisciplinary approach, especially for elderly individuals affected by multimorbidity.

Prevention strategies for frail elderly individuals must include multi-level integrated interventions. Primary prevention focuses on reducing environmental risks through thoughtful home modifications, while secondary prevention relies on regular screening tests to detect potentially serious health conditions early, such as colorectal cancer and cerebro-cardiovascular diseases. However, prevention efforts often encounter barriers, including cognitive, emotional, economic, and logistical obstacles, which must be addressed through awareness programs and targeted interventions designed to effectively engage the elderly population.

The European Innovation Partnership for Active & Healthy Aging offers a positive view of aging, promoting autonomy and valuing the contributions of the elderly to society. Faced with the rise of chronic diseases and increasing disabilities, it is necessary to transition from a traditional hospital-centered model to a more integrated care system based on well-established territorial networks that ensure continuity of care and comprehensive long-term care pathways. A coordinated approach between healthcare providers, social services, and territorial agencies is essential to improve the overall quality of life for the elderly and prevent the loss of self-sufficiency, enabling older adults to lead healthier, fulfilling lives.

Protecting Women's Careers in European Universities⁸

Although the number of women enrolling in universities to study STEM (Science, Technology, Engineering, and Mathematics) subjects is steadily increasing, only a small number of them reach the end of the path, even going on to hold relevant positions in science. A recent study, *Unveiling the*

gender gap: exploring gender disparities in European academic landscape (Lancet Reg Health Eur., 2023), conducted by Researchers at the Catholic University of Milan, reports that “women despite representing about half of the graduates and PhDs in Europe, progressively abandon academic careers, coming to constitute just 33 percent of the research workforce and only 26 percent of full professors, directors of departments or research centers.” An even more disconcerting figure is Italy's position for gender parity in the world of research, occupying the third-last position in Europe, with only 17 percent of women holding the highest positions in the world of research.

Multiple causes of the “gender gap” can be glimpsed, including limited networking opportunities, the challenging nature of academic careers and obstacles related to work-life balance, and the scarcity of successful female role models and mentors in top positions.

To curb this phenomenon, the European Union has deployed several initiatives. In 2023 in Istanbul, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence was signed, obliging individual nations to take legal measures under which all forms of violence against women are considered crimes.

To achieve genuine equality of opportunity between men and women in the workplace, with a focus on achieving equality in the employment of top roles, especially in scientific fields, the EU has funded the Horizon 2020 and Horizon Europe 2021-2027 programs.

Collaborative platforms have also emerged, such as *Women in Science*, the *European Institute for Gender Equality*, the *WEgate platform*, which provide information on training, mentoring, advice, networking and even financial support, or the *European Network for Women in Digital* to strengthen women's participation in the digital sector.

Finally, of great importance is the von der Leyen Commission's Strategic Commitment, which presents strategic goals and actions to make significant progress by 2025 toward a gender-equal Europe.

The path may not be fast enough to close the gap definitively, but we can look to the future with an optimistic attitude, given and considering that the path in the direction of equality is now to be considered unstoppable.

Even the Sun ages⁹

The Sun is not eternal. It originated from a vast cloud of hydrogen approximately 4.6 billion years ago and will ultimately evolve into a small, dense, and dark remnant of degenerate matter. This is its story in short.

Since its formation, the Sun has balanced its own weight through the pressure exerted by the hot gas from which it is made and the radiation that crosses

it. This perfect equilibrium is undermined by the fact that, like all other stars, the Sun emits light. The loss is compensated for by the energy produced in the stellar core through the transformation of hydrogen into helium. However, the process cannot last forever. It causes a slow aging of the star, as the central reserve of hydrogen is depleted over time. In 5 billion years, the helium core will start to contract, no longer supported by the central furnace. The envelope will instead expand, pushed by the energy of a shell where hydrogen is still burning. The Sun will evolve into a red giant, reaching a size large enough to skim the orbit of Mars.

When the temperature at the core reaches 100 million degrees Celsius as a result of the collapse, the fusion of helium into carbon will be triggered (incidentally, degeneracy will be eliminated through a violent release of energy, the "helium flash", which is well withstood by the Sun). The star will experience a brief period of renewed youth, which will ultimately end up with the exhaustion of helium at its core. Unable to burn carbon, the Sun will first lose weight (phase of planetary nebula) and then turn into a white dwarf, an extremely dense star of degenerate matter as small as the Earth. It will continue to shine ever fainter for another 15 billion years, driven by accumulated heat, until it disappears in the darkness of cosmic space as a black dwarf.

The ultimate fate is not the same for all stars. Those with low masses (fractions of the solar mass) live very long but poorly. Stars with five or ten times the mass of the Sun live a short but splendid life, ending with a gigantic explosion. In this way, they enrich the cosmos with the elements up to and including iron that they have synthesized throughout their evolution: those complex atoms of which we also are made.

In conclusion, stars too age and die. The brightest ones leave a legacy that even mankind has used to exist. Emeritus professors, on the other hand, who have spent a lifetime studying and thinking, can also leave young people another vital legacy, their knowledge, which serves to maintain the thread of culture.

Lights and Shadows of Life Extension: Analysis, Suggestions, and Measures in the Vascular Field¹⁰

Both Italian and international statistical data demonstrate that there is a progressive increase of the average lifespan. Women tend to live longer than men. Globally, the highest life expectancy is in Hong Kong, and Italy ranks sixth, ahead of all major European countries. The most important data, however, is the average life expectancy in good health, which includes individuals in good physical and mental condition that are completely self-sufficient.

Diseases of elderly people fall into four main categories: Cardiovascular Pathology, Neoplasms,

Neurological Degenerative Diseases and Osteoarthritis. I will focus on my area of expertise, i.e. Vascular pathology, which, in the vast majority of cases, is determined by Atherosclerosis, a disease that is multi-district by definition and has an evolutionary nature. It does not simply identify as aging or as a senescence-related pathology, as it begins at a young age, but it tends to progress with age, especially if risk factors coexist, which include genetic predisposition and family history, which are the primary element of the disease, but also diabetes, hypertension, smoking, hypercholesterolemia and hypertriglyceridemia, eating disorders, a sedentary lifestyle leading to obesity, and environmental pollution.

Today, thanks to non-invasive methods, it is possible to document with remarkable accuracy the presence of steno-obstructive lesions at the carotid level or at the peripheral level, with severe ischemia, especially in diabetic individuals, or with aneurysm of the aorta or other districts. Once the situation has been monitored, if a clinical and instrumental worsening is noted, we will proceed with contrast imaging techniques, particularly angiography, together with a much less invasive endovascular therapeutic procedure, which can also be performed in patients with concurrent risk factors or of advanced age.

Debureaucratizing the Response to the Daily Needs of Vulnerable People¹¹

During my various life experiences I have happened to participate in the three Powers that our Constitution attributes to the Republic. As is known, they are: the legislative, the executive and the judiciary. These Powers are expressed on a national level but also within the scope of local autonomies (e.g. Regions and Municipalities) as well as in public bodies (e.g. INPS, ANAS). It is said that in a democracy the Powers must be separated; in reality everyone, within the scope of their responsibilities, contributes to ensuring that the State and other public bodies achieve the objectives of the Republic. Due to this necessary competition the Powers are not separate but only distinct because they must act with each other in "loyal collaboration". In this sense, a consolidated jurisprudence of the Constitutional Court is available. In order to exercise their functions and achieve their objectives, these powers are necessarily equipped with a complex of organizational systems which are called offices.

Services for Autonomy: Physiotherapists and the Problem of Mobility for Elderly People¹²

Older people represent a constantly growing segment of the population, both nationally and internationally. Aging brings with it a series of frailties linked to physiological, cognitive and social changes. These frailties can include chronic health problems, decreased mobility, loss of autonomy, and an increasing vulnerability to trauma, infection and

acute illness. The complexity of the elderly patient requires management that takes into account multiple factors, including medical, psychological and social ones.

The most common physical frailties in older people are reduced ability to move, loss of muscle strength, impaired balance and coordination, which increase the risk of falls and fractures.

Cognitively, many older adults may experience memory decline or neurodegenerative conditions such as Alzheimer's disease, which require constant monitoring and a specialized therapeutic approach. On an emotional level, social isolation, the loss of loved ones and changes in lifestyle can contribute to the onset of depressive or anxious states.

The care of the elderly patient must be holistic and multidisciplinary. It is essential that healthcare professionals, including doctors, nurses, physiotherapists, psychologists and social workers, work together to ensure a comprehensive approach. The goal is to promote quality of life, maintain or recover functionality and prevent worsening of health conditions. The management of chronic diseases such as diabetes, hypertension, and cardiovascular or respiratory diseases must be integrated with interventions that aim to improve the patient's residual autonomy and active participation in decisions that concern him.

In this context, physiotherapy plays a crucial role. The physiotherapist is called upon to intervene not only to treat problems related to movement, but also to prevent complications secondary to immobility and to improve the quality of life of the elderly.

Searching Happiness¹³

The constant search for happiness is part of what it means to be human. Thought is what characterizes and differentiates a person from other living things. Philosophy is the science of the search for the ultimate meaning of reality. Everyone, aiming for happiness, thinkers and philosophers, are interested in research.

In *The Republic*, Plato demonstrates that appropriate education in dialectical logics is the imperative premise for access to truth and then demonstrates that only he who, abandoning obedience to dominant opinions, relies solely on the truths of which his thought "participates" can achieve happiness.

Dialectics is a rational and logical movement of thought that transcends itself, goes beyond what can be reduced to scientific physics, so it can be said that the search for truth and therefore happiness falls within the metaphysical sphere. The happiness that arises from access to truth constitutes the real purpose of life, worthy of this name, we can rightly say that the path of metaphysics and its integral reflection are part of a metaphysics of happiness.

Baruch Spinoza (1632-1677) in *Ethics* states that if there had been no logic, the human animal would have remained forever in ignorance, that is, no access to adequate ideas of any kind would have been opened. Knowledge, for Spinoza, through the arduous demonstrative path and intellectual intuition, is the exercise of true thought, it is logic and intuition, it is metaphysics.

Alain Badiou (born January 1937 in Rabat) believes that today metaphysics provides the opportunity to free oneself from the constraints of dominant opinions and opens the path to genuine happiness. It defends against the pessimistic opinions of Pascal, Rousseau, Kierkegaard, Nietzsche, Wittgenstein, Lacan who deny the possibility of combining happiness with truth. It indicates the purpose of philosophy and proposes the path of revolt against the dictatorship of pre-established opinions, of logic against the illogic of mass communication, of universalism against the monetary and abstract one reserved for competitors, of risk against the model that eliminates unpredictability. However, Badiou claims that real happiness is not calculable.

