Reaching the limits of reform: medical education and the Hellenic academic institutions facing the euro-crisis

Sir,

It is beyond any doubt that the euro-crisis also represents an opportunity of monumental proportions. We have recently suggested a four-axons' systematic action framework that we regard as essential to be set forward by the Hellenic scientific community and the Greek government in order to eliminate the adverse effects that the established recession and funding-deprivation have exerted upon the Hellenic academic institutions' function. Summarizing, this framework would ideally: (i) encourage the extroversion towards the international scientific community, (ii) enforce the compliance of the current academic practices with successful international administrative, teaching, and research ones, (iii) adopt extensive structural changes and innovative practices, as well as (iv) maintain the high standard of its excellence centers and prioritize the dedication of the country's academic institutions to provide high-quality academic education.

Academic reform in any country might be approached in the light of the above. But particular conditions in each country render some tailoring ineluctable. Former experience must be incorporated, contemporary parameters must be understood and major future trends should be predicted. As far as Greece is concerned, it is imperative that additional care be taken, as curriculum reform remains a sensitive matter in a state-funded educational system that provides personnel for a demanding and struggling healthcare system. Often, adhering to the same rigid framework that is now nearly spanning three decades, it partially reflects the impact of departments and department chairs blessed with prolonged and augmented outreach. Groundwork towards the justification and facilitation of reforms has not been comprehensive and funds have not been appropriated in support of the endeavor. However, it must be noted that reforming the medical curriculum may not be the top priority, as reforms in this field seem to face numerous difficulties towards their implementation and application. Optimizing day-to-day learning procedures, treating examination papers as raw research material and individualizing education, where possible, may prove immensely helpful per se, and irrespectively of other interventions. Such approaches require time, effort, and dedication, but they can be carried out with minimal expenses and outstanding yield.

We believe that prior to any attempt of reforming the structure and the curriculum of the medical (state-funded) education providers in Greece, the institutions themselves should: (i) determine their educational priorities and enforce their academic staff to focus on them, (ii) implement every possible measure for the establishment of a significant research activity towards the study and optimization of the provided medical education at all levels, as well as (iii) establish an independent “National Observatory for Biomedical Education” that would monitor all involved academic institutions, promote a systematic dialogue towards a continuous curriculum improvement that would satisfy some national standards and international suggestions, and ensure the viability of their implementation in everyday academic practice. An independent “National Observatory for Biomedical Education” could also act as a centre-for-excellence (affiliated to one of the major academic institutions; suggestively either the National and Kapodistrian University of Athens or the Aristotle University of Thessaloniki) and as a governmental policy-advisor / think-tank, and could ultimately lead research towards the exploration of the main consequences of the ongoing crisis on the quality of biomedical education and its reflections upon the efficiency / future of the nation's healthcare system.

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Tissue antinuclear antibodies in renal biopsies of patients with systemic connective tissue disorders

Sir,

Although localization of immunoglobulins (Igs) has been observed in nuclei of nonkeratotic cells in skin biopsies from patients with systemic lupus erythematosus (SLE), reports of nuclear Ig localization or tissue antinuclear antibodies (ANA) or in vivo ANA (i.e., in vivo binding of autoantibodies to the cell nucleus) as examined by direct immunofluorescence microscopy (DIFM) in kidney are almost nonexistent from the Indian subcontinent. The present retrospective study describes nuclear localization of Igs in renal biopsies from 19 patients with systemic connective tissue disorders, studied by DIFM at our department from 1998 to December 2006.

DIFM of renal biopsies from 19 patients i.e., only 0.6% of the total renal biopsies submitted over a period of 9 years revealed in vivo nuclear localization of immunoreactants. These 19 patients included clinically diagnosed 15 cases of SLE and one case of polymyositis, dermatomyositis, scleroderma and mixed connective tissue disorder each. In vivo ANA was observed in nuclei of glomerular visceral and parietal epithelium, tubular epithelium, and interstitial cells. The extent of localization varied, with very few nuclei fluorescing in one case to >60% nuclei in other case [Figure 1]. Speckled (12 biopsies) or diffuse (seven biopsies) patterns of nuclear localization were observed in these biopsies as shown in Table 1. ANA in vivo was found to be positive with IgG as the most common immunoreactant (18 cases) with evidence of complement activation (C3 positivity) in one case. Serum samples from each of these patients, obtained concurrently with the biopsy, were also evaluated for the presence of ANAs by indirect immunofluorescence using Hep2 cell lines. Twelve out of 19 cases showed morphological similar pattern of ANA in vivo in kidney biopsies as well as in serum ANA on Hep 2 cell lines i.e., speckled pattern in seven and diffuse pattern in five cases [Table 1]. In remaining seven cases the pattern of nuclear localization in the kidney, was not the same as that observed for ANA using the patient’s serum. Twelve out of 15 kidney biopsies from SLE patients showed lesion of lupus nephritis class-IV with some degree of tubular destruction and mild to moderate interstitial inflammation.

Most studies in which DIFM have been used to evaluate immune complex lesions in renal biopsies from patients with lupus nephritis have not described nuclear localization of Igs in the kidney. In vivo nuclear deposition of Igs is a true reaction in vivo between...