new standard of care modality should be established with the objective of reducing CRC incidence and mortality. Colonoscopy is currently the most successful modality that reduces CRC incidence. Cost, limited availability and participation rates should be considered as challenging factors in establishing colonoscopy for primary screening. However, a plan to gradually implement a national colonoscopy screening program in parallel to FIT testing before phasing out of the current dominating modalities will be successful and cost effective in the long term.

Such a program will be cost effective because early detection and thus lowering its incidence prevents the need for highly expensive therapies associated with more progressive disease.

Although colonoscopy is very effective, a new technology of capsule endoscopy may be a more favorable screening option in case it does not require bowel preparation. When such capsule endoscopy becomes available, the medical community will likely change its approach and use colonoscopy for therapeutic purposes.

Conclusion: A national program using colonoscopy as the main component of CRC screening should be implemented gradually to increase early detection and lower incidence rate.

THE DEVELOPMENT OF TREATMENTS IN RHEUMATOID ARTHRITIS

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Rheumatology is an ancient field in medicine which deals with inflammatory diseases affecting the joints, muscles and skeleton. Rheumatic diseases challenge patients and care providers coping with chronic pain, fatigue, depression, low self-esteem and agony. The hallmark of rheumatic diseases is rheumatoid arthritis. In this review, we will present the variety of treatments that are available today. Some of them, created a revolution in the patient's prognosis and quality of life.

MANAGEMENT OF VENOUS THROMBOEMBOLISM: WHICH DRUG, WHAT DOSE AND FOR HOW LONG

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Venous thromboembolism is a major cause of morbidity and mortality. The main initial therapy for thromboembolism is anticoagulation for a period of three months (active treatment period). The aim of treatment beyond three months is prevention of recurrence. The duration of anticoagulation is being determined by the degree of provocation leading to the thromboembolic event, but other factors like the patient's gender, oral contraceptive use, cancer etc. may influence the period of anticoagulation. The direct oral anticoagulants (DOACs) are as effective as warfarin with less major bleeding events. Despite their growing use, it is important to remember that there is still a lack of evidence about their safety and efficacy in many clinical situations. Preliminary evidence for their efficacy in venous thromboembolic diseases (VTE) in cancer patients has been published. In this article we will address these and other issues arising in treating VTE by discussing common clinical scenarios.

MY GLORIOUS BROTHERS – JEWISH DOCTORS ON THE RESISTANCE FRONT AGAINST NAZIS AND THEIR COLLABORATORS

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Many Jewish doctors in the Holocaust – in ghettos, concentration and extermination camps and in the forests – displayed courage, valor and sacrifice in the resistance front against the Nazis and their allies. The scope of their actions was broad: active resistance in the underground and rebellion movements or in the lines of partisans in the forests; hiding and saving Jews; smuggling medicines; preparing false medical records; secretly conducting surgery and other treatments; refusing the demands to submit lists of patients and workers, thus sentencing them to death; staying by the sick and the needy in the ghettos, even when they could escape, and many more. All this was done out of truth to their conscience, sometimes even beyond their commitment to the doctor's oath, placing themselves in uncertain situations, in distress, hunger, oppression and humiliation, risking their own lives and those of their families. It is admirable how those degrees of courage, bravery, willpower and sacrifice could develop out of such terrible physical and mental distress. The resistance was an extensive wide-ranging occurrence among the Jewish doctors and not one of just a few individuals. This article presents a number of examples of diverse forms of resistance, of individuals as well as of groups of physicians.

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The majority of the German medical institutions and nearly half of the clinicians during the Nazi regime provided unwavering support to the distorted Nazi views on health and disability. Leading physicians were an integral part of the atrocities carried out during that era, with some of them having a vital role in executing the ideology of the "final solution". The names of Carl Clauberg and Walter Stoeckel, two notable doctors in the fields of obstetrics and gynecology, were also linked with the third Reich. Both of these physicians, collaborated, each in his own way, with the Nazi regime, which tainted their legacy indefinitely. The two received professional honor for their contribution to the fields of obstetrics and gynecology, which were unrelated to their Nazi past, after their names were linked in the form of eponyms to surgical procedures and examinations, which they developed.

In recent years, as a consequence of their disturbing past, there are increasing arguments which call for erasing their eponyms from the medical lexicon. We, on the contrary, believe that the opposite is true and that maintaining these eponyms will actually enable teaching future generations and serve a dual educational role to both highlight professional and scientific achievements as well as serve as a mark of Cain and warning that professional achievements do not prevent ethical decline. Preserving the name will provide an educational opportunity to teach about the responsibilities that come with professional leadership, which these doctors abused carelessly, in order to prevent history from repeating itself. ●

STRENGTH TRAINING IN CHILDREN

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The approach to strength training in children still suffers from reliance on misguided notions claiming them as being ineffective and more conducive to injuries than in adults. Not only are those notions wrong, but children's response to strength training is actually rather similar to that in adults, although they don't gain as much muscle mass. Under proper guidance and supervision, the resistance-training-related incidence of injury is not higher in children than in adults. Strength training has other benefits for children, beyond the actual strength improvement. It can help reduce the risk of activity-related injuries, in general, and especially in other sports. In overweight youth, it can also improve the metabolic profile and help in the management of conditions such as diabetes, contribute to the prevention or attenuation of obesity, and may even improve mental health. ●

