

# OPENING REMARKS

## 35TH DANUBE SYMPOSIUM BEOGRAD

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Around 40 years ago the first Danube Symposium was organised in Vienna. This was in the time of the "Iron Curtain". Austria as a neutral country with good contacts to all parts of Europe was the ideal place for exchange of experiences to reorganise modern neurology. While in West-Europe with the help of the U.S.A. the industry was supporting medicine including neurology, with new medicaments and new diagnostic methods, at this time the neurologist behind the "iron curtain" had his hammer and a profound clinical knowledge.

After the Second World War in Central and East-Europe the main intention was to reconstruct the neurological system. A similar structure in services and delivery was the basis for a co-operation in this region. Postgraduate training programs for young neurologists had to be built up. After the structure of the neurology in Central-, East- and South-East-Europe a neurologist has to be educated for personal responsibility to his patients, the consultant system has no place in this part of the world. Information about the so called Western progress had to be transferred to the East. The annual Danube Symposium brought neurologists from whole Europe together, friendships started.

After the political change in East-Europe the Danube Association got new obligations. Exchange programs were organised, but it was necessary to show the colleagues from Eastern Europe that in most neurological details, that their knowledge has the same quality like the admired Western neurology and its progress in research, the new topic Neuroethics had to be introduced.

Nowadays Neurology is highly developed, but there are in some fields no satisfying diagnostic methods and no sufficient treatment programs. The results of basic research have to be introduced to the clinic, clinical trials have to bring better information and show new ways.

In the well organised medicine in the third millennium ethical rules have to be the basis in all clinical decision. For treatment and for diagnoses ethical based guidelines have to be elaborated. Examples are brain death, end of life decision, withdrawing of treatment programs (apallic syndrome etc.) and withholding of acute therapy in severest neurological condition. In research

on patients ethical rules have to be the basis in all clinical trials for treatment and for diagnoses. There is a great lack in the knowledge how clinical trials have to be organised, the term "Good Clinical Practice" (GCP) is also in neurology not generally known as well as the important role of the Ethics Committee

Increasing critics can be observed for the evidence based medicine, as well as for the trend for global common diagnostic guidelines. While in the evidence based medicine manipulation with the use of "coloured bias" are possible and the experienced based medicine of the last 7 000 years is lost, the diagnoses via internet can bring great problems for the patient and his treatment.

Generally the great difference between the topic based neurology with its clear decision about the place of a lesion in the nervous system and the phenomenological based neurology describing various phenomenas as a syndrome and reporting a new disease like "the minimal conscious state" have to be recognised. With the modern neuroimaging possibilities including functional localising methods like PET, SPECT and functional MRI. Neurology should follow the Central- and East-European traditional way of the topical orientated Neurology.



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