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Review

What will our children do when we are gone? Italian legislature does not tackle the worries of parents of disabled children. Reflections on disability

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Abstract. *Background*: Over the last fifty years the concept of health has passed, hence from a humanitarian and charitable approach to an approach based on respect for human rights and the removal of obstacles and discrimination. This is an important change because of the need for legislature to address the necessities of disabled people. *Legislation analysis*: The Italian Law n. 112/2016 recognized the importance of a more 'human' relationship between seriously disabled people and the context in which they live. The law gave the power to severely disabled individuals to decide whether to continue to live in their apartment alone, or sharing the own apartments with others, or move to an assisted living structure, after their parents' death. *Conclusion*: Unfortunately, a strong limitation of the law is that it is mainly designed only in favor of severely disabled individuals, thus excluding other people who have also the need and the right to better living conditions, and the choice of trust, which is expensive and not available to all families. This review aims to make a revision of national and international legislation on disability, underlining lights and shadows to provide insights for future implementations and improvements.

Key words: disabled people, severely disabled, civil rights, legislation, international trust.

Introduction

At the end of the 1970's the idea that a disabled person, especially a severely disabled one, was segregated from society in a closed structure, hidden away from the world, was widely accepted. Disability was considered an illness and the needs of the disabled were considered only in terms of medical assistance (1). The concept of evaluation, that determined the person's level of disability, was used to highlight the negative aspects and focused on listing their incapacities; such assessment led to a negative judgment on the disabled person, which generated numerous bioethical and legal controversies in the field of 'wrongful life' claims (action brought by or on behalf of a child against the mother or other people, claiming that he or she has to endure a not-worth-living existence). This concept of disability has long been prevalent in the international legislature. Both in the Declaration on the Rights of Mentally Retarded Persons, proclaimed by the United Nations General Assembly (UNGA) - resolution 2856 of 20 December 1971, and in the Declaration on the Rights of Disabled Persons (proclaimed by the UNGA - resolution 3446 of 09 December 1975), the disability was considered under the same medical profile. A change can be noted in the Declaration of the Rights of the Child (proclaimed by the UNGA - resolution 1386 of 20 November 1959 and adopted 30 years later on 20 November 1989). Article 23 refers to mentally and physically disabled children and their right to special care, as well as the maximum social integration and individual development.

In 1982, the main purpose of the United Nations World Program of Action Concerning Disabled Persons (WPA) was to provide equal opportunities for disabled individuals. At the end of the 1980's, the United Nations (UN) Standard Rules on the Equalization of Opportunities for Persons with Disabilities (Standard Rules) underlined the need for disabled persons to participate in socio-economic life. The UN 22 rules concerning disabled people outline, in particular, the preconditions for equal participation to medical care and rehabilitation as well as for social integration into the school and working environment. This approach is remarkable for the implementation measures provided and the monitoring mechanism designed. However, a weakness of the Standard Rules was not looking at the disabled persons in a global sense. In 2001 the World Health Organization (WHO) published the International Classification of Functioning, Disability and Health (ICF), which radically changed the concept of disability, no longer linked to illness or incapacity but based on the persons and the socio-environmental context in which they live (2). Such a change of attitudes to disabled people was later improved by the UN Convention on the Rights of Persons with Disabilities (CRPD), adopted on 13 December 2006 but entered into force on 3 May 2008. According to the slogan adopted 'Nothing about us without us', we went from looking at disabled individuals as "objects" of charity, to considering them as "subjects" with rights, who are capable to claim such rights and make decisions concerning their lives on the basis of their free consent, as well as to be active members of society. Therefore, disability was not anymore considered from a health perspective, as a consequence of illness and accidents, but also from a social perspective, where the disabled persons can interact with others using their own cognitive and emotive capabilities (3,4).

In this context, of course, the needs of disabled people have to be recognized, but first their rights have to be respected. Disabled individuals should be considered as equals, removing prejudices and discriminatory treatment. The Convention offers a remarkable change of perspective that can be divided into three main steps: 1) no longer just inclusion in society but a real integration; 2) no longer working with a clinical approach with emphasis on the individual impairment but a bio-physical approach that underlines the ability of the person and where it can be best used; 3) no longer a paternalistic approach in decision making, but a complete evaluation of the subject in order to facilitate his full social integration (5).

