University of East London

EUROPEAN ASSOCIATION OF PROFESSORS EMERITI

3rd CONGRESS

"The Capital of Knowledge"

3-5 April 2024

University of East London

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Foreword from the Conference Chairman and President of EAPE

On behalf of the European Association of Professors Emeriti (EAPE) can I extend a warm welcome to this, the Third International Congress of EAPE entitled 'The Capital of Knowledge.' It follows the highly successful First International Congress of EAPE held in Athens, Greece in May 2019 and the similarly successful Congress in Naples, Italy, in April 2022.

We are delighted both to be at the modern waterside campus of the University of East London (UEL) and also to have enjoyed so much support from the University. We are truly grateful for the work of the Events Team at UEL, for the generosity of UEL and the patronage of the Vice-Chancellor and President, Professor Amanda Broderick. Staff and students of UEL will be joining retired Professors from all over Europe, and indeed further afield, in our lively programme of lectures. Last year UEL celebrated its 125-year anniversary, having been founded to help local people from East London gain access to education in science, engineering and the arts and hence employment in emergent local industries. Founded as a 'people's university' it remains true to that vision today. Our Gala Dinner in the Great Hall of the UEL Stratford campus will provide an opportunity to see some of that heritage as well as to tour some of the latest advances in health-care education.

The EAPE Board decided to retain the title 'The Capital of Knowledge' not only because we are meeting in London, the capital of the United Kingdom, but also because Professors Emeriti represent a reservoir of knowledge that is often underestimated. At a time of great environmental and political challenge in our world, this human capital, the accumulated knowledge of generations of professors, should be celebrated and utilised.

In this booklet you will find our programme of 23 lectures and the abstracts for these talks. There are sessions on Health and Medicine, Society and Education, Science and Engineering, as well as a special Plenary Symposium on Social Psychiatry organised by the EAPE Section of Mental Health.

The Proceedings of our two previous Congresses were published by the Society for the Propagation of Useful Books and we hope to have the pleasure of publishing manuscripts submitted from this Congress in a similar way. Meanwhile, I urge you to enjoy the Congress and the opportunity to interact face to face with other custodians of the capital of knowledge.

Les. Ebdon
Emeritus Professor Sir Les. Ebdon CBE DL BSc PhD DSc(Hon) DUniv ARCS DIC MCIWEM C.WEM FRSA CChem FRSC
President EAPE and Chair of the Organising Committee

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Congress Programme

3 April

14.00-16.00	Registration
15.00	Afternoon Tea available
16.00	Opening Ceremony in Lecture Theatre WB.G.02
16.35	Introduction to Plenary Lectures- Chair Prof. Sir Les Ebdon CBE DL, President EAPE
16.40	P1 'University in the Post-Globalization World' Professor Patrizio Bianchi, University of Ferrara
17.20	P2 'The Two Big Bangs of Cognitive Evolution: from Homeostasis to Artificial Intelligence' Professor Athanassios Fokas, University of Cambridge
18.00-20.00	Opening Reception hosted by the University of East London in the Centre for Sustainability

4 April

Health Session in Memory of Professors Sherban Lupu and Dimitar Nenov	
Chairpersons:	Prof. Natale G. De Santo, University Luigi Vanvitelli, Naples Prof. Hassan Abdalla, University of East London
09.00	Opening Remarks:
09.10	H1 'Dimitar Nenov (1933-2024) Distinguished Professor of Renal Medicine at the Medical University of Varna behind the Iron Curtain and President of the Bulgarian Branch of EAPE' Natale G. De Santo, University Luigi Vanvitelli, Naples and 10 others
09.30	H2 'Professor Zora Janzekovic (1918-2015)- The Genius of Plastic Surgery' Micetic-Turk Dusanka, Borko Elko Turk Zmago, University of Maribor

09.50	H3 ‘British Landmarks in Grigore T. Popa’s Professional Fulfilment’ Dana Baran, University of Medicine and Pharmacy, Isai
10.10	H4 ‘A British Model of Sanitary Organisation in Dr. Moise Enescu’s Papers’ Dana Baran, University of Medicine and Pharmacy, Isai
10.30	Tea, Coffee, Pastries in The Lounge

Health Session continues

Chairpersons:	Prof. Dennis V. Cokkinos, University of Athens Mr. Robert Waterson, University of East London
11.00	H5 ‘How do Physicians Prevent, Diagnose and Cure by Evidence-based Medicine’ Dennis V. Cokkinos, University of Athens
11.20	H6 ‘Progress in Markers of Glycaemic Compensation of Diabetes Mellitus from Joslin, through DCCT Study and to Continuous Glucose Measurement’ O. V. Racz, Safarik University
11.40	H7 ‘Kidney Replacement Therapy in South-East Europe in the Last Decade’ Halima Resic, University of Sarajevo
12.00	**Buffet Lunch in the Lounge**

Plenary Symposium presented by the EAPE Section of Mental Health
‘Key Issues in Social Psychiatry Today, History, Policy and Politics’

Chairpersons:	Prof. George Christodoulou, University of Athens Prof. George Ikkos, Royal Orthopaedic Hospital
14.00	P3 ‘Social Psychiatry: Introduction’ George Christodoulou, University of Athens
14.30	P4 ‘Asylum to Community to Metacommunity: 1979 Neoliberalism and the Evolution of Psychiatry in Britain since 1960’ George Ikkos, Royal National Orthopaedic Hospital
15.00	P5 ‘Social Exclusion and Mental Health: Poverty and Inequality’ Jed Boardman, Kings College London Institute of Psychiatry, Psychology & Neuroscience
15.30	P6 ‘Influence of Contemporary Social Factors on the Mental Health of Adolescents’ Michel Botbol, University of West Brittany
16.00	**Afternoon Tea in The Lounge**
16.30	Coaches to Stratford Campus, University of East London
17.00	**Optional Tour of the Hospital and Primary Care Hub**
18.00	Prosecco Reception hosted by School of Health, Sport, and Bioscience University of East London
19.00	**Gala Dinner in the University Great Hall**
21.30	Transport back to Hotels

