

## PDF hosted at the Radboud Repository of the Radboud University Nijmegen

The following full text is a publisher's version.

For additional information about this publication click this link.

<http://hdl.handle.net/2066/160959>

Please be advised that this information was generated on 2017-12-06 and may be subject to change.

# Loslaten - Letting Go

AFSCHEIDSREDE DOOR PROF. DR. RUTGER JAN VAN DER GAAG

afsc  
heids-  
rede

*change perspective*

Radboud Universiteit



## LOSLATEN - LETTING GO

PROF. DR. RUTGER JAN VAN DER GAAG



Letting go is a sound intention for someone on the verge of retirement. But letting go is also an important feature in development. Children need space and sufficient independence for a health development. Elderly need the same kind of room and independence to keep their competencies

up to standard. Letting go is difficult for parents of children with developmental disorders. How can their child thrive in a society full of prejudices and stigma?

Health professionals should let go the assumption that somatic and mental problems are separate entities. Especially in our time when leadership is needed in order to face modern epidemics, including the worrying increase of developmental disorders.

The transition in our country of health care and welfare from the central to local governments is good news in this respect. It offers great opportunities to show real solidarity with those in need. But from our knowledge of especially brain development, we are acutely aware of the fact that there is no transition from one stage to the next without the readiness in all to engage in profound transformations to make things new.

Professor Rutger Jan van der Gaag (1950) was appointed in 2002 as a professor of Psychiatry (clinical Child & Adolescent Psychiatry). He was chair off the Netherlands Psychiatric Association (2008-2012) and of the Royal Dutch Medical Association. Currently he is the Vice-President of the European Association of Medical Doctors (CPME) and Council at the World Medical Association.

LETTING GO

Opmaak en productie: Radboud Universiteit, Facilitair Bedrijf, Print en Druk  
Fotografie omslag: Bert Beelen

© Prof. dr. Rutger Jan van der Gaag, Nijmegen, 2016

Niets uit deze uitgave mag worden vermenigvuldigd en/of openbaar worden gemaakt middels druk, fotokopie, microfilm, geluidsband of op welke andere wijze dan ook, zonder voorafgaande schriftelijke toestemming van de copyrighthouder.

## **Letting Go**

*Lecture delivered by Rutger Jan van der Gaag on the occasion of his farewell as Professor of Clinical Child and Adolescent Psychiatry at Radboud University/Radboud university medical center on Friday 23 September 23, 2016.*

**door prof. dr. Rutger Jan van der Gaag**

Dedicated to

all my patients and their parents

all my students, trainees and PhD students

and

to Dr. Karen B. DeSalvo, Acting Assistant Secretary of State for Health - U.S. Dept. of Health and Human Services, and Sir Michael Marmot and all those who contributed in making me aware of the uttermost importance of public health and the social determinants of health

*Rien n'est jamais acquis  
 À l'homme ni sa force  
 Ni sa faiblesse ni son cœur  
 Et quand il croit, ouvrir ses bras son ombre est celle d'une croix  
 Et quand il veut serrer son bonheur il le broie  
 Sa vie est in étrange et douloureux divorce  
 Il n'y a pas d'amour heureux*

(Poem by Louis Aragon – music Georges Brassens)

Good afternoon, and a warm welcome to my family, friends, colleagues, and officers of the University and Academic Medical Centre. And an especially warm welcome to all the students.

But before embarking on a journey into the world of development and change, I would like to express my admiration and gratitude to the beadle of our University, Nico Bouwman, his deputy Jacqueline Berns, their staff, and all those who give our University and University Medical Centre such a friendly, welcoming face.

You might wonder what a poem by Louis Aragon, a Frenchman, has to do with the theme Letting Go of this valedictory lecture. For those less familiar with French, I will translate it into Dutch (English for you reader).

*Nothing is ever really acquired  
 Neither strength nor weakness  
 And when man stretches out his arms, his shadow is that of a cross  
 And when he tries to be-hold his happiness, he crushes it  
 His live is a strange and painful divide  
 There is no happy love....*

it's quite a gloomy perspective at first sight, don't you think? Or not?

