SUPPLEMENTAL ABSTRACTS

ORAL SESSION: NEUROETHICS

The right and the ethical obligation for a care in severest neurological conditions – OC55

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As severest neurological conditions have to be named progressive brain processes (Creutzfeldt-Jakob Disease), neuro-degenerative diseases, defect states after severe acute brain damages (Apallic Syndrome/Vegetative State, Locked-In-Syndrome) as well as defect states after brain damage without sufficient neuro-rehabilitation result. All these patients need intensive medical care. The Hippocratic Principles and the medical guidelines of the Declaration of Helsinki (1964) and the UNESCO-Declaration on Bioethics and Human Rights (Paris, 2005) are the essential basis of every medical care, especially in the severest neurological conditions.

The responsible physician has to perform the best medical care as well trained and fully educated in modern medicine. He has to provide his ability and willingness to integrate his individual clinical expertise and best external evidence. Ethical rules have to be the basis of all medical decisions. One of the main obligations is the information about every planned medical intervention and their consequences. In case a patient is not able to consent a "proxy consent" by an authorised person (legal representative) has to be obtained. The living will with advanced directives and previously expressed wishes can be used for decision finding. The physician has to be free from economic interests.

It is a medical and ethical demand to treat patients with severest neurological conditions without signs of improvement in a special nursing care unit with the main obligation to satisfy the basic needs of a human being. A "continuous activating programme" has to be a fundamental requirement. Every of this hopeless patients have to be treated in dignity.

In untreatable neurological conditions (severe defect state of an apallic syndrome/vegetative state, progressive neuro-degenerative diseases) the decision to end life by withdrawal of nutrition and fluid is by ethical principles in no case acceptable and will be accused as euthanasia. The renunciation of "Maximal Therapy" in severe complications (intestinal haemorrhage, uncontrolled infections) can be accepted in accordance with the Hippocratic Principles.

PLENARY SESSION: MOVEMENT DISORDERS

Deep brain stimulation in dystonia – OC56

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Deep brain stimulation (DBS), well known from the treatment of advanced Parkinson's disease and tremor, is also a potent modality in the treatment of various forms of dystonia. Recent studies have shown that not only generalized but also focal and segmental manifestations of this disease can be treated.

Neurosurgical stereotactic treatment in dystonia is not new. As early as in the 1970's Cooper published a series of thalamotomies in dystonic patients. Later pallidotomies became the preferred treatment. All these treatments were lesional, ablative and thus not reversible and not adaptable.

DBS in dystonia targets the Globus pallidus internus (Gpi). Typically the treatment is done in two steps, both in general anaesthesia. The first step is the implantation of the electrodes under stereotactic conditions. Approach planning is based primarily on magnetic resonance imaging (MRI) combined with computer tomography using image fusion. Micro electrode recording is used to define the transition from the external to the internal part of

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PROGRAM

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