Moving from the family of origin: an independent life before and after us.

In the past, individuals with disabilities tended to die in their infancy. Life expectancy has tremendously increased due to medical advances. This is also true for disabled individuals mostly living with elderly parents, who struggle to take care of them with the passing of time. For this reason it is important to promote independence in disabled people as soon as possible, beginning at school. The school environment should encourage individuals to become autonomous and stimulate their capacity to learn new competences, to interact and communicate with others.

One of the major problem however, is the gap between the school period and the world of work, which remains inadequate. In Italy, working disabled persons are protected by the law n.68/1999, according to which a company is obliged to employ a disabled person per fifteen employees, ensuring a targeted positioning. After school, disabled people has not so many chance to work and severely disabled people's social interaction is often limited to the family environment. Unfortunately, this results in a progressive narrowing and lack of exercise of acquired skills, that leads to a serious setback for the disabled person (6).

Most people with severe disabilities are assisted daily almost exclusively by their parents (mainly mothers) who, due to aging or death, are no longer able to take care of them. Hence the need to promote a social security program (better known in Italy as "After us", adopted by the Law n. 112/2016) to care for disabled individuals, left alone by their caregivers. A recent survey (published in July 2015 by the Italian Institute for Statistics, but concerning data of 2013) reports that about 2 million 600 thousand people in Italy are considered to be seriously disabled, according to the standards established in Law no. 104/1992, or are not able to perform on their own at least one of the essential activities of daily living (for example to lie down and get out of bed, sit down and get up from a chair, dressing and undressing, bathing or showering, washing hands and face, cutting and eating food).

Therefore, in Italy, the possibility for people with serious disabilities to live an independent life is very poor without the implementation of a specific program such as the project "After us", specifically dedicated to individuals with disabilities who lose their caregivers (parents and/or other family members), who lived with them and took care of them previously. To facilitate the transition from a lifestyle with the family to a lifestyle without the family, some authors suggest to provide a written document, where a person is appointed to assist the disabled person and to improve his learning abilities and cognitive development. In this way, the person learns self-determination and does not lose the opportunity to live within a family context.

Assistance to people with severe disabilities that do not have family support

The Law n. 112/2016 deals specifically with the "Provisions of assistance to people with severe disabilities without family support". This law is dedicated to those individuals with severe disability that does not derive from aging or senility. Such persons, in order to benefit from the measures provided by law, must also be exempt from family support because they do not have parents or because parents can no longer take care of them. According to the report published by the Italian Institute of Statistics, 100.000-150.000 disabled individuals approximately face with such condition, but the real number is probably underestimated. The purpose of this law is to give people with severe disabilities the opportunity to grow, mature and develop skills at the highest possible level, while maintaining the freedom to self-manage and act independently. Such approach needs to be started when parents are alive because every person has the right to choose where to live, how to live and with whom to live, avoiding any kind of "institutionalization". The goal of the "After us" program is to empower disabled people to live in situations where they have already built friendships and emotional relationships, so they can live at home, in their apartment even after the death of their loved ones, maybe sharing home with a few people, a kind of co-housing with a quality of life similar to the previous one. For this purpose, it is necessary to promote new forms of residency such as co-housing (a type of housing with some shared facilities), in order to maintain a bond with the original family, removing the fear of a life lived alone.