A Didactic Elective Activity (ADE) of the University Luigi Vanvitelli for the World Day of Older Persons providing 1 University Educational Credit^{14,15}

A didactic elective activity (Attività Didattica Elettiva, ADE) was organized for the Medicine and Surgery students at Vanvitelli University in Naples. This event allowed them to explore the needs and challenges associated with aging, featuring distinguished speakers invited to commemorate the 2024 World Day of Older Persons. On October 5, 2024, the European Association of Professors Emeriti organized a special event at the stunning Palazzo Serra di Cassano in Naples, dedicating the day to this unique segment of the population. The students participated in large numbers and with great enthusiasm, engaging with diverse perspectives from philosophers, clergy, physicians, physicists, physiotherapists, and writers. Their profound insights on aging and life in general provided ample food for thought for the young minds. It became clear that older individuals are an essential and vital part of society, deserving not to be overlooked, but rather to be cherished, appreciated, and held in high regard by a culture that values humanity.

The ADE students, who are on average between 22 and 26 years old, on average, are well-positioned to be receptive to new ideas. We hope they will be motivated to make a difference in their future lives by maintaining dialogue and fostering awareness about the elderly.





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EAPE Emeriti at the 13th Congress of the International Association for the History of Nephrology

(Naples, November 15-17, 2024)

A Spectacular Venue

The 13th Congress of the International Association for the History of Nephrology (IAHN) was held at the Eremo of Camaldoli in Naples, perched on a hill (585 meters above sea level) opposite Mt. Vesuvius. This beautiful venue is a former monastery of the Camaldolese Congregation of the Order of Saint Benedict. The main church, which is open to the public, boasts stunning artwork by renowned painters such as Massimo Stanzione, Andrea Mozzilli, and Federico Barocci. The site has been transformed into a charming small hotel, offering a serene atmosphere for meditation and classical music, hosted by the Nuns of the Order of Saint Bridget of Sweden. It provides a perfect setting for peace, beauty, and spirituality.

About the International Association for the History of Nephrology (IAHN)

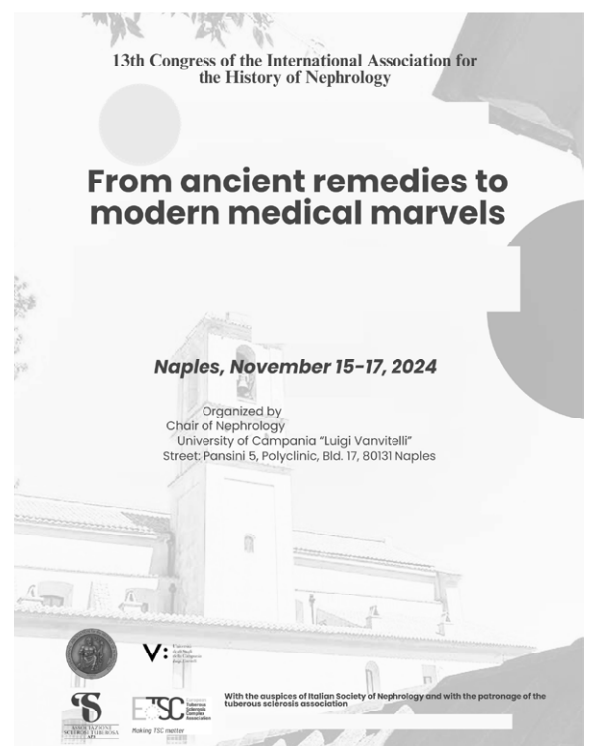
The IAHN was founded in 1992 by Natale Gaspare De Santo (Naples), Garabed Eknoyan (Houston), and the late Shaul D. Massry (Los Angeles), while they were traveling by bus with renowned nephrologists from Lublin to Poznań. This journey led to the establishment of the Poznań Foundation of Nephrology (1,2).

The IAHN has published its proceedings in peer-reviewed journals over the past forty years, including the American Journal of Nephrology, Journal of Nephrology, Giornale Italiano di Nefrologia, Hellenic Journal of Nephrology, and Clinical and Experimental Transplantation. These publications include no less than five hundred papers, which collectively represent the critical mass of data needed to understand that nephrology, while it evolved into an academic and clinical discipline in the early 1960s, has deep historical roots in Greek, Roman, Arabic, Salernitan, and Renaissance medicine.

It is a privilege to remember that Shaul Massry, then President of the National Kidney Foundation of the United States, was the first editor of a clinical nephrology journal to appoint an Editor for History (Garabed Eknoyan) for the American Journal of Nephrology, which marked the beginning of a golden era of editors in nephrology who possessed a talent for history.

The 13th Congress of the International Association for the History of Nephrology

Approximately fifty historians of nephrology from France, Greece, Italy, Poland, Slovakia, Spain, Sweden, Turkey, the UK, and the USA gathered from November 15 to 17, 2024. The scientific events, which included engaging keynote lectures, were well integrated with visits to the city's beautiful monuments and museums, all under the theme "From Ancient Remedies to Modern Medical Marvels."



1. Eknoyan G, De Santo NG, Massry SG. On the future of the History of Nephrology. Am J Nephrol 1994; 14(4-6): 255-6

2. www.iahn.org accessed November 18, 2024

This event was organized by the President of the Congress, Professor Davide Viggiano, Associate Professor of Nephrology at the University of Luigi Vanvitelli. The congress was honored at the opening ceremony by the presence of (i) Marcellino Monda, President of the School of Medicine at the University of Luigi Vanvitelli; and (ii) Gennaro Rispoli, Historian of the Italian Hospitals and Director of the Museum of Arti Sanitarie in the Hospital of Incurabili in Naples. The museum, which includes an old pharmacy—a monument in itself with its breathtaking collection of pharmacy jars—is significant not only for its historical artifacts but also for its rich legacy. It is a place where no fewer than 40 saints worked, including a saint of our times, San Giuseppe Moscati. Additionally, it was here that Domenico Cotugno made remarkable contributions, being the first to measure proteinuria in a dropsical patient and introducing "*La Nuova Medicina*" (the new medicine) well before Pierre-Joseph Desault in France. Cotugno, alongside notable figures such as Hunter and Desault, is credited with laying the foundations of clinical science (3).

Keynote lectures were related to:

1. Disaster of the Century: 2023 Türkiye Earthquake: Dialysis in children with crush injuries and our experiences with kidney care. (Ayse Balat, Gaziantep).
2. The History of the Renin-Angiotensin System, (Raymond Ardaillou, Paris).
3. The Theory and Practice of Byzantine Uroscopy. (Mario Lamagna, Naples).
4. The Kidney: A Bridge Between Past, Present, and Future in the Green Circular Economy. (Vincenzo Savica, Messina).

A special mention is deserved for some unique contributions presented at the congress that underline the peculiar interest of nephrologists who have turned into historians of their discipline: *Etymologies or Origins by Isidore of Seville (codex 2, SS. Trinità Abbey – Cava dei Tirreni)*. "*De Medicina*" – Book VI (Luigi Iorio, Cassino); *The Pseudo-Galenic treatise De renum affectionibus and the Knowledge of Nephrology in Late Antiquity* (D. Mussi, Madrid); *Antyllus's account on the urinary catheterization and medical treatment of urolithiasis in al-Rāzī's Kitāb al-Hāwī* (A. Aciduman, Ankara); *Recipes for kidney ailments in the "Dynameron" by Nicolaos Myrepsos (13th c AD)* (E. Valiakos, A. Diamandopoulos, G. Filippidis, T. Eleftheriadis and I. Stefanidis (Larissa/Athens)). *Recipes for urinary tract problems from Nidā'ī, one of the important physicians in the Ottoman Empire of the sixteenth century, in Manāfi' al-Nās* (A. Balat and A. Aciduman, Gaziantep and Ankara).

The link IAHN-EAPE

Some members of IAHN Natale G. De Santo, Garabed Eknayan, Guido Bellinghieri, Athanasios Diamandopoulos, Vincenzo Savica, Raymond Ardaillou, Leon Fine have also participated in the birth and or activities of EAPE creating a strong link between the two associations.

The 2024 IAHN Congress at Eremo Camaldoli in Naples was attended by Raymond Ardaillou, Vincenzo Savica, Natale Gaspare De Santo (*On Gout from Corpus Hippocraticum to Renaissance*) Athanasios Diamandopoulos (*Correlation between neuro-visual symptoms and the oliguric and polyuric phase of AKI, according to the Hippocratic Treatise Regimen*), Guido Gembillo, Guido Bellinghieri, Vincenzo Savica and Domenico Santoro (Messina) *A century after the first human haemodialysis, a milestone in nephrology*). Furthermore, Natale G De Santo illustrated the contributions of Dimitar Nenov to nephrology behind the Iron Curtain, and also enlightened Dimitar Nenov as outstanding clinical scientist and member of IAHN and of EAPE.

Katarína Derzsiová (Košice) highlighted. The Contribution of Ferdinand Demant to the Birth of Pediatric Nephrology in Europe. She is a special person. Engineer, former chief of the Laboratory of the IV Internal Clinica at the University Hospital Louis Pasteur, and has been collaborator and partner of Professor Miroslav Mydlík, a founder and councilor of EAPE. Both were present in Athens for the starting of EAPE. Engineer Derzsiová, presently Councilor of the International Association for the History of Nephrology, has collaborated with the Supplement on Aging of the *Bulletin of the European Association of Professors Emeriti* and subsequently with Professors Emeriti Anton Fabian and Oliver Victor Rácz for the World Day of Older Persons in Košice. She has authored many outstanding papers on history of science and medicine and focused on towering scientists from the former Czechoslovakia and Slovakia (4,5). It is worth noting that Scopus also reflects a fruitful history of scientific collaboration Mydlík-Derzsiová-Rácz (6).



3. De Santo NG, Bisaccia C, De Santo LS, Cirillo M, Richet G. La Costruzione della Scienza Clinica. Istituto Italiano per gli Studi Filosofici, Arte Tipografica Editrice, Napoli 2006

4. Derzsiová K. Professor Miroslav Mydlík, MD, DSc. (1932–2018†) A scientist. Arch Hell Medicine 2020, 37 (Suppl 2): 22-28.

5. Derzsiová K. Emigration of Scientists From Czechoslovakia During the Soviet Domination. Experimental and Clinical Transplantation (2023) Suppl 2: 72-77

6. Mydlík, M., Derzsiová, K., Rácz, O., Šipulová, A., Lovásiová, E., Molčányiová, A., Petrovičová, J.: Vitamin E-coated dialyzer and antioxidant defense parameters: three-month study. Semin. Nephrol., 24, 2004, č. 5, s. 525-531.



Carole-Lynne Le Navenec

Carole-Lynne Le Navenec

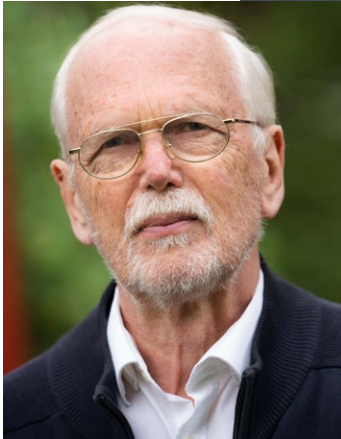
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Jochen Ehrich

Understanding Intergenerational Differences of Spirituality among Patients with Chronic Illness Conditions and their Physicians

A project of the European Association of Professors Emeriti (EAPE) using a qualitative case study design

Overview of this discussion paper

The focus of this preliminary discussion paper, which used a scoping approach (1) to review past literature, is the exploration of intergenerational differences (i.e., young patients versus older patients, and their attending physician) in regard to spirituality among populations experiencing chronic illness conditions (CICs). For the purpose of this paper, *spirituality* is viewed as “a broad concept with room for many perspectives. In general, it includes a sense of connection to something bigger than ourselves, and it typically involves a search for meaning in life. As such, it is a universal human experience—something that touches us all” (2).