What goes wrong with mankind? The answer to this existential question lies in the sentence “tries to be-hold”. The opposite of holding on is letting go... Yet letting go appears to be quite difficult both for individuals and for organisations. This despite the fact that both evolution and an individual's development show us how beneficial letting go can be... when facing changes and new situations.

Let us look at how babies try to get a grip, literally, on their world. They look at objects, smell and taste them. And then they start manipulating them, ordering them, and



spinning them. In the process, they realise that the hands they are looking at, are their own hands. And that they can use them for grasping and touching, but also for pointing and asking (joint attention). They invite others to share. And this is how infants learn words and emotions, and learn to distinguish between what is familiar and what is strange, what is safe and what is dangerous. They begin to understand things not by holding on to them, but by picking them up and letting them go.

The infant develops while we are watching. But a lot of what we know now in relation to development is still quite new. In the year I was born (1950), René Spitz in his “the First Year of Life” stated that babies cannot distinguish between familiar and strange faces before they are eight months old. It is true that after that eight-month period many children become afraid of unfamiliar people. In a similar vein, the empirical studies of Margaret Mahler in the 1960s concluded that every baby goes through a “physiological” autistic phase in the six first weeks of his or her life. Yet this is difficult to imagine when you look at very young children closely.

In 1975, MacFarlane and his team showed that babies can identify their mother from among other women from the first hour of life, by means of her smell and milk. They turn their face away from a pad soaked with the milk of an unfamiliar mother! And that recognition is reciprocal: when blindfolded, nearly all mothers can identify their own baby from among others. But let us be cautious: don't trust the fathers – in most cases, they will bring home the wrong child if they have to choose their own son or daughter blindfolded. But let us face it: Gender differences do exist and it should be acknowledged that they lead to different patterns of behaviour, but also to gender-specific diseases and disorders that we have to take into account!

Imitative behaviour is present from birth onwards. I have repeated Meltzoff and Moore's experiment by sticking out my tongue at our newborn grandchildren and -no surprise- they all stuck their tongue out within seconds... it was quite a challenge to change that habit afterwards.

Recognising, imitating... smelling,  
Smell is the function of the olfactory nerve, the first cranial nerve. Mammals communicate extensively through smell. Setting out olfactory signals to mark the boundaries of their territory and using the sense of smell to search for food helps individuals to survive, but the same sense also aids the survival of the species. The deer that are burling in the woods during Autumn demonstrate this loudly. Smell and sexual attraction are closely linked – even though modern mankind seems to prefer cosmetic perfumes over those created by nature.

Our deepest memories are linked to taste and smell. In “À la recherche du temps perdu”, eating a French madeleine cake brings back childhood memories to Marcel Proust. However, in humans taste and smell as means of communication are abandoned early in life, to make place for other interactive languages. Letting go of a primitive strategy is an important component of development.

In fact, this process of “letting go” starts right at conception, when the mother’s body temporarily abandons all immunological principles to enable the growth of an embryo in her womb, half of which is alien to her. Likewise, the stem cells let their configuration go in order to transform into neurones, muscles, and the cells of the skin, blood vessels, gut etc, moving towards sites where they become functional. This process is by no means autonomous but is highly dynamic, in which the outcome is governed by the continuous interplay between the individual (nature) and its environment in the broadest sense.

Much of our knowledge about these processes comes from studies of monozygotic twins. They are by definition genetically identical and at first glance their resemblance is uncanny. Yet when it comes to their susceptibility to develop the same diseases, they appear to be quite different. While in diabetes there is a high concordance of almost 80%, the concordance rate for cardiovascular disorders, morbid obesity, cancer, schizophrenia, ADHD, depression, and anxiety is estimated at about 50%, but is often much lower. Thus it appears that it is not the disease itself that is inherited, but the susceptibility to develop it. That vulnerability or susceptibility has to be triggered by external circumstances in order to lead to the clinical expression of the disease.

