

Confabula

A pécsi orvoskar lapja

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English pages!



Succesfull Women - Interview With Prof. Dr. Erika Pintér, Institute Director of the Department of Pharmacology and Pharmacotherapy

Thank you very much for giving a chance for this interview. I also welcome you at home again, because you have recently returned from Brazil, and shortly before visiting the South American continent, you have also gone to England. Would you like to tell us a few words about these journeys?

We spent eight days in Natal, Brazil, because of the Inflammation World Conference. It was great to meet my former English and Brazilian colleagues again. In Exeter, Southern England, we visited a conference on the biological effects of hydrogen sulfide. Similarly to the other low-molecular weight gas mediator NO, H₂S functions as a regulatory molecule under physiological conditions and it plays an important role in the cardiovascular system and inflammatory responses. Our research group has also been investigating the mechanism of its action.

Do you think you could you choose favorite journey from your numerous travels?

I have fond memories of Japan, I have always dreamed of seeing the Fuji. Our first travel lead to Australia with Zsuzsi Helyes. We have traveled to several places from then on and we always tried to gain cultural and gastronomic

experiences besides the professional values. I am glad to have achieved one of my greatest childhood dreams with my work, to get to know the world.

Have you always been interested in pharmacology?

(Laughing) I wanted to be a physician. In

spite of achieving a Summa Cum Laude degree, I have applied for five jobs in order to be a physician but I was rejected even in the pulmonary sanatorium as I didn't have any back-stair influence. This was a huge disappointment, but even as a bad experience it has taught me well to reject protectionism. I evaluate all my young colleagues and students based on their performance. It is never delightful to fail a student, but a medical doctor's insufficient knowledge of pharmacological therapies may lead to the patient's death. Even if "generous", liberal professors may be popular among the students, I believe they respect those professors the most, who respect them by giving the best possible education and expect high standards consequently.

Finally I took a job at the Department of Pharmacology that no one applied for, but there are lucky coincidences in life after all...

I met Professor Szolcsányi here at the department, and his personality, faith in research, and creativity had such a great effect on me that after a few months I was not looking for a job in internal medicine any more. I wanted to apply for a position of a clinical pharmacologist



due to my knowledge in pharmacology, and I have even had the specialization, but in the end I stayed here at the department. I had my child during my Ph.D. studies, he is already 20 years old. When I came back from maternity leave, Zsuzsanna Helyes joined the research team and we started to work together in the lab. We participated in several research projects investigating the anti-inflammatory and analgesic effects of the neuropeptide somatostatin which defined our consecutive research profiles and served as the topic for the dissertation submitted to the Hungarian Academy of Science for both of us.

I had a dream of spending some time in London, England, that had a great influence not only on my professional but on my personal development, too. Classic English pharmacology is essential in Europe and it is recognized world-wide. I received a scholarship for a year in King's College, in the research group lead by Professor Susan Brain. I was also awarded a four-year welcome-trust grant, which made it possible for me to establish my own research team and work at home for most of the year, and in England during the summer.

I congratulate retrospectively on your appointment as head of the department. Did this appointment mean any changes in your life in addition to the numerous responsibilities which naturally go with your appointment?

I grew up here at the department, and I believe that I am still Erika to everybody, from the cleaner to the senior colleagues. I consider my function of head of department a service, however, I am perfectly aware of being responsible for the standards of education and research at the department. I have great predecessors, internationally acknowledged researchers. It is extremely difficult to preserve their high standards.

As a woman, how can you manage all this?

I have never experienced any negative discrimination at university. Obviously it was not always easy to organize my family life, and great tolerance is needed from my husband and my family to support me in my carrier. I must mention the enormous help I received from my parents, as well. Good time management is also necessary, idleness is not allowed. Effort has to be made to find the balance between work and family, and some time should be devoted to ourselves, as well.

I think it is much easier for us to

understand this, than for you to actually do it... May I ask how you spend the time on yourself?

Sport is one of my favorite pastime activities, so I try to do sports several times a week. I love playing tennis very much. This is a real game in which it feels good to get exhausted physically, after all the mental strain at work. Frequently, playing tennis becomes a real refreshment, which helps to stay up to work late at night. We go for fitball training with my colleagues, I also go to yoga classes once a week. We have a small chalet in Orfű and we cycle around the lakes at weekends. Time for myself includes taking care of my appearance, which is perhaps more expected from women.

I must admit, I wanted to ask about this, as your always perfect appearance cannot go unnoticed.