The expectations of these young and older patients with a CIC are likely to differ according to several factors such as the type of disease and/or injury they are experiencing. Given that there is an immense classification of chronic illness conditions (3), this discussion paper will include chronic kidney disease (CKD), which is a progressive condition that affects >10% of the general population worldwide. It is hoped that readers of this paper will facilitate the creation of pathways to enhance the dignity and quality of life for those experiencing CICs (and that includes the patient—which refers not only to the index person, but also his or her family), and for physicians to learn ways of assisting them with their thoughts and beliefs, as opposed to focusing solely on their client's body and physical surroundings.

Scoping review findings about the perceptions of patients with chronic illness conditions:

Based on our scoping review, the most important findings about the perceptions of patients with a chronic illness condition included the following:

1. the uncertainty of their disease/injury progression and associated stressors at different developmental periods;

1. Arksey H, O'Malley L (2005) Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8 (1), 19-32 <http://eprints.whiterose.ac.uk/1618/1/Scopingstudies.pdf>

2. Delagran L. What is spirituality? <https://www.takingcharge.csh.umn.edu/what-spirituality>

3. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) <https://www.cdc.gov/nccdphp/index.html>

2. the diversity of appropriate, multidisciplinary and effective support at each stage of the illness trajectory;

3. the limited acceptance of their suffering by families and their other social networks;

4. the limited acceptance of the need for communication and partnership between patients, families and healthcare professionals (4,5,6,7,8)

Additional findings from projects involving other chronic diseases implied that these patients and their families/significant others might also benefit from the following:

1. use of a family systems approach by the treatment team (4);

2. gaining knowledge regarding recognition of their own spirituality and from their experienced beliefs about balancing body, mind and spirit;

3. use of more creative philosophical approaches by their medically healing yet psychosocially active practitioners as a means of "creating health and salutogenesis in chronic illness contexts" (9).

4. the subjective experiences of adolescents and old people with CKD and their family members remain largely unexplored, particularly in terms of their understanding of purpose and meaning in life.

Although it is likely that clinical decision-making priorities among patients, their families and the treating clinicians may differ, the extent of such differences remains unclear. Evidence of the nature and quality of the interactional experiences of these three groups is also largely unexplored. Hence, knowledge and understanding is limited in regard to the interpersonal and subjective context of chronic illness conditions and spirituality. How the authors plan to address these issues is addressed next.

Aim of this spirituality exploratory project

In our opinion, there are no adequate questionnaires on spirituality available for adolescent patients between the ages of 10 and 20, and for persons

over the age of 75 years of age with a chronic illness condition. Hence, the two central research questions of our proposed qualitative case study project, which will use Chronic Kidney Disease (CKD) as the illustrative condition, are:

1. For Adolescents and Older Adult Patients: what are the main issues reported by the *patient*—i.e., which refers not only to the *index person* (the member having a chronic illness) but also his/her *family members* - in relation to the following three contexts: (a) subjective context: their thoughts and feelings such as stress, joy, comfort; (b) interpersonal context: their relationship, communication, and attachments with others; and (c) intergenerational context: different points during the illness trajectory of those with CKD

2. What types of resources do the treating nephrologists, and their patients and family members consider necessary to develop salutogenic activities (protection, prevention, promotion, provision, participation) during this lifelong treatment journey in CKD?

Methods

To analyse the balance of mind, body and spirit in patients with CKD and the nephrologists caring for them, this project will involve the conduction of a preliminary survey in nephrology centres in several European countries based on anonymous **questionnaires** using a qualitative case study design and anonymous **narratives** from both patients and nephrologists.

The case studies compiled for patients and nephrologists will consist of a description of the main theme of spirituality based on the responses of the participants. The data analysis and discussion will address the main findings related to the research questions from four main perspectives:

(a) individual/subjective views of the patients (i.e., the index person and his/her family);

(b) individual/objective views of the nephrologists;

(c) interaction perspectives (e.g., with local groups including *carers*, both informal carers such as family members and formal carers such as physicians, and other health care professionals);

(d) comparison of the above three (a, b, and c) perspectives with systemic perspectives of national medical healthcare systems or philosophical, psychological and sociological disciplines.

Opportunities and limitations of the project

The knowledge sought will help nephrologists, dialysis nurses and other multidisciplinary healthcare professionals to better understand what is perceived by patients and their nephrologists as important in promoting health and well-being in CKD. These

4. Le Navenec C. (2009) Creative caring practices of nurses. In: Cockett PK, Lohka E, Bentley K (Eds.). *Golden threads: Women creating community* (pp. 111-114). Calgary, Alberta. Detselig.

5. Le Navenec C (1995) Understanding the social context of families experiencing dementia. In: Miesen, B.M., & Jones, G.M. *Care-giving in dementia: Research and applications*. London: Routledge.

6. Damm L, Leiss U, Habeler U, Ehrich J (2015) Improving care through better communication: Understanding the benefits. *J Pediatr* 166:1327-1328. doi: 10.1016/j.jpeds.2015.01.027.

7. Ehrich J, Pettoello-Mantovani M, Lenton S, Damm L, Goldhagen J (2015) Participation of children and young people in their health care: Understanding the potential and limitation. *J Pediatr* 167:783-784. doi: 10.1016/j.jpeds.2015.05.001.

8. Wright L, Leahey M (2023). *Nurses and families*. Philadelphia: FA Davis.

9. Manemann J, Ehrich J (2019) Philosophie als Therapie? *Zeitschr Med Ethik* 65:129-141

findings can subsequently help shape care practices, partnerships between families and healthcare professionals, and national healthcare policies in Europe and perhaps elsewhere in the world.

Dissemination of the *experiential evidence* from the study results will be achieved through publications in various journals and conference presentations. However, our project does not aim to compare the spiritual state of patients with a normal control population. Nor is the intent of our project to develop interventions that target a puzzling and urgent mind-body-soul problem and ensure adherence to medical interventions that are essential for appropriate management of a chronic, life-threatening condition. Hopefully, this experiential evidence will evoke future large-scale studies that provide *research evidence*.

Conclusion

Our pilot project about understanding intergenerational differences of spirituality in patients with chronic kidney diseases (CKD), and their physicians/health care providers, may have the potential of transferring helpful knowledge and understanding to those with other chronic diseases and their health care providers. This opportunity supports the possibilities of effectively integrating and sharing new therapeutic modalities to help all patients and their families and clinicians develop more spiritual and practical philosophical therapeutic goals, taking into account the balance between body, mind and spirit.





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

Ovidius, Metamorpseon 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 3: The Broken Cry of Anemoia

On a spring afternoon, after a chamber music session, I was chatting with my friends, all remarkable musicians in terms of technique and repertoire. In the background, I had left the radio on a Canadian classical music station. Our conversation was suddenly interrupted by a piece for string orchestra that exuded heartbreaking nostalgia and sorrow. The sensation was somewhat similar to what one experiences when listening to *Tristan and Isolde's Death* by Wagner. Smiling, after those 13 minutes of music had passed, I asked them if they knew the composer. None of them had ever heard of Guillaume Lekeu.



Jean Joseph Nicolas Guillaume Lekeu

His story is as brief as his life. Jean Joseph Nicolas Guillaume Lekeu was born in 1870 in Heusy, near Verviers (Belgium). The region and the period coincide with the existence of one of the most remarkable groups of Belgian composers (Henri Vieuxtemps, César Franck, and Eugène Ysaÿe). He learned to play the piano as a child in his hometown, and at the age of 10, after his family moved to Poitiers, France, he continued his studies there. By the age of 15, after discovering the music of Bach and Beethoven, he began composing, focusing on chamber music, and delving into harmony and violin

studies. At 18, he moved to Paris to study philosophy. In 1889, he traveled to Bayreuth to familiarize himself with Wagner's music. Undoubtedly, the tragic nature of Wagner's compositions left a deep mark on him.

He then began studying counterpoint and fugue under the direction of the great César Franck, who likely had the most significant influence on the young composer's style. After Franck's death in 1890, Lekeu was mentored by Vincent d'Indy (himself a student of Franck), who founded the Schola Cantorum and made it his mission to promote Lekeu's work and complete some of his unfinished compositions. D'Indy, recognizing Lekeu's genius, encouraged him to participate in the prestigious *Prix de Rome* competition. At just 21 years old, Lekeu won second prize with his cantata *Andromeda*, a work that is rarely performed today. Understanding Lekeu's unique style, d'Indy introduced him to the great violinist Eugène Ysaÿe, who commissioned a sonata from him. This resulted in the famous *Violin Sonata in G major*, premiered in 1893 and the most frequently performed of Lekeu's approximately 50 compositions.

That same year, Lekeu fell ill with typhoid fever, and on January 21, 1894, just one day after his 24th birthday, his life came to an end.

Lekeu's style is unmistakable, despite being shaped by the aforementioned masters. He once declared about his compositional style: *"Even more, it will be weird, mad, horrible, anything you like, but at least it will be original."*

The uniqueness of his style stems from both his chromatic writing (which he mastered under Franck) and the constant psychological atmosphere of melancholy and nostalgia that permeates his music. If we were to define *anemoia*—nostalgia for a time one has never experienced—in musical terms, we would find it in Lekeu's works. Like Kreisler, the character immortalized in E.T.A. Hoffmann's writings and later in Robert Schumann's *Kreisleriana*, Lekeu transcended into his music. The composer himself confessed:

"I kill myself to put all my soul into my music."

This atmosphere is beautifully exemplified in his *Piano and Violin Sonata in G major* (the author himself indicated this order of the instruments emphasizing the equal musical role) - [Lekeu: Violin Sonata in G major - Yehudi & Hephzibah Menuhin](#) (here a historical performance). In the 3 sections of the Sonata, the musical flow is marked by *leitmotiv* musical themes, a memento of the unity of the work. Particularly beautiful in the second movement, we listen to a lyrical dialogue resembling a sublime and refined song-chorale. This sonata probably served as model for fictional Vinteuil Sonata described in one section of Proust's novel "In search of Lost Time". Around the same time, Lekeu began composing a *Piano Quartet* - [Guillaume Lekeu Piano Quartet](#) (Unfinished, 1893-94). His correspondence suggests a kind of program for the piece: "The first movement is a poem of the heart, where wild and untamed feelings clash—suffering mixed with happiness, pain with despair. The second movement, in total contrast, is an absolutely calm love scene, where resignation gives way to moving sobriety." (cf. Tranchefort)

This second movement is extraordinarily poetic. After a brief theme (a leitmotif signature for the composer) and a few solemn notes repeated by the piano, a celestial dialogue unfolds between the piano and strings, where tears and smiles blend into perfect *anemoia*. Lekeu passed away before completing this masterpiece, but like other composers (Schubert, Bruckner...), his unfinished work was still enough to secure his place in humanity's musical treasury.