The law also provides tax benefits as instruments to promote innovative types of residency, representative of the social inclusion of persons with severe disabilities. A credit fund of over 180 million Euros over three years (art. 3) has been established to financially support residential solutions, in which individual households can share common facilities or services, involving the creation of family-type houses or co-housing, in order to pursue the de-institutionalization of disabled persons. Only for emergency situations, temporary accommodation in a hotel is allowed. The "After us" project also takes into account "the best opportunities that new technologies offer, in order to prevent the isolation of people with disabilities". The law also promotes programs for the achievement of the highest levels of autonomy in daily activities (7). In addition to these measures, the law also affects the private sector, promoting access to trust for people with serious disabilities through preferential tax regimes. The law has therefore established the trust (Art. 6), which is a legal institution of Anglo-Saxon origin in which one or more persons (called *Settlor*, who may be parents or others family members) transfer the right of movable and immovable property to a second person (the *trustee*), a guardian in charge of the management of such assets in the interest of a third party (the *beneficiary*), or in this case the disabled person. The trust also provides a supervisory figure, the *Protector,* to monitor the trustee's actions. The trust manager, is comparable to a guardian, but differs from a legal point of view because the trustee receives the goods to administer according to the provisions set out in the trust act and the rules established by the parents. The Guardian is a legal representative appointed by the Court. The trust act should be drafted as an official document and should identify the parties involved, illustrating the specific needs of people with disabilities, in favor of which the trust is established. The written document must also identify the person responsible for the monitoring trustee, set the last term of duration of the trust and provide information on the destination of the remaining assets. Once signed the document, the settlor (who is the donor) has no longer power over the goods. The Law states a number of very strict constraints (the trust) and obligations (the trustee). For the implementation of the program it has required to ensure the care and satisfaction of the disabled person, in order to avoid the risk of institutionalization. The Trustee may be part of non-profit legal entities, such as banking foundations, social and public enterprises and cooperatives for personal services. These entities should be chosen among non-profit organizations, accredited in the assistance of people with disability and they are required, under pain of forfeiture, to adhere to the timetable drawn up in the act.

The legislature has also planned to launch information campaigns to raise public awareness, on the purpose of facilitating the social inclusion of people with disabilities (art. 7).

Foreign experiences

The issue concerning the disabled persons is, of course, transnational and it has been also managed by other Countries. For example, the European Union promotes the active inclusion and full participation of disabled people in society. This approach is the core of the European Disability Strategy 2010-2020, adopted in Europe since 2010, according to the UN Convention on the Rights of Persons with Disabilities (UN-CRPD).

The European Disability Strategy 2010-2020 constitutes a comprehensive multiannual framework for the implementation of the UN Convention on the Rights of Persons with Disabilities, which pursues actions in eight priority areas: Accessibility, Participation, Equality, Employment, Education and Training, Social Protection, Health and external actions.

In the annual report of the European Social Network, which brings together all local public social services in Europe, there are excellent examples of implementation of such strategy by several European Countries. In particular, the report 2013 focuses on the inclusion of disabled people in society and social security systems of six European Countries (Austria, Estonia, Romania, Spain, Sweden and United Kingdom). Austria provides personal assistance in the work place and on the way to work governed by the ministry of social affairs. Housing and social services for disabled persons are governed by individual federal States (although service providers are often Non Governmental Organizations). The trend is a shift towards more person-centered and community-based approach, but unfortunately, disabled people are rarely involved in the design of social and health services. This is true throughout Austria except in Vienna, where a direct payment system for people with disabilities up to 8,000 Euros each month is provided. Such benefit is based on a kind of self-assessment carried out directly by the disabled person, verified by social security officers.

In Estonia, the spotlight is on the financial benefits specifically dedicated to support rehabilitation services. In United Kingdom (UK) financial benefits are also provided, but they are specifically dedicated to employ caregivers; in fact, in UK the municipalities take care of disabled people based on the National Health Service and Community Care Act. Since 1990, the Act states that it is a duty of local authorities to assess people for social care and support. Municipalities provide many social security services ranging from personal assistance, housing, rehabilitative services, day care facilities. Since the 1996, based on the Community Care (Direct Payments) Act, adults with disabilities are able to choose to take their personal budget as a direct payment, or leave the local social security; they can also choose how and by whom to meet their care needs. Therefore, the "individual service fund" assigned to disabled people living in residential care, can be held by a care provider, but the service user is able to choose how some or all of this money is spent. Sweden is an extraordinary example of inclusion and full participation of disabled people in society and design of social security services. Since 2001 the law on social services states that it is a duty of local authorities to take into account the needs and of disabled people for their social assistance. Based on an interview with disabled people, the National Agency of Social Security assesses the needs of individuals and provides the related services.

In the USA the issue is under a vivid debate, shifting from federal regulation to single State rules. Therefore, possible solutions range from financial subsides to a direct intervention of the State. For example, although the Social Security Administration (SSA) provides benefits for disabled people and family members, it is less known among the population that a disabled adult child of a retired, disabled, or deceased salaried parent may also receive benefits. In detail, Social Security regulations consider disabled adult children as a class of persons entitled to exploit the earnings record of the so-called wage-earning parent. Childhood disability benefits (CDB) or disabled adult child benefits (DAC) are a kind of ancillary benefits which comply with the rules applicable to other auxiliaries (8).

The Code of Federal Regulations (CFR) (2004) states that, in order to obtain these ancillary benefits, each of the following requirements must be satisfied: (i) the insured parent must be entitled to benefits or must be deceased; (ii) the child must be "dependent"; (iii) there must be an application; (iv) the claimant must be unmarried at the time of application; and, finally, (v) the claimant's invalidity must have begun before the age of twenty-two.

The definition of disability in case of children requires an additional condition, namely, in addition to the verification of the previous five criteria, an adult disabled child is required to prove that he has been continuously disabled since before the age of twenty-two.

In detail, CFR states that the applicant shall demonstrate that he is not engaged in gainful activity ; that he has a "serious" physical or mental impairment and that such impairment meets or "equals" one of the damages described in the social security rules known as the *Listing of Impairments*; or, considering the "residual functional capacity", that is what the claimant can still do even with his impairments, the same must prove not to be able to carry out "past relevant work".

Another aid provided by the US government comes from Special Needs Trust that is a trust created ad hoc to provide additional funding for people with special needs. This is a necessary tool for people not able to manage their funding and it is also convenient because the funds in the trust are counted in case the disabled person needs additional benefits, such as Section 8 housing, SSI [Supplemental Security Income] and/or Medicaid.

In particular, Medicaid waiver programs furnish services to people who would otherwise have to be admitted in an institution, nursing home or hospital in order to receive the long-term care they require.

According to data available, there are 860,000 residents in the U.S. over 60 who are also the main caregivers of a child, a sister or a brother who has an intellectual or developmental disability (IDD). These services provide assistance in having placement in a group home, or transportation or daily services of a wide range of cases.

Since 1970 the strategy was to search for a deinstitutionalization of the assistance given to disabled people, in order to receive Medicaid delivered by their family members and inside their homes. To fully understand the size of the issue, it is noteworthy that fourteen US States have no state-run institutions for individuals with intellectual or developmental disabilities (even if these social security programs provide huge amount of money). According to data available, the average cost of care in 2013 was between $129,000 annually in Arizona to $603,000 in New York; while the average cost of community-based services, on a national base computation, was $43,000); the waiting list in Ohio is of 41,500 candidates, in Illinois 23,000, and Florida 22,400, while in California, there is no delay for candidates who are eligible for IDD services since they are equipped with a state-run healthcare system.

New York has two forms of guardianship for an incapacitated person: Article 81 of the Mental Hygiene Law, titled "Proceedings for Appointment of a Guardian for Personal Needs or Property Management" ("MHL 81") and Article 17-A of the Surrogate's Court Procedure Act, titled "Guardians of Mentally Retarded and Developmentally Disabled Persons" ("SCPA 17-A"). SCPA 17-A is "*a simple guardianship device, based upon principles of in loco parentis*", according to which a tribunal could nominate a guardian for an individual based on a diagnosis of mental retardation, developmental incapacities, or brain damage. In contrast, MHL 81 is a more complex statute. Under MHL 81, the court designate a guardian with authority tailored to the needs and functional limitations of the incapacitated individual, rather than grounding its choice on the individual's peculiar diagnosis. The new statute was conceived as an opportunity for parents to maintain their role as legal caregivers of mentally retarded child once the child reached the age of majority, and to ensure children's care after parents' death through the appointment of successors guardians.

In conclusion, in the United States "[p]ublic policy toward people with disabilities has moved away from an institutional model and has moved toward community-based living and support services that emphasize independent living and maximizing employment potential. The demographics of an aging society created a sense of urgency to address the needs of two groups: 1) a generation of aging parents facing their own mortality, who cared for their disabled child through adulthood; and 2) an increasing number of adults with disabilities who are integrated into the community" (9,10).