This is not so important, but it is a good story that a couple of years ago Zsuzsi Helyes and me found a Hungarian company called "Szoszy Fashion" that produces relatively elegant and cheap clothes made from Hungarian material. I think I can say that the company is very popular among the female members of the Department of Pharmacology. This is important because so we can support the Hungarian market by purchasing clothes from them.

You have mentioned professor Zsuzsanna Helyes several times. It is certainly good to see that the relationship you maintain with Professor Helyes is clearly more than just cooperation between colleagues.

This is always asked, and we are proud of it. Beside being colleagues, we are very good friends. We have always supported each other in everything, and both of us can say that we would have been less successful without each other. I think this kind of symbiosis is rare.

And it is a positive example in our competitive world.

Getting back to sports, you mentioned them as one of your hobbies. The other editors at Confabula would not be happy if we did not say a word about literature.

I like reading very much, although unfortunately I have less and less time for it. I also regularly go to see plays at the National Theatre of Pécs with my family.

Do you have a favourite writer or poet?

Yes! As far as Hungarian literature is concerned, I love Kosztolányi. I discovered him when I was a university student and I have read all his prose. I read poems more rarely, but there are a few poems that resonate with me. Marquez is one of the foreign writers I like. Marquez tells everything I have never had the courage to tell. Perhaps I am a little shy in this respect.

May I ask you about your musical taste as well?

I like the progressive rock of the late 80s. For example Jon Anderson and his cooperation with Vangelis, I also like Pink Floyd. We have just been to Roger Waters's concert, it was a monumental show. I also love Italian operas, especially Puccini. It is interesting that I see myself as a very strict person, who keeps the rules. The three artists I really respect and love are completely the opposite. They are bohemian and they had lives which were exactly the opposite of the life I live. Perhaps deep down in my heart, I would like to be a little more fearless and less strict, and that is why I love them.

On mentioning different lifestyles, could you advise something for the students?

In my opinion good general knowledge is important for a doctor. Opportunities have changed, for us books were available, so we spent our time reading books, and not using the internet. In our days social websites were non-existent. These social websites are good in themselves, but students probably spend too much time with a type of communication that does not help them acquire a more thorough general knowledge.

If we wanted to start out on the road to acquiring the title of professor what kind of values would you recommend to bring with us?

Curiosity, the desire of knowledge, wanting to know the world are very important. Persistence also plays an important part, so that failures cannot stop us. In addition, self-confidence is essential because with self-confidence any goal can be achieved. However, it is not enough to remain on our own. The support of the community is indispensable in our struggles. Working hard and demanding much of ourselves are also important values.

Thank you so much for this very special conversation and for your ideas.



Interview with *Dr. Péter Szakály*

Since I'm doing my clinical module, surgical transplantation practice has been the most interesting for me. This is taught by Dr. Szakály Péter. An impressive practice followed by some residual questions led me to the idea of an interview. From the idea, came the e-mail and later the actual conversation, which took place on a Friday for about 50 minutes.

So, is everything decided at university?

The intellectual level of a person is determined by the five persons closest to him. I'd say, it does matter what group a student gets into at the beginning of the academic years. We had an incredibly good group at that time. We caused each other to perform better. This is supported by the fact that my group mates included Dóra Reglödi, Andi Lubics and Laci Wagner. The third one is an associate professor at the Transplantation Clinic in Budapest, after having left the 2nd Department of Internal Medicine.

I'd very much like to ask you how you got the idea of transplant surgery?

You know, this is an interesting thing. There are people who always complain they've never been lucky in their life. I'd say, being lucky depends on the person. Everybody encounters opportunities. Some people notice them but cannot do anything with them. Others don't even notice them. Some people notice them and grab the opportunity. I had never wanted to be a transplant surgeon. It all was a coincidence. When I started my examination years at the Department of Internal Medicine, we were required to be on duty once a week. On duty, I saw a man with a bandage on his head being pushed from the elevator to the operating theatre. Several people followed him with coolers. At that time I already knew I wanted to be a surgeon, moreover, a surgeon at this clinic. This was a good opportunity to follow those people. A kidney transplant was being performed. At that time, donations had been going on for more than a half year but a transplant had not been performed. However, we knew that had it been

