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Laudatio: Egon Diczfalusy at 95

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■ Introduction

It is becoming increasingly difficult to illustrate the life and achievements of Professor Egon Diczfalusy, since his biography has been recounted at regular intervals since the year 2000 [1, 2]. This complicates matters because even biographers must not repeat themselves if they wish to keep the reader interested.

Fortunately, there are so many facets in Professor Diczfalusy's long scientific and humanistic career that we hope to be still able to cover new, although important aspects of a life quickly approaching a full century.

Recently we reviewed his most significant scientific achievement: the discovery and systematic study of the human foeto-placental unit [3]. Here we wish to summarise another, and equally significant of his achievements: the establishment of a programme dedicated to human reproduction at the World Health Organisation (WHO).

Following this, we will mention the last of his life achievements: the establishment and achievements of the Foundation he created in his name and that of his late wife, his best life companion and supporter.

■ Egon Diczfalusy and the WHO

Half a century ago, Egon Diczfalusy had a great intuition: medical and social issues relevant to reproduction often charged with ethical significance and therefore a source of harsh disagreement, in order to progress needed an impartial and unbiased forum. To him, the United Nations, through their specialised health agency, represented the ideal forum where not only debate fundamental issues, but to strive for solutions.

History tells us that the involvement of WHO in matters relating to reproduction started in 1965 with a World Health Assembly (WHA) Resolution that, among others, stated "*Noting, that the scientific knowledge with regard to the biology of human reproduction and the medical aspects of fertility control is insufficient*" the Assembly requested the Director-General to develop further work in this area, including "*studies on medical aspects of sterility and fertility-control methods*" [4, 5]. It was in this year that the organisation established a new Unit devoted to Human Reproduction. Diczfalusy started his collaboration with the Unit soon after its creation and it was through his close association with the Unit's Chief, Doctor Alexander Kessler, that all further developments took place, first and foremost, work in



Professor Egon Diczfalusy

family planning, since the mandate of the Unit included advising Member States on this topic.

Interest in human reproduction by the international community continued to grow and in 1967 the WHA stated "*Recognizing the urgent nature of the health problems associated with changes in population dynamics now facing certain Member States and ... Considering that abortions and high maternal and child mortality rates constitute a serious public health problem in many countries ... Requests the Director-General to continue to develop the activities of the World Health Organization in the field of health aspects of human reproduction and to assist on request in national research projects*" [6].

Two years later the WHA noted "*with satisfaction the further development of programme activities in the health aspects of human reproduction, family planning and population dynamics*" and emphasised "*the conviction that medicine and public health have substantial contributions to make in relation to these problems*" [7].

During that time, Diczfalusy, together with a number of concerned scientists, suggested the creation of an intergovernmental approach to the complex problem of population explosion and convinced the Swedish Government not to initiate its planned international research council but, rather, to support an effort within the United Nations system.

Encouraged by such a favourable climate, Kessler and Diczfalusy began working towards the establishment of a research programme in the field of human reproduction, launching a feasibility project for a mission-oriented programme. The report of this feasibility work to which Diczfalusy made a major contribution, outlined the initial research priorities, funding, review mechanisms, evaluation, organization and administration [8].

The major objectives of the programme to be established were clearly stated, indicating that the Programme will:

- (a) improve the quality and expand the quantity of multidisciplinary research in priority areas;
- (b) conduct collaborative clinical studies of fertility regulating agents on a global basis;
- (c) organize multicentre research teams to carry out collaborative research and development work;
- (d) improve communication and collaboration among scientists;
- (e) increase the number of scientists engaged in this field thereby increasing the understanding of the human reproductive

process leading to the development of a variety of safe, acceptable and effective methods for the regulation of human fertility.

Finally, in 1972 the Expanded Programme of Research, Development and Research Training in Human Reproduction (universally known as HRP) was formally established [9, 10].

HRP immediately took a leadership role and went into action, creating task-oriented focus groups, a network of collaborating centres in all of WHO's regions and four main research and training centres to deal with family-planning and infertility [10]. From the outset, Diczfalussy became Senior Consultant to the Special Programme and played a unique role in shaping it. With his help, the basic document setting-up HRP was presented to the international community. This text states that *"WHO believes its Expanded Programme in Human Reproduction will mobilize the talents of scientists in many countries towards a significant expansion of research, development and research training in human reproduction ... These activities are seen as complementing the programmes of other agencies and institutions engaged in this field ... WHO is prepared to play an important role in this expanded world effort"* [11].