The highest concordance is found for autism – about 90% concordance for the various expressions of autism spectrum disorders. Recent studies have shown that heritability accounts for about 60% of the concordance and that the remaining 30% is the result of the twins growing up in the same family environment.

So, in development everything is in perpetual motion, *panta rhei*, as the ancient Greeks put it.

*The Dutch poet Michiel Bollinger puts it as follows:*

*alles stroomt - everything flows*

*niets blijft - nothing remains*

*alles gaat voorbij - everything passes by*

*een foto bestaat niet - a photo does not exist*

*leven is niet in stukken te knippen - life cannot be cut in pieces*

*net als een zin met woorden - like the words in a sentence*

*alles stroomt niets blijft, alles gaat voorbij... enz. Etc.*

But motion in development is by no means random. The nature–nurture interplay affects the development of the individual as it goes from embryo via the completely dependent newborn baby via the semi-independent adolescent to the autonomous adult in his or her social and cultural context... and to the decline of old age.

#### Development from the lifespan perspective

Development is not a gradual, smooth process, but instead one in which stagnation is followed by a huge leap to a next stage. For example, when a cognitive system reaches the limits of its potential, a crisis arises, but during development a crisis is never a threat but rather a splendid opportunity for change. However, gearing up to a new stage of organisation can only occur if there is a radical transformation. In the brain (and in the individual), old and now redundant networks are often simply destroyed.

The impressive transformation of the way in which an individual thinks and how information processing is organised occurs during the seventh year of life. Before that age, children have an incredible rote memory that enables them to beat adults in the pairing game of memory. But all of a sudden the sequential organisation of the brain changes. Instead of gestalt memory strings, the “hard disk in the brain” develops a more systematic memory involving folders and subfolders. This allows the child to acquire an incredible amount of knowledge and skills during the elementary school years.

Local connectivity is transformed into long-range connectivity, enabling the child to adopt a more global approach, taking broader perspectives, and to think in a more abstract and playful manner. This latter process continues into adolescence and adulthood.

Old strategies are abandoned by letting go... However, to be honest, I sometimes think that this process is never fully completed, especially when I spend a lot of time looking for a bill or an article in the piles of paper on and around my desk. But let’s say: the exceptions confirm the rules.

It is strange, given this knowledge about how brain functions develop, that in the Netherlands children are sent to school at increasingly younger ages. Why put effort into teaching things that children’s brains are not yet well equipped to process. Let toddlers learn by discovery and play. Starting school too early causes stress and unhappiness. Why not wait until the child is ready for school... when the learning process is virtually automatic.

And if development stagnates .... parents are the first to be aware of this, supported by baby/toddler welfare clinics and kindergarten professionals. But circumstances are changing too. In the past, people had children and tried to make the best of it. Nowadays, children seem to have become well-planned projects, and parents want to see a return on their investment.

This approach is paralleled by the way schools are funded in the Netherlands. Are schools required to make sure that children acquire knowledge and skills so that society gets what is needed for its future in terms of diversity? No – schools are required to ensure that all children perform at a very high level! Do we need a society full of scholars and geniuses?

This exclusive aim of creating excellence is strange when we know that most things in nature are normally distributed, ranging from one extreme to the other, with the bulk somewhere in-between. This distribution is called a Gauss curve after the German mathematician Carl Friedrich Gauss, who was the first to describe it. Mr Gauss must lie uneasily in his grave when contemplating the distribution of pupils in the Dutch education system. In total, 17% of pupils are considered to have special needs. This is a very high percentage when, in any normal distribution, one would expect no more than 2–3% (2 standard deviations) at both edges of the curve, as seen in all the other countries of the European Union (still including the UK at this stage!)

Is there somewhat rotten in the educational system in the Kingdom of the Netherlands?... I fear so.

In nature, parents invest a lot of energy in raising their young and then, at a certain moment, encourage them, sometimes forcefully, to leave the nest, to become independent. Yet this encouragement of independence is nowadays often missing. The traffic plan issued by the elementary schools in our neighbourhood does not encourage children to walk or bike to school. Instead, there is a one-way traffic system with a kiss-and-drive zone where parents can drop their preadolescent children off by car. Admittedly, with such a high density of cars the area round the school is potentially too dangerous for children to cycle!

