SC(79)12 – A decade on

After our World Congress in 1970, many thought ‘Sports Medicine’ would be established in Britain during the seventies. The Sports Council’s pilot scheme for monitoring sports injury clinics, and its sponsored research1 explored the epidemiological case. The Council adopted a national policy for Sports Medicine only in 1979 (Paper SC(79)12)2. Despite Britain’s decade of radically changed governance, we still lag behind Europe’s little leaguers, never mind leaders. Why?

The National Health Service’s (NHS) popularity is shown by the absence of adequate alternatives. The public – active and injured athletes themselves – doesn’t expect its health to be neglected by the NHS. Private sports clinics have failed to make more than local impact. Insurance schemes have failed to deliver more than early promise. Elite performers have high injury rates and their insurance is not profitable on standard terms – why else would market leaders shun limited sports policies? The abandonment of athletes to quacks was compounded by derestraction of paramedical – but not medical – advertising.

NHS managers do not enthuse over sports clinics – a worsening trend since the cynical philosophy of voluntary infliction, hence voluntary cure, regained credence under Britain’s present management. Belief that sport is rich, so sponsorship can pay for clinics, is naive. The media ensure that the patina of wealth on a few sports stars disguises the reality – most participants are young, impetuous and uninsured. The NHS can’t just cop out of its obligations to patients because they follow a public policy of ‘Sport for All’.

Britain’s constitution buffers change but causes inordinate delays in progress. Petty jealousies make it unusual for departments to work in harmony as, for instance, the ministries of health, education and sport in French sports medicine. Lack of imagination stops our health ministers emulating the Dutch (or even south-east Asian) emphasis on health in sport and medicine. Hollmann’s review in this issue (p 142) highlights the philosophical differences between Britain in the (19)80s and Germany in the (18)80s.

The Sports Council has made token efforts to promote sports medicine – usually by encouraging experts to give freely. It studiously evades the clinical issue by allowing its generous grant for ‘sports science’ and enormous expenditure on dope control to masquerade as ‘sