

# Interview with Dr. Ian T. Young, Chair, Medical Delta

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As the chairman of a consortium that has been working towards both medical and technological progress in the region, how have you seen this progress taking place in the Netherlands in recent years? Can we speak of convergence?

Medical Delta was founded by academic institutions with the mission to transfer knowledge of medical science and technology (medical knowledge) from the places where it is being discovered and developed to healthcare, while generating economic opportunities from this process. The twofold purpose was thus to improve healthcare and reap economic benefits.

There were five founding academic institutions that are located in three cities: Leiden, Delft and Rotterdam. For Leiden, the two institutions were the Leiden University and the Leiden University Medical Center (LUMC). The second university was the Technical University (TU) Delft, and the last two institutions were the Erasmus University Rotterdam and the Erasmus Medical Center (Erasmus MC) Rotterdam.

This innovative formal structure had the purpose to achieve close collaboration between academic institutions, which was not a standard practice in the Netherlands at that time. What you saw happening before was individuals of different universities working together on separate projects, rather than the universities themselves working together. This was a difficult task, in particular because the group includes two medical schools, which are generally very hard to align.

The government has been pushing collaboration for years and has been held at arm's length by many academic institutions in the country. The time was right, however, because of the increasing

awareness of the acute problems associated with high-quality healthcare in Western societies. This was an idea whose time had come.

In the Netherlands, Medical Delta is quite good at developing knowledge at the academic institutions and competent at identifying where the problems in the system lie. This follows from the explicit involvement of the medical institutions. While we may not exactly be aware of what medical problems have the biggest economic effect on healthcare, we are aware of the problems that affect the quality and effectiveness of healthcare.

With this mindset, Medical Delta has been able to make advances and achieve a number of things in the course of the past five years. Today, we have reached a position where we need to become better at getting the economic part to work. This consists of ensuring that new companies are established and that they establish themselves in this region. We, at Medical Delta, believe we have much to offer these players, big or small.

Many of these advantages are rather significant. We are all located within a 15 km radius, which the author Saxenian termed “regional advantage”. In these five knowledge institutions, we have 6,000 scientists working. There are several joint educational programs (full degrees) as well as a number of joint minor programs, which count as full semesters. In addition to that, Medical Delta has 12,000 undergraduate students working in medical or medical technology disciplines, followed by another 2,500 at the graduate level. Medical Delta is home to 600 SME companies working in Life Science & Health. The turnover from Leiden BioScience Park alone adds up to EUR 4,5bn annually. In the last five years 45 new companies have been founded in Life Science & Medtech. The population in the region we refer to as Medical Delta amounts to 3,500,000. This number increases to 10,000,000 people within a one-hour drive. Moreover, this region comprises the largest number of peripheral hospitals in the Netherlands. Lastly, some of the top medical schools in Europe are to be found in the Netherlands. For a country with roughly 17 million people this is quite an achievement. The huge amount of knowhow present in this region also works to the benefit of the development of new pharmaceutical products. And this is the bottom line for the pharmaceutical industry.

All in all, these facts and figures demonstrate that Medical Delta is home to a high concentration of knowledge, studies and students, companies, infrastructure and the willingness to move forward with these assets.

Medical Delta realizes that it is important to remain outward looking and open to external ideas and mechanisms. The European Union offered a special opportunity to put together “Regions of

Knowledge” (RoK), which are intended to be groups of regions working together on healthcare. Our RoK proposal Health-TIES was funded and within this program, our Medical Delta partners are the Oxford and Thames Valley, the Bioregion of Cataluña, Life Science Zurich and the mentoring region of Debrecen in Hungary. Hungary already has a long history of excellent medical science. While we may mentor to this region, it is quite likely that we will also be learning from them. The idea is to learn from best practices to attract companies, set up educational programs, encourage spin-offs, and so on. This program is only three months old but has already demonstrated that we are committed to national and international cooperation, that we strive to maintain and achieve excellence, and that we acknowledge that we do not have a “lock” on everything; we must be prepared to learn from the successes of others.

It is also noteworthy that Medical Delta should not be seen as a closed fortress. It has never been the intent to create an “us versus them” mentality. Medical Delta is a region that will remain open to ideas from and collaboration with other parts of the Netherlands and the world.