for the selection list, the first kidney transplant would be carried out in Pécs the other day. I was watching for the opportunity. Finally, the transplant was accomplished on a Friday afternoon, 3rd September, 1993. And I managed to attend this first transplant surgery. I was watching it, thinking it was a terribly complicated surgery. It was done by four surgeons. Apparently, it was a great thing, and, having been a university student, everything was new to me and I was enthusiastic about everything. Still, I wouldn't have thought I would ever perform such an operation. When I graduated from the Medical School, there were no vacancies at the Department of Surgery. Professor Örs Horváth told me he would be pleased to employ me, however, the only way he could fix it would be to hire me as a transplant coordinator. The condition for it was that I would have to deal with transplantation. He asked me if it would be a problem for me. Although earlier I had wanted to be a vascular surgeon, I said 'No, it wouldn't'. Why would it have been a problem, anyway? That was how I got involved in transplantation. Then I encountered a series of lucky coincidences: reorganisation of personnel and study trips abroad. After working at the clinic for a year I found myself having carried out my first kidney transplant. Moreover, I played a substantial role in launching a program for pancreatic transplants. By the way, it happened just this morning that the first patient on whom I carried out a pancreas-kidney transplant (this happened exactly 13 years ago) called me, telling me how well he felt and to what extent his life had changed.

How should the process of transplantation be imagined by someone who has no knowledge of it?

On getting the donor you remove the organ from the donor and transplant it into the recipient. Are you responsible for coordinating the whole process?

It depends on the place and type of the donated organ. Regarding Pécs, we have to make a distinction whether it is a kidney transplant, a pancreatic transplant or a pancreas-kidney transplant. Hungary has been a full member of Eurotransplant since 1 July 2013. It means that if there is a donor in any member state, suitability of the donor is taken into consideration based on immunological parameters in the whole area of Eurotransplant. When a donated organ is registered in our region (anywhere in Zala, Tolna, Somogy or Baranya county), I can decide whether or not it is suitable for transplantation. Allocation (deciding for whom and in what order the donated organ is the most suitable) is done in the center of Eurotransplant. The place where the organ will be transplanted is decided based on allocation. If the donated organ is in our region, we go to remove it, every time and everywhere. The situation is different for pancreatic transplants, because there are two centers in Hungary: Budapest and Pécs. In this respect, the country is divided into two parts. 51% of the cases belong to Budapest, while Pécs is responsible for the area of the other three regional universities, amounting to 49% of the cases. The assessment and removal of a pancreas is much more a matter of trust than that of a kidney. After all, kidneys are more compact and much less vulnerable. They can be removed by any transplant surgeon working in this region, which is accepted by anyone with a good conscience, even in other countries of Eurotransplant. The situation for the pancreas is different.

Preferably, it is removed by a surgeon of the center where it is going to be transplanted. He'll check whether it is suitable based on the macroscopic findings. For example, oedema and infiltration are factors that can hardly be objectivised. Then he'll decide whether it is suitable or not. A pancreatic transplant is a longer and more drawn out procedure than the removal and transplantation of a kidney.

And how long does it take?

A pancreatic transplant?

Yes, after getting the donor.

By now, through the coordination network, it has become a much more viable profession than it was, let's say, 20 years ago, when I got involved in it. At that time, there were neither coordinators nor mobile phones. In practice, there were hospitals calling us directly, saying 'Fellas, there's a donor and we've signed establishment of brain death.' Then everyone would stop everything, heading for, let's

say, Zalaegerszeg, because it is the farthest town in the region. Now, the coordination network lets us know about each potential donor, even before the establishment of brain death. And we can advice on the coordination of the donor, if asked, or say what kind of a transplant it is suitable for. Through preliminary typing, we'll very likely know which center the kidneys will get to by the time we remove them. Earlier, we would go where the transplant organ was, remove it, bring it home and then begin typing. In winter, in snow, on slippery surfaces from Zalaegerszeg it was a dead time during which nothing happened. Now, when we do the organ transplant, we have the recipient by the time we set off to remove the organ. Then we only have to wait for the cross match. This way, we can transplant the organ with a much shorter cold ischemia time, which significantly affects long-term outcomes.

All these take place within a day?

Yes, all these take place within a day. In general, we say that if cold ischemia

starts in a kidney, the kidney should be transplanted within 18 hours. This applies even if the organ is removed in Hamburg and has to be implanted here. In a kidney transplant, cold ischemia time can be extended for 24-30 hours. On the other hand, the pancreas has a much lower ischemic tolerance. Ideally, it should be implanted in 12 hours. If we have a transplant organ in, let's say, Nyíregyháza, we go there, remove it and hurry back home. We arrive home, then bench dissection starts, during which the organs are prepared for the transplant. This is an approximately three-hour-long procedure and by the time it ends, the recipient is anaesthetised. And we go on operating and implant the two organs. This intervention is much longer and is associated with a more intense stress. We operate for about eight to ten hours from removal to implantation.