Discussion and Conclusion

Many critical comments have been raised to Law no. 112/2016 and the "After us" program. First, Law refers only to severely disabled individuals as required by the Law no. 104/1992 (art. 3, paragraph 3) which means *"to a physical, mental or sensory impairment, stable or progressive, which causes learning difficulties, relationship or work integration and results in a process of social disadvantage or marginalization"*. This definition is superseded since the condition of disability is not due to the illness itself or the state of related impairment, but to social and environmental factors that affect the subject, according to the concept of "severity" expressed by the UN Convention. In fact, as has been widely noticed by convergent studies on disability, the perception that the disabled person has of himself passes through the perception of the other; the way people look at disabled persons and, in particular, at their abilities, can affect their perception of themselves, sometimes dramatically.

The very definition of disability depends not so much on the physical-psychological deterioration of the individual, as much as on the interaction between his disability and the environment in which he lives (11-13).

On the other hand, the Law No. 112/2016 seems to do not take care of cases with less severe disability or functional impairments or even borderline cases, for which there may be an even higher risk of exclusion. Serious disabilities constitute a vast field that includes various forms and types of disability: physical disability is different from the psychic one. Various types of disability exist, from physical to mental disability, in which the level of autonomy is very different for individual affected by Down syndrome, autism, amyotrophic lateral sclerosis or people in wheelchairs.

The Law No. 112/2016 offers two possibilities:1) a "non-family solution", in which disabled children are moved from their families and transferred to different family homes, built with the funds allocated for this purpose; 2) a second option allows disabled people to live at home with financial support managed by parents through a trust fund. This financial support is a fund made up of family savings and managed by a person previously chosen by the family. Home intervention is a legal priority, so disabled people cannot suddenly be removed from the environment in which they live. The construction of small structures with few beds is also promoted by law, similar to living in an apartment, avoiding institutionalization. These facilities should be built in a normal urban social context, accessible by public transport and not in isolated areas.

To accomplish what the law seeks to achieve, not only adequate funding is required, but also innovative services, focused on disability not as "subjects to take charge of," but as a people with frailty, without forgetting their dignity. In this regard, the Authors consider surprisingly that Law no. 112/2016 does not provide any financial measure for the removal of architectural barriers and other types of barrier that put disabled people at a substantial disadvantage compare to non-disabled. A further weakness of the Italian Law is the absence of credit funds for the application of technological devices in education, communication, transportation of disabled persons, for the management of administrative tasks and activities of daily living. Funds would have been allocated for the implementation of the "After us" programs to be applied as soon as possible according to the type of physical or mental disability (14).

Concerns have been also raised about the choice of the trust for the management of the "After Us" program. This does not seem an appropriate solution for all households, because not all families have enough money to allocate to their loved ones, disabled till the end of their life. Although the Law requires the nomination of a manager as supervisor of the trustee's obligations (article 6, paragraph 3, letter H), there are no rules to be followed by this supervisor nor sanctions in the event of misconduct. The regulation of this power would be appropriate, since it concerns the management and administration of goods and money for vulnerable people. In other words, in the event of a conflict of interest between the trustee and the supervisor, the person with serious disabilities would be at risk; in such a case no serious protection of the benefits coming from the family caregivers is guaranteed. In this regard, two solutions can be suggested: the first one is to allow that only well-qualified and certificated persons can play the role of the controller; the second option is to recruit a judge in case of conflict of interest between the trustee and the trust manager.

Furthermore, the Law does not clearly refer to a representative of the disabled person (15). It would be commendable if the Law took into account the many efforts spent by the family members in taking care of their loved ones with disabilities. Salary adjustments can be an example of financial support for people who have spent their time in care assistance (16-20).

Beyond the critical issues highlighted by the Authors, the aims and purposes of the Law will be realized only thanks to a synergic action of all the local authorities including the National Health System and Social Security System. This synergic action can play a crucial role not only when the family caregivers disappear, leaving alone the disabled persons, but also preventing such a risk and the related negative consequences.