LET GO of the idea that children need to be protected and shielded from the frustration and the hard sides of life. Learning how to ride a bicycle provides a metaphor to illustrate what child-rearing should be about. Parents provide the materials, i.e. the bicycle, and teach their child the necessary skills. And when they feel the child is competent... let it loose and there it goes! Here, again, the outcome is distributed along a Gauss curve: a small minority of children go off straight away and are OK, the vast

majority of children struggle to learn, falling over and getting up again until they succeed, and the final small group of children never manage to learn however often they fall over and start again. These children will need extra support.

The parallel process in adolescence is parents giving their children pocket money and the responsibility for buying their own clothing. No more fights over expensive fashionable clothing – give children the means and let them learn to make their own choices! There are always motivated adolescents who take jobs to earn extra money.

Youngsters should be helped to head towards the future with confidence and curiosity, just like Bilbo Baggins at the start of his quest in the *Hobbit* by Tolkien:

*The Road goes ever on and on  
Down from the door where it began.  
Now far ahead the Road has gone,  
And I must follow, if I can,  
Pursuing it with eager feet,  
Until it joins some larger way  
Where many paths and errands meet.  
And whither then? I cannot say.*

BUT LET US FACE IT: LETTING GO IS FAR FROM EASY FOR SOME PARENTS.

Much of what we know about typical development comes from knowledge acquired in studies of deviant patterns of development, such as in autism. It began when the parents of children with autism, such as Bernard Rimland and Lorna Wing, refused to accept that “refrigerator mothers” or “poor childrearing” could cause autism. They saw that their child was different – that it lacked reciprocal communication, that it was anxious and had difficulties relating to people, and that it fell back into rigid preoccupations and stereotype behaviours. When Lorna Wing and Judy Gould ventured to establish the prevalence of autism as defined by Leo Kanner in the London borough of Camberwell, they hypothesised that it would occur in 1 in 2000 individuals. Their extensive research confirmed this figure. But along with discovering the pattern of common symptoms and the ways autism is expressed, they also discovered that autism-related symptoms that led to some form of impairment were present in as many as 0.3% (1 in 300) inhabitants in this neighbourhood. This finding has largely been replicated in different countries and cultures.

Their article was published in 1979, the year I started my training in psychiatry. In 2006, Baird et al. reported that 1% of the population suffers from some impairment due to an

autism spectrum disorder. Simon Baron-Cohen from Cambridge provided evidence that nearly 5% (1 in 20) of the general population has some kind of “autistic intelligence”. Most of these individuals are scientists or engineers and do not suffer from their way of perceiving the world, but on the contrary benefit from it in their work and research. As a matter of fact, we are greatly indebted to those scientists and inventors with an autistic condition who revolutionised our world and made computer technology, amongst other findings, available to all. Autism – a blessing and/or a curse?

A parallel story can be told about ADHD, which was found to have prevalence of 1% in the world-famous study of the Isle of Wight and a prevalence of 5% worldwide. This might be even higher if easily absent-minded professors like myself are taken into account.

Such a dramatic increase in the number of people suffering from developmental disorders is reminiscent of the prevalence of other epidemics of non-communicable diseases, such as morbid obesity, diabetes, high blood pressure, anxiety, depression and autoimmune disorders. All these are attributed to changes in our society, where humans are poorly adapted to eating too much food and to the increased stress of a demanding society. Strangely, no-one seems to bother when a committee in Geneva changes the thresholds for high blood pressure, which leads to millions of people with so-called pre-hypertension being prescribed medication. But any increase in psychiatric disorders is attributed to greediness and the evil genius of the pharmacological industry and doctors.

Undoubtedly, politics do play a role. The tremendous increase in the incidence of autism when Ronald Reagan became Governor of California was by no means a matter of chance. Reagan, whose nephew had been diagnosed with autism, ensured that autism was recognised as a disorder for which the state should take responsibility. Many families with children with autism needed a diagnosis in order to benefit from the financial support and services provided by the community. Worldwide, diagnoses serve as passports for admission to benefits, services and special schools.

