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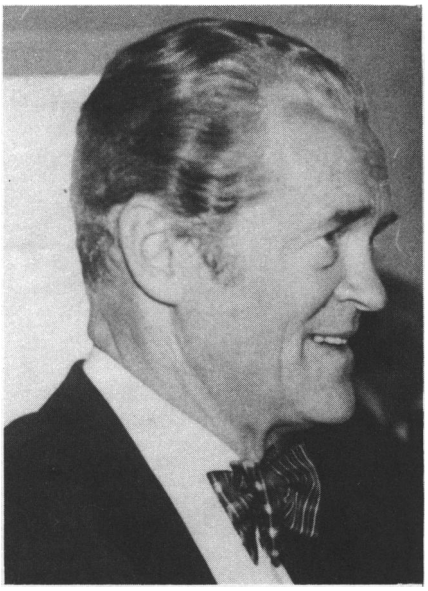

THE ADOLPHE ABRAHAMS MEMORIAL LECTURE

SPORTS MEDICINE IN CRISIS

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INTRODUCTION

Modern sport, top performance in particular, has developed during the last decade in a way that has virtually become total war, particularly in its attendant phenomena. The unconditional sacrifice of the sportsman's person is the inevitable consequence of this development, not the least attention being paid any more to the athlete's healthy and personal relationships. This means that top performance sports have slid into a real human, moral and medical crisis that is very disquieting. This radical development, which is speeded up because of national prestige, commercial interest and personal ambition, has inevitably caught up with sports medicine too. Although the official and scientific sector of sports medicine is protesting energetically (at least externally) against certain malpractices in high performance sports, many so-called sports physicians go along in practice with this trend for the most varied reasons without the least objection, and some even participate actively in this endeavour to manipulate performance. Today this often leads unfortunately to an irresponsible broadmindedness, which has nothing to do with medical responsibility and diligence. Thus, sports medicine is squarely faced with a problem, which leads to the ethical bases of the medical profession, last but not least with regard to the "Primum nil nocere", which must still be the basic maxim of all medical activity. The physician is included and very soon entangled with all these problems and is faced with a conflict of conscience; he needs to make a clear decision. Unfortunately, all too many doctors believe they have to play along, particularly if they are paid for it. A physician may often not be conscious that he is degrading himself to become the agent of ambitious managers, fanatics or government officials. As a result, he will lack sufficient prestige with the sports associations, and his impact in critical situation will be inadequate.

This will also be reflected in the inadequacy of his fees compared with that of the trainers and massage specialists. Often nothing else will be left to him than the treatment of acute accidents — fractures, local soft tissue injury and general results of overexertion. This limited responsibility is inevitable and often deserved, unless the highest standards are maintained.

THE DOCTOR'S RESPONSIBILITY

The sportsman, unfamiliar with the inner problems of this development, will accept events without protest, although he would often have an opportunity to avoid manipulation while the going is still good. With such an attitude the sports physician aids and abets the development of damage, if he acts broadmindedly in his assessment of the ability of an athlete to compete, where proper medical indication or subjective complaints would contraindicate competition or training. Medication is often used in a curious manner to push performance even further, and when accident or damage results, an experimental therapy may be used of a kind that has nothing to do with medical responsibility or ethics. With the high rate of sports damage, particularly in the bradytrophic tissues of the apparatus of locomotion, which can

be found already in 100% of the top athletes in certain kinds of sports, it cannot wholly be excluded that measures by sports physicians, sometimes even malpractice, will aetiologically be co-responsible. This is particularly true with women's gymnastics, which is at present surely the most dangerous type of sport for the young female.

With a sports official, who is not a physician, it is understandable to a certain degree, if, because of his fanaticism which places success higher than the athlete's health, he may burden the athlete to excess. Where, however, a physician acts by poor diagnosis and therapy against the health of the athlete, this must be assessed as a serious contravention against medical professional ethics. Experience shows that the motivation for such action may be multifarious. With some of these so-called sports physicians it is often only personal or professional vanity. It pleases them to read in the paper that they were able to make the well known top athlete XY fit again within an unbelievably short period, and it also serves to fatten up their practice.

The scale of these unnecessary surgical interventions, which top athletes have to suffer like other patients, ranges from meniscus extirpation and arthroplasty to purely psychological palliative procedures. Sometimes a lack of medical knowhow or insufficient experience with the special medical problems of sport that is responsible for the actions of such a sports "physician". Many physicians, who are themselves active in sport, are still not conscious of the need in sports medicine for a more than average across-the-board knowledge and for special knowledge and ability, which as in all other fields of medicine will only be available to a specialist of long years experience. In the past, the title "Sports Physician" or a relevant diploma was subject only to attendance at one or two more or less symbolic weekend courses. Since in some countries the designation "Sports Physician" is not protected professionally, practically any physician who has ever had anything to do with sports can call himself a sports physician. This has led to a devaluation of the concept of sports medicine as a science among the public and the profession.