How many of you deal with this in Pécs?

There are two of us who make decisions and operate on our own.



"It may happen that my manipulation of a pair of scissors causes someone's heart to stop."



And what other members are there in a team? Are these team members permanent?

The fact that there are two of us does not mean that both of us go everywhere in each case. Were this the case, when would we be on leave? On the other hand, it's not a one-person job, so there always has to be someone assisting us. There are two on-call sets: in one of them the two of us take turns, while in the other one the interns and young specialists are on-call. But everyone interested in this job is always welcome. I've got a very enthusiastic student (now a PhD student), Varga Ádám, who has come to watch operations since practically he was a fourth-year student. Sometimes it happened, when he was a sixth-year student, that the two of us did a kidney transplant. Our door is always open to those who are interested. It's a different matter that this job is as demanding as, let's say, a kidney disease or being a transplant recipient. A professor in this field once told me that these years are like war years: they count twice. Quoting the words of one of my colleagues, 'this job is a bit of a gypsy life', because you never know when and what is going to happen in the following 24 hours. The fact that it's the two of us doing this job means that both of us are on-call for 182 days a year.

I imagine your profession to be a very difficult one. It's difficult from the doctor's perspective and also from the perspective of the patient waiting for the donated organ. Because someone has to die for a transplant to be successful.

Yes, it is. And it is tough from an emotional aspect, too, especially when the donor is a young person or a child. It may happen that my manipulation of a pair of scissors causes someone's heart to stop. Ok, it's good that at least I can see the other side of the coin, I know what's going to happen to the organ. However, from time to time there are some extra experiences that really wear on me. I'm always angry with patients telling me their life would be like this or like that after receiving a new kidney. And when they actually have the kidney, they do not feel the responsibility they should bear for the organ. For someone has given his life for their recovery. The family of a donor

has said: *'Yes, I accept he's brain-dead and I agree to donate his organ to others. And I consent to this because I would like my child to live on in the recipient.'* And then the recipient would say: *'I do whatever I want.'* Another issue is that there would never be enough donated organs anywhere in the world to meet the required number. It is very difficult to tell of a patient in advance whether he would be compatible with the organ or not.

Do you assess the patient's attitude before the donation?

We try to, but you know it's very difficult to judge. It's common practice at our clinic that a patient must meet either Dr Kalmár or me before he is put on a waiting list. And obviously, what we think of the patient will strongly affect the decision of the waiting list committee. But sometimes it's very difficult to judge. Everyone can lead you to believe anything for quarter of an hour.

"By law, we may go there and remove the deceased donor's organs if there is no statement of objection, and the deceased donor was not under guardianship or was not a minor. Then we can inform the family that the donor could not have been saved, he was brain-dead, his kidneys were removed and implanted into the recipient..."

Haven't you had a problem with switching donors off of life-support machines? Have you ever had an operation that wore on you?

Yes, children always did. I gather, if it

wasn't like this, I would have to quit. The only thing that helps in my job is to see the other side of the coin. But I can also see how differently anaesthesiologists providing the head service at transplant surgeries experience this whole thing. They don't usually meet transplant recipients.

Do you ever see patients who have received organs after the surgery?

Yes. Who should provide care for a transplant patient is an issue that flares up from time to time. The majority of the patients have a primary kidney disease while others have diabetes with associated kidney disease. When I perform transplant surgery on a patient and, as a result, his creatinine level becomes 60, he shouldn't be considered a kidney patient any more. These patients do not primarily represent a nephrological problem. In the same way, when a diabetes patient with associated kidney failure receives a kidney and a pancreas and, as a result, his creatinine level becomes normal and he does not require insulin any more, he should be considered neither a diabetes nor a kidney patient. Therefore, these patients pose a very special problem. The various problems they have mainly result from immunosuppression and co-morbidities. It's a well-proven recipe that we provide care for these patients and, depending on their condition, we ask for the help of a specialist in the relevant field, e.g. a nephrologist or a cardiologist.

How many surgeries do you perform a year?

45-50 transplant surgeries are done in the region a year. Some people would say it's a small number. A center can be compared to another center by calculating the activity per one million inhabitants. Since the latest transplant center was established in Pécs, it encompasses the smallest region. By comparison with other centers, there were just a few years when we had the second highest activity per one million inhabitants in the past 13 years. In most years, we were ranked first.