When, in October 1972, the First Annual Report of HRP appeared, it became clear that – in only 9 months of existence – the Programme had identified 13 priority areas of research, designated 4 Research and Training Centres (RTC) and brought their principal investigators together; it also established 16 Clinical Research Centres, developed the Task Force mechanism as one of its major approaches to research and development, and established its peer-review mechanisms [12].

In recognition of the pivotal role he played in establishing HRP, the Reproductive Endocrinology Research Unit of the Karolinska University Hospital in Stockholm, directed by Diczfalussy, was nominated as one of the four WHO's Research and Training Centres in Human Reproduction. It is impossible to summarise the work carried out in this centre up to 1985, when Diczfalussy retired. There is however, one accomplishment that should be mentioned: the organisations of a series of high levels symposia, named "Karolinska Symposia on Research Methods in Reproductive Endocrinology", that represented ideal teaching material for an entire generation of scientists [13–19]. The Stockholm RTC trained some 200 research fellows from all continents, although a majority came from the developing countries.

Besides technical inputs, Diczfalussy's involvement with HRP influenced its overall philosophy of action. He supported the idea that the Programme should never develop into a kind of intergovernmental pharmaceutical enterprise, because its mandate had to be much more diversified. Following an early WHA resolution that *"placed particular emphasis on the necessity of a very broad approach to these problems"*, it became clear to WHO that *"demographic problems require the consideration of economic, social, cultural, psychological and health factors in their proper perspective"* [4]. However, in the late sixties and early seventies, several national family planning programmes run into serious difficulties with existing contra-

ceptive technology; this focusses attention on the needs to broaden the incompletely comprehended scientific basis, to improve and adapt existing methods and develop safe and improved new technologies [20]. Hence, whereas there was an emphasis on the development of new fertility regulating technologies, concern went far beyond the development of improved technology; within a short time it was recognized that there was a need to study and improve health service delivery and to better understand the cultural and psychological settings in which services were delivered. Indeed, a great deal had and still has to be learned about the behavioural and social determinants of fertility regulation. Moreover, the strengthening of human and material resources of institutions in developing countries, which are involved in research in the above areas, remained an objective of paramount importance throughout the entire existence of the Programme. At the same time, the necessity to conduct, direct and coordinate further research to develop new technologies (for instance, to enable men to share the burden of fertility regulation with women) became also more apparent.

For 25 very productive years, Diczfalussy represented for HRP a leader and a visionary mentor: he participated in most Task Forces, Consultations and Committees; he helped producing a number of documents that shaped the Programme and ensured its viability throughout difficult times. During this period, he accumulated an unsurpassed knowledge of the work carried out by the Programme. For this reason when the time came to celebrate with a document summarizing the many accomplishments of HRP, the Director of the time José Barzelatto turned to Egon Diczfalussy, who took the task with enthusiasm and thoroughness. One sentence from this publication summarizes his views: *"A modern interpretation of history is said to be based on the analysis of the history of ideas. The history of the second part of the twentieth century represents an entirely new departure in this respect; for the first time in the history of mankind, the policies emerging from world conferences organized by the various specialized agencies of the United Nations broadened the views and perceptions of many member states (including donor governments) and significantly influenced their policies"* [10]. When he left his active involvement in HRP, the Director General of WHO personally gave him a sign of his appreciation for the great work he had done.

His connections with WHO, however, did not end in 1995 because after this year he started advising the WHO Programme on Ageing, as well as the Rockefeller Foundation. During this period he continued to write and to address the challenges facing humanity. In 1999 he warned us that *"the wind of new realities is blowing, with increasing strength. It is up to us to decide whether we prefer protective windscreens or new types of windmills"* [21]. We know that he personally has never cherished protective windscreens; he has always been out where "the action is".

His life has been dedicated to achieve a goal set by Arnold Toynbee: *"Our time is the first since the dawn of civilization in which people have dared to think it practicable to make the benefits of civilization available to the whole human race"* [22].

■ The International Committee for Research in Reproduction

There is one contribution Egon Diczfalussy made, that has been neglected and never mentioned: the working of the International Committee for Research in Reproduction (ICRR). Yet, it was probably this connection that eventually led to the creation of a Foundation bearing his name.