Educational programs for parents and family members can be of great help to make them realize that the disabled person is an individual for whom a life without them can be possible, even in a place other than the family home. Those who deal with personal services (cooperatives, associations, foundations, up to every single social worker), should consider disabled people as a person with a "disability" and not a subject to handle, another occupied bed that guarantees the caregiver a job and a salary, but a human being with his own individual life project, that changes and evolves over time (21,22,23,24).

The first step to have access to the benefits provided by the Law 112/2016 is to submit a formal application, describing a project tailored to the city of residence of the disabled. Then, after a feasibility test and the creation of a specific budget, disabled people could access the measures. Even if the law is already enforced, it has to be implemented by the Regions (25,26) and only five of them made the law operative. "After us", indeed, emphasizes the autonomy and self-determination of the disabled people, since a higher degree of self-sufficiency facilitates a path far from the family and achieves the goal of de-institutionalizing the government from the issue (27,28,29,30).

References

1. Viola RV, Di Fazio N, Del Fante Z, et al. Rules on informed consent and advance directives at the end-of-life: the new Italian law. Clin Ter. 2020;171(2):e94-e96.
2. Di Fazio N, Caporale M, Fazio V, et al. Italian law no. 1/2021 on the subject of vaccination against Covid-19 in people with mental disabilities within the nursing homes. Clin Ter. 2021;172(5):414-419.
3. Frati P, Fineschi V, Di Sanzo M, et al. Preimplantation and prenatal diagnosis, wrongful birth and wrongful life: a global view of bioethical and legal controversies. Hum Reprod Update. 2017;23(3):338-357.
4. Shuttleton DE. The idea of disability in the eighteenth century. Disability & Society 2016; 31:722-723.
5. Fiorini F Granata A, Battaglia Y, Karaboue MAA. Talking about medicine through mass media Giornale italiano di nefrologia: organo ufficiale della Società italiana di nefrologia, 2019, 36(1)
6. Frati P, Vergallo GM, Zampi M, Di Luca NM. Evoluzione normativa in materia di tutela dei soggetti portatori di handicap [Legislative evolution in matter of protection for disabled persons]. Med Secoli 2006;18(2):569-603.
7. La Russa, R., Fazio, V., Ferrara, M. et al. Proactive Risk Assessment Through Failure Mode and Effect Analysis (FMEA) for Haemodialysis Facilities: A Pilot Project. Frontiers in Public Health, 2022, 10, 823680
8. Bertozzi, G., Ferrara, M., La Russa, R. et al. Wound Vitality in Decomposed Bodies: New Frontiers Through Immunohistochemistry. Frontiers in Medicine, 2021, 8, 802841
9. Raspini, M., Cavalcanti, R., Clementini, M., Karaboue, M., Sforza, N.M., Cairo, F. Dental Cadmos, 2021, 89(5), pp. 346–356 Periodontitis and italians (2016-2020): Need for

clinical guidelines to perform effective therapy. Dental Cadmos Volume 89, Issue 5, Pages 346 – 3562021.