Possibly due to this unsatisfactory situation, orthodox fields of medicine tend to reject sports medicine, although ergonomics, a discipline whose problems and methods are basically very similar or even stem from sports medicine, has been accepted in academic circles for decades. No field of medicine can develop properly without support from, or at least against the resistance of the medical faculties and the professional medical organisations. It is typical that in most countries sports medicine only managed to squeeze in via the backdoor of the institute of physical education or sport sciences. It is obvious that the complete education of sports physicians in their chosen discipline is only possible to a limited extent. Without true educational opportunities one of the most important preconditions for the recognition of the sports physician as a specialist does not obtain. All those countries of Eastern Europe and others, where the subject of "Sports Medicine" exists as an accepted academic discipline, have proved that a specialist physician for sports medicine is possible as far as factual content is concerned and can be of great importance for the development of high performance sports and of special rehabilitative measures. The great sporting successes of these countries confirm the correctness of this development.

The very broadminded handling of medical diligence is a problem that has greatly damaged the image of the sports physician in the public view. It can be expected from experience that no health problems will derive from even very great physical burdens for a healthy and otherwise trained young person. Good performance, is not, however, an automatic precedent for full health. Absence of symptoms cannot rule out the existence of a pathological finding. Reindell's view that a healthy heart cannot be endangered by sporting exertions is basically correct, but the determination of incontestable coronary health is usually made rather offhandedly, usually for the sake of simplicity and cost, which is why a working E.C.G. with adequate load is usually not required. Phenotypical aspects of an athlete, his pulse and blood pressure values, his vital capacity and a negative urine finding for sugar and albumen, will very often be held to be sufficient for permission to be given to compete, and more detailed examinations are waived.

Denial of injury and real illness is to be expected, where participation in world championships, Olympic Games or other interesting journeys to competitions, particularly with regard to ski-ing or football, is at stake or commercial considerations play a great role. It is often the sports physician, who bars an athlete for reasons of medical responsibility, who is subject to the worst attacks by officials, sportsmen and the press, so that sometimes he gives in despite his better knowledge, and grants the permission required to travel and compete. The same people, often the parents, who initially declared their readiness on their word of honour or in writing, that they would accept the full responsibility for the effects of letting a young athlete compete will then, once something has gone wrong, blame the physician severely. They then attack with the quite correct argument, that he, as the expert, should have known better and should have fought for his opinion. It is necessary to state unequivocally in this context, that it is basically not the physician's main purpose to endear himself to the athletes or to officials, but to carry out his duty as a physician in the interests of the health of people entrusted to him. This is often made impossible with commercialized high performance sports, because it will often depend on the goodwill of the athlete or of his manager, whether he will be nominated as team physician.

For him this position will be quite attractive, again for reasons of mere prestige or because of commercial considerations.

"FIT TO COMPETE"

Another problem, which has, per se, been cleared up within the framework of sports-medical theory, but is often handled quite differently in practice, is the case of making an unfit athlete fit for competition. This is usually the elimination of pain undertaken in certain disciplines to achieve an ability to compete by means of local anaesthetics. Local anaesthesia is often indicated as therapy, but only in connection with treatment by rest and immobilization or a minor surgical procedure. There will be isolated cases in which local infiltration followed by graduated muscular loading might have a favourable effect. A fresh injury of tendons or muscles, particularly where there is some extravasation, as well as a paratendinitis or tendinosis will always be influenced for the worse by anaesthesia with mechanical stress following. This kind of procedure will often have to be evaluated as genuine malpractice. Many officials and even physicians are unfortunately still of the opinion, that momentary sporting success is to be valued more highly than the health and work capacity of a sportsman five or ten years onwards, at a time when his sporting successes will have long been forgotten.

Analogous problems can also appear with certain disease states, such as feverish illnesses, severe diarrhoea or a tendency to collapse, in which symptoms are suppressed by means of purely symptomatic treatment, so as to enable the sick athlete to compete. We could justify under certain conditions, with regard to making a professional sportsman fit for a competition, when the maintenance of his professional existence is at stake, particularly if he is responsible only to himself. Many freelance professionals cannot afford to have certain injuries treated, and sustain damage fully or consistently because they have to live from the proceeds of their daily work. They will thus be unable to pay sufficient attention to certain complaints, disturbances or crises of the vegetative system or the circulation, as would normally be necessary, but will continue in full action. The physician himself is the best example of the elimination of symptoms by means of medication, so that he can carry on working, although he himself should be most aware of the consequences of such action.

Amateur sports and in particular high performance sports, which despite everything, should serve health in some way still or should at least not lead to any negative influencing of the psycho-physical personality, must definitely be regarded under aspects other than those of professional sports. There must not be any of this medical broadmindedness towards amateur sportsmen, otherwise the physician will justifiably earn the name of an unscrupulous manager.

