Doctor on the Field

Dr Jonathan Webb, MB, ChB England Rugby Full Back

When 'How do you combine the job of a junior doctor with international rugby?' is asked at a job interview, I'm immediately put in a dilemma. On the one hand, I want to impress on the interviewer how keen I am at neurology/orthopaedics/general surgery etc., and am therefore ever present in the hospital, till gone midnight looking after patients. On the other hand, I don't want to imply that I'm so naturally gifted that I can play international rugby whilst training once every other week or so.

In truth, trying to combine the two has been a bit of a juggling act, eased slightly when I took the decision early on that surgery would always come first. It will be my lifelong career, whereas rugby is a relatively short, albeit immensely self-educative and rewarding pastime.

The difficulties of trying to combine the two were probably best brought home to me when I was trying to work towards passing the primary FRCS examination in surgery whilst continuing to play for England in the Five Nations International Championship. This is not to be recommended! Although I managed to pass the written papers and keep my place (just), my vivas were two days after we had played and won, and celebrated winning in Dublin against Ireland. Perhaps, not surprisingly, I was asked to return! Determined not to be put through the 'initiation rites' more often than was necessary, I curtailed my rugby season prematurely. In doing so I lost my place for the match against Romania but more importantly, managed to pass the exam.

The time required by 'amateur' (I'm not going to go into that now!) top level rugby players these days is increasing all the time, and in order for me to be able to fulfil these commitments I am entirely dependent upon my colleagues, both consultants and fellow junior staff, for their goodwill and understanding. In many ways the brunt of the load is taken by the other junior doctors I work with on any given rota. I think I can say I've never had anyone do any extra duties for me, but I've been tremendously fortunate to have worked with people who didn't begrudge all the swapping of on-take days to free-up training nights, or working split weekends to allow me to play on Saturdays.

Jonathan Webb in action

Having said that, it's not only the juniors who have to make allowances. It was only a special dispensation of the Bristol Medical School that allowed me to win my first cap for England. It was they who arranged a series of finals examinations which I took early, and on my own, and only after which was I able to join the England party that toured Australia when I made my debut.

It's often only the unorthodox and out-of-the-blue gestures which allow sportsmen and women in Britain to succeed. I always get a feeling that in countries like America and Australia, the machinery for providing time off and other funds for sport is somehow more efficient than in Britain, where the attitude is one of 'if you're good enough, you'll get there anyway'.

I'm not in any position to provide the answers, but I know how much I've gained, both in pleasure and knowledge of myself, from playing sport at all levels. I get frustrated that the availability of sport for all is still nowhere as good as it could be. As well as improving peoples' health it must increase the pool of talent from which top flight sportsmen might emerge.

One in the eye for violence

My own views on violence in rugby were recently crystallised somewhat

when I was punched in the eye during an off-the-ball incident in a so-called friendly match for my club, Bristol. As a full-back I'm not constantly in the thick of the action and, up till now, had never been the victim of this kind of gratuitous violence. It was quite a shock to have the reality of violence on the field of play so rudely brought home to me. As I lay there thinking I was dying I can't help remembering a forward touching me on the shoulder and saying 'Thanks for giving us a breather, Jon!' As it was, I only suffered 50 per cent corneal abrasions and some retinal haemorrhages. However, throughout the hours I couldn't see with that eye at all, and the days that I had double vision, all I kept thinking about was the effect any long term damage to my eyesight would have on my aspiring surgical career.

Luckily, I'm fine, but this example is only symptomatic of what I see as a very real decline in levels of discipline within the game. You only have to look at the reduction in numbers of first class referees prepared to put up with the abuse and psychological pressure brought to bear on them, given that they are amateurs, to appreciate that there is a problem. I believe the blame doesn't lie here but with the coaches and officials of the game whose duty it is to weed out the known offenders by not selecting them.

However, if you take the British Lions as the pride of the British Isles (excuse the pun) then they too are a sorry example. During the tests there were incidents, clearly shown on television, that in my view demanded sending off the player concerned. As is often the case, these were not seen by referees or touch judges. The fact remains that, although these players were not punished there and then, the selectors should not be precluded from watching the videos and then refraining from selecting these players until they have shown to have gained the discipline necessary to play a naturally aggressive contact sport like rugby without risking serious injury to opponents.