5 April

09.00	EAPE Business Meeting
Society	
Chairpersons:	Professor Paolo Ciambelli, University of Salerno Professor Matthew Bellgard, University of East London
09.30	S1 'Managing an Ageing Workforce: The Role of Business' N. Papalexandris, Athens University of Economics and Business
09.50	S2 ' Our Society Ages Upwards and Downwards: the Need for a Ministry for Elderly, Women and Children in the European Union - Link Welfare to Happiness, do not Repeat Faust's Mistake' Natale Gaspare De Santo, Amalia Virzo and Vincenzo Bonavita, University of Campania Luigi Vanvitelli and University Federico II, Naples
10.10	S3 'Transdisciplinarity as an Educational Approach to Face Industrial and Societal Challenges' Marcel Van de Voorde, University of Technology Delft and Paolo Ciambelli, University of Salerno
10.30	S4 'The Intergenerational Transmission in a Prestigious Nautical Club of International Value: Circolo Canottieri Napoli' Giancarlo Bracale, University Federico II, Naples
10.50	**Tea, Coffee, Pastries in The Lounge**

Technology	
Chairpersons:	Professor N. C. Markatos, National Technical University of Athens Professor David Tann, University of East London
11.10	T1 'Computational Prediction of COVID-19 Transition in Internal Air-Conditioned Environments' N. C. Markatos and I. Rentoumis, National Technical University of Athens
11.30	T2 'The Chemical Engineering Approach to Nanoscience Application in Medicine & Pharmacy' Paolo Ciambelli, University of Salerno and Marcel Van de Voorde, University of Technology Delft
11.50	T3 'Recovery of Valuable Metals from Electronic Waste' Maria Ochsenkuhn-Petropoulou and 7 others, National Technical University of Athens
12.10	T4 'Science and Politics, an Ethical Dilemma' Hartmut Frank, University of Bayreuth
12.50	**Closing Ceremony**
13.00	**Buffet Lunch in The Lounge**

University in the Post-Globalization World’

Professor Patrizio Bianchi
Emeritus Professor of Applied Economics, University of Ferrara

The Inaugural Lecture of the 3rd EAPE Congress presents an analysis of the growth of the global economy over the last fifty years, from the crisis of the bipolar economy (US-USSR+ a Third World as a residual) to globalisation, in which developing countries have become the protagonists and finally to the present days of increasing uncertainty and political tensions. The accelerated growth of the years 1995-2008 was driven by opening of international trade, in particular of intermediate goods linked to the reorganization of production at a global level with offshoring of production in developing countries, particularly in China.

With the 2008 crisis, global uncertainty and dependency anxiety increased and the end of first globalisation began, while basic high-tech production, like semiconductors, moved to the Far East and, at the same times, final digital production stages, like mobile operative systems and search engine technologies, remain in the United States.

After 2008, Europe remains trapped in a path of low , because it was unable to reorganize its production, missing the opportunity to become leader of the new digital economy, which is based on a very close relationship between production, research and education. After the success of introduction of Euro, Europe was not able to advance in an effective unification and the single countries have no possibility to win in the new global context.

Universities have the responsability to answer to the great planetary problems that are affecting the world today (global warming, demographic trends, war in vast areas of the world) and to work together for peace and sustainable development according to the Unesco Recommendation on Education to Peace (July 12, 2023)

The areas in which Europe can grow and be a driving force for world development and peace are the application of advanced digital and AI technologies to environmental and climate problems (Environmental technologies) and to the needs of people (Human technology), on which European universities- if they are working together- still have significant advantages and the entire Europe finds its democratic identity.

The Two Big Bangs of Cognitive Evolution: from Homeostasis to Artificial Intelligence’

Professor Athanassios Fokas, University of Cambridge

Professor Athanassios Fokas, Professor of Nonlinear Mathematical Science at the University of Cambridge is a polymath in the great Greek tradition.

Dimitar Nenov (1933- 2024) distinguished professor of renal medicine at the medical University of Varna behind the iron curtain and President of the Bulgarian branch of EAPE

Natale G. De Santo(1), Guido Bellinghieri(2), Giovanbattista Capasso(3), Nicola De Napoli(4), Vincenzo Savica(2), Teresa Papalia(4), Pantaleone Sergi(5), Luigi Lorio(6), Amalia Virzo(7), Katarina Derzsiova(8), Halima Resic(9), Athanasios Diamandopoulous(10), Veselin Nenov(11)

(1)University Luigi Vanvitelli Naples, (2)Division of Nephrology University of Messina, (3) Scientific Dirrector of Biogem, Ariano Irpino (AV), (4)Division of Nephrology Annunziata Hospital Cosenza, (5)Migration Center University of Calabria at Rende, (6)Division of Nephrology Cassino Hospital, (7)Founder of Ph.D. Course in Ecology at the University Federico II, Naples, (8)Nephrological Laboratory, University hospital of Louis Pasteur, (9) Louros Foundation, Athens, (10)Division of Nephrology University of Sarajevo, (11)Consultant in General Internal Medicine, East Surrey Hospital, Redhill, London

Dimitar Nenov (1933- 2024), the Doyen of Bulgarian Nephrology, was born in the village Pobit Kamak in an affluent family. Bulgaria entered in the USSR orbit following the invasion of the soviet army and the coup d'etat of September 9, 1944 (Socialistic Revolution). Following that event the agricoltural properties of the family were confiscated because of state collectivism. There was only one possibility to emerge, that was to study a lot. Dimitar went through classic high school and medical university with honor and was frequently abroad, to represent, as a student, his Alma Mater. He Received the MD in 1957 from the University of Sophia.Specialized in Internal Medicine and immediately after in Nephrology studying at the universities of Prague, Bologna, Parma and Moscow. Assistant in the Department of Internal Medicine of the University of Varna (a City that for two years was named Stalin City, an honor behind the Curtain) since 1962, became associate professor (1973) and full professor (1985). Since 1973 head of the nephrology clinic and founder and organizer of the first hemodialysis department in Varna. He was the head of the United Department of Internal Medicine of the Medical University of Varna (1987-1992), and from 1992 until his retirement in 2001, head of the Department of Nephrology, Hemodialysis and Hematology of the same University. He established the Nephrology and Hemodialysis Clinic in 1973 with international standards. Keeping exchanges with the world was his goal and he succeded: He started the Varna Seminar in Nephrology Dialysis and Transplantation "Hot topics in nephrology" and the journal Aktualna Nefrologia and the Varna Kidney Foundation, being a co-founder of the International Federation of Kidney Foundations (IFKF). With a distinguished group of collegues he founded BANTAO (Balkan Cities Association of Nephrology, Dialysis, Transplantation and Artificial Organs, an association of cities not of nations) and was its president, and cofounder of the BANTAO Journal. He was honorary professor at the University of Prague and Skopie.

A handsome man, with a musical and capturing voice, loved opera and spoke Russian, English, French, Czech and Serbian languages. In Collaboration with the Italian Institute of Philosophical Studies he organized in Varna a yearly event “Survival is not enough”. Dimitar Nenov led the active and inspiring life of a clinician who was an organiser, a leader and an example for all of those who were around him and came after him. He had a great heart and compassion for everyone who suffered, and he had the magic talent to make people around him smile, work hard, make team and follow and embrace his ideas.

Professor zora janžekovič (1918-2015) - the genius of plastic surgery

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Key words: plastic surgery, burns, tangential excision, leading surgeon

Aim and purpose: To present the contribution of Prof. Dr. Zora Janžekovič (1918-2015) to medicine.

Methods: Bibliographic research in digital and physical libraries on medical and historical literature.

Results: Zora Janžekovič was born on September 30, 1918 in Slovenska Bistrica. She enrolled the Faculty of Medicine in Zagreb, Croatia, in 1938 and graduated in 1947. She was immediately offered a position at Maribor Hospital, where she remained for 37 years. During her specialization at the Surgical Clinic in Ljubljana, she also trained in the treatment of burns. As a specialist in plastic and reconstructive surgery, she developed an original and generally recognized method of early surgical treatment of burns, the so-called tangential excision. In the initial phase of treatment, she surgically removed the burned and necrotic tissue in order to avoid infection and possible complications and to significantly accelerate the healing of surgical wound. Prof. Douglas Mac Jackson was the first to evaluate the method as interesting and recommended the author as one of the world's leading plastic surgeons. Dr. Zora Janžekovič's name spread all over the world and the hospital in Maribor became a global training center for the treatment of burns.

Conclusions: Prof. Zora Janžekovič's work had an enormous impact on the treatment of burns. She was inducted into many professional organizations and received many highly prestigious international and national awards, such as the Everett Idris Evans Memorial Medal of the American Burn Association (ABA) in 1974 and the ABA Lifetime Achievement Award in 2011. In 2004, she was awarded the Golden Order of Merit of the Republic of Slovenia for her life's work in medicine and the international promotion of Slovenian medical science.

British landmarks in Grigore T. Popa's professional fulfillment

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Keywords: Popa, Portal hypophyseal system, London, Cambridge, Romania

Grigore Theodor Popa (1892-1948), a Romanian anatomist, embryologist, anthropologist and prominent humanist, graduated from the Faculty of Medicine of the Iasi University. A Rockefeller scholar (1925-1928), he got in-depth training in England and the United States of America. His trainers and role models were outstanding personalities: Sir Grafton Elliot Smith, Frank R. Lillie, Charles J. Herrick, Carl R. Moore and Benjamin H. Willier. Other two mentors were Nobel laureates: Archibald Vivian Hill (1922), and Henry H. Dale (1936). At London College, in Sir Grafton Elliot Smith`s Laboratory, Popa teamed up with the Australian born neurohistologist Una Lucy Fielding. They first published their discovery of the hypothalamo-hypophyseal portal system in 1930 (1). Explaining structures in terms of functions, Popa thought to have identified active principles he named "cerebrostimulines" the portal hypophyseal vessels would transfer to the hypothalamus (1937). Thus he anticipated the functional link between the endocrine and the central nervous systems. Popa collaborated with Geoffrey Wingfield Harris, his former disciple, proving the pituitary-brain interaction (1937)(2). If in 1929, 1930 and 1932 Popa was a research fellow at London College, in 1935-1937 he was a demonstrator and visiting research worker at Cambridge University. Cushing appreciated him, too. In 1936, Popa represented the University of Iasi (Romania) at the University of London Centenary. In 1940, the Cambridge Institute of Anatomical Sciences invited him for a lecture on "cerebrostimuline", during a meeting Prof. Henry Albert Harris chaired. A remarkable scientist, writer and civic voice in Romania, Popa endeavoured to improve academic standards in Iasi and Bucharest. Excluded from social life by the communist regime in 1947, he died in 1948. G.W. Harris kindly remembered him in 1964, in a synthesis on "The Central Nervous System and The Endocrine Glands"(3). Due to his discoveries, Gr.T. Popa contributed in his turn to neuroendocrinology concept development.

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A British model of sanitary organisation in Dr. Moise Enescu's papers

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Keywords: Moise Enescu, Romania, Hygiene, Public health, United Kingdom

Devastated by World War I, Romania concentrated on its population health, a national defense problem. Chief health officer of Roman County (Eastern Romania), Moise Enescu (1879-1943) promoted updated European standards supporting his country sanitary reconstruction. He implemeted major initiatives the Government undertook together with the League of Nations Health Committee (LNHC) in Geneva. Medical cooperation between Romania and Great Britain intensified. Enescu was among the delegates of the Romanian Ministry of Health who visited hospitals and got thoroughly acquainted with the British sanitary management. In 1924 he traveled to England and Wales, attended conferences and analysed sanitary structures for three months. In 1926, he returned to Albion, for the Royal Sanitary Institute Jubilee Congress. At the end of his visits, he published in the first Romanian specialised journals of hygiene and public health comparative reports on both the healthcare system and population health in Great Britain and Romania, formulating comments and suggestions (1). In Romania, his accurate statistical investigations and socio-epidemiological surveys mainly focused on foodshortage and endemic pellagra, but also communal and school hygiene, contagious illnesses, vaccinations, sexually transmitted diseases, health personnel training, population education, sanitary architecture. Common challenging hygiene and sanitation problems were transmissible diseases, epidemics and cancer, an emerging disease. According to Moise Enescu, in 1926 Romania looked like England five decades earlier. Post-war reconstruction was delayed in many ways: sanitary houses with bathrooms and sewerage system scarcity, household waste mismanagement, imperfect burial and cremation strictness, relative observation of hygiene principles, poor nutrition in disadvantaged areas (2). The precarious healthcare system in Romania was due to impaired central and regional management, insufficient funds, lack of health education and promotion, few sanitary doctors, poverty. Enescu, member of the National Food Committee, revealed pathologies socio-economic causes and impact, cultural and health inequalities. LNHC cited Enescu`s reports and papers (3).

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How do physicians prevent, diagnose and cure by evidence-based medicine?

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Key words: evidence based medicine, Hippocrates, randomized clinical trials

Physicians since remote antiquity have learned by their preceptors, whom they regarded as their parents. Two main schools existed in ancient Greece, the one in Cos, focused by the Hippocratic school, and Knidos.
Medical books, produced at the time, served as sources of knowledge. During the middle ages books became paramount, while teaching deteriorated, and empirical learning prevailed (Sitting-by-Nellie).
Since 1990 evidence-based medicine (EBM) has introduced a new paradigm. Thus medical practice is guided by evidence of successful application. Initially large, randomized clinical trials (RCTs) were the best source of evidence. As RCTs increased, their review and analysis, producing systematic reviews and meta-analysis emerged actually becoming a stronger type of evidence. Expert opinion and experimental results constitute weaker sources of evidence.

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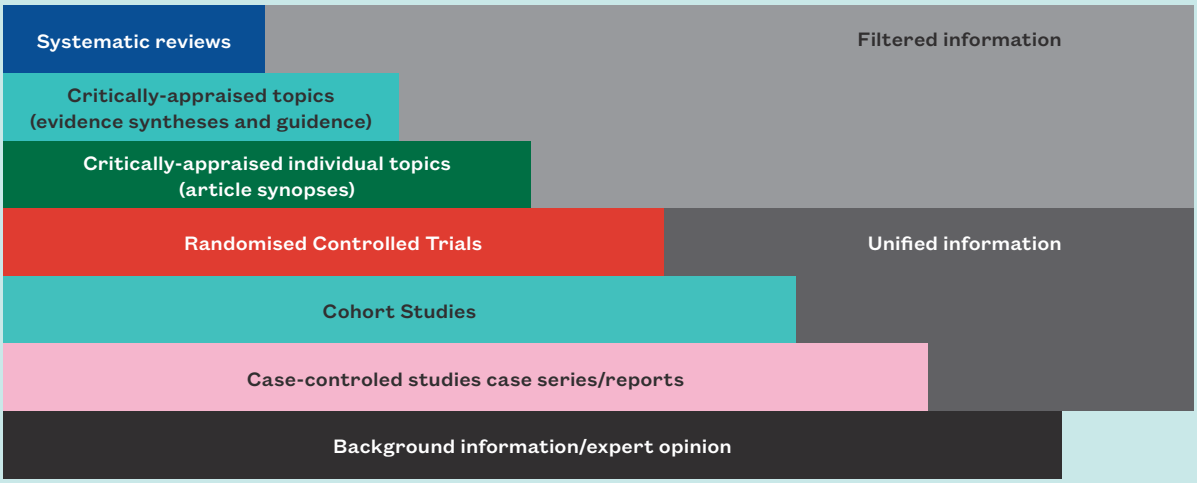
The introduction of artificial intelligence has brought a new impetus to the conduction of RCTs. Thus, medical records, patient registries, digital and in-silico trials which will be described are changing the picture of medical practice.
EBM is still young and strong. However, as it holds true in every scientific process, it must continuously evolve and progress.
Hippocrates was the first to describe EBM. We should not heed conclusions through words, but evidence emanating from actions, because idle claims are erroneous and easy to prove wrong. In the modern era, since 1990 it was founded in the McMaster Medical School of Canada, describing it as: later on the University of Oxford gave a great impetus to this practice.



Progress in markers of glycaemic compensation of diabetes mellitus from joslin, through dcct study and to continous glucose measurement

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After the introduction of insulin into the treatment of diabetes mellitus, it became clear that the success of treatment should be monitored. In the first era of insulin treatment developed by Joslin, this was glycosuria and blood glucose levels. A breakthrough came in the 1970s with home monitoring and HbA1c. Later, the DCCT and UKPDS studies showed a clear link between chronic hyperglycaemia and the development of complications of diabetes. Patients with diabetes have various unexpected fluctuations in blood glucose levels, despite attempts to manage the disease as well as possible. These fluctuations are probably related to the prognosis of the disease and its complications. The standard statistical parameters (standard deviation, coefficient of variation) are not suitable for assessing glycaemic variability because hyperglycaemic periods are much longer and larger than hypoglycaemic periods. Various parameters have been proposed in the past to assess variability, but they have not been widely used in practice. Even without these calculations, diabetologists knew that blood glucose fluctuations were larger and more frequent in patients with type 1 than in those with type 2 diabetes mellitus. After the introduction of home monitoring, more data on variability could be obtained, but this method still did not provide enough data to assess the variability exactly, and its correct use is complicated by objective and subjective factors. The importance of variability has also been overshadowed by the widespread use of HbA1c measurement. In the enthusiasm for HbA1c as the gold standard indicator of compensation, it was forgotten that it does not provide information about short-term fluctuations. After the introduction of continuous glucose monitoring, the large number of values obtained allowed sophisticated calculations of variability. The aim of this presentation is to propose a model of an integrated marker of glycaemic compensation, including both short-term and long-term indices.