One of Lekeu's most touching masterpieces is the unconventional *Adagio pour Quatuor d'Orchestre* [Guillaume Lekeu - Adagio pour Quatuor d'Orchestre \(1891\)](#), which I referred to at the beginning of this story. The piece bears the inscription "Les fleurs pâles de Souvenir" (*The Pale Flowers of Remembrance*), evoking the devastating sorrow caused by the death of his mentor, César Franck. Through its emotional intensity and sense of irreversibility, this piece can sit next to Richard Strauss's *Metamorphosen* and Schoenberg's *Verklärte Nacht* (*Transfigured Night*).

Similarly melancholic is his *Méditation pour Quatuor à Cordes* - [Guillaume Lekeu: Meditation for String Quartet](#), a 12-minute adagio that was meant to be part of a much larger string quartet that was never completed. Lekeu's signature is unmistakable in both his harmonies and the nostalgic expression they carry.

Interestingly, for a composer who considered the piano essential to chamber music, Lekeu's solo piano repertoire is quite sparse. Some of his scores have been lost, and recordings of his piano works are rare, further deepening the obscurity surrounding him. Among these lost treasures is *Morceaux Égoïstes* (*Selfish Pieces*), written when the young musician was plagued with doubts about his abilities. Lekeu lamented: "I am on the verge of tears at every note I write; every measure, every silence, every vibration is for me a tear

or a sigh. This is not music; it is thought itself." (cf. Fr. Tranchefort)

In 1891, two years before composing his magnificent *Violin Sonata*, Lekeu wrote an unusual *Piano Sonata* in five short episodes—essentially a suite of compositional exercises obsessively revolving around a recurring theme, his personal musical signature. The *Sonata* opens with a verse from Georges Vanor:

«Comme une mère veille auprès de son enfant
Elle a bercé de ses chansons ma mâle fièvre,
La bonne fée, elle a ranimé de sa lèvre
Ma lèvre, et rafraîchi pour moi, l'air étouffant»

"Like a mother watching over her child
She has lulled my feverish illness with her songs,
The good fairy, she has revived my lips
My lips, and refreshed for me, the stifling air."

In the second and third movements, Lekeu pays reverent homage to Bach's fugue, the first in an original style, the second in a more classical manner, both marked, however, by his unique imagination. The fourth movement (*Dans un mouvement plus lent*—In a Slow Tempo) is a contemplative poem, interrupted by anguish and cries of despair, once again echoing his musical signature - [Sonate pour piano en Sol Mineur, V. 105: IV. Dans un mouvement plus lent](#). The final movement brings a note of optimism, reminding us that even the darkest sky can be lit by the rising sun.

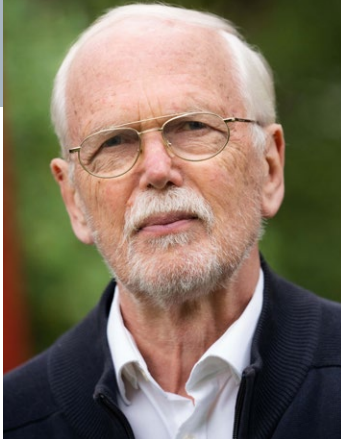
On one of his unfinished works, started at the age of 15, Lekeu inscribed these lines (cf. J. Lejeune):

"Grief has laid me low
Ill chances seem to dog my steps
Life has become only suffering for me.
Therefore I call on Death
I wish to dive once more
Into the void from which I came."

Was this a premonition? Or was it the epitaph of a genius, written for himself?

Guillaume Lekeu was like a lightning bolt—brilliantly illuminating the sky for a fleeting moment before vanishing into the void. However, no one who witnessed it could forget this.





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A Call for Debate

Assisted suicide: lack of freedom of choice in many European countries

Europeans who are not from Switzerland turn to Dignitas or other organizations to seek help to die in a Swiss facility in an environment that is foreign to them...

Does it have to be like this?

All the burdens involved are entirely their personal choice...

Does it have to be like this?

Dear readers, dear members of the EAPE,

My topic is about words of ethics and morality, which are often used with fearful caution in my and other care services, as well as in legal, religious and political bodies, sometimes also being devalued and distorted in public.

My topic is about individual freedom of choice in determining my time of death.

How do I see this dilemma of unresolved legal challenges in European healthcare systems?

I believe that no one should dictate to me how my life story should end, because only I know what burden I can and cannot carry. Only I myself can decide what I have loved and lost or what I have given too little and taken too much. But how well do I know myself, my rationality and irrationality in chronic illness? To what extent am I able to assess my illness and the associated regression? Can I still recognize medical progress? Does my own desire for healing could become true in the realization that a pain-free and self-chosen death means self-healing?

Only I myself can decide all these questions with a clear conscience as long as I am mentally healthy.

So, it will be the biggest life decision I can ever make with dignity if my mind and soul are still in balance while parts of my bodily functions are rapidly declining.

It will be a decision that I can reverse if a miracle happens. However, when the disease inevitably progresses, it will be a decision I will not regret, because I will not be able to change it.

Of course, this is also my most important decision, which I can clarify with my loved ones beforehand in order to reach a peaceful consensus.

I will know for myself when the right time has come to make my decision about the time and place

of my death. I am of the opinion that this prerogative must be confirmed to me by law so that I or my helpers are not criminalized.

Throughout my life, I have worked medically and humanely for suffering children and adults. There may come a time when I also want to take sole responsibility for the rest of my life and its end, a fundamental freedom of choice, so that I am well prepared for day X with inner peace.

All other people involved in my healthcare have a role to play in helping to ensure that freedom of choice is officially granted to me.

These questions and answers are up for debate in the European Association of Professors Emeriti.

Dear responders to the article,

In your comments on this article, please adhere to the following suggestions made by the editor and the author to give the debate a kind of constructive framework of six statements:

Do you agree that,

1. Life ethics in the context of assisted dying, assisted suicide or similar terms provides a framework for understanding, but is also designed for conflict.

2. The concept of the ethics of life means that respecting the development, beauty and end of life can be the starting point for our discourse.

3. The conviction of value, equality and freedom is a prerequisite for ethical thinking.

4. Ethics in a liberal-democratic society does not primarily aim for compromise, but for fruitful dissent.

5. We are dealing with the problem of ethical pluralities: Every ethics presupposes different conceptions of humanity.

Laws are important as a framework, but not the starting point for our debate in the EAPE Bulletin.

News

October 1st International Day of Older Persons

by **Halima Resic**

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International day of Older Persons, marked October 1st, raises global awareness about the various challenges older population faces daily.

This year's theme, "Ageing with Dignity: The Importance of Strengthening Care and Support Systems for Older Persons Worldwide," emphasizes the need for a collaborative and sustained effort from governments, policymakers, and social service organizations around the globe to effectively address the diverse physical, social, psychological, and health needs of older adults.

Considering the gender, due to the longer life expectancy of women, they currently outnumber men in older age groups across nearly all populations, a trend that is expected to continue in the future.

Recent projections from the United Nations indicate a significant demographic shift: the population of older adults (defined as those aged 65 years and older) is expected to increase dramatically from around 260 million in 1980 to an estimated 761 million by 2021. By 2050, it is projected that the number of people aged 65 and older will be twice that of children under the age of 5 and nearly equal to the number of children under 12. Furthermore, between 2021 and 2050, the proportion of older individuals in the global population is anticipated to rise from approximately 10% to 17%. This demographic shift underscores the urgent need for effective care and support systems to ensure that older adults can live with dignity and respect.

The observance also highlights the critical importance of creating healthy living environments that respect the dignity, beliefs, needs, and privacy of elderly individuals, as well as their fundamental right to make informed decisions regarding their care and overall quality of life.

A policy dialogue on healthy aging was launched to provide effective support for developing a robust, primary health care-centered system. This dialogue aimed to enhance evidence-based decision making by creating platforms that facilitate connections among key stakeholders. Following this, a series of discussions were held with these stakeholders

to establish a rational model for healthy aging, incorporating evidence synthesis, a SWOT analysis, the WHO's framework for integrated care for older adults, relevant global best practices, and the outcomes from the initial policy dialogue. The proposed model is expected to emphasize care integration by strengthening the shared care cluster approach. A standardized package that addresses long-term care needs is being developed for integration with primary care for the targeted population, along with efforts to promote wellness through the existing Medical Officer of Health system.

On October 1st, 2024, Symposium "Healthy Aging" was held in General Hospital "Abdulah Nakas", Sarajevo.

Numerous speakers, including Acc. Prof. dr. Halima Resic, Prof. dr. Azra Husic, Prof. dr. Mirza Zizak, Prof. dr. Ismet Gavrankapetanovic, Prof. dr. Dusanka Turk Micetic, Prof. dr. Aida Pilav, Prof. dr. Merita Tiric-Campara, Mr sci dr.med Milan Gluhovic and doc.dr Jasmina Krehic gave lectures from the field of AI, nephrology, gastroenterohepatology, orthopedics, neurology and cardiology in relation to healthy aging.



Most of the attendees were retired people - from doctors to nurses, and even representatives of associations dealing with the elderly population. Among other things, auditorium could hear interesting things regarding use of AI- how AI is already helping the elderly and in which direction the

industry is moving, which is increasingly targeting their needs.

With the support of the World Health Organization, University of Sarajevo and the Ministry of Health of Sarajevo Canton, the symposium brought together domestic and international experts to discuss how to provide a better quality of life for the elderly.



The organizing committee (led by Prof. Dr. Halima Resic, Prof. Dr. Azra Husic and Prof. Dr. Ismet Gavrankapetanovic) composed excellent program that was divided into two parts: we first talked about the general challenges of healthy aging, while the second part focused on specific health problems affecting the elderly population.



The symposium was held precisely on October 1, on the International Day of the Elderly, which has been reminding us for 34 years how important active aging is.

The United Nations has recognized aging as a global challenge, and the period from 2021 to 2030 has been declared the decade of healthy aging. As aforementioned, according to the data of the World Health Organization, by 2050 every sixth person on the planet will be older than 65 years.

This is more than double compared to 2019, when every eleventh person was in that age group.

Considering the growing population aging is becoming a significant public health challenge in the world, Europe and Bosnia and Herzegovina, the development of the Healthy Aging Strategy is becoming a necessity.

It is crucial to enable a coordinated and integrated approach of society and the state to support healthy aging, which implies - promoting preventive programs for reducing risk factors and preserving and strengthening health in the community, diagnosing early stages of neurocognitive disorders, improving access to quality, safe and efficient health care and treatment, improving access to appropriate and coordinated multidisciplinary treatment for the elderly, the use of modern information and communication technologies - digital health for the care and support of the elderly, respect for the dignity of the elderly and raising the awareness of the wider society and the professional public for the development and establishment of communities that are suitable for the elderly persons, and finally, the education of all professional groups to support healthy aging.

