ask for a pair of gloves to assess the situation. This had the immediate effect of enabling everybody present to regain their composure.

Robert Derom was nevertheless a warm and understanding person, always ready to help someone in difficulty. Visitors and friends were always welcomed by him and his charming wife Monique in their ancient mansion called *Notax*, located in the countryside near Ghent. We would like to convey our warmest sympathy and condolences to his wife and to their three daughters and son.

As written by the renowned Flemish poet Guido Gezelle:

To be content is a gift
To look content is an art
To live content is luck
To die content is a masterpiece

Emile Papiernik, 1936–2009

By Birgit Arabin

With sadness and grief we must accept that a very unique colleague, mentor and friend, who had dedicated his life to the prevention of babies born prematurely, has passed away. In his lifetime he realized his dreams and goals; without losing his gentleness, he was fulfilled with tenacity, and due to his dedication he has improved human, technical and organizational perinatal care not only in France, but in the world. His death is too early for all who loved and estimated him and we agree with the comment of Madame Uzan in the French Le Monde:

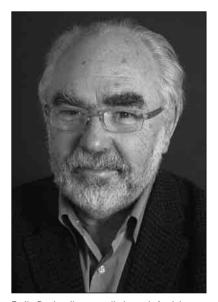
Figure majeure de l'obsterique française est mort, samedi 8 août á Sceaux a l' âge de 73 ans. Il nous a fait voir le patient non comme un dossier mais comme un être humain á prendre a sa globalité (Morin, 2009).

Emile Papiernik was born in Paris in 1936. Together with his wife Martine he had three children and six grandchildren. When asked why he became an obstetrician, he answered, 'I have chosen my field of interest in the 6th year of medical studies by discovering the emotional power of a birth; I was the husband of this mother and the father of that child and had never previously been the witness of a birth. I was, at the same time, fully aware of the enormous technical discordance of the obstetrical practice compared to the techniques

available in other fields, but only the use of a stethoscope for obstetrics in 1962. I suspected that the wave of progress would soon reach obstetrics, and that I could be involved as an actor in that wave, and this was effectively what happened' (Papiernik, 2004).

Emile Papiernik was trained in Gynecology and Obstetrics in Paris. At the age of only 36 years he became chairman of a teaching department at University Paris 11 at Clamart and began to fulfil what he had decided during the delivery of his first child, namely to improve the social, medical and technical care for pregnant women and their babies. Later Emile became a professor of Obstetrics and Gynecology at the University of Paris 5 at Port Royal, where he remained until 2002.

In 1969, Emile Papiernik introduced a program 'Dare to care' for the prevention of preterm births through the use of systematic screenings (risk scores) and changes to the daily work patterns and lifestyles of pregnant women (Bouverot et al., 1963; Kaminski & Papiernik, 1974; Papiernik, 1989a, 1989b; Papiernik & Kaminski, 1974). Thanks to his impact, the French government decided in 1970 to introduce a nationwide policy aimed at the prevention of preterm birth and developmental handicaps in children. This policy was evaluated by the French National Institute of Health and demonstrated a reduc-



Emile Papiernik at a walk through Assisi on the footpath of Francis and Clare who are famous for their vision and care during a twin conference in 1999.

tion in preterm birth rates from 8.6% to 5.4% between 1972 and 1988, mainly for women with risk factors related to demanding occupations. The nationwide success rate of this policy (Papiernik, Bouyer et al., 1985) helped to convince obstetricians all over the world to improve the quality of pregnancy care and led to international awards. such as of Honorary Fellow of the Royal College of Obstetrics and Gynecology, Honorary Fellow of the American College of Obstetricians and Gynecologists, and Honorary Member of the American Society for Maternal-Fetal Medicine.

Emile created and inspired scientific teams dealing with those fields of perinatal care which have an impact on public health of our societies (Papiernik, 1990, 2006a, 2006b; Papiernik et al., 1990). He was the head of a research unit investigating the physiology of human reproduction at the French National Institute of Health from 1979 to 1991. In this unit the first French in vitro fertilisation baby. Amandine, was born in 1982 (Belaisch-Allart et al., 1984) and, together with his colleagues, was called the 'third father' Amandine. Emile believed in maternal autonomy, and supported the mothers' rights even when it conflicted with his own goals; for example, if the parents decided not to continue with a pregnancy (Papiernik, 1990, 2006b; Papiernik et al., 2008). He critically evaluated home deliveries (Papiernik, 2003) and supported perinatal audits and confidential inquiries (Papiernik, 2002). Along with his interest in prematurity and artificial reproduction techniques he consequently developed research on multiple pregnancies with the aim of reducing perinatal deaths and sickness of twins (Keith et al., 1998; Papiernik, 1983, 2001; Papiernik et al., 2001; Papiernik et al., 1998; Papiernik et al., 1985; Vlietinck et al., 1988), and together with his international friends Louis Keith and Isaac Blickstein he was co-editor of a number of books on multiple pregnancy. Without doubt, his most successful book was Guide de la Grossesse, which was written for parents-to-be, and has accompanied generations of expecting couples.

Emile Papiernik attained a leading role in Europe in the advocacy of a policy for prenatal transfer of the mother in cases at high risk for severe preterm birth, instead of the previous policy of transport of the neonate (Papiernik, 1995; Papiernik et al., 2007). He was in charge of a European Union research grant to describe the situation in European Countries of Perinatal Transport Policies

(EUROPOP). Furthermore, he was in charge of a second grant aimed at examining the outcomes of preterm babies born before 32 weeks, comparing the efficacy of different European models (MOSAIC) in nine countries for sites of birth, maternal transport, neonatal transport, size and organization of obstetrical units, and size and organization of neonatal units, and mainly the impact on neonatal outcome (Blondel et al., 2009; Field et al., 2009; Kollee et al., 2009; Zeitlin et al., 2009).

Although Emile did not appear to be a dominating political character, his political impact has been immense. He encouraged politicians to commit to improving policies for the service of mothers and children, including social protection for the financial cover of their required medical services. He was also interested in epidemiological research of prematurity in relation to ethnic differences, and in the health care systems of other countries. Emile also supported charities working for the reduction of maternal deaths in developing countries where women have very limited access to medical care and are at high risk for death during pregnancy or delivery (Belaisch et al., 1982; Fernandez et al., 1988).

Emile Papiernik and his wife Martine had a wonderful home in the suburbs of Paris and were extremely charming hosts. I shall never forget how I met him for the first time in Berlin and that he, together with his friend Louis Keith, encouraged me to go on with studies on preterm birth, twins and other public health projects. Years later, I was honored to be invited to present my studies comparing a political twin model of the West and East German health systems at his farewell congress at Port Royal.

Emile Papiernik will always be remembered, not only by all he has contributed to the French and international medical community, but equally by his humanity, modesty, wisdom and humor. In his personality, he harmoniously combined the medical leadership virtues of self-effacement, self-sacrifice, compassion and integrity (Chervenak & McCullough, 2001), and thus left a trail for the improvement of perinatal care worldwide.

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