The Kidney as “ Green Organ ”

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Key words: Urine, green resources, green organ

Many scientists in the world today are debating about the future and climate changes which are responsible for natural disasters. They argue that it is necessary and urgent to reduce pollution and CO2 production, as well as find ideas to generate energy: the kidney could represent an old new way to reach efficent green goals.In fact, through the production of urine, the kidney is involved in the production of water , electric energy,fuel, fertilizer,biobricks and resistant concrete especially for Lunar and Mars bases.Urine in the past was used as disinfectant, wound healing and emollient for the skin. Moreover, in the world 7 billion inhabitants produce 10 billion liters of urine, enough to fill 4000 Olympic swimming pools. Urine of 100 thousand people can produce 86 thousand liters of drinkable water and 250 kW of electricity per day . Through the process of electrolysis, an electrolytic cell can separate nitrogen,water and hydrogen from urine, and a microbial fuel cell could represent a sustainable and inexhaustible source of bioenergy. Urine as an additive can allow us to obtain petrol, saving 35% in cars and 60% in fuel powered diesel vehicles and 80% in gas vehicles.Urine could be used as fertilizer in agriculture reducing large expenditure of CO2 and electricity, and it can be used as fertilizer on the Moon and Mars bases.The dust of lunar soil (regolith) mixed with urea from urine, produces its geopolymerization which can be used in creating bricks resistant to compression, freezing and fire. It has low thermal conductivity, low shrinkage rate and high shielding capacity to radiation. Hypothetically, a more resistant thermal isolant brick for civil buildings could be created. More than 2206 urinary compounds have been identified and these can be useful for clinical bioanalysis, thereby avoiding invasive and expensive diagnostic procedures. The kidney could represent an important resource in the circular economy.

Kidney replacement therapy in south-east europe in last decade

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Keywords: ESRD; incidence; prevalence; KRT

Introduction: The number of patients starting kidey replacement therapy for ESRD continues to increase anually in world, till 2019 when Coronavirus disease (Covid-19) started. Epidemiological data for patients on KRT in South-East Europe are collected by national, regional and international renal registries.

Material and Methods: Renal registries providing individual patient data sent to ERA registry from 6 coutries from South-East Europe and providing agregated data from 13 countries. Data requested for all included age, sex, prevalence, incidence, cause of ESRD and modality of treatment.

Results: The highest incidence has been in Greece 279 pmp in 2021. The mean age of patient at start of KRT in 2021 has been between 59,9 (Serbia) and oldest patients have been in Greece 72,3. The incidence of patients on KRT aged 75 years was 526 pmp. The commonest presenting sex has been male incidence 184,8 pmp and incidence of female has been 100 pmp. The main cause of ESRD has been unknown ethiology incidence 40,2 pmp and DM 32,4 pmp. Most ESRD patients in South-East Europe are undergoing Intermittent haemodialysis. Prevalence 587 pmp, peritoneal dialysis 50 pmp and transplantation 410 pmp. In 2011 prevalence has been 1000 pmp with slow increases in 2021 to 1200 pmp. The highest prevalence of transplanted patients in region in 2021 was in Turkey 40 pmp.

Discussion: There has been a major increase in the number of patients accepted for KRT in this region due to rising acceptance rates of elderly patients.

Conclusion: Unknown etiology and DM are the commonest causes of ESRD. The number of patients had increased prior to the start of Covid-19 pandemic, but then reduced. Haemodialysis remains the commonest treatment modality. Kidney transplantation needs to develop and optimize organ donation.

Social Psychiatry: Introduction

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Key words: Social Psychiatry, Community Psychiatry, Social Stigma.

Social Psychiatry is not so much a branch of Psychiatry as such but more so an orientation towards a more balanced approach to aetiology and consequently treatment and prevention of mental disorder. More balanced than what? Obviously Biological Psychiatry. Genetic predisposition is not everything. Epigenetic factors are also important and in some cases play a cardinal role. Dynamic Psychiatry in its classical Freudian form is also a movement that differs from Social Psychiatry in that it deals almost exclusively with intrapsychic phenomena disregarding the social factors.

Neo-Freudians, however, starting with Adler, accept and promote the importance of social factors in health and disease.

Person-centered psychiatry may be mistakenly perceived as exclusive of societal and public health interests and just being committed to the person's autonomy. Yet, it recognizes the person in the singular but also in the plural, (as people in society) (1).

Social Psychiatry receives input from a variety of disciplines ; sociology, philosophy, epidemiology, statistics, anthropology, cultural psychiatry and many others. It deals with interpersonal and cultural issues, social stigmatization, stressful life events (as important contributors to mental illness), the social determinants of health, cross-cultural issues, education of individuals, families and societies on mental health issues(within the context of mental health promotion) promoting the use of day centers rather than hospitals, especially for persons with personality disorders, cross-cultural issues (e. g. in diagnoses) the importance of poverty, unemployment and debt(often associated with suicide) overcrowding, social inclusion, rehabilitation (in contrast to treatment). "Recovery" (not in the medical sense but in the social sense, as aiming at activity, participation and productivity Despite mental illness is also in line with the Social Psychiatry ideology.

Social Psychiatry has been the dominant trend in Psychiatry during the second part of the 20th century but since 2004 there has been decreasing interest in it among the general public.

Yet, the importance of social factors in health and disease is now recognized by all. This is reflected in the WHO definition of health and the basic understanding of mental lness as a bio-psycho-social phenomenon, as advocated by Psychosomatic Medicine (2). 2am 4 ex WA

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Asylum to Community to Metacommunity: 1979, Neoliberalism and the Evolution of Psychiatry in Britain since 1960

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Keywords:
History of Psychiatry, Deinstitutionalisation, Community Psychiatry, Neoliberalism, Metacommunity Psychiatry

Abstract: Breakthroughs in psychopharmacology, mental health law reform, the escalating maintenance and replacement costs of antiquated mental asylums and the ethics of social inclusion created the imperative for deinsitutionalisation expressed memorably in 1960 by then Minister of Health Enoch Powell in his "Water Towers" speech. There was remarkable consensus regarding this, extending from this right-wing monetarist libertarian to the disparate group of dissenters known as anti-psychiatrists. In the context of the post-World War II European Social/ Christian Democratic consensus patients were to be discharged and rehabilitated in their communities.

