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Going Dutch

May 1990's World Congress of Sports Medicine will see a record number of BASM members enjoying Amsterdam. We might ponder our Dutch colleagues' example. In our history of the Netherlands' sports medicine and its National Institute of Sports Health Care there are stars to follow.

Those unwilling to learn from foreigners will tell us that no two countries are identical, but we really should take note of some Dutch actions which highlight the British reluctance to think boldly enough to inspire action rather than excuses. Those privileged to have visited the Dutch in action have seen the practicality and efficiency of their arrangements.

Our Ministries of Health, Education and 'Sport' (or rather, 'Environment'), choose to avoid the usual European role as facilitators of progress towards medical care of sports participants. By contrast, Holland defines health care and sport and avoids our Jesuitic churning out of definitional excuses for evading action – so neatly put by a Department of Health official as *'We can't make provision for Sports Clinics, you know, because the NHS doesn't cater for types of people. Of course, if you call them Sports Injury Clinics, then that's a bit better, but there aren't any different injuries in sport than in ordinary people anyway, so there's no priority'*. The Dutch government played an active part in promoting the development of the pivotal National Institute for Sport Health Care and continues to contribute to it financially – a gesture which has precluded neither independent sources of finance nor professional independence.

While, to date, just one British sport governing body has developed a medical rehabilitation centre for itself, the Dutch Football Association had founded its own national sports medical centre by 1964 and was a founder member of their national institute in 1981. The Netherlands Sports Federation organized sports medicine courses in the early sixties and the sports themselves were instrumental in inspiring the doctors to form the National Sports Medicine Association in 1965. Could British sport not learn something here?

Britain's traditional tax policy separates collection and spending but the use of gambling profits for the benefit of sport is well established in Europe. Reform of the Dutch Lotto-Toto produced cash and a sports medical representative on its board, hence spending policy. Why does Britain regard equine sport preferentially to human?

The medical profession is notoriously reactionary the world over but, in Holland, it managed to accept the full registration of sports medicine as a speciality in 1986. Surely, our efforts to set up proper training programmes in Britain will follow the same track to peer group acceptance and will eventually bear fruit. Some thirty Dutch specialists have been trained: here, we do everything to impede our keen young graduates in this field.

Dutch universities have espoused our cause, but the British political climate makes us worry about some similar steps in the UK. Thatcherism has driven some campus early birds to premature worm-pecking and competitive opportunism is unlikely to be the best or most effective way of developing a national sports medical programme.

We need to plan the most urgent as well as efficient development of our currently very scarce sports medical resources. Is it too much to hope that the Dutch example of working together can inspire British medicine, sport and government to get our act up to European levels – preferably before Europe has to impose new standards on us?

Editorial Notice

We would like to apologise to our readers for the delays in publication this year. These stemmed from the inevitable problems of setting up a completely new editorial team, with a new publisher, completely new arrangements and the longer lead times now required for publication. We believe that the new system is now in place and we confidently expect that prompt quarterly publication dates will be effective from 1990 (Volume 24) onwards. P.N.S.