CULTURE OF SAFETY IN THE HOSPITAL

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The acute care hospital, with its hospitalization departments, diagnostic centers, outpatient clinics, operation rooms and intensive care units, is a very complex industry with the goal of taking care of patients in every stage of their disease, starting with prevention and continuing with diagnosis and treatment. Diagnosis and treatment processes have many stages; most of them depend on high technology and advanced science. Studies in the USA demonstrated 98,000 to 241,000 cases of mortality due to medical errors and complications, third place after mortality due to cardiac diseases and cancer. The quality of treatment is obviously important. The more effective the drug, the higher the influence on disease activity and the better the recovery. Drug safety is not always appreciated and taken into account. The medical team is requested to notify on every mistake, adverse event and sentinel event on the one hand and "nearly missed" cases on the other hand. The reports are very important for system learning.

We believe that by changing the system we can prevent many kinds of human errors. We believe that "to err is human", we are not looking for "blame or shame", but want to prevent the next potential mistake. According to the hospital vision, working plans and projects, an annual risk-management plan is needed. This plan has 3 parts: retrospective, prospective and continuing claims and complains assessment. A good annual, comprehensive risk-management plan will protect the patients and lead to a decrease in morbidity and mortality. ●

SHOULD COLONOSCOPY BE THE PRIMARY SCREENING MODALITY FOR COLORECTAL CANCER IN ISRAEL?

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Colorectal cancer (CRC) is the second most common cancer in Israel, with about 3,100 new cases annually. The available screening methods are occult fecal blood testing, stool DNA, sigmoidoscopy, colonoscopy and virtual colonoscopy. Each modality has different sensitivity, specificity, participation rates, complications, availability and mortality reduction rate. In Israel, the fecal immunochemical testing (FIT) is available for populations aged 50-74 years. However, many of the patients are still diagnosed with CRC at stages 2-4. A

Objective: To evaluate the treatment of VTE as well as the 90-days compliance with anticoagulants in the pre-DOACs era.
Methods: A retrospective study was conducted at Beilinson Hospital, Rabin Medical Center. Inclusion criteria entailed: patients >18 years old; new lower extremities deep vein thrombosis or pulmonary embolism, diagnosed at ER between May, 2014 and May, 2015. Patients with previous diagnosis; upper extremities or inner organs thrombosis or with missing data were excluded. Data collected included: gender and age, comorbidity with active malignancy, provoked/unprovoked events, hospitalization and length of stay, anticoagulation treatment during hospitalization and discharge, recommendations for duration of treatment or further hematologist's evaluation and 90-days compliance with anticoagulation treatment.
Results: The study group included 208 patients, 29% with active malignancy. All were hospitalized. In 54% of the subjects without active malignancy the event was provoked, whereas in 46% unprovoked. This detail was not discussed in any of the cases. The average length of stay tended to be longer in patients with a complete switch to warfarin than in ones on DOACs (10.3±7.5 vs. 6.4±5.2 days, p=0.09). Recommendations for the length of treatment or the need for further evaluation by a hematologist were not found in the majority. The overall 90-days compliance with anticoagulants was 47%.
Conclusions: Most of the therapeutic approach errors might be resolved during the expanded use of DOACs, along with the simplicity of the recommendations at discharge.

A CASE REPORT OF THROMBOTIC THROMBOCYTOPENIC PURPURA (TTP) IN A BREAST CANCER PATIENT

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A 49-year-old patient with a genetic expression of BRCA1, was admitted for a bilateral mastectomy and immediate reconstruction with tissue expander, following left breast malignancy (post-lumpectomy and radiation in the same breast). After the operation there were signs of infection in the left breast, for which she was treated with antibiotics. A few days later, mild neurological signs appeared, which resulted in an extensive investigation, and the next day a seizure occurred. Concurrent with the onset of clinical signs, thrombocytopenia and anemia appeared, accompanied by cell fractures in peripheral blood surface and decreased ADAMTS13 activity.
The combination of the signs and symptoms led to the diagnosis of thrombotic thrombocytopenic purpura (TTP), probably caused by the antibiotic treatment, and the patient began treatment with plasma-parasites and steroids with a resolution of the findings. It is important to be aware of this entity, because of the disastrous consequences of misdiagnosis and therapeutic failure.

EXERCISE IS MEDICINE, INCLUDING STRENGTH TRAINING!