There have been advances: the abolition of homosexuality as diagnosis; prevention of institutionalisation of new cases; service user empowerment and their preference for care in the community; and increasing evidence for effectiveness of housing-first approaches and work placements. However, the oil crisis of the 1970's undermined the welfare state and the election of Margaret Thatcher in 1979 ushered in the neoliberal era, with its market fundamentalism and globalisation. This fractured the communities patients were meant to return to, even the very idea of community. Results have been mixed at best (1, 2). Control of mental and physical symptoms of discharged patients deteriorated and the life span gap between severely mentally ill people and the general population remains unacceptably wide.

Because of the increasingly technological orientation of general medicine, failure of psychopharmacology to fulfil its promises, the evolution of digital technology and social media, and the ageing population, psychiatry found itself in circumstances entirely unforeseen by its community pioneers, sometimes even contrary to their aims. Metacommunity psychiatry refers to psychiatry after community psychiatry (3). The first shoots of this can be found in the early 1990's but it has only fully arrived now in the context of Covid-19, renaming of Facebook as META, and the promise and threat of the "Age of AI".

Declaration of Conflict of Interest: No conflict declared.

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Social Exclusion and Mental Health: Poverty and Inequality

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Keywords: History of Psychiatry, Deinstitutionalisation, Community Psychiatry, Neoliberalism, Metacommunity Psychiatry

Abstract: Many people with mental health conditions are socially excluded from participating in the key activities of the society in which they live. This exclusion is experienced across a variety of domains including exclusion from material resources, productive activity, social interaction with their community, civic engagement, good health and health service engagement. Both a lack of resources and the social processes associated with the inequitable distribution of poor mental health contribute to the social exclusion of people with mental health conditions.

Many people with mental health conditions, particularly those with enduring conditions, live on low incomes, and a higher level of mental ill-health is disproportionately experienced by those in our society who are more socio-economically deprived. The social processes that lie behind these systematic, avoidable, and unfair differences in mental health outcomes include 'the conditions in which people are born, grow, live, work and age' and relate to the distribution of power, money, and resources in society (social, economic, and environmental inequality).

Addressing social exclusion, poverty and mental health inequalities will require policies that address the redistribution of resources (such as social security, taxation, and employment) as well as those that have an impact on education, housing, personal social services and health, and regional investment. We need to think beyond treatment approaches and promote prevention strategies that address the social determinants of mental health and mental health inequalities.

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Influence of Contemporary Social Factors on the Mental Health of Adolescents

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This presentation will start with the observation that, for adolescents, the Covid pandemic has unexpectedly resulted in a psychosocial phenomenon whose intensity and spread have often surprised professionals in adolescents Mental Health. In developed countries, at least, they have encountered an epidemic of school or social phobia in an anxiety-depressive context, often characterized by social withdrawal or even voluntary confinement, self-destructive behaviors ranging from repeated self-harm to suicide attempts, and anxiety symptoms frequently taking the form of panic attacks. It is what the New York Time has named an “inner pandemic” While epidemiological data show that this was not a sudden occurrence in a peaceful environment, as these symptomatic configurations had already emerged as a newer form of adolescent suffering in several regions of the world over the past few years, it is more of an extraordinary resurgence of a phenomenon that, was already known, akin to one of its most extreme forms, Hikikomori, originally considered a specific syndrome in Japan

Building on these observations, this presentation will seek to understand the underlying dynamics by considering the psychological processes that make adolescence a period of psychological vulnerability due to its unique sensitivity to external reality. In this context, we will show how the experience of successive lockdowns, especially the extended closure of educational institutions in the name of widespread social distancing, posed an additional challenge for the most vulnerable adolescents, hindering the solutions they typically find to resolve the personal and relational imbalances induced by the separation process triggered by adolescence.

Within the context of narcissistic vulnerability induced by the evolution of contemporary societies in their relationship to education and intergenerational transmission, we will particularly consider the effects of New Information and Communication Technologies in disseminating models of misconduct that favor the most radical identity solutions. This “inner pandemic”, is therefore an example of the influence of social factors on mental health of vulnerable population

Managing an ageing workforce: the role of business

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Key words: ageing workforce; age management; retired employees; inclusive society

The proportion of older people in our societies is increasing fast due to low birth rates, ageing baby boomers and rising life expectancy. By 2060 in EU countries, 29% of people will be over 65.

At the same time, when people retire, organizations are losing talent, skills and experience which is difficult to replace. The situation has worsened following the Covid-19 Pandemic which resulted in many vacancies which companies are trying to fill.

Some organizations are addressing this problem by inviting and utilizing retired employees, thus taking advantage of their accumulated knowledge and experience. Appropriately designed age inclusive projects, flexible working arrangements, recognition of their potential to act as mentors can help in meeting the organizational challenge of a shrinking workforce while also contributing to society's demand for active ageing.

In view of the above, this paper has gathered information from a number of Human Resource managers in Greece, in an attempt to identify practices and measures taken to meet the challenge of a shrinking workforce. Practices identified fall within diversity and inclusion programs and age management efforts which seem to be still of moderate concern among Greek companies. Among the various pillars of diversity management gender is of top priority and age appears to come last in company efforts.

However, hopefully it is generally acknowledged that taking advantage of skills and experiences of older workers can benefit organizations while also contributing to their active ageing and leading the way to a more inclusive society.