But this cannot be the only explanation for the explosion in autism prevalence. Our societies have become increasingly complex, and many of those individuals with what Simon Baron-Cohen calls an autistic condition, who can function quite well within their possibilities and limitations in a well-structured and foreseeable context, are unable to adapt to a fast culture that requires flexibility and a great capacity to divide attention and to be able to concentrate in distracting circumstances.

It is distressing for many people, dramatic for parents and families, and a public disgrace that psychiatric conditions are highly stigmatized, as John Lennon en Paul McCartney hinted in their song “The Fool on the Hill”:

*Day after day  
Alone on a hill  
The man with the foolish grin  
Is keeping perfectly still  
But nobody wants to know him  
They can see that he's just a fool  
And he never gives an answer*

*(ref.)  
But the fool on the hill  
Sees the sun going down  
And the eyes in his head  
See the world spinning round...*

Psychiatric disorders are neither popular nor accepted, even though they run in most families. They are not conditions that one would casually mention in social conversations, let alone on official occasions. And yet from a neurobiological point of view, psychiatric disorders are no different from other well-accepted, non-communicable diseases, which are often also caused by imbalances in neurotransmitters in stress regulation loops. However, psychiatric disorders are transactional. The agitated delusional patient scares people, and the aloof or depressed patient induces discomfort and powerlessness in others. This reaction of uneasiness is common not only among the general public but also among health professionals, and especially those working in the field of somatics.

It is painful for patients and very difficult and stressful for parents and relatives to let their son or daughter with a developmental disorder go to find their way in a hostile society.

This makes it clear, things need to, should, no: must change!  
*at this stage the speaker comes down from the pulpit and takes off his university gown to continue in a more casual (eastern Asian) outfit:*



*De geit van dokter Sanders is anders, is anders,  
 Dr Sander's goat is different from Dr Snel's  
 De geit van dokter Sanders is anders, van model  
 dan de geit van dokter Snel, dan de geit van dokter Snel,  
 dan de geit van dokter Snellebellebel...  
 (Annie M.G. Schmidt)*

THINGS CANNOT ONLY CHANGE  
 THINGS SHOULD REALLY CHANGE  
 THINGS ARE IN FACT ALREADY CHANGING...

Health and social welfare are complimentary and should be integrated

In the Netherlands, we, or rather our politicians, have decided that local communities (municipalities) should be responsible for the health and welfare of their citizens. In the first instance, this has led to the transfer of services for the frail elderly and problematic youth from central to local government.

These changes are a great challenge, but, in my view, they also create wonderful opportunities. Some think it is just a matter of cutting budgets, but I totally disagree with this. No, the transition to local communities implies that the community takes responsibility for the distribution of services to those in need and do that with the available means, which are by no means unlimited. But this transition will not be successful if we go on doing things as we did in the past. The challenge is to implement the necessary transformations in order to make things new!

Let's face it: every transition causes a crisis. But a crisis also creates the opportunity to do things differently. This is by no means a new idea. Eric Topol elaborated on the views of the economist Joseph Schumpeter and applied them to healthcare and medicine in his book "The Constructive Destruction of Medicine: How the Digital Revolution Will Create Better Health Care" (2013). Without referring explicitly to brain development, the phenomena of constructive destruction in medicine parallels what occurs in the brain, namely, that every transition to a new way of organising things in a better, more effective and efficient way means that the structures in place need to be abandoned and even "destroyed" to make way for true innovation.

In the Netherlands, the report of the Commission Kaljouw underscores this necessity because, as in many countries, the population demographics in 2030 will be very different from those of today, with many more frail elderly individuals and a relatively



smaller proportion of younger age groups. This means that health and welfare will have to change radically to accommodate these demographic changes!