What has been the farthest place which has received or sent an organ since we joined Eurotransplant?

It was Belgium.

Was an organ received from there or sent there?

Both. However, it's not yet crystal clear how much we can benefit from this Eurotransplant membership.

Is there a significant difference between the life expectancy of a transplant patient and that of a healthy person? How long does an implanted organ work?

It's hard to tell. The first patient whose surgery I attended is still alive and well. This happened 20 years ago. Now we can say that the expected 10-year graft survival - that is, the patient hasn't died but has only lost his graft - is over 50%. And there is still a possibility he receives a second one or a third one. I believe it doesn't matter how long someone is alive. It's the quality of life that matters. If the quality of life of a healthy person is 1, that of a kidney patient is only 0.5. This is a rather significant difference. That of a transplant patient is increased to 0.9, which is 90% compared to 1. However, he won't compare himself to 1 but to 50% instead, and he has almost doubled that 50%. A reasonable patient realises this, that's why he can take care of the organ and make that kidney continue to function.

What determines the order of patients on a waiting list?

A waiting list cannot be set up on subjective grounds. The main factors are HLA compatibility and blood type. Children are the ones who can move forward on the list, but obviously, a 10-year-old child cannot receive a kidney from a 70-year old donor. A priority is given to emergency cases, where the patient cannot be administered hemodialysis any longer. The length of waiting time is also taken into consideration in the scoring system. The system has to be objective. This is a bit similar to the lottery. HLA is given, nobody can change it and nobody can say what tissue antigens donors will possess in the following five years.

This means that the list is dynamic where someone may jump from the 10th place to, let's say, the 6th place?

If a patient is on the list it means that he is clearly suitable for a transplant. He can move forward when an emergency

list is needed. For example, it's not enough to tell a transplant surgeon or a nephrologist that an AV fistula cannot be prepared or a shunt cannot be implanted for hemodialysis. A vascular surgeon has to be available to perform these interventions. We are in the fortunate position that there is only one transplant surgeon in Hungary who is also a certified vascular surgeon, and it's me. Therefore, I can see and judge two sides of the same coin. The emergency list is a two-edged thing which mustn't include any subjective aspects. The first kidney thrown out by the computer must be accepted.

What is the average waiting time?

In our region it's somewhere within two years. Statistical figures are only good for providing people something to cling to or to blame.

What is the primary determinant of the waiting time? Aren't there enough organs, or isn't there enough money for the operations?

Money is not a problem, because administering hemodialysis to these patients on a weekly basis or treating their associated problems costs a lot of money, too. Every kidney functioning for more than two years practically saves money for the health insurance.

What's your opinion about people's attitude towards donating their organs?

Do you mean living donors or deceased donors?

I mean situations when you have to sit down with the family to discuss what's going to happen. How easy is it to do?

I think, thank God, that the level of refusals is low. In these cases, you must imagine sitting on the other side and consider that there are the parents who pass a judgement on the fate of their only child. That finally they would say 'I consent to it' or 'I don't consent to it.' You must give the family every opportunity to make a relatively objective decision. They have to make a decision once, which must then be accepted.

As far as I know, in Hungary, a deceased donor's organs may be used unless there is a statement of

objection.

By law, we may go there and remove the deceased donor's organs if there is no statement of objection, and the deceased donor was not under guardianship or was not a minor. Then we can inform the family that the donor could not have been saved, he was brain-dead, his kidneys were removed and implanted into the recipient. There are families who would head for the court in this case. Of course, the court rejects them, since no infringement was committed. However, there's the media! Then these families go to Blikk, Fókusz or Aktiv, which go for these cases and produce news from them. Being in the same show with today's celebrity world is, I think, not a prospect for us. From then on, everyone talks about it even if nothing has happened. And if you say anything, it's only taken as a justification. Then another family might watch the program and say 'What a hell of a thing it is' and then might have an objection statement prepared. Fortunately, we only have few cases like this in this region, only one or two a year.

In my opinion, surgeons are more frequently brought to court than other specialists. Is this increasingly true in the case of transplant surgeons?

Actually, medical suits are a part of everyday clinical practice but this applies to Western European countries as well, although in Hungary these suits have only recently emerged. However, there is a good side to medical suits, because they provide a sort of a control. They prevent doctors from acting irresponsibly. Obviously, these suits have their own functions. Unfortunately, we are also exposed to petty lawsuits when the doctor is dragged to court unnecessarily and irrationally. Everyone should take responsibility for what they do and everybody should do what they are good at. If the case is taken to court, a doctor has to be able to defend himself in court.