Our society ages upwards and downwards: the need of a ministry for elderly, women and children in European Union - link welfare to happiness, do not repeat faust's mistake

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Key words: Aging upwards, aging downwards, ministry for family, age-based retirement, welfare, happiness

Our society ages upwards: and downwards. The number of elderly, old-olds, centenarians increases not without social risks: aging in good health may increase less than life expectancy. Birth rate went down and stays low. After retirement one lives one/fourth to one/third of whole lifespan (an extra time). Young people are anxious being their future linked to the needs of the elderly, who in turn see their pensions losing value. Aging imposes new social and economical organization: a question of public policies. We need new knowledge. Nothing is as before. We might be forced to adopt solutions like those during natural disasters.

We face a revenge of demographics obliging us to plan for a society in which 4-5 generations coexist, where it is indispensabile that young people are not excluded from social protection. In the Greece of Plato during assemblies, elderly spoke first, young at end. In 1968 young people, not without fighting, were recognized a role. Jerry Rubin asked "Do not trust anyone over 30", Bob Dylan "Come mothers and fathers please get out of the new if you can't lend your hands".

Social welfare, a pre-requisite for intergenerational harmony, shouldn't be granted only to productive categories. The aging society works well when every group is allowed a socialized altruistic activity, granted continuous acquisition of knowledge and development of a reflexive intelecctual activity. Grant work to women: it favors gender equality and a fairer society. Abolish disparities in life-span between rich and poor, establish a ministry of family (old, women and children). Help elderly to be connected, grant fragility state protection.

Escape in EU the mistake of Faust. None shall buy for some privileged a comfortable life without a sense (J.H. Lorenzi et al. 2019). Connect welfare with happiness. Remove the taboo of age-based retirement, turn old age into the age of rights.

Transdiscplinarity as educational approach to face industrial and societal challenges

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Key words: Education, University, Transdisciplinarity.

Today, the development of our scientific culture no more matches the major society's challenges, especially dealing with the environment, energy, and health. The dramatic trend toward global warming, pollution, pandemies needs a real breakthrough also in the high education systems. Today, despite some differences between the EU countries, the most usual educational approach, notably in universities and in high schools, is based on the specialisation of disciplines. This approach is fundamental to scientific advance, but it takes long term risk of limiting our handling of global scale problems. And with this respect it is worthwhile to remind that teaching and research are strictly related. Moreover, many traditional jobs will disappear and many new jobs will be created in a rather short time, requiring open mindset and transferable skills, in contrast to the current narrowing skills that is no longer adequate to the broad nature of new societal challenges.

In this paper we offer a contribution to the necessity of finding novel solutions moving to teaching and research based on transdisciplinary approach, assuming that transdisciplinarity can offer an alternative that focus the whole human capabilities towards larger goals. Transdisciplinarity is a holistic approach that sees all aspects of the world as interrelated through natural, social, economic and even political systems. Transdisciplinarity integrates knowledge and methods from any source that can be of value in addressing a particular problem, and it requires innate curiosity and patience as well as a basic understanding of other disciplines and their language. Such transdisciplinary research and teaching must not be constrained by traditional subject boundaries.

Some specific examples will be discussed.

The intergenerational transmission in a prestigious Nautical Club of International value: Circolo Canottieri Napoli

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Key words: intergenerational, disciplines, sport successes, social value

The Circolo Canottieri Napoli (CCN), of which I am currently the President, has a 110-year old history. in fact it was founded on 1 July 1914 and it was initially dedicated only to rowing, while now it currently has 7 sports disciplines: rowing, swimming and water polo, sailing, motorboating, tennis, triathlon and bridge, all affiliated to the Italian National Olympic Committee (CONI)

Soon after its founding, the CNN crew won the legendary Lysistrata Cup, a challenge trophy that has been repeated for 138 years.

Currently the unparalleled value of the CCN is represented by the great sporting feats: Olympic, World, European, Italian titles, Cups, Trophies, Plaques and Medals won in all seven characterizing disciplines without interruption in the various decades of its history.

We have never taken our great champions from other locations or from the sports market, but we have built them at home, taking care of them from our nurseries and taking them to the heights of international and Olympic sporting success.

Throughout this very long period, men, athletes, instructors, technicians, coaches and training equipment have changed, but the ability to win has remained unchanged, evidently due to the teachings imparted, the passion, the dedication, the spirit of sacrifice, the tolerance to physical effort, the ability to fight and suffer together with solid moral principles, such as loyalty and respect for the opponent.

Finally, we introduce kids to sport who enter the club at a very young age, often coming from disadvantaged families or degraded neighborhoods, where it is very easy to fall prey to dangerous temptations and petty crime.

The social commitment that is recognized by the most important political, administrative, social and sporting institutions must therefore be underlined.

This is our history, our sporting and social life which has been handed down relentlessly and with an unchanged spirit to different generations over the decades.

Computational prediction of covid-19 transmission in internal air-conditioned environments

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Abstract
COVID-19 has had destructive consequences for health and the economy and has altered every aspect of everyday human activity [1,2]. Public distancing in internal environments has been applied as a safety measure to prevent transmission. A controversial topic is the safe distance from person to person. The social distancing regulation, for internal public places, has been arbitrarily defined ignoring the potential aerodynamics effects of inlets, such as air-conditioning units, windows, and doors. The velocity of the intake airflow has the potential to transfer a droplet from the nose or the mouth of a patient in greater than the indicated distance. The present study focuses on a model of a supermarket that includes a ventilation system and open doors. For the transmission of COVID-19 in an air-conditioned internal space, two cases are investigated: a) free flow and b) louver- guided air flow. Internal shelving, furnishing and human models are also being considered. The numerical results obtained are compared with those obtained by two well-known empirical models related to the effective velocity of incoming air and the virus concentration. It is concluded that the computational results obtained in the present study are in acceptable agreement with those obtained by simple empirical models. Finally, the PHOENICS mathematical model developed is flexible and may be easily applied to any internal air-conditioned or not environment where many people meet (e.g. banks, retail shops, restaurants, etc.) to provide information and useful guidelines for social distancing in times of pandemia.

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The chemical engineering approach to nanoscience application in medicine and pharmacy

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Key words: Chemical engineering, Nanotechnology, Medicine, Pharmacy, Health.