The Commission's advice is in line with Eric Topol's recommendations in his most recent book "The Patient Will See You Now" (2015). Self-management and patient emancipation are essential and will be part of an irreversible process. Naturally, the cynics will react by saying: "this is utterly exaggerated" and "only the happy few are smart enough to use electronic devices and modern means of electronic and digital communications". Change is always frightening. You know what you have got and no-one knows what is going to happen in the future.

I think that many professionals and organisations chose to be ostriches, burying themselves in the past and turning their backs to the future. This conservative reaction is part of the transition, especially for those whose job is at risk. The British trade unions illustrated this point to perfection when imposing three engine drivers on every electric train because there were three of them on steam engines in the past!

Constructive destruction is merciless, and many individuals who become redundant will have to reconsider and adapt.

Luckily for the staff of the Radboud University Medical Centre, innovation is a major goal and a permanent challenge as a way to improve healthcare. I have found it a tremendous privilege to be part of it, inspired by modernizers such as Jan Kremer and Bas Bloem, innovators of the digital platforms of Mijn/Parkinson-Zorgnet in which the patient is really in charge of his own needs and care; Gert Westert and his team in IQ Health Care, which aims to provide effective, safe, affordable and ethical personalized care for all; Lucien Engelen and his collaborators in REshape; and Toine Lagro, Angela Maas, Didi Braat, and Patricia van Wijngaarden with their focus on gender-specific medicine.

Their way of thinking out of the box confirms Einstein's postulate: "We can't solve problems by using the same kind of thinking we used when we created them." In other words, there is no transition without transformation, starting with our own views and ways of thinking! The Department of Child and Adolescent Psychiatry had the courage to close down 66 adolescents inpatient beds and to change gear by offering 24/7 help at home. Six beds have been retained for short admissions on demand - adolescents are not placed in a group of fellow adolescents, but with one of their parents, so that they keep in touch with their families.

According to Topol, the first transformation is digitalisation. This is not something for the future but is occurring now, even as I speak. So why not in medicine, healthcare and

welfare? Information should be available to all and not only to the happy intelligent few. Every citizen, healthy or ill, smart or less smart, is involved. Professionals and organisations that continue to say that a large part of the population is unable to participate in the digital revolution should wake up and face reality – they should talk to people instead of thinking what is good for them! They may be surprised to learn that even less bright, literate and elderly individuals can take care of their finances and do some of their shopping online. This might change their mind-set and help them to start thinking in terms of possibilities instead of impairment and dependence. This is in line with the proposed new definition of health as “the capacity to adapt in adversity” (Huber et al. 2011).

It is becoming increasingly clear that the problem is not so much to do with the patient or citizen but with health professionals and the way healthcare is organised and remunerated. What we see is that civil servants in local communities are starting to act like health professionals or take over the role of medical insurance companies instead of opening up towards the community and really involving citizens in the decision-making process. Those now in charge exhibit an uneasy conservatism. Institutions act in the same way. While proactively expressing a desire to collaborate with others, at the same time they have a barely hidden goal of keeping their budgets and way of operating as they were and are.

Luckily, the wake-up call has come in the form of a report from the National Council for Health and Welfare, which recommends that health professionals and services should start cooperating with patients and citizens rather than forming trusts together. Confidence is the key issue and you cannot keep everybody, especially your own employees, happy. Let go the old way of doing things...

Some professionals may feel uncomfortable about relinquishing their ‘god-like’ status as the knowledgeable expert who helps who knows what is right and necessary in order to help his patients. They may feel threatened by the uncertainty that occurs when the borderlines between primary and secondary care become fuzzy and the distinctions between disciplines and specialisms become less distinct, let alone when tasks are transferred to other disciplines, such as nurses or even patients themselves. Changes that give medical doctors a new role as skilled health advisors.

Though this reaction is understandable, doctors and hospitals should look at department stores such as Vroom and Dressman, which went bankrupt when customers started to prefer browsing the Internet than go shopping in shops. A lot of changes lie ahead, and it is just as difficult to predict what healthcare and welfare will be like in 10 years’ time as it is to imagine what our inner cities will look like.