Under the knife

From one form of violence to another. In December 1988, I tore a cartilage and subsequently underwent an open partial lateral menisectomy of my right knee. This was the first time I had been under the knife as opposed to over it as a budding surgeon. I found it

a remarkably illuminating experience, to the extent that if and when I get to the other side of the interviewing table I will regard it as a good point in his favour if a candidate has had surgery himself. I must at this point stress that the following comments were in no way intended as implied criticism of the treatment I received, which I felt could not have been bettered.

However, I was astounded at how much pain a relatively minor procedure such as menisectomy could produce. I shall no longer make sweeping assumptions as to how much pain a given procedure should produce and balance that with how much pain they're getting. It's a case from now on of giving analgesia until the pain is controlled. I hope I'm not the only junior doctor who has been worried about

overdosing his patients on narcotics and consequently not giving quite as much analgesia as necessary. It's apparently more difficult to overdose somebody who does have genuine pain than I, for one, at first thought.

The day after the operation the consultant came round and explained his findings at operation and what he'd done to me. I was apparently completely awake and appeared to be taking it all in, but a few days later, when questioned by my father, I couldn't for the life of me remember what was said. How can I castigate patients who don't remember my pearls of wisdom when I couldn't take in my own condition!

Perhaps most significantly for me was the realisation of how relatively insignificant the actual surgery was in terms of my full recovery. By this I

mean that it corrected my painfully locked knee but to say that it alone cured me is obviously nonsense. The subsequent intensive physiotherapy (I'm singularly blessed in being married to a physiotherapist) and training was the major part in my recovery to get back and play in the international against Scotland five weeks later. My understanding of the importance of post-operative care following any surgery has increased by leaps and bounds.

If there are people (particularly, no doubt the physiotherapists themselves) reading this and shaking their heads in disbelief that I should ever have thought it was otherwise, please be glad that I've learnt a basic lesson so early in my career.

News snips

We warmly congratulate our senior Editorial Board member and BASM Honorary Life member, **Dr Allan J. Ryan**, Chairman of the Minnesota Governor's Council, on his appointment as President of the National Association of Governor's Councils on Physical Fitness and Sport.

The **National Coaching Foundation** is expanding its publications. Its regular **Coaching Update** will be supplemented by five separate issues of a new **Sporting Update**, on each of athletics, health, related fitness, racket sports, swimming and team sports. Details: NCF, 4 College Close, Beckett Park, Leeds LS6 3QH.

Lilleshall Hall.

Two further popular **BASM One Week Basic Introductory Courses** held at Lilleshall, following the International Federation of Sports Medicine's (FIMS) syllabus, were concluded in April and October 1989 with one hundred attending the former. The latter was restricted to fifty to give closer teaching contact and to establish a regular second course annually. **1990 course details in the Calendar.**

BASM launches its new teaching programme of advanced modules in conjunction with the London sports Medicine Institute. These bring a medical graduate training programme of six weekend courses over two years within reach of all interested doctors at reasonable cost. This continuing programme joins those of the LSMI and the London Hospital in meeting the entry requirements for the **Society of Apothecaries** examination for its **Diploma in Sports Medicine (DSMSA)**.

Details in the Calendar; see **BJSM** Volume 23, number 1 (March 1989) for **DSMSA** syllabus and regulations.

The **Arthritis and Rheumatism Council** has launched a **Sports Injury Campaign**, calling for improved teaching and clinical services. While sport is being recruited to raise money for ARC research, no prospect is offered of an increase in NHS facilities for the injured athlete. The ARC dispenses some £8m annually in research grants; details from: ARC, 41 Eagle St., London WC1 4AR.

A report in *The Guardian* newspaper indicates a new danger to cyclists and joggers in the East End of London – assault by fruit and veg hurled from passing vehicles. A runner survived, but an older non-runner died, smitten by a turnip.

Limbering up at Lilleshall.