European Association of Professors Emeriti (E.A.P.E.), one of the co-organizers of the Symposium, marked this day in several European cities, from Kosovo via Athens, all the way to Naples and Sarajevo. The symposium at the General Hospital was a real tour de force - with numerous topics related to health, activity and everyday life of elderly people.

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2024 World Day of Older Persons in Messina

The Complexity of Aging and the ethica of Old age

by **Guido Bellinghieri¹, Giuseppe Rocco Gambillo², Marianna Gensabella Furnari³, Antonino Arcoraci⁴, Rita La Paglia⁵**

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In Messina the EAPE event for the World Day of Older Persons, organized by Guido Bellinghieri and Rita La Paglia was celebrated at the Auditorium of the Order of Physicians and Dentists of the Province of Messina. Guido Bellinghieri illustrated the goals of EAPE and the value of the National Branches of The European Association of Professors Emeriti and of its sections that elaborate and shape the cultural line of the association. He also focussed on the importance of the World Day of the Older Persons that links Emeriti and retired professor to global world of retired workers who have not had the chance to study, increase knowledge, and to create and expand the personal nets, the salt of life.

He finally stressed the importance to celebrate the day in presence and invite emeriti(ae) and retired university professor as well as fragile categories. He also underlined that the President of the Italian Republic Hon. Professor Sergio Mattarella had awarded EAPE Presidential medals for the International Events on October 1st 2023 and 2024. A sign of distinction for EAPE and for the international EAPE committee coordinated by Natale G. De Santo.

²Complexity has no age. The complexity of ages

The Spanish thinker Ortega y Gasset wrote that every society is supported and evolves thanks to the contemporary presence of at least three generations: the young, the mature, the elderly, who are bearers of experiences and, above all, of different needs. Generations that represent different conceptions of the world in which they live, and which, consequently, implement different ways of acting and operating: young people, who generally do not yet have very clear ideas, except that of wanting to change the rules in force in society of their time; mature men, who try to realize and consolidate the ideas that they have gradually consolidated; the elderly, who generally keep the ideals of their youth alive and ensure that these ideals are not forgotten or betrayed by subsequent generations.

However, they are all connected by the fact that the generation that precedes represents the context

and the term of comparison with respect to the one that follows, in the sense, obviously, that "the generations are born from each other, in such a way that the new ones already find the forms that the previous ones brought into existence. For each generation, therefore, living is a two-dimensional occupation: one consists in receiving experience - ideas, evaluations, institutions, etc. - from the previous one; the other, in letting one's spontaneity flow. The attitude of a generation cannot be the same towards what belongs to it and towards what it has received" (1)

This is, obviously, a very general and schematic picture which in fact not only hides the variety which is masked by the abstract term "generation" and which leaves the complexity which characterizes each actual generation far in the background, but which, above all, it simplifies the extremely intertwined and more than complex relationship that regulates the relationships between the three generations, which in reality are all extremely complex in a specific and very different way from each other.

For obvious reasons, linked to the reason for our meeting, I will focus on the complexity of the elderly generation, which I will address from three points of view, which I have summarized in this way: seniority as a goal achieved through ability; 2. seniority as an earned privilege; 3. seniority which plays a new and different role in our society today because it is the conscious bearer of an experience formed as an increase on itself.

For as long as we have historical memory, in our tradition we have defined the elderly as "wise". Why? Where does this qualification come from? A particularly convincing explanation was provided by the neurophysiologist Humberto Maturana. He called our attention to the fact that the first men, to satisfy their vital need for food, were forced to eat what Nature spontaneously offered them, but which could be nutritious or poisonous. Their first skill therefore consisted in passing the "tasting" tests without being

1. Ortega y Gasset J. *Il tema del nostro tempo* (1923), translation by C. Rocco e A. Lozano Maneiro, Sugarco, Milano 1985, p. 77.

intoxicated by what they ingested. Only the most skilled managed to survive this vital challenge, which they had to face every day, until they became old; only those who were able to pass the test, to which they were constantly subjected, of "sapio", of tasting, were able to prolong their experience, thus ending up becoming indispensable points of reference for the younger ones.

This vital risk concerns not only men, but all living beings, who face the same challenge every day, the outcome of which is always a question of life or death, which, the more it is repeated over time, the longer it allows a progressively enriched and consolidated training.

In this sense it can be said that historically seniority is in fact a privilege achieved thanks to the cognitive ability consisting in knowing how to distinguish the useful from the harmful despite the fact that the achievement of longevity always constitutes a much longer and therefore much more difficult and much less likely than that achievable by the other two generations. This awareness has radically changed the general meaning of knowing which no longer consists, according to Maturana, in "representing" the external world, but consists, for all living beings, in "constructing" it actively and more or less consciously, thanks to innate and inseparable relationship with it. Therefore, "to the extent that knowledge is the functioning of a living system in its domain of structural coupling, that is, in its domain of existence, the existence of living systems implies knowledge as a way of realizing the living, not as characterization or as a representation, nor even as a discovery, of something that is independent of them" (2). In other words, "knowledge as a biological phenomenon occurs in a living system while and until it functions in its domain of perturbations; in this sense, knowledge has no content and does not concern anything." (2)

This imposes a constant relationship with the surrounding world and, consequently, radically changes the idea of seniority, which is no longer inactivity or reduced activity, but continues to be the progressive acquisition and transmission of cognitive experience that has grown on itself and as such exemplary of the decisive role that every living being fulfills with its own "being there" in the world. A world which, in this way, continually grows on itself both as a global entity and in its active parts which, above all on an intellectual level, mature over time and testify in an ever more evident way that the longer a vital path is, the more is active and has all the more to teach to those who follow and knowhow to keep up by taking advantage of the experience of others and for this reason they learn better and better, in turn, to establish an increasingly attentive and reflective comparison with the surrounding world.

Ethics of light and old age

Who is the old man? For Simone de Beauvoir the old is the other, not as similar, close, but as different (3). Within this category of the other there is an oscillation between two extremes: the sublimated image, the venerable sage, from whom one can ask for advice, and the demented old man, or in any case less capable of reason. In our time the pendulum seems to swing more towards the negative, but perhaps it is an illusion, due to the traces left in history only by a minority of elderly people belonging to the wealthy classes, the idea that we carry with us that in the past things went differently (4).

In any case, it is a common experience that old people appear different to those who see them, even to those who live with them and share their lives, and that they also appear different to themselves. The clearest evidence is that when old age occurs, the first reaction is surprise. We should have expected it, of course, the calendar spoke clearly, but we didn't feel old, until something happened: someone's gaze on our tired progress, a boy who gave us his seat on the bus, a small or large disturbance in the rhythm of our organism. Suddenly we feel like others to ourselves. We look at each other and don't recognize each other. Photos become hateful and so do mirrors.

But why is it so difficult to accept old age? Why does what we should surely expect take us by surprise? The first answer that comes to mind is that we remove the idea of our old age, just as we remove the idea of our death: the first refers to the other and with the other is what we cannot/do not want to think. But we don't just remove the idea of old age, we also remove those who actually remember it: those older than us, those old like us. Taking care of them is heavy, it gives pain and anguish, while taking care of children is heavy, but also a source of wonder and joy. The times of treatment, the gestures, the patience are the same, but our gaze and our feelings are different.

But is that all old age is? Is Terence right in saying "*senectus ipsa est morbus*" (5)? Or can we speak in analogy to what Hans Jonas writes about mortality, about the burden and blessing of old age (6)? The hypothesis we want to propose is to see old age as an age not only of twilight, in which the light becomes increasingly dimmer, but as an age in which it is possible to practice an ethics of light. Going down this path means thinking of old age as an age to be invented, as Vincenzo Paglia (7) writes,

3. DeE Beauvoir S. *La vieillesse*, Gallimard, Paris 1970.

4. Costanzi C. *Storia della vecchiaia nella cultura occidentale. Dalla venerazione all'ageismo*, Maggioli Editore, Rimini 2022.

5. P. TERENTII, *Phormio*, Actus IV

6. Jonas H. *Technik, Medizin und Ethik. Zur Praxis des Prinzips Verantwortung*, Insel Verlag, Frankfurt am Main 1985.

7. Paglia V. *L'età da inventare. La vecchiaia tra memoria ed eternità*, PIEMME, Milano 202.

2. Maturana H. *Autocoscienza e realtà*, translation by L. Formenti, Cortina, Milano 1993, p. 87. See also Nucara I., *La filosofia di Humberto Maturana*. Le Lettere, Firenze 2014.

and trying to practice, as Luisella Battaglia proposes, a true "art of growing old" (8).

Not an easy invention, a demanding art, which must weave together the threads of the different dimensions of the human condition, which are reflected in the health of those who age, understood in the integral sense indicated by the well-known WHO definition, "full physical well-being, mental and social". The last thread indicates the interaction between the gaze of others on the old man and that of the old man on himself: an interaction in which the desire for recognition is often severely tested by the sense of otherness/diversity we were talking about (9). Different threads, therefore, which intertwine with each other: it is not the same to live old age with or without serious degenerative diseases, nor is it the same to live it in comfortable or disadvantaged economic and social conditions, in a context of positive interpersonal relationships, rich in affection or negative, marked by loneliness.

Our ability to practice the art of aging depends on many factors, as does our health: for both, it is not a question of achieving an impossible full physical, mental and social well-being, but of seeking a "balance" that allows us to be in harmony with ourselves and others as much as possible. Which means not resigning yourself to old age, resigning from life prematurely, like the "resigners" mentioned by Simone de Beauvoir (10), who also renounce those possibilities of a good life that are still open to them. But it also means not rejecting one's old age, masquerading as young people, the youthfulness interwoven with activism that clings to everything, leaving nothing behind.

Between the two attitudes there is a third way. It is the path in which we still pursue dreams, ideals, which give meaning to life and which allow us not to withdraw into ourselves, to still have strong passions: not "sad passions", marked by the sense of impotence and uncertainty, which lead to closing in on oneself and distrusting others, but passions that open up to others and to life, such as love, friendship, compassion.

Here the turn is double. A change of perspective: not looking back, letting yourself be overwhelmed by memories and regrets for everything you did before and can no longer do, but looking forward to what you can still do in the time that remains, with the forces that they remain. And at the same time, do not retreat into yourself, your old age, your ailments, but decentralize yourself, discover what you can be for others, what you can give in terms of care, what you can leave behind.

It is the generativity that Erikson (11) speaks of as a characteristic of adulthood: a characteristic that can further mature in old age. Understood as a willingness to generate not only children, but also ideas, products, and also to follow and take care of the new generations. At the end of life, one can be not only the recipient but also the active subject of care. A care without shadows and temptations of power, marked by the code of "leaving", a care that wants nothing in return, that looks after itself, that leaves not only testimonies and memories, but also spaces, roles, goods. A caring in which we portray ourselves while giving, in which the old hands over to those who come after him what he knows, what he has, what he is. And he does it without bitterness, with joy, because he still likes life and wants it to shine again in others together with him, after him.

