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FW13-4

Blood pressure management and stroke prevention

N. M. Bornstein
Department of Neurology, Tel-Aviv Sourasky Medical Center, Tel-Aviv, Israel

Hypertension is the most common modifiable risk factor for stroke and treatment of hypertension has a significant role in the prevention of stroke. However, despite widespread treatment of hypertension stroke continues to be the third leading cause of death in the industrial countries. Meta-analysis of large clinical studies showed that reducing blood pressure is associated with reduction of approximately one quarter to one third of stroke incidents. Furthermore, several recent studies have shown that angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARB) agents may have an additional benefit above and beyond just lowering blood pressure. This effect might be achieved by their ability to improve endothelial dysfunction and vascular remodelling. The lecture will critically review the current available data on blood pressure management and stroke prevention in the light of the recent published epidemiological and large randomized clinical trials.

Cultural individuality of neuroethics in European countries

FW14-1

Historical approach

P. Davaki
Department of Neurology, Athens University, Eginition Hospital, Athens, Greece

The Hippocratic oath, taken by the young physician at the onset of his professional career, was composed in the 4th century B.C.; it attached a philosophocal basis as well as a code of medical ethics to the medical science of that period. The continuation ran with the Alexandrian tradition, while at the same time certain changes within Greek philosophy had occurred as to how the human body was viewed after death. Plato and Aristotle alleged that after death the body had no feeling and therefore no claims. If this be the case philosophy was in part responsible for the next significant advance in medicine for the Alexandrians, particularly Herophilus and Eristratus, who practised dissections of the human cadaver. However, the eventual resurgence of the humoral theory and the development of a kind of medical orthodoxy put an end to the more adventurous spirit and to any further revolutionary advance. Galen sanctified the humoral approach of the Hippocratics perpetuating it into late Byzantine medicine. Greek medicine alongside Aristotle was reintroduced into Latin Europe via the long circuitous route from Arabic Alexandria, Antioch, Baghdad, North Africa, Italy and Spain. This newly introduced Arabic medicine was to dominate the field in Europe until Paracelsus, Versalius and Harvey put the basis of the new scientific medicine. The 20th century brought the revolution in biotechnology raising great questions about ethics not only philosophical but practical as well about the existence of Humanity.

FW14-2

Informed consent in neurology

F. Gerstenbrand[1] and H. Baumgartner[2]
[1]*Ludwig Boltzmann Institute for Restorative Neurology and Neurorehabilitation, Vienna; and* [2]*Medical University, Innsbruck, Austria*

The relationship between patients and physicians is based on ethical conventions, which were first constituted by the Hippocratic oath and oblige the physician to use all possibilities to cure the patient and do no harm. Modern concepts have been developed by the Helsinki declaration of the World Medical Association (1964) and by the Belmont Report (1979). Basic ethical principles like respect for persons (autonomy), beneficence and justice are announced in the Belmont report. Informed consent provided by the physician to the patient is the basis for treatment and care as well as for participation in medical research involving human subjects. With informed consent, the physician must be free to use even unproven or new prophylactic, diagnostic and therapeutic measures if his judgement offers hope of saving life, re-establishing health or alleviating suffering (Helsinki Declaration, chapter 32). Ethical rules based on Western civilisation, and ethical concepts of other civilisations have to be taken into account in today's increasingly globalized environment; attempts at harmonisation are currently taking place at the level of the UN. In the relationship between patient and physician, informed consent has the central position in medical care as well as in research. Every patient has to be treated as an 'autonomous agent'. Therefore, the patient has the right to refuse a treatment or to interrupt an on-going therapeutic program including diagnostic procedures. This is the case for both medical care as well as for clinical research. Persons with diminished autonomy and those having lost the capacity to consent are entitled to special protection. Examples are patients in a coma of different stages including apallic syndrome/vegetative state and patients in reduced conscious state (DOC, LLNS), which, according to the Central European diagnosis scheme, includes dementia, frontal lobe syndrome, Korsakov- and Klüver-Bucy-syndrome and perceptive aphasia. In the Helsinki Declaration it is stated that medical progress is based on research which ultimately must be based in part on experimentation involving human subjects (chapter 4) with the knowledge that experimental procedures involve risks and burdens (chapter 7). In an acute emergency, the physician has to decide the treatment by himself, if the patient is unable to consent. Facing an acute complication in an untreatable condition, the responsible physician can decide to renounce maximal therapy. In untreatable conditions and with patients unable to consent like in the apallic syndrome/vegetative state (in full state or in early remission without possibilities of further improvement) the decision to end a life by withdrawal of nutrition and fluid is not in the hands of the physician but depends on a legal judgement process. However, this cruel method is not acceptable in most European countries.

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Informed consent in Greece

P. Davaki
Department of Neurology, Athens University, Eginition Hospital, Athens, Greece

Ethical concepts and rules in Greece are mainly based on Western civilisation and unwritten laws, influenced by history

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