

SUMMARY

In the summer of 2000, the Minister of Health, Welfare and Sport requested the Advisory Council on Health Research (Raad voor Gezondheidsonderzoek, RGO) to report on research in trauma care. In her request, the Minister referred to the fact that over the past few years considerable progress has been made in trauma care in The Netherlands, including the establishment of ten trauma centers and the merger of the emergency medical services with the large-scale accident and disaster services. The minister requested the RGO to advise her on how research could support trauma care, at the same time asking the Council to give consideration to research into the prevention of accident injuries.

In order to prepare its report, the RGO appointed a committee of experts. Under the supervision of Professor D.J. Gouma, the committee began its activities by collecting information on ongoing research in trauma care and on research into the prevention of unnecessary injury and handicap. To this end it sent a questionnaire to the ten trauma centers, a number of academic orthopaedic departments, the burns centers, a number of larger rehabilitation centers and also to a number of centers involved in prevention research. In order to gain an impression of the needs for research, the same institutions were approached a second time with the question as to the subjects/areas for which further study was necessary and desirable.

All information collected was then discussed in detail. The conclusion at which the committee arrived was that, while research activities are taking place across the whole field of research, these do not in any way cover the needs for research. In a certain sense research into trauma care is still very recent and, moreover, lacks a thorough infrastructure that would make longer-term research possible.

According to the committee, trauma centers should be supported in the coming years to develop their research infrastructure. The decision to enhance the infrastructure of the trauma centers is prompted by their central position in promoting the quality and efficiency of trauma care in The Netherlands, as well as by the tight relationship between clinical work, training and research in the academic hospitals. Furthermore, stimulation of research should focus on problems that are specific to trauma patients and trauma care for which little if any financing can be found elsewhere. In the case of research into the prevention of unnecessary injury/handicap, much benefit can be gained from

improving registration and cooperation between the organizations active in the field.

The Council endorses the conclusions of the committee and recommends commissioning of a separate research program for trauma research by the Netherland Organisation for Health Research and Development (ZonMw). In its opinion this program should focus on two aspects: contributing to the construction of a solid research infrastructure in trauma care and promoting research within a limited number of areas.

In order to support research infrastructure, the Council has in mind personal subsidies for specialists involved in trauma care and willing to continue engaging in scientific research. In the research program, resources should be made available for this purpose over the next eight years. Preferably, most of these resources should be provided in the first half of the period. Applications for this personal subsidy should be accompanied by a research and training plan and a plan for the methodological support. With a maximum of ten subsidized places in the first four years and about five in the last four years, a sum of about EUR 3.1 million in total should suffice.

In terms of the stimulation of research itself, the Council recommends that the following three subjects should be given priority: research into pathophysiological reactions to trauma, research into the efficiency of trauma care, and research into new imaging diagnostics, new materials for osteosynthesis and fixation, and new rehabilitation techniques. Taking into account the relatively modest research capacity in trauma care and the number of personal subsidies in the first period of the program in particular, the subsidy for this part of the program might best follow a rising course. The Council expects that in this way a considerable proportion of the shortfall in research can be compensated with a total of EUR 8 million, divided into four periods of two years each. In combination with the personal subsidies, the trauma centers may then also be considered capable of functioning as centers of knowledge in trauma care. In this last respect, the Council also suggests to transform the burn centres into ‘centres of knowledge in traumatology’ by implementing Article 8 of the Exceptional Medical Procedures Act (WBMV).

With respect to prevention research, the Council concluded that there is both a lack of information on background information on the long-term consequences of accidents and related care, as well as of cooperation between medical researchers and researchers in the field of accident prevention. In the opinion of the Council, the National Association of Trauma Centers (Landelijke

Vereniging van Traumacentra, LVT) should be invited to take the lead in improving trauma registration and existing registrations such as the National Injury Information System (LetseL Informatie Systeem, LIS).

If those involved actually display a readiness to engage in activities to this purpose, the government should consider offering financial support, for example by means of the Prevention-Research Program of ZonMw .