We can also connect this art of aging with the ethics of light, which Robert Nozick talks about, defining it as the highest level of ethics: an ethics in which the distinction between oneself and others is canceled out and in which those who are ahead over the years it has been both a receptacle and a transmitter of light. Which means working together for others, without asking for anything in return, more where there is most need. This operation can, as we read in Nozick, take on the heroic character of putting even the little life that remains at risk, and certainly there the light shines brightest (12).

But if this is a path for a few, the daily path of goodness and love for others is open to everyone, of becoming silent witnesses even in the time of twilight that good is possible, and that even if evil can win sometimes, good will triumph in the end. It is faith, the moral ideal that the father transmits to Agnes Heller: a faith witnessed by life. Being able to transmit it, beyond the diversity of forms that good takes in the passage of generations, illuminates old age with meaning.

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But all this can only be a vain fantasy if it clashes with the reality of a social removal of old age and therefore of the old, with the harsh reality of a loneliness that progresses with the progression of

8. Battaglia L. *L'arte di invecchiare. Un percorso filosofico da Simone de Beauvoir a Matha Nussbaum*, in F. MADONNA (a cura di), *Invecchiare: un itinerario fra storia, medicina e morale*, EUC, Edizioni Universitarie di Cassino 2024.

9. Vigna C. *Etica e senescenza*, in ID, *Etica del desiderio come etica del riconoscimento*, Orthotes, Napoli 2015.

10. De Beauvoir S. *La vieillesse*.

11. Erickson EH. *The Life Cycle Completed. A Review, Extended Version with a New Chapter* by Joan Erikson, W.W. Norton & Company, New York- London 1997.

12. Nozick R. *The Examined Life: Philosophical Meditations*, Simon & Schuster 1990.

13. Heller A. *A Philosophy of Morals*, Oxford and Cambridge (Mass), Basic Blackwell, 1990, Introduction.

age and ailments, until it becomes institutionalization. There the light does not pass, and old age remains an increasingly sad, increasingly dark age.

We must indeed think, as we read in the 2024 WHO Guidelines, about care and assistance paths dedicated to the elderly that guarantee shared responsibility between the hospital and the territory. Really putting them into practice, intertwining care and care, would certainly be a great step forward, but it is not enough. Those paths need to be developed in a society capable of a new vision of old age. We need to no longer think of it as a sad season, from which we can distance our thoughts and gazes, but as an age which, precisely because it is more marked by the vulnerability that is the hallmark of every life, can be fertile in authentic relationships and testimonies. If this does not happen - and it is difficult for it to happen, if there is not a shift from an individualistic society, centered on the criteria of profit, productivity and efficiency, to a model of solidarity society, in which the person is fundamental and its being in relation - if anything we will have an old age endowed with more care, but not with more light.

4Longevity and physical activity

Longevity is always accompanied by slow and progressive structural modifications which translate into more or less obvious deficits of the motor and mental system.

The structural decay of the person, which is physiological with increasing age, is not a "fatal destiny". Prochaska and Di Clemente, already at the beginning of the 1980s, proposed a possible recovery path which, divided into phases, variable from person to person, through a gradual but continuous and dynamic process, leads to the slowing down of degradation, up to the recovery of functions with its advantages that encourage and give confidence. They start from adapting to a lifestyle that includes a balanced and personalized diet, abolition of smoking and alcohol, and moving away from a sedentary lifestyle; involves the family, the healthcare system with competent personnel and begins a journey that can be long, but if collaborated, almost always brings good results.

More recently William R. Miller and Stephen Rollnick start from the motivational interview, involve the caregiver and follow the 2015 dossier "Gaining health from the Higher Institute of Health which begins with precontemplation, followed by contemplation, determination and then moves on to action and maintenance.

WHO has also supported the possibility of recovery since 2020. Adopt the guidelines on physical activity and sedentary behavior which add a total of 150 minutes of moderate activity per week to the always essential lifestyle. Alternatively, at least 75 minutes of vigorous activity per week, divided

into continuous sessions of at least 10 minutes each, or an equivalent combination of moderate and vigorous activity.

Health in Movement is based on (i). the physical module to investigate the functional aspects that govern the basic activities of daily life; (ii). the mental module to evaluate the aspects that guide the subject in the use of cognitive, emotional, motivational and behavioral resources; (iii). the social module to analyze communication methods in relationships with others, interactions with the environment. These modular dimensions are developed in an operational sequence divided into six successive periods: 1. Reception which favors adherence, 2. Start (motor initiation), 3. Work load (specific work aimed at the functional objective), 4. Recover (muscle cool-down), 5. Relax (relaxation) and 6. Greeting (leave from the session). A total of 75 minutes, once a week engaged in a group, applied and supported by the awareness that the multidisciplinary rehabilitation approach, in the elderly patient even with chronic-degenerative and cognitive pathologies, allows the revitalization of the person.

Consistency and results dispel skepticism and give practical application to the slogan coined by the European Community at the proclamation of 2012 as the European Year of Active Aging and Intergenerational Solidarity: "more life to the years" even in cases where hope seems lost.

5The intergenerational exchange between elderly and young people

Active aging was defined by the WHO in 2002 as "the process of optimizing opportunities for health, participation and safety to improve the quality of life of aging people". Active aging means being active or becoming active in a formal or informal way in one or more areas of the social sphere (job market, volunteering, social relations, lifelong education, assistance to family members with disabilities, being grandparents, etc.) or even personal (free time activities, hobbies, tourism, gardening, music, etc.), freely choosing the activity or activities in which to engage, depending on one's aspirations and motivations.

In this new perspective, intergenerational exchange is crucial, in fact when elderly people interact and establish personal connections with younger generations, the benefits for all parties involved can be unlimited. In fact, intergenerational exchange also offers older people the opportunity to learn about new technologies and trends, and experience the excitement of seeing the world through a younger perspective.

In the intergenerational exchange, the elderly, bearers of memories and lived experiences, can share with young people the challenges overcome, the successes achieved and the lessons learned. These stories not only preserve family history,

but also offer a unique perspective on the past, allowing young people to learn from the mistakes and accomplishments of their elders. Through this sharing of narratives, an emotional bond is created that transcends generational differences, creating a bridge between the past and the present (*the strength of stories*).

The freshness of youthful perspectives, technological knowledge and the vivacity of ideas can renew and stimulate older people, keeping alive their interest in the evolving world. This mutual dynamism creates an environment in which both generations learn from each other, promoting harmonious and sustainable development (*mutual teaching*).

Older people offer valuable emotional support, this support creates an emotional safety net that contributes to the psychological well-being and self-esteem of young people, helping them to develop a positive outlook on life (*emotional support*).

Studies have shown that 43% of older adults experience social isolation, which is closely related to loneliness and depression, as well as mental and physical decline. Many older adults feel lonely when they move into nursing homes, or lose a loved one and are left alone in their home for long periods of time. Intergenerational exchange should be a training practice in technological empowerment processes.

In the near future, the alliance between young and old will represent the basis of a new synergy in which the elderly will introduce the aged and the

young to the secrets of the web in which to give new life to business activities and ideas.

Thus, an educational and professional alliance is created, capable on the one hand of giving direction and concreteness to the children's projects and on the other, of enhancing the knowledge of the elderly, for the benefit of the new generations. An alliance that considers aging as a resource capable of increasing human, social and economic capital.

The connection between generations becomes increasingly precious. Sharing stories, values, teachings and emotional support between older people and young people helps build a more supportive and resilient society.

It is imperative to preserve and cultivate these intergenerational bonds, recognizing the intrinsic value that each generation brings. In this way, we can build a future that embraces the richness of past experiences and the innovative energy of new generations in order to significantly contribute to individual and collective development.



Natale Gaspare De Santo was Awarded the Antonio Vercellone Prize for Humanism in Medicine by the Italian Society of Nephrology

by **Guido Bellinghieri**

President of the Italian Branch of EAPE, Messina, Italy

Email: gbellinghieri@gmail.com



Natale G. De Santo between Mariacristina Gregorini, Secretary General and Stefano Bianchi, President of the Italian Society of Nephrology, immediately after receiving the honorary plaque.

Stefano Bianchi, President of the Italian Society of Nephrology, presented the Antonio Vercellone Prize for Humanism in Medicine to Natale Gaspare De Santo, Professor Emeritus at the University of Luigi Vanvitelli in Naples, during the 65th National Congress held in Riccione, Italy, from October 16 to 19, 2024. In his remarks, he highlighted De Santo's pivotal contributions to the founding and ongoing success of the International Association for the History of Nephrology (IAHN), his involvement with the Council of the Italian Institute for Philosophical Studies, and his significant role in the establishment

and development of the European Association of Professors Emeriti.

To Bianchi words, I would like to add my personal appreciation for De Santo's keen knowledge of Presocratic philosophers and *De Rerum Natura* by Titus Lucretius Caro.

Over the past fifty years, a strong bond has formed between our families. I have witnessed Natale's many achievements in our field, particularly concerning the steroidal and thyroidal regulation of renal sodium handling, the use of low nitrogen diets for chronic



De Santo with former colleagues. Left to right Prof. Pietro Castellino, Chief Department of Medicine University of Catania, Emanuela De Pascale leading expert of removal of sepsis generated molecules, Prof. Giovannibattista Capasso Scientific Director Biogem Ariano Irpino and Corrado Pluvio Director of the Renal Unit Cotugno Hospital for Infectious Disease in Naples.

kidney disease, and the early developments in Peritoneal Dialysis, all of which have been published in peer-reviewed journals.

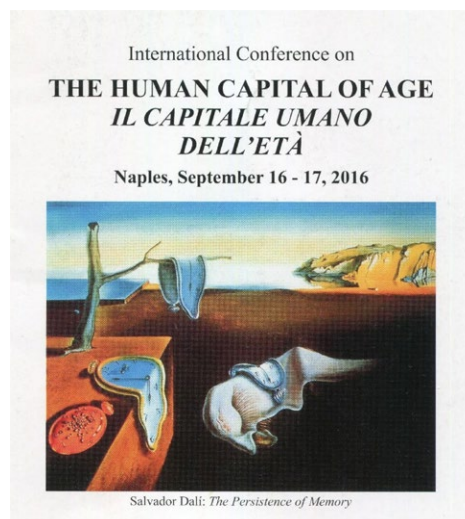
Unfortunately, a comprehensive CV of his work is unavailable; the most recent one dates back to 1990 for the national contest for the call to Chair of Nephrology. As a result, I have primarily relied on Scopus, which lacks a significant portion of the material published in Italy, along with my own memories of nephrology in Italy.

My objective is to illustrate, through a thorough analysis of his curriculum that Natale De Santo's achievements are well-deserved.