As everyone knows, the late 1950s witnessed the start of reproductive medicine with the introduction of modern methods of fertility regulation and more exactly steroidal contraceptive pills (OCs). In 1985, because of the challenging issue of a possible increased risk of breast cancer in OCs users, a scientific advisory committee, the ICRR, was set-up at the initiative of a number of concerned scientists. The introduction of endoscopic surgery became soon another challenge in reproductive medicine by replacing surgical procedures such as tubal sterilization and reconstructive tubal surgery by laparoscopic techniques. Clearly, the ICRR had a role in advising on these new developments. The issue was particularly pertinent to Eastern European countries where, given the limited resources available, investing in endoscopic instrumentation could be viewed as a luxury. The Committee helped focussing on the fact that in those countries postoperative infections, hospitalisation and prolonged recovery times had the greatest relative costs and that therefore endoscopy did have a major role. At this stage, rather than bringing gynaecologists from Eastern Europe to sophisticated Western universities, it was decided to send out visiting surgeons to train local gynaecologists and staff in their own operating rooms. Endoscopic surgery was indeed successfully introduced in university centres from Szeged in Hungary, to Novi Sad in then Yugoslavia, to Moscow.

Although Egon Diczfalussy felt that his role in WHO prevented him from being a member of ICRR, he became a strong supporter and advisor to the Committee, directing the establishment of its mission. By 1996, the ICRR seemed to have fulfilled its role as catalyst; Diczfalussy was consulted and after four days of discussions his advice was clear: If the Committee had to continue major changes were mandatory; first he recommended co-opting women scientists from developing and Eastern countries; in his typical style, he remarked that *“some he met so far from developed countries generated more heat than light”*. Most importantly he supported a view expressed by the historian Eric Hobsbawm in his book *“The ages of extremes”*,

namely the existing disconnect between public and politicians on where the home for effective decision-making should be. In this, he advocated a more incisive role for scientists.

Eventually a consensus was reached to discontinue the Committee in favour of other more effective mechanisms; Diczfalussy however, did not forget the effort that had been made in Europe to create long-lasting collaborations between Eastern and Western centres and began thinking of ways to foster scientific exchanges and scientific collaboration among Eastern Countries. Already in 1990, under his guidance, HRP organised in Szeged (Hungary) a meeting of all the European Centres collaborating with WHO in the field of reproductive health; this meeting marked the beginning of the *“East-West Initiative for Research in Reproductive Health”* [23]. This event marked the beginning of an idea which several years later came to fruition with the establishment of the Egon & Ann Diczfalussy Foundation.

■ The Egon and Ann Diczfalussy Foundation

As mentioned above, the idea of following-up the work of the ICRR through the creation of a Foundation, had been in making for some time, but it was in 2007, when he was almost 87 years old, that this last challenge of Egon Diczfalussy's life became a reality.

The idea was simple and revolutionary at the same time: breaking the historical barriers existing between the countries of Eastern Europe and in particular those in the Balkan Peninsula. Having been born in Hungary he had direct experience of the consequences of the breaking down of the Austro-Hungarian Empire, of the problems created by the 2nd World War and half a century of communist rule. To him, bringing closer the countries neighbouring Hungary would create a long-lasting legacy for his name, through an achievement that many have considered impossible, at least in the short term.

The scope of the Foundation is therefore to:

- Support scientific work aimed at improving reproductive health, recognising scientific results achieved so far in the Balkan Region,
- Launch new research programmes,
- Support the exchange of junior scientists,
- Promote and support courses, lectures and publications on the subject of reproductive health,
- Support the further training of physicians, other professionals and health care workers, as well as assist them to attend conferences in Hungary or abroad,
- Organise scientific events,
- Grant yearly the Diczfalussy Award to acknowledge the lifetime scientific work of a basic or clinical scientist, and
- Present, also on a yearly basis, the Diczfalussy Medal to a researcher under the age of 40, working in reproductive health.

To accomplish its mandate, over the last 9 years the Foundation has organised successfully its annual meetings, as well as several special courses. During these meetings it has awarded the **Diczfalussy Prize** consisting of a miniature version of the original statue of Klára Tobias, called the *“Hungarian Pietà 1956”* (Fig. 1).



Figure 1: The Egon & Ann Diczfalussy life-time achievement award. The small statue is a replica of the Hungarian Pietà, a sculpture created by artist Klára Tobias. © E. Diczfalussy



Figure 2: The Medal awarded by the Egon & Ann Diczfalusy Foundation to a young scientist for work in reproductive health. © E. Diczfalusy

Professor Diczfalusy always paid special care to encourage the young generations in their efforts to undertake the difficult task of a research career. This is the scope of the **Young Scientist Award** of the Foundation consisting of a Medal designed by Sandor Kligl (Fig. 2).

In spite of financial difficulties, the work of the Foundation continues and – hopefully – will soon bear fruit with new research collaboration as shown by the Novi Sad project on the outcome of neonatal uterine bleeding and the risk of early-onset endometriosis.

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