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# UROLINK: a model for working together in a changing world

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## Introduction

*'It can no longer be acceptable to ignore the health problems of those who do not have access to even basic medical care.'*

These words of the late Professor Geoffrey Chisholm [1] provide a reminder that despite increasing 'globalization' urological services are confined largely to the economically privileged, whether citizens of wealthy countries or wealthy citizens of impoverished ones. Professor Chisholm, when President of the BAUS, encouraged discussion on how British urology might contribute

international co-operation, frequently able to transcend national, cultural, ideological and political boundaries in the interests of the needs of patients.

UROLINK identified five areas of activity (Table 2) with a deliberate emphasis on small-scale links and projects. This 'bottom-up' approach remains the best way of supporting colleagues who have few opportunities for postgraduate education, professional development or participation in international meetings. UROLINK began as a BAUS working party in 1990 and remained a working party until 1996, when it became an official BAUS committee. With the restructuring of the BAUS