I am unable to list all events of *Survival Is Not Enough* concerning the needs of patients with chronic diseases that took place between 2007 and 2020 in Naples, Messina, Bari, Brindisi, Caserta, Foggia, Palermo, Palmi, Rome, Trieste, Athens, Cairo, Gaziantep, Istanbul, Kosice, Nagoya, Portaria, Sfax, and Tunis, which originated a series of small, elegant monographs that are part of the catalog of The Italian Institute for Philosophical Studies.

I was present at the International Conference on The Human Capital of Age, held from September 14 to 16, 2016 in Naples, which hosted philosophers,

experts on aging, university professors, artists, famous writers, historians and people from the entertainment industry to explain that old age is creative. I invite you to read Natale's presentation from that event, entitled *Old Age, Not Only Diseases*, and also the paper in the *Quarterly Journal of Medicine* 2014 on *The Role of Emeriti and Retired Professors in Medicine*, a great piece of research.



International Conference in Naples on the Human Capital of Age organized by Professors Vincenzo Bonavita, Luigi Santini and Natale Gaspere De Santo, in September 2016.



De Santo during a short speech, thanking for the Vercellone Prize and commenting on the similarity of the creativity of artists and scientists.

Together with Natale, we have produced two well-received books (both rare in the antiquarian market): *Healing Renal Diseases in Antiquity: Plants from Dioscorides De Materia Medica* with Illustrations from Greek and Arabic Manuscripts [A.D. 512 - 15th century] (A. Touwaide, G. Bellinghieri, and V. Savica, Natale G. De Santo, Cosenza EdBios, 2000¹, 2002²) and *Medicina, Scienza e Politica al Tempo di Federico II* (De Santo, Bellinghieri, 2009). This has been an edifying experience.

Having also participated in the life of IAHN by organizing two congresses in Sicily, as well as being involved in EAPE, I believe I am in the position to say that *The Antonio Vercellone Prize* of the Italian Society of Nephrology has been appropriately awarded to a scientist who linked basic and clinical science to humanism. To support this message, I have constructed the CV provided below.



Biography

Natale Gaspere De Santo was born in Cosenza on October 23, 1937, to Salvatore and Rosina Reda, who were peasants from Calabria. He grew up in a three-generation, bookless household

where no one had completed elementary school. He is married to Amalia Virzo, a retired University Professor of Ecology, and is the father of Luca Salvatore (a heart surgeon) and Rosa Maria (a psychotherapist).

De Santo graduated with Carmelo Giordano from the University Federico II and pursued postgraduate

studies in Naples, Berlin, and Stockholm. He served as a Full Professor of Pediatric Nephrology and Chief from 1980 to 1991, and as a Professor of Nephrology and Chief from 1992 to 2009. He was the Director of the Interdepartmental Center for Clinical Research from 2000 to 2008 and was a promoter of the First European Master's Degree in Nephrological Sciences in 2002. Additionally, he founded and directed the Doctoral Program in Nephrological Sciences from 1985 to 2008 and co-founded, served on the council, and lectured in the Doctorate in Aerospace Biology and Medicine at the Second University of Naples from 2000 to 2008.

In collaboration with the Free University of Berlin, he established the first European Erasmus exchange program for nephrology students between the University of Berlin and the Second University of Naples. Furthermore, he is the founder of the Giovanni Alfonso Borelli Conferences and Award on Acid-Base Balance, and co-founder of the Telesio Conferences on Edema.

Honors: Professor Emeritus of the University of Campania Luigi Vanvitelli; Doctor Honoris Causa from the University of Varna; Doctor Honoris Causa from the University of Kosice. He has received the Distinguished Medal from the National Kidney Foundation of the USA; the Malpighi Medal from the University of Messina; the Memorial Medal from the University of Gdańsk; and the Karol Marcinkowski Medal from the University of Poznan. He is a Sodalitas Honoris Causa of the Societas Medicorum Slovacorum, an honorary member of the German, Polish, and Romanian Societies of Nephrology, and a member of the Academy of Astronautics and the Harald of the Hippocratic Spirit.

Along with Garabed Eknayan and Shaul Massry, he founded the International Association for the History of Nephrology (IAHN), which has celebrated 12 congresses and published a substantial body of work (over 500 papers) on the history of nephrology since its inception in 1993. The IAHN has received strong support from the Presidents of the Italian Society of Nephrology (SIN) and the Editors of the Global Kidney Journal (GIN), Journal of Nephrology, and American Journal of Nephrology.

Together with Guido Bellinghieri, he founded the Mediterranean Kidney Society to connect nephrology with the cultures and communities of the Mediterranean Sea, the unifying body of water between the southern shores of Europe and the northern shores of Africa, where life presents varying opportunities.

At the Italian Institute for Philosophical Studies, he served on the Council alongside a hundred distinguished scientists from around the world, including Rita Levi Montalcini, Giuseppe Pugliese Carratelli, Ilya Prigogine, Hans-George Gadamer, Jurgen Habermas, Yves Hersant, I.M.

Khalatnikov, Raymond Klibansky, Jacques Le Goff, Eugenio Garin, and Giuliano Vassalli. For the Institute, he promoted several initiatives, including the Appeal for Clinical Research (1996) in collaboration with Baylor College of Medicine, the annual international multi-site conference "Survival Is Not Enough" (2007-2020), the International Conference on Medicine, Science, and Politics in the Time of Frederick II (Palermo, 2007), and the International Conference on Space Conquest: Man's Most Audacious Dream (Naples, 2010).

As the promoter of the International Conference on The Human Capital of Age (Naples, 2016), he was one of the founders and became the second president (2020-2022) of the European Association of Professors Emeriti (EAPE). He served as the founding editor of the *Bulletin of the European Association of Professors Emeriti* and underscored the importance of celebrating the World Day of Older Persons (2020-2021). He also continuously contributed the E-Newsletter of the EAPE from its origin to present. He also coordinated the 2023-2024 events that earned EAPE Presidential Medals from Hon. Prof. Sergio Mattarella, President of the Italian Republic.

He has published 51 monographs (27 international). Among them *Prevention of Progressive Uremia*, Friedman, Beyer, De Santo, Giordano (Field & Wood, New York 1989), *Amulatory Peritoneal Dialysis*, Avram and Giordano Eds, De Santo, Mittman, Bazzato CoEds (Plenum, New York, 1990), *Human Clinical Research, Ethics and Economics*, N.G. De Santo, G. Eknoyan, G. Capasso, P. Marotta (Naples 19961, 19972), *Contributions for the History of Nutrition* (1996), *For Clinical Research* (in Italian 2004); *The Construction of Clinical Science: Hunter, Cotugno Desault*, De Santo, Cirillo, Richet (in Italian 2006), *End of Life Care* (in Italian 2014), *Survival is not Enough* (2011); *Hemodialysis, When, How, Why*, Di Iorio, Heidland, Ronco, Onuigbo, Nova, New York 2012, *The Nature of Water*, De Santo, NG, De Santo RM, Bisaccia C (Nova, New York, 2014); *The Human Capital of Age*, De Santo, Santini, Bonavita (JGG 2017), *Il Capitale Umano dell'eth - la saggezza della vita*, De Santo, Santini, Bonavita, (Napoli, Guida, 2017), *The Human Capital of Age*, Bonavita, Chieffi, Cokkinos, De Santo, Ehrich, Eknoyan, Galasso, Geronikolou, Manneman, Nwaneri, Santini, (Pitagora Press, 2017), *This I think should have priority in child health care service*, J. Ehrich, F. Corrad, N.G. De Santo (EPA/UNEPSA, Hanover, J Barke, 2018.); *La sfida dell'invecchiamento*, De Santo NG Ed., (Pitagora Press, 2023), *The Capital of Knowledge of Emeriti in Action*, De Santo, Bonavita, Campanella, Phillips, Cokkinos (Society for Propagation of Useful Books, 2023).

Guest Editor: He served as the guest editor for 32 regular issues or supplements of several prestigious journals, including *Kidney International*, *American Journal of Kidney Diseases*, *Seminars in Nephrology*, *American Journal of Nephrology*, *Journal*

of *Nephrology*, *Peritoneal Dialysis International*, *Renal Physiology and Biochemistry*, *GIN*, *Annales of Kinesiology*, and *Journal of Gerontology and Geriatrics*. Additionally, he authored six nephrology textbooks in Italian for students and residents and published 364 papers in peer-reviewed journals (Scopus, October 2024). He has also organized more than 100 scientific events.

Awards Received: 1. Palasciano Award from the College of Historian of Surgery; 2. Calabrian of the Year from the International Association Calabrians in the World; 3. First place in the 2014 Emily Dickinson Literary Award with *End of Life Cures*; 4. City of Palmi Award for a Calabrian Researcher with international reputation, 5. Arethusa Medal from the Syracuse Medical Association.

Services: Member of the Topical Team for Electrolytes and Body Fluids of the European Space Agency. Coordinator for Biomedicine and Biotechnology of the Italian Space Agency (2007-2008). Director of the First Bed Rest Study of the Italian Space Agency (2007-2008). Co-PI of the EROS Project of the Italian Space Agency. Reviewer for new drugs of the European Medicine Agency, Member of the Committee of Reviewers of the European Science Foundation, Reviewer for the Italian Drug Agency (2000-2008).

Research topics: include renal physiology, nutrition in chronic kidney disease and acute kidney injury, peritoneal dialysis, pediatric nephrology, acid-base balance, the history of nephrology, and regulation of renal function in space. He investigated urine samples from four MIR space missions and coordinated the publication of the first review on renal function in space, which was published in the *American Journal of Kidney Diseases* in 2002.

Editorial Boards 1. *Minerva Nefrologica*, 2. *Giornale Italiano di Nefrologia*, 3. *Kidney & Blood Pressure Research*, 4. *Am. J. Kidney Disease* (Assoc. editor), 5. *Kidney Int.*, 6. *Mineral and Electrolyte Metabolism* (Assoc. editor), 7. *Renal Physiology and Biochemistry*, 8. *Int. J. of Pediatric Nephrology* (Assoc. editor), 9. *Pediatric Nephrology and Urology* (Assoc. editor), 10. *Peritoneal Dialysis Bulletin*, 11. *Peritoneal Dialysis International*, 12. *Nephron* (Assoc. editor for the sections on Pediatric Nephrology and History of Nephrology), 13. *Int. J. Artif. Organs* (1975-2009), 14. *Annales Kinesiology* (2009 to present), 15. *Actual Nephrology* (in Cyrillic), 16. e- Newsletter of the European Association of Professors Emeriti (regular contributor from 2017 to present); 17. *IAHN Bulletin* (official E-Newsletter of the International Association for the History of Nephrology (a founder and board member, 2018 to present); 18. *Bull Eur Assoc Profs Emer* (Founder and First Editor in Chief 1.1. 2020- 6.1. 2023).

Additional editorial roles include contributions to *International Journal of Artificial Organs* from 1975 to 2009, and *Annales of Kinesiology* from 2009 to the present. He also holds a founding and

board member role for the IAHN Bulletin, the official e-Newsletter of the International Association for the History of Nephrology, from 2018 to the present.