But the necessary transformations are not only hindered by reluctant healthcare professionals. There is another problem that is more insidious, namely, the way in which healthcare professionals are remunerated and forced to compete for the cheapest possible high-quality care. *If fire brigades were remunerated in the same fashion as doctors and healthcare, i.e. payment per fire extinguished, then the Netherlands would be continuously on fire!* And how foolish to foster competition when in a small country such as the Netherlands only a limited number of collaborating networks are needed to provide the highest standards of healthcare and welfare to the citizens as near as possible to their homes.

Luckily, doctors and health and welfare professionals are “entrepreneurs” in the best sense of the word. One assumes that no doctor who abides by the Hippocratic oath would consider making money at the expense of his or her patients. No, doctors should look to a different entrepreneurial tradition, such as that shown by the 19<sup>th</sup> century general practitioner Samuel Sarphati in Amsterdam. He was devoted to his patients individually but was a true entrepreneur when it came to changing environmental conditions to improve the health of the population: he fought for clean water, adequate sewage and proper housing. When he became concerned that his patients were malnourished, he started an industrial bakery and likewise enabled his patients to grow their own vegetables on plots of land on the outskirts of the city. In short, entrepreneurial doctors do not have self-enrichment as goal, but instead the sentences of the Hippocratic oath in its Dutch version 2003: “I promise to foster health by all means” and “I know my responsibility for society”.

This would make public health more important than one’s own practice, hospital etc. Our CEO Leon van Halder expressed this recently, stating that “Quality and optimal care for the patients should prevail above the interests of the own organisation.” And he demonstrated how the Radboud University Medical Centre seeks to create networks and cross boundaries in collaboration with patients to help provide the best possible “transmural” care for patients as near as possible to their homes. This would make the constructive destruction of about 100,000 m<sup>2</sup> of hospital space possible!

This perspective is not yet omnipresent: on daily basis I receive emails with graphs about my clinical performance, in terms of the ratio between the time spent and the money health insurance companies are prepared to pay for my work. At the end, there is a “profit and loss” balance (in euros). I refuse to spend time digesting this information and assume it is about “profit and loss” for the patient in terms of health, happiness and ability to participate in society. I cannot imagine that we pursue other goals than that in medicine!

The Papageno foundation that, together with Speulderhold from Beekbergen, will cater the reception after this lecture sets us a good example. They teach individuals with autism and/or a learning disability the skills needed to assist and serve visitors coming to concerts in the Papageno house in Laren. And visitors learn to appreciate the services offered. This reversed integration strategy enables individuals who are prepared to spend 2 years learning skills to pursue their route to becoming as independent as possible, where they can be proud to be valuable members of their community! This sounds like music to my ears. With a great thanks to Aaltje and Jaap van Zweden, who managed to change their own misfortune into something so beneficial for so many.

Before I conclude, I would like to take an even broader perspective on the theme “Letting go” as a rite of passage in my own life. I would like to thank a number of people. First, of course, to all of you who have come here this afternoon and have generously contributed to the work of the Papageno Foundation. I also want to thank a limited number of people personally. Those who are not mentioned are by no means forgotten.

First, my friend Jan Buitelaar. I am eternally indebted to you for your phone call inviting me to go with you to Nijmegen for a joint adventure – I think we made a success of it. Both of us have been able to develop our talents and realize our goals.

Secondly, Peter Voois. You were my first dean in a string of inspiring Radboudians. Your vision of integrated lifespan psychiatry and broadening the scope of medicine has stimulated us all and its influence is growing under the astute leadership of Professor Aart Schene, inspiring collaborators in both departments.

Nadine Schalk, my invaluable personal assistant. We formed a wonderful team. You are a dedicated and effective organiser and a confidant for my patients and their families. Together, we have been able to achieve a very personalized medicine.

I would like to thank the boards of directors of the Radboud University, the Radboud University Medical Centre, and Karakter Child & Adolescent Psychiatry for the trust you placed in me and the liberty you gave me to pursue my own unorthodox pathways, which created room for young high-potential colleagues. In return, I have tried to be an ambassador for you at the Netherlands Psychiatric Association and the Royal Dutch Medical Association.