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This editorial focuses on strength training, an integral part of the exercise prescription for children, adolescents and adults. While filling the complete exercise prescription of aerobic and strength components provides maximal health benefits, it is noteworthy that even performing only aerobic activities or strength training is still better than no activity. The exercise prescription should be individually tailored to every person, according to her/his preferences, physical or technical limitations, medical conditions, etc. Some prefer, or are limited to, strength training only. Such activities improve muscle strength and athletic capabilities, in children mostly via improved neuromuscular control, and in youth and adults through muscle hypertrophy as well. From a health perspective, strength training had only been associated with better cardiovascular risk profiles in youth and with reduced mortality risks in adults. Interventional studies demonstrated that such training improves cardiovascular risk and physical functioning in youth and in adults, in healthy individuals and in those with chronic health conditions. Undoubtedly, strength training is medicine.

SHOULD WE DELETE AND CHANGE MEDICAL EPONYMS NAMED AFTER NAZI DOCTORS

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The Nuremberg Nazi doctors' trial, established ethical standards for human experimentation. Pre-Nazi Germany was well advanced in all sciences. The murderous Nazi ideology used eugenics and "scientific racism" to eliminate those whom they regarded as inferiors. Scores of medical eponyms named after Nazi doctors are still in use. We must always mention these physicians' contributions to the "white murderers" atrocities during the Nazi rule.

IS IT APPROPRIATE TO CHANGE THE NAMES OF SURGICAL PROCEDURES AND EXAMINATIONS IN THE FIELD OF OBSTETRICS AND GYNECOLOGY WHICH GIVE EPONYMS DISTINCTION TO NAZI DOCTORS?

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MAXILLOFACIAL TRAFFIC INJURIES RELATED TO MOTOR VEHICLE ACCIDENTS IN JERUSALEM 2000-2013: CHARACTERISTICS AND ETHNIC COMPARISONS

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Background: The aim of this study is to review motor-vehicle accident-related maxillofacial injuries (MVA-MFI) trauma cases and to investigate whether the growing population and traffic congestion, as well as differences in driving practice, vehicle safely devices and infrastructure facilities might differentially affect the pattern of MVA-MFI among Jewish and Arab populations.
Methods: This retrospective study reviews maxillofacial injuries (MFI) identified among all trauma patients who were admitted to Hadassah Ein Kerem hospital, Jerusalem, between the years 2000 to 2013.
Results: Out of 29,997 trauma patients, 1,720 presented with MFI, with motor-vehicle accident (MVA) being the major cause of injury (705 patients, 41%). Their mean age was 29.9±21.0 years with a prominent male and Jewish predominance (4.3:1 and 1.8:1, respectively). Most MVA-MFI casualties were car drivers (41%), followed by pedestrians (30%). Pedestrians with MVA-MFI were mainly children and aged persons, whereas drivers were mainly adults. Males and Arabs were more likely to present with higher injury severity score (ISS). Safety belts were not used in the majority of car MVA-MFI patients (54%). Yet, the ISS score did not correlate with the use of safety devices. Mandibular fractures were the most common (21%), followed by nasal bones (20%), zygoma (17%), orbit (16%), maxilla (15%) and teeth (11%). Age was significantly associated with increased maxillary and nasal fractures and with decreased incidence of mandibular and teeth fractures.
Discussion and Conclusions: Based on our review, young males and specifically Arab patients suffered from MFI and high ISS scores as a result of MVA. The findings and their interpretations are discussed.

RETIRE WITHOUT LEAVING – DOCTORS WHO CONTINUE TO WORK AFTER RETIREMENT

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Background: Retirement is a tipping point and a significant change in lifestyle for people who have worked for most of their lives. Life without work, a social framework, employment, content and a sense of necessity are a blow to the self-image and identity of a person who feels that retirement was imposed on him only because he reached a certain age specified in the law.
Objective: To examine the post-retirement tendency of physicians to continue working in various public frameworks.
Method: A qualitative study was conducted in which the data was collected through semi-structured in-depth interviews that enable the integration of pre-determined key questions along with flexibility and freedom to develop dialogue and raise additional questions. The study population included twenty doctors of various specialties who reached retirement age and continue to work. The interviewees were asked questions about their work, whether they had prepared themselves for retirement, if they had fears about retirement, why they decided to continue working, how long they thought they would continue to work, and more.
Results: Many physicians have talked about the fact that in the field of medicine, experience is one of the most important resources. Retirement at the age of 67, at the physician's professional peak, is perceived as forced retirement. In addition, all physicians spoke about the fear of a drop in their standard of living and monthly income due to the low pension to which they are entitled. Moreover, since the profession of medicine is so demanding in terms of hours of work, many of them have no leisure pursuits or alternatives to work. Furthermore, since the medical profession is so central in their identity, retirement may be an affront to that very identity.
Conclusion: Despite the great pressure that characterizes the work in hospitals, many doctors continue to work after retirement age, finding it hard to give up their professional identity, status, and especially their years of experience.

THE MANAGEMENT OF VENOUS THROMBOEMBOLISM IN A TERTIARY HOSPITAL - THE PRE DIRECT ORAL ANTICOAGULANTS (DOACS) ERA

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Background: The use of direct oral anticoagulants (DOACs) provides immediate and useful anticoagulation without the need of monitoring. The recent expansion in use of DOACs might change the therapeutic approaches in venous thromboembolism (VTE).