

TEAM DOCTOR OF THE NATIONAL SWIMMING TEAM — BUT WHAT ABOUT MY SON?

– Written by Cees Rein van den Hoogenband, the Netherlands

In this article I would like to present to you a very personal experience as team doctor of the Dutch national swimming team. In this team there was an important role for my son Pieter, a three-time Olympic champion! What kind of problems do you encounter and what are the consequences of the father-son relationship within this team environment? Does it influence the road to success and if so, is this in a positive or negative way? Does it give rise to conflicts or dilemmas and what does it mean to the conflict of interest you will meet in the different areas of your medical activities.

BACKGROUND

After leaving medical school in 1974, my interest in sports (playing soccer and water polo at an amateur level) and sports

medicine led me to enrol on an instructional course in sports medicine offered by the Dutch Olympic Committee (the NOC). This course was combined with a teaching programme in general medicine. With my acquired knowledge and passion for sports medicine, especially sports traumatology, I quickly became involved in daily practice, advising teams and athletes.

I performed several roles: team doctor for a soccer team and national water polo team (juniors and later the senior team). I also took part in teams providing medical aid at national and international tournaments in the Netherlands for various sports.

Even after starting my training in surgery at the department of surgery of the University of Maastricht in 1976, it seemed logical to continue these activities,

combined with trauma surgery, in which I specialised.

In 1986 I became a surgeon in a private practice in the St. Anna Hospital in Geldrop-Eindhoven. Here I started my career as a part-time club doctor of Dutch soccer team PSV Eindhoven. By reducing the time I actively spent in medicine and surgery over the last 10 years, I was able to participate in the committees of the international swimming federations, FINA and LEN. Five years ago I transferred to the National Olympic Committee of the Netherlands as chief medical officer.

PRE-PIETER PERIOD

As my interests were football and water polo, I was not immediately involved in sports medicine in swimming. However,



Image: Nervousness before the Olympic race.

being married to a former elite swimmer (Astrid Verver, European Championships finalist and silver medalist at the European Junior Championships), I had links to the sport. Nonetheless, my main interest and involvement was with PSV soccer team. This changed dramatically in 1992 following the sudden death of the national swimming team doctor. As the national water polo team doctor, the Dutch Swimming Association decided to assign me as aquatic team doctor for the Netherlands during the Barcelona Olympic Games in 1992.

For Dutch swimming, the Barcelona Olympics was a disaster. No medals and only two swimmers reached the finals. Dutch swimming was in a poor state and on returning to the Netherlands I gave a pessimistic view on the future to my wife, coach of the Eindhoven Swimming Team. There was no money available, no skilled trainers and the facilities were poor. But as my wife told me, there were talented young swimmers; one of these was our 14-year-old son, Pieter. Astrid encouraged me, with the

support of some friends, to set up a club for elite swimmers. Money was provided by sponsors, who were known to me from the business club at PSV. A talented coach, Jacco Verhaeren was offered a part-time contract. This was the start of the revival of Dutch swimming, leading to two bronze medals for Kirsten Vliegghuis at the Atlanta Olympic Games in 1996.

THE PIETER PERIOD

In 1996, while I was still working as the water polo doctor, the swimming team was growing under my medical supervision. Pieter and his teammates achieved good results in Atlanta (several finalists, Pieter finished fourth in two events and as mentioned, Kirsten Vliegghuis won two bronze medals). For the first time I was confronted with the nervousness of a father watching his son in an Olympic final. The position of team doctor (albeit more focused on water polo) became more significant; realising there was a conflict of interest, I decided to stick solely to the water polo

and a young sports physician took over the swimming team after the Atlanta Games.

For me, as a father and doctor I could watch any developments from a (short) distance. However, it became very difficult to keep a distance from the national team swimmers from my own club, especially my son Pieter, who was developing into rising star. Personal issues arose: what to do with the combination of school and a heavy training programme, sponsor issues etc. Not an easy job for parents! Choices had to be made, certainly after Pieter's victory at the European Championships in 1999 in Istanbul, where he won six gold medals and for the first time beat the legendary Alexander Popov in the 100 metres freestyle.