DOPING

Another group of problems, whose unjustifiable "treatment" by some so-called sports physicians has given sports medicine a bad name in several cases, is that of doping. There are numerous examples, where sports physicians, looking after top athletes, in cycling, in football, in weightlifting and athletics, have proffered the most curious arguments intentionally to create uncertainty concerning the definition, circumstances and listing of doping substances, so as to be able to exculpate themselves or the athletes under their care as the primary culprits, when they were shown to use doping agents. Curiously enough, in many cases, they can rely upon the support of the press. If the behaviour of a physician is due less to a lack of knowledge of the problem or to club fanatism rather than to commercial considerations, this circumstance weighs especially heavy for him. Other so-called sports physicians will use – as they believe – cleverly composed mixtures of drugs without knowing that these substances will not only be dangerous in most cases, but also completely unsuitable. As has been demonstrated in numerous experiments with placebos, similar, or in part even better success can be achieved for top athletes with these prescribed instead of doping agents, if the use of the placebo is linked with a suitable psychological treatment. In our extensive research material the percentage of persons reacting positively to placebos averaged 72%.

Doping agents are often administered, claiming their necessity for therapy, by doing which the physician believes he has withdrawn to an impregnable position, but thereby he contravenes the relevant regulations, because the international doping definition, already in force for the past twenty years, states expressly on this point:– "Where a necessary treatment is undertaken with substances, which on the basis of their pharmacological effect, may be suited to increase the competitive ability of the athlete artificially and unfairly, this will be regarded as doping and excludes the athlete from competing".

This means that the substances listed in the currently valid international list of doping agents, will lead to disqualification, even if a valid therapeutic indication can be presented. Where an athlete really needs treatment with agents found on the doping lists, which in most cases can be circumvented by the use of other often far more effective

medication, he is usually unfit to compete. My personal experience over many years in official bodies concerned with doping has demonstrated time and again that athletes are often disqualified only because the physicians looking after them use medication with prohibited components without knowledge of the relevant doping regulations, absolutely bona fide, and sometimes unaware of all the constituents of medication they prescribe. A Munich gold medallist who was completely innocent subjectively and did not have the least intention to use doping agents, lost the fruits of his success merely through the carelessness of his physician. As discussions with the colleagues responsible have shown, they have no idea about the composition of the medication ordered by them, particularly because the chemical substances stated on the package do not tell them anything. This is particularly true for many current cough and cold treatments.

Again there are sports physicians who try to circumvent the doping regulations by all kinds of judicial and pharmacological tricks.

A remark made by a prominent team physician from a country neighbouring on Austria, during a discussion on medical doping problems, demonstrates the unintelligible attitude of some sports physicians. He said with full conviction:– "It is irrelevant, on principle, whether a person dies in war for his country or whether he loses his health in sport. The main thing is that he does his duty for his country".

Apart from the ethical side of the doping problem, there remains the purely medical question of conscience, whether an athlete in need of treatment may be subjected at all to sporting stress and whether the risk can be justified, particularly in severe competition, with previous medication. Many physicians, who intend to circumvent regulations, believe they have salved their conscience, if they hand the trainer or the athlete himself some medication, saying at the same time, that officially they must not know anything about it and are not willing to take any responsibility for its use.

Others again know very well, that athletes will take doping agents of their own volition or with the aid of masseurs and managers, this being particularly true of anabolic steroids, but do not dare to do anything to stop it. In my view, allowing the deliberate administration of dangerous or contra-indicated medication must already be held to contravene medical ethics and the conscientiousness required by physicians for the past two and a half centuries.

The pharmaceutical industry is often, at least indirectly, implicated in the rather soft attitude of some physicians towards the so-called medication preparation of the athlete for competition. It can be understood that the physician who obtains a generous research grant to test some medication for a firm, will, because of a certain feeling of obligation towards his sponsor, be loath to say anything negative about the effect and value of a preparation or will circumscribe this adroitly.

IN CONCLUSION

The sports physician has to take his manyfold tasks in sport, in particular in high performance sports, more seriously, last but not least because the greatest number of sportsmen are young, even children, and medical guidance will decide their health and their future fate. This means that forcing performance by the physician must be strictly limited, if it is not to degenerate into a dangerous manipulation. This all the more so, since top performance sports by themselves, without any intervention by the physician, have already taken on the aspect of a balancing act across a thin ledge between what is still physiological and what is already pathological. Under such circumstances it must be the task of the sports physician to protect the balance along this path and to prevent sports from losing their enormously positive and health-retaining aspects. On the other hand, the sports physician must fight to retain the valuable methods, which sports medicine has created for prophylaxis and rehabilitation and which are already being used most naturally in many other fields of medicine. He must act to bring sport back to its main purpose, which nothing else can replace, to create a balance, by prophylaxis and therapy at once against the many negative effects of our supra-civilisation and a falsely understood performance society. Apart from that, sport on the highest level of performance should somehow still remain a pleasure-cathected experience.