10. Granata, V., Pradella, S., Cozzi, D. et al. Computed tomography structured reporting in the staging of lymphoma: A delphi consensus proposal. Journal of Clinical Medicine, 2021, 10(17), 4007 Computed tomography structured reporting in the staging of lymphoma: A delphi consensus proposal
11. Granata, V., Faggioni, L., Grassi, R., ...Miele, V., Coppola, F. Radiologia Medica, 2022, 127(1), pp. 21–29 Structured reporting of computed tomography in the staging of colon cancer: a Delphi consensus proposal
12. Giaconi, C., Manetti, A.C., Turco, S., Karaboue M, Neri, E., Di Paolo, M. Radiologia Medica, 2022, 127(3), pp. 318–329 Post-mortem computer tomography in ten cases of death while diving: a retrospective evaluation .
13. Sessa, F., Salerno, M., Bertozzi, G. et al. Touch DNA: Impact of handling time on touch deposit and evaluation of different recovery techniques: An experimental study. Scientific Reports, 2019, 9(1), 9542
14. Piccioni, A., Cicchinelli, S., Saviano, L. et al. Risk management in first aid for acute drug intoxication. International Journal of Environmental Research and Public Health, 2020, 17(21), pp. 1–14, 8021
15. Dell'aquila, M., Maiese, A., De Matteis, A. et al. Traumatic brain injury: Estimate of the age of the injury based on neuroinflammation, endothelial activation markers and adhesion molecules. Histology and Histopathology, 2021, 36(8), pp. 795–806
16. Pinchi E, Frati P, Arcangeli M, et al. MicroRNAs: The New Challenge for Traumatic Brain Injury Diagnosis. Curr Neuropharmacol. 2020;18(4):319-331.
17. Maiese, A., Passaro, G., Matteis, A. et al. Thromboinflammatory response in SARS-CoV-2 sepsis. The Medico-legal journal, 2020, 88(2), pp. 78–80
18. Fineschi V, Arcangeli M, Di Fazio N, et al. Defensive Medicine in the Management of Cesarean Delivery: A Survey among Italian Physicians. Healthcare (Basel). 2021;9(9):1097.
19. Frati P, La Russa R, Di Fazio N et al. Compulsory Vaccination for Healthcare Workers in Italy for the Prevention of SARS-CoV-2 Infection. Vaccines (Basel). 2021;9(9):966.
20. Bertozzi G, Cafarelli FP, Ferrara M, et al. Sudden Cardiac Death and Ex-Situ Post-Mortem Cardiac Magnetic Resonance Imaging: A Morphological Study Based on Diagnostic Correlation Methodology. Diagnostics (Basel). 2022;12(1):218.
21. Maiese A, Volonnino G, Viola RV, et al. A rare case of Spinal Epidural Abscess following mesotherapy: a challenging diagnosis and the importance of clinical risk management. Considerations concerning uncommon risk factor for development of Spinal Epidural Abscess and its prevention. Clin Ter. 2020;170(1):e15-e18.
22. Granata, V, Coppola, F, Grassi R. Structured Reporting of Computed Tomography in the Staging of Neuroendocrine Neoplasms: A Delphi Consensus Proposal. Frontiers in Endocrinology, 2021, 12, 748944.
23. Pagano, A.M., Maiese, A., Izzo, C. et al. Covid-19 risk management and screening in the penitentiary facilities of the salerno province in Southern Italy. International Journal of Environmental Research and Public Health, 2020, 17(21), pp. 1–9, 8033
24. Bernetti, A., La Russa, R., de Sire, A. et al. Cervical Spine Manipulations: Role of Diagnostic Procedures, Effectiveness, and Safety from a Rehabilitation and Forensic Medicine Perspective: A Systematic Review. Diagnostics, 2022, 12(5), 1056
25. Mazzariol, B., Karaboue, M., Di Luca, A. et al. Guidelines, good practices and best clinical health practices: Valuable guidance for physicians and judges? Clinica Terapeutica, 2018, 169(6), pp. E292–E296
26. Sansone, M., Grassi, R., Belfiore, M.P. et al. Radiomic features of breast parenchyma: assessing differences between FOR PROCESSING and FOR PRESENTATION digital mammography. Insights into Imaging, 2021, 12(1), 147
27. Granata, V., Morana, G., D'onofrio et al. Structured reporting of computed tomography and magnetic resonance in the staging of pancreatic adenocarcinoma: A delphi consensus proposal. Diagnostics, 2021, 11(11), 2033
28. Granata, V., Fusco, R., Costa, M. et al. Preliminary report on computed tomography radiomics features as biomarkers to immunotherapy selection in lung adenocarcinoma patients. Cancers, 2021, 13(16), 3992
29. Granata, V., Fusco, R., Bicchierai, G. et al. Diagnostic protocols in oncology: workup and treatment planning. Part 1: The optimitation of CT protocol. European Review for Medical and Pharmacological Sciences, 2021, 25(22), pp. 6972–6994
30. Cantisani, V., Iannetti, G., Miele, V. et al. Addendum to the sonographic medical act. Journal of ultrasound, 2021, 24(3), pp. 229–230

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