With the agreement of the coach, physiotherapist and exercise physiologist my activities within the club increased. No severe health issues occurred, until 6 months before the Sydney Olympic Games in 2000, when Pieter suffered a severe shoulder injury. For the sake of my son, I took on the responsibilities of national team doctor once again and fortunately, the injury healed within 2 months. Before the Sydney Games, the Dutch Swimming Federation and National Olympic Committee decided to assign two doctors, for the water polo and swimming teams. Again, my focus was on the water polo team. This gave me the opportunity to follow the swimming competition without having medical commitments to it. However, the conflict of interest was actually greater. The majority of the swimming team were swimmers from my own club and they preferred to consult me, which created animosity between my colleague the swimming doctor and I. For the sake of our athletes we resolved the problems professionally. The Dutch swimming team was very successful in Sydney, achieving the country's best Olympic medal haul in the pool to date. Gold medals for Pieter and Inge de Bruyn and in total, the team won nine medals.

I noticed that the close relationship with my successful son and all the excitement around the process had a negative influence

on my professional behaviour. As a result I decided to stop as an active team physician. More and more I felt the need to focus on my role as a father, which was in fact more demanding than my role as team doctor. It also provided the possibility to pay more attention to my wife and my two other children; Veronique was playing field hockey at amateur level and Robert, who was developing into a good water polo player and was selected for the national squad. Pieter became older and mature and, as my wife and I thought it would be better to put his medical assistance in the hands of an independent team doctor locally and also internationally, I distanced myself from the whole process.

After Sydney there was another development. I was asked to take a position in the Sports Medicine Committee of FINA (and LEN), in which I was driven more into the world of governance. My son as an athlete and my wife and I as parents felt more comfortable with this. Pieter was surrounded by independent professionals and his career was booming. To my regret, but understandably, he stopped his medical studies and became a professional athlete. At the Athens Olympic Games in 2004 he continued his success by winning the 100 metres freestyle again, as I watched on from the FINA stands.

My position in FINA became difficult. One of the tasks is the supervision of the anti-doping programme and I decided to only supervise the water polo doping controls and to stay clear of those in swimming to avoid a conflict of interest. Nevertheless, FINA made the decision to withdraw me from the Sports Medicine Committee in 2005. The true reason has never been revealed but I got the impression that my family relationship with Pieter was the main reason. After the Beijing Olympic Games, I returned in 2009 as chairman of the Sports Medicine Committee, but not before one final twist at the Beijing Games.

In 2008 the female team doctor of swimming fell ill 6 months before the Olympics. One of the swimmers came to me and asked whether I was available to join the team to replace her. They feared the replacement of their team physician by a young, inexperienced sports physician. I asked if she had consulted Pieter about

this proposal she said: “yes, I did. Pieter thinks it is a good idea. He said: ‘my father has grown up and can distinguish personal commitments from professional commitments!’” Apparently we had both learned some things over the years.

POST-SWIMMING CAREER PERIOD

After the 2008 Olympics Pieter ended his wonderful career and started a professional career away from swimming. Nowadays we collaborate on many sports projects

and we make use of our experience, he as a former top athlete and I as a sports medicine doctor, in many different fields of interest. Pieter started a foundation called Topsport Community – a co-operation between elite sport (known in the Netherlands as ‘topsport’), science and industry, developing a variety of training programmes for those with high potential in those three fields. I became chief medical officer of the Dutch Olympic Committee and led the medical staff at the London Olympic Games in 2012



Image: Pieter winning gold in the 100 metres freestyle at the Sydney Olympic Games 2000.



Image: Pieter, father and coach after winning Olympic Gold.

and the Sochi Winter Olympic Games in 2014 and I am now preparing for the Rio Olympic Games in 2016. Our experience in sports enables us to help our sport, while our father-son relationship never suffered under the stresses of Pieter's intense career as an athlete.

SUMMARY

More or less by coincidence, my sports medicine activities as a doctor were combined with the elite sporting career of my son. This has led to a fruitful co-operation with many positive effects, but during a 15-year period some difficulties also arose. Conflicts of interest in direct medical activities, but also in the field of medical committee work forced me to make certain decisions and choices. It is, in my view, of utmost importance to realise that the combination of team physician and father is potentially incongruous and can lead to many complications. By realising this and by distancing yourself from the sporting activities of your child, you can avoid conflicts of interest. This will lead to a positive attitude for both, which enables the athlete to perform on a higher level. In those 15 years, we gained an enormous amount of experience which is now put into practice for the further development of sports.



Image: Father and son, Beijing 2008.

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