Fellow child and adolescent psychiatrists, we have promoted our discipline to such an extent that currently all psychiatrists have become developmentalists, which is quite an achievement.

Thanks to all the authors who wrote chapters in our comprehensive textbook on development and developmental disorders in the lifespan, and especially Wouter Staal and Jacob Vorstman, disciples that have outgrown their master, for their editorial work (*Leerboek Ontwikkelingsstoornissen* (2016))

But most of all I would like to thank you students, residents, trainees and PhD students. It is a great privilege to work in a university where no-one takes anything for granted and people ask you questions day after day. There is no better stimulus for sound reflection and hard work to try understand and improve things. There is so much enthusiasm and so much talent that makes it easier for me to leave. You make me confident about the future!

Letting go is a core theme in many religions and philosophies. I shall restrict myself to the Judeo-Christian tradition in which I was brought up. I am surprised, though, that after the Reformation ministers start Sunday services by stating that God never lets go of the work that His hands have begun. This may be true, but I look at the matter differently. After the symbolic creation story, the liberation of God's people from slavery in Egypt threatens to end in disaster when people prefer to worship the golden calf, the mammon of money, rather than their invisible God. This annoys God, who condemns mankind to liberty. But He does not leave them with empty hands, because He gives them directions... (Weisungen in Martin Buber's term, but often wrongly translated as Ten Commandments).

According to Jean Paul Sartre's "Ways of liberty", I am leaving what he called 'la Force de l'Age' (the strength of your life) and am crossing the threshold of 'la Force des Chose' (things that happen to you) when one becomes frail and vulnerable. Yet I face the future with confidence and hope to continue, as a free professional, to work on and to stress the importance of transition and transformation in healthcare and welfare.

In the Bible, letting go, sure that things will go well, is beautifully rendered in the prayer of Simeon. I will close by singing his prayer, as sung in Taizé in the late 1970s, with fond memories of the days when our parents would tuck us up in bed and sing an evening prayer, sending us to sleep and on our way to tomorrow.

*Seigneur laisse aller maintenant ton serviteur  
En paix selon ta parole  
Car mes yeux ont vu la gloire de ton salut...  
Gloire au père, et au fils et au saint esprit  
Comme au commencement maintenant et toujours  
et dans les siècles des siècles - Amen  
Garde nous Seigneur quand nous dormons  
Sauve nous Seigneur quand nous veillons  
Nous veillerons avec le Christ, Et nous reposerons en Paix...*

Afterwards, the organ will play the anthem of the Koninklijk Utrechtsch Studenten Toneel, (Royal Utrecht Student Theatre), founded in 1879.

## REFERENCES

All references to development and developmental disorders can be found in:

- Leerboek Ontwikkelingsstoornissen in de Levensloop – een integrale medische en psychologische benadering. Redactie: Wouter Staal; Jacob Vorstman en Rutger Jan van der Gaag (2016) De Tijdstroom – Utrecht. (not yet available in English).
- Topol, Eric (2013) *the Constructive Destruction of Medicine* – How the Digital Revolution will Create Better Health Care. Basic Books – New York.
- Topol, Eric (2015) *the Patient will see you now*. How the Future of Medicine is in your Hands. Basic Books – New York.
- Huber Machteld, Knottnerus JA, Green L, van der Horst H, Jadad AR, Kromhout D, Leonard B, Lorig K, Loureiro MI, van der Meer JW, Schnabel P, Smith R, van Weel C, Smid H.(2011) *How should we define health?* BMJ. 343:d4163.
- Kaljouw Marian and Katja van Vliet (Red) 2015 *Naar Nieuwe Zorg en Zorgberoepen: De Contouren* <https://www.rijksoverheid.nl/...documenten...>
- Zwaard W. van der (2016) *Een gedurfde ambitie: Veelzijdig samenwerken met kind en gezin*. Rapport van de Raad voor Volksgezondheid en Samenleving.



