

The Netherlands Journal of Medicine: the Utrecht years

G.H. Blijham

Chairman of the Board, University Medical Centre Utrecht, Utrecht, the Netherlands
Editor-in-Chief, Netherlands Journal of Medicine 1996-1998

A NEW START

The eighties and nineties of the last century were witness to major changes in the practice of internal medicine in the Netherlands. For decades, the approach towards internal medicine had been a generalistic one. Subspecialities were considered to be mainly relevant for academic medicine; in community hospitals internists were expected to be experts in every aspect of internal medicine. Now this was changing. New subspecialities were developing, such as infectious diseases and medical oncology and in the traditional subspecialities major scientific developments were being translated into new methods of patient care. Internal medicine became a family of disciplines, each with their own body of knowledge and expertise. Internists had to find ways to adapt to this new reality and to establish a new equilibrium between the generalistic approach of the past and the differentiated internal medicine of the future.

They did that in various ways, the most important one being the formation of large group practices which allowed individual members to subspecialise without losing the ability to cover the general aspects of the other subspecialities. It was only in academic medicine that subspecialists could develop full independence. In other words, differentiation on the individual level, as a group responsible for the generalistic approach: that became the major paradigm of the practice of internal medicine in the majority of Dutch hospitals. As a consequence, virtually all subspecialities, such as nephrology, haematology, medical oncology, infectious diseases, intensive care and endocrinology, have never been transferred into official medical specialities; they have remained subspecialities within the one official medical speciality of internal medicine.

So in the last two decades of the 20th century, two opposite developments were taking place at the same time: the

fragmentation of internal medicine into subspecialities and the resurrection of internal medicine as a binding force between those subspecialists. The progress of science dictated the first one, the need for efficient and coherent patient care pushed the second one. In many countries the fragmentation took place earlier; internal medicine virtually disappeared. In the Netherlands it remained alive and well and so did its Journal, the Netherlands Journal of Medicine.

I have described these developments because they constitute the landscape in which the Journal had to find a new position. In short, more than in the past, we had to accommodate for what had happened in the subspecialities but we had to do that in a manner that was of interest to internists who would still not be full-blown subspecialists. The Journal had to become a journal covering all subspecialities without becoming a subspeciality journal. Of course, at the same time traditional aspects of general internal medicine including areas such as clinical epidemiology and medical ethics also had to be addressed.

The new Utrecht editorial team started this endeavour with enthusiasm and determination. Its composition was already a reflection of the new direction: a mixture of academic subspecialists and community hospital internists. We quickly found each other on the principles I have described and set out to put these principles into practice: soliciting of subspecialist articles with original data with relevance for the practice of internal medicine, inviting experts to give comments on new scientific findings in the context of their impact on medical practice, expanding the scope of book reviews to the full spectrum of internal medicine. We tried to increase the quality of the contributions by increasing the number of international reviewers; good quality papers will attract good quality papers and the success of this approach could be seen in a steady increase in the impact factor.

After four years, I was asked to become the President of my institution, the University Medical Centre Utrecht. That position soon appeared to be too challenging to be compatible with the chief editorship of the Netherlands Journal of Medicine. It was decided to keep the Journal's editorial office in Utrecht to continue with the changes that were initiated and appeared to be successful. With

some regret but also with great thrust I descended in favour of the new editor-in-chief, Professor Andy Hoepelman. I am still very grateful that I had the privilege to lead the Journal in such an exciting time in the history of internal medicine in the Netherlands. Fortunately, the Utrecht years would continue in good hands.