Medicine and Pharmacy are typical areas whose near future needs to be deeply redesigned instead of being interpreted as an extrapolation of the past experiences. To this purpose, the Key Enabling Technologies play a critical role. In particular, the development of nanotechnologies as a product of the disruptive advancement of nano-science is expected to give an essential contribution. Moreover, the basic multiscale and multidisciplinary approach of chemical engineering, ranging from the investigation of molecular transformations to the design of novel materials and devices, the modeling and design of products and processes, is a very suitable operating instrument.

In this article, state of art of some remarkable breakthroughs in Medicine and Pharmacy are presented and discussed with respect to the impact they are making in healthcare.

To date various nanocarriers are capable of delivering drugs to specific cells or tissues, resulting in lowered side effects and increased therapeutic effects, but also in protecting sensitive drugs, such as peptides and nucleic acids. Moreover, novel smart drug delivery systems can respond to specific triggers, such as pH changes, temperature, enzyme activity, or to external drivers such as magnetic field, near-infrared laser light, offering a precise control over drug release and reducing unnecessary exposure to medications. Through the development of implantable hydrogels long-term treatment via controlled release for chronic diseases or pain could be efficiently provided. Lipid nanoparticles have enabled mRNA to be protected and delivered to vaccinate billions of people against COVID-19 pandemy, opening a potential horizon for using it in novel therapies of several diseases.

Transport through biological barriers is a fundamental area of study that the chemical engineering culture of transport phoenomena in membranes can decisively help.

AI and machine learning techniques, soft-electronics, nanosensors, chips, micro- or nano-robots will contribute to strengthen the mentioned current trend of Medicine and Pharmacy.

Recovery of valuable metals from electronic waste

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Keywords: e-waste; valuable metals; recovery; resource efficiency; sustainability

The amount of waste of electrical and electronic equipment (known as e-waste) is one of the fastest growing waste streams in the EU, (about 5 million tons/year). This category encompasses a wide range of devices, including mobile phones, computers, televisions, fridges, household appliances, lamps, medical devices and photovoltaic panels h**ttps://environment.ec.europa.eu/topics/waste-and-recycling/waste-electrical-and-electronic-equipment-weee_en.** The disposal of e-waste, which contains a complex mixture of materials, some of which are hazardous, directly into the environment, leads to adverse environmental and human health effects. This fact has piqued the interest of the scientific community in finding ways to properly manage it [1]. On the other hand, modern electronic devices contain significant quantities of valuable elements (e.g. copper, precious metals, rare earth elements etc) [2]. These metals can be recycled and reused for green technology development if electronic waste is effectively processed for recovery.

The present study focuses on the recovery of valuable metals from waste Printed Circuit Boards (PCBs), representing the 95% of the electronic equipment composition. Recycling them provides an economical and profitable extraction of valuable metals additional to mining. Various processes, such as mechanical, pyrometallurgical, hydrometallurgical electrometallurgical and bio-metallurgical processes have been applied for e-waste treatment [3]. As a result of our previous research on bioleaching of industrial wastes, such as bauxite residue, the bioleaching process constitutes a promising technology for the recovery of rare earths. It is expected to be equally effective and environmentally friendly for the recovery of valuable metals from PCBs [4].

This review presents the different main leaching processes available for metal recovery from PCBs, giving an account of their advantages and limitations and comparing them in the context of circular economy and environmental sustainability.

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Science and Politics, an ethics dilemma

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Political decision-making presently is strongly based on scientific argumentation; as typical for the past years of the Covid-19 pandemia or the current climate change-oriented policy to reduce or even abolish carbon dioxide emissions by burning fossil fuels for energy-production, scientific arguments have become the foundations of todays technology and the basis for modern life, industrial poduction, economics, and politics within the anthroposphere. Compared to the pre-modern era, it has almost become the substitute for religion [Kuckart, J., et al. 2016]. However, in contrast to religions (or ideologies), as sciences typically are permanently progressing, the ensuing cultural implications and value foundations are also continuously changing, not as in previous times when conservative religions (and ideologies) entailed a consolidated set of values and beliefs. It is argued that this is one of the reasons for the social and political dissent and tensions between swiftly adaptive citizens and less progressive traditional communities, as it is observed nowadays almost everwhere in the so-called Western world. The progressively larger gap between these extremes elicits growing tensions which finally leads to misunderstandings and tensions between social groups with different life realities and the ensuing loss of social cohesion and fairness {Rawls, J., 1999]. It is hoped that understanding of such societal discrepancy may be overcome through training in ethics of the involved protagonists.

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The Janus Face of the Media in Contemporary Society: Manipulative-enslavement and Humanistic-emancipatory (Views on Bourdieu's Criticism of the Media's Role and Abuses of Soft Power and Symbolic Violence in Modern Times)

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Keywords: Pierre Bourdieu, symbolic power, spectacle society, metamorphosis of media functions, Janus face of media.

We live in a world of mass consumer "spectacle society" (Guy Debord). In the 20th century, media took over the role that ideology had in the 19th century. Unfortunately, instead of critically informing and helping to sensitize/awaken the civil public, they have become an extension of the corporate and politocratic power; the organon of the apology of their interests against the backdrop of the absolutization of the unbridled power of mega-capital and the bewitching/manipulative power of politics, as a form of illusory sociality. That is why some researchers define them as extended generalizations of the "art of illusion" and symbolic manipulation of the public in the 21st century.

This paper, starting from Bourdieu's paradigm of symbolic capital and the understanding of "sociology as a martial discipline", discusses the Janus face of contemporary mass media - manipulative/enslavement and humanistic- emancipatory. In this manner, the practice of media activity in the world is analyzed, especially in societies in transition, as well as democratic and autocratic regimes. In this context, various tendencies and metamorphoses of the basic functions of the media, their impact on the public, and the processes of democratization of society are indicated, but also abuses by power centers. Finally, the importance of investigative journalism and independent media for the development of democracy in modern society, the awakening and development of critical civic awareness for social progress is emphasized.

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