Shared teaching, research and clinical experience with Carmelo Giordano, Klaus Hierholzer, Kark Julius Ullrich, Malcolm Phillips, Jonas Bergstrom, Peter Furst, Carlo de Pascale, Renato Esposito, Giovambattista Capasso, Rolf Kinne, Massimo Cirillo, Alessandra Perna, Pietro Anastasio, Biagio di Iorio, Salvatore Coppola, Maria Damiano, Diego Ingrosso, Teresa Cicchetti, Luigi Chiuchiolo, Loreto Gesualdo, Hanns-Christian Gunga, August Heidland, Rolf Kinne, Karl A. Kirsch, Daniela Molino, Carmine Paduano (nephrologist and PhD died very young), Rosa Pollastro, Boleslaw Rutkowski, Raffaele Senatore, Davide Stellato, A. Touwaide, Michel Wiederhol, and Gabriel Richet Professor of Nephrology Tenon Hospital, University of Paris (the correspondence of this collaboration (50 letters) was archived in the Library de l'Academie de Medicine in Paris by Professor Raymond Ardaillou).

Shared teaching and/or research, and/or editorial and/or clinical experience with Gianni Aliotta, Armido Rubino, Guido Bellinghieri, Carmela Bisaccia, J. Stewart Cameron, Giovanni Camussi, Nicola De Napoli, Giusy De Rosa, Luca S. De Santo, Rosa Maria De Santo, Rosario Di Toro, Jochen Ehrich, Garabed Eknoyan, Michael Fromm, Luigi Iorio, Dario Giugliano, Maurizio Li Vecchi, Massimo Manzo, Shaul Massry, Antonio Mezzogiorno, Romano Musacchio, Miroslav Mydlik, Vesco Nenov, Janusz Ostrowski, Teresa Papalia, Mariangela Policastro, Claudio Ronco, Ferdinando Russo, Domenico Santoro, Vincenzo Savica, Velibor Tasi, Roberto Torella, Francesco Trepiccione, Antonio Valvo, Davide Viggiano and Miriam Zacchia.

Nephrology a discipline evolving into complexity

Natale has been the first to suggest that nephrology is a discipline evolving into complexity, driven by complex systems and philosophical considerations (1). This evolution spans from reductionism to complex systems, overlapping with the realm of philosophy (1,2). This observation holds true for pediatrics as well (3).

Recently, in a book written to celebrate the 80th birthday of Professor Ortensio Zecchino— former

member of the European Parliament, historian, President of Biogem, President of the Assizes of Bologna of European Rectors, and the architect of the European system that unified university curricula, leading to the Erasmus Program— De Santo wrote a lengthy chapter on "The Snovian disjunction Between the Two Cultures." (4), that appeared as a short synopsis also in our Bulletin (5). In the chapter, he also included a paragraph referencing a paper titled "Science Needs Philosophy" (6), from which I quote. "Lucie Laplane and a group of humanists and scientists have explained why and how philosophy can have an important and fertile impact on science (6). Their conclusion: «There is need to reinvigorate science at all levels, that which it gives us back the benefits of close ties with philosophy". De Santo underlined that "Don Howard wrote about Robert A. Thornton (7), a young physicist who was about to start a physics course at the University of Puerto Rico. He encountered many problems in convincing colleagues to let him incorporate the philosophy of science in his lessons. Thornton asked Albert Einstein for help who replied 'I fully agree with you on the meaning and educational and methodological role of history and philosophy of science. Now many people, even professional scientists, seem similar to people who have seen thousands of trees but have never seen a forest. A knowledge of historical and philosophical backgrounds provides a form of independence from the prejudices of one's own generation, from which many scientists suffer. The independence created by a philosophical vision, in my opinion, is the sign of distinction between a mere craftsman or specialist and a true seeker of truth'"» (7).

I have purposefully included a section in this article on his vast and outstanding scientific network. This helps to illuminate the man, the scientist, his character, and his dual identity as both a humanist and a scientist, as well as his contributions to EAPE. Additionally, it highlights that he has been recognized by the Italian Society of Nephrology, in which he joined in 1964 and has served with humility, creativity, and success for 60 years.



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Professor Emerita Dana Baran

President of the International Society for the History of Medicine

by **Natale Gaspare De Santo**

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Professor Dana Baran at a recent international congress

Professor Emerita Dana Baran, Professor of History of Medicine and Pharmacy at the Department of Interdisciplinary Sciences, Faculty of Medicine, of the "Gr.T.Popa" University of Medicine and Pharmacy in Iasi, has been unanimously elected President of the International Society for History of Medicine (IHSM).

Professor Baran has already rendered relevant services to ISHM as Treasurer, General Secretary, President of the memorable 48th Congress in Iasi (on line and in presence), Chief of the Scientific Committee of the 49th ISHM Congress in Salerno.

Professor Baran was the recipient of the 2023 *Victor Babeș Prize* of the Romanian Academy (Academia Română) for the book *Romanian Personalities and Contributions to International Medicine*, Academy Ed, 2021 (1).

She has been a Member of the Board of Directors of the European Association of Professors Emeriti, and has collaborated with the *Bull Eur Assoc Profs Emer*. Since many years, she has actively participated in the activities of the International Association for the History of Nephrology having delivered lectures in many congresses and published papers wherein one really catches history's flow (2).

Dana Baran is the 17th successor of Jean-Joseph Tricot-Royer who was ISHM first president in the years 1921-1930 (Table). Prof. Maria do Sameiro Barroso; Prof. Maria Blanca Ramos de Viesca; Prof. Ricardo Losardo and Dr. Andrew Nadell have been elected Vicepresidents of IHSM. Professor Juris Salaks and Prof Hamza Essadam have been elected respectively General Secretary and Associate General Secretary. Professor Luca Borghi is the Treasurer whereas Prof. Francesco Galassi has been confirmed Editor in Chief of *Vesalius*. ISHM Councilors are: Prof. Giorgio Zanchin; Prof. Jean-Pierre Tricot; Prof. Ana Maria Rosso; Prof. Amélia Ricon Ferraz; Prof. Axel Karenberg; Prof. Prof. Daqing Zhang.

Dana Baran is the second woman elected to preside ISHM. The First was Ynez Viole O'Neill

(Table) elected in 1996 (76 years after the birth of the society. Luckily enough the waiting time for Dana Baran was less than 30 years and this opens to better perspectives for the future.

The fact that Professor Dana Baran is elected president of ISHM at a time she is Professor Emerita will be of advantage for the society. Free of the many educational duties, she will be able to make full use of her generous attitude towards life, vision, spirit of collaboration and leadership and natural elegance.

The ISHM community is fully aware of her capacity for hard work. We can expect that under her presidency we will benefit of truly international congresses and meetings. She will drive us with special care to persons and to details, capacity of exploring news paths, and of her willingness to make everyone involved in the decision of the council, as suggested by the centennial history of the association. No one will be left behind, all will be called to participate.

TABLE. Presidents of the International Society of History of Medicine 1921-2024.

01.	1921	Jean-Joseph Tricot-Royer
02.	1930	Davide Giordano
03.	1936	Victor Gomoiu
04.	1946	Maxime Laignel Lavastine
05.	1953	Ernest Wickersheimer
06.	1964	Adalberto Pazzini
07.	1968	Maurice Bariety
08.	1971	Noël Poynter
09.	1976	De la Broquerie Fortie
10.	1980	Jean-Charles Sournia
11.	1984	Hans Schadowaldt
12.	1992	John Cule
13.	1996	Ynez Viole O'Neill
14.	2000	Jean-Pierre Tricot
15.	2004	Athanasios Diamandopoulos
16.	2008	Giorgio Zanchin
17.	2016	Carlos Viesca Treviño
18.	2024	Dana Baran

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2. Baran D. Translational history of nephrology in Romania. East-West edback relationships. J. Nephrol 2013; 26: 169-173.



A Personal Letter

by **Garabed Eknayan**

Email: geknoyan@bcm.edu



Garabed Eknayan

January 1, 2025

Dear Family and Friends,

For me, most of 2024 has been a rather tormenting year of slow recuperation and accelerated ageing. Recuperation was from my broken right arm in October of 2023 that took about a year to get back to about the 90% of its function I have now. Its consequence has been accelerated ageing. Physically, I lost weight and am down from 44 to 39 waist size pants, with diminished energy, and easy fatiguability. Intellectually I lost the capacity to concentrate and efficiency at work. Writing became a demanding chore and more of a struggle. As a result, I was not able to produce anything in the area of my interest in the history of nephrology. True, three of my manuscripts were published in 2024, but those were products that preceded my accident and were already at various stages of review at the time I broke my arm.

I am pleased to report though that finally I am slipping out of that dreadful phase of my life thanks to an outside interference. In late September, I was approached by a third-year medical student interested in nephrology and its history, who had read several of my publications, and wanted to work with me on a new project. That was the revitalizing stimulus I needed. Yes, miracles do happen. I am now back at work and look forward to completing a co-authored manuscript with my new "saving angel". Yes, the wrinkles on my face still go on getting deeper and I continue to move slower, but I am back to resuming my now healed old-self and am delighted at the opportunity to be at work again. Yes, I do continue to have senior moments and have to struggle to concentrate but now am able to work on my computer for two or even three hours stretches.

Another sign of my recovery is that after almost two years of avoiding airports with their interminable hallways, I finally did fly in October to San Diego and back over a weekend and managed it quite reasonably. In fact, I am already planning our annual family excursion in 2025! The Kentucky Bourbon Trail! We will see how that will work out.

The best news I can share has been the progress and accomplishments of my four grandchildren

who are at various stages of being in or planning for college. The glitter in their eyes as they recount their activities, experiences and plans is a joy that only an aging grandfather is entitled to and can treasure. I look forward to their periodic visits to enjoy them and recall my own trials and tribulations at their age.

With more and more "free time" available to me I now spend longer hours lying around, watching sports on my silenced TV, pondering on the problems that we face and the trials that lie ahead. Most worrisome are the geopolitical tensions threatening the world like the forever troubles of the Middle East, the on-going war in Ukraine, the threatening war in Taiwan, and the perpetual threats of crazies in North and South Korea. Add to that concerns over the foreseen changes of the new administration in the coming year and you end up with a disconcerting state of uncertainty by any criteria. What concerns me most is the future that awaits the next generation. I hate to see the on-going loss of respect for human dignity, trust, compassion and empathy. Between political turmoils and loss of individual human values I cannot avoid but being alarmed of the dangers that potentially lie ahead. I do hope that I am wrong though; that love, caring, fraternity, and basic decency will survive, prevail and restore the valued life we old folks had since the end of the Second World War.

To sum up, this past year has been another lesson in gracefully surrendering the things of youth and accepting the limitations of ageing that lets one enjoy life to its fullest to its very end, which I certainly intend to do. *"Merci mon Dieu"*. I must say though that I am happy to put 2024 behind me and look forward to 2025 when I intend to continue growing up gracefully and become a nonagenarian!

My best wishes for a healthy, merry and prosperous 2025 to all of you my precious ones.

Affectionately,





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).

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

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

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