Written by: Bálint Horváth, Károly Heinrich

Translated by: Anita Hegedűs

Photos: Károly Heinrich



The international student council was established in the early 90's by few foreign program students. After many years of struggle and hard work in the last six years it became a joined organisation for protecting and supporting the English and German program students, in educational and recreational matters.

Today the EGSC, has gained respect within the leadership of university, faculty and various departments for their positive, effective and professional work that has achieved. Currently foreign students have the equal right as their local students within various educational committees due to hard work of past members within this group, to vote on educational issues.

Within the political-social environment of Pécs City the EGSC has promoted the status of foreign students with the International Evening and City Carnival, both events prove that friendship and peace do exist between multi-cultural groups.

The board of EGSC would like to thank you for all your help and support in the past and welcomes you for another year of success and close cooperation. To contact us in person visit the EGSC office on the third floor. Like us on "EGSC Public" on Facebook, or browse our official website at: <http://egsc.aok.pt.e.hu>



Nader Abedini
English Student Council President
General Medicine/English Program

Born in a Historic city known as "Half of the world" Isfahan/Iran; Later raised & grown up in the States. Enjoy being & associating with Down-to-Earth people but when airborne I'll be the "First Pilot In command." I'm a 4th year English general medicine student with great ambition. My Beliefs are Good thoughts, Good Words, & Good Deeds.

My Favourite Quote: "*Kindness is the language which the deaf can hear and the blind can see.*" By Mark Twain



Alexander Eis
German Student Council President
General Medicine/German Program

Graduated from high school in 2009 and for couple of years was in the fire brigade as a paramedic. In 2011 joined the Medical University here in Pécs.

Quote that I believe in: "*Pain is temporary. It may last a minute, or an hour, or a day or a year but eventually it will subside and something else will take its place. If I quit, however, it last forever.*" By Lance Armstrong



Marian Kaiser
German Student Council Vice President
General Medicine/German Program

I am in my 4th year and come from Cologne. During my time as former year and group rep, introduced the book fair and the movie nights. Last year, worked with HUMSIRC for World Aids day and was elected German representative for the HÖK. To ensure students can consult each other my aim is to help different programs to build better relationship.

"*Carpe Diem*" by Horace, meaning seize the day, is a quote that helps me to achieve my goal.



Arrun Nesarajah
English Student Council Vice President
Dentistry/English Program

Graduated from high school in 2009, after one year with the Norwegian Army, entered the Dentistry program at Pécs Medical School. Currently I am in my second year and one of my greatest goal is to be an awesome dentist. One of my motivational quotes comes from Roy Jones Jr. in his song where he says: "*You will not win, cause I will not lose.*"



Luqman Chaudhari
English Student Council Communication Contact

General Medicine/English Program

In my 5th year of medical studies, have an international background: born in England, live in Norway, and ethnically Pakistani; I am fortunate to speak Punjabi, Urdu, English and Norwegian. Food is my choice of drug. A Quote close to my heart is by Allama Muhammad Iqbal: *"In the West, Intellect is the source of life, in the East, Love is the basis of life. Through Love, Intellect grows acquainted with Reality, and Intellect gives stability to the work of Love, Arise and lay the foundations of a new world, By wedding intellect to Love."*



Julian Haerer
German Student Council Communication Contact

General Medicine/German Program

I am in my third year and have come from Ulm in Germany. Prior to my studies I worked as an assistant nurse for 9 month. Out of many great achievements I recently finished my second half marathon Many speeches are marked by many people but Oscar Wilde quoted: *"The truth is rarely pure and never simple."* By Oscar Wilde



Tilo Klöss
Treasurer

General Medicine/German Program

Graduated from high school in 2009, completed two years of military service. Attended Pre-Med school in Budapest and currently I am in my second year. As a Year Representative worked on solving student issues and I am looking forward to keep doing that in the future as a Board member of EGSC. Since the best way to predict the future is to shape it and act on it.

One of my favourite Quotes is: *"Libraries are the intellectual gas stations of a nation"* Helmut Schmidt



Mehrdad Soheili
Secretary
Dentistry/English Program

Happily married father of two lovely kids, currently attending the final year of my studies. Have been fortunate to gain experience at various cultural levels, by being born into an Iranian family, growing up in Germany and living in England, speak Azari, Farsi, German and English. In 1998 graduated with a B.Sc. Pharmacology and there after worked for a major pharmaceutical company, as a commercial

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