We mainly discussed collaboration within Europe, but there are of course also the leading clusters in Boston, San Diego, Shanghai and Singapore for example. How can you reach out and tap into their potential?

We would like to work with China and have approached that country through its medical and technology institutions on a number of occasions. Yet, the process takes time. In Western societies, we make the distinction between trusted relationships and business relationships, while the two tend to blend together more in China. Establishing these relationships requires patience.

You said you now try to focus increasingly on creating economic benefit. Why do you think it has been lacking?

There are a number of reasons, the first being the Dutch cultural problem of transferring technology into companies, which in my view has to do with a number of factors. One of these factors for example is the tax structure and the incentive for people trying to make “serious” money. People start companies to make money in the first place and rarely to save the world. Another example of a factor that plays a role is the growth cycle in the Netherlands. The “natural” growth cycle in new enterprises in the Boston area, Silicon Valley, and so forth, is not one of continuous growth but cycles of expansion and contraction. Dutch law and social convention do not facilitate this natural process. A major problem in the Netherlands, possibly the biggest, is risk-aversion. This is not compatible with the idea of starting a company. In Silicon Valley, going bankrupt means you tried. In the Netherlands, going bankrupt means you failed. What people here

should realize, however, is that not taking risk and promoting the status quo carries an even bigger risk.

To what extent do you feel you can reach out to other regions to attract investment to Medical Delta and increase the potential for generating economic benefit?

With China, for example, it is mainly the case that they are now looking more towards internal investment, rather than investing in the Netherlands. Yet, there are some cases of Chinese companies coming to this region.

Do you see a role for Medical Delta to integrate these companies?

If they are involved in the development of medical technology, which they think would be successful in our markets, we would be delighted to have them here. This opinion is shared by the Vice-President for Economic Affairs of this province, who has made the promotion of economic activities with China a top priority on his agenda.

Because of the Port of Rotterdam, a strategic partnership between the region around Shanghai (Pudong) and the province of South-Holland has been established. In the five years of Medical Delta, Life Science and Medical Technology has been added to this list of priorities.

In that sense, what do you think are the top achievements of the past five years?

There are four things on my agenda and when I can accomplish these, I will feel satisfied about my position as chairman.

The first was to obtain a major amount of funding from the government to support medical device development, not to write scientific articles. The Innovative Medical Device Initiative (IMDI) has been a government initiative that shows government's acceptance of the need to invest significantly in medical devices. Medical Delta is a major participant in IMDI. The government, unfortunately, has decided against the idea of such investments this year, because of the current financial crisis. I anticipate funding for this national initiative in the near future as healthcare problems are not going away and the opportunities are significant.

The second was to establish joint educational programs to provide a solid base of people who are trained to work in medicine and technology. This has been achieved.

Medical Delta has also been working towards a particle therapy center for cancer treatments. Today, there are 30 therapy centers in the world including 11 in Europe. There is no such facility, however, in The Netherlands or Belgium. There are serious on-going discussions to establish

centers in The Netherlands and there is a clear business model to make these centers economically attractive. We are now waiting for the government to approve the payback mechanism. Our ambition is to establish one such center in Medical Delta.

Last on my list, but certainly not least, is to create more SME medical companies and I would like to see more medical high-tech parks. Apart from that, I would also like to see the major industries, meaning Philips, General Electric, Genzyme, Pfizer, Siemens etc. come and invest in Medical Delta.

During the early years of Medical Delta, you made the comment “In ten years time, anyone who needs to undergo a complex operation will come from far and wide to the medical facilities in South Holland”. Five years later, how do you see the situation?

There is a set of areas where this region proves to be the best for treatment for certain diseases. People need to be made aware of this potential. While we spoke of convergence earlier, it is a trend that would occur anyway. Just last week, the National Organization for Surgeons signed on to the idea that not every hospital does every surgery. There is a need for regional hospitals to specialize in certain areas, such as breast cancer, lung cancer etc. No one wants to be operated on by a doctor that does only ten cases per year; you would want one that does ten operations per week.

While this region did not suddenly become great in a certain area because of Medical Delta, Medical Delta can be successful by capitalizing on the expertise in the region. We have therefore chosen to focus on three particular areas of excellence: Imaging and Image-guided Medicine, Interventions and Care, and Targeted Molecular Technology. These are areas where we believe we have tremendous expertise and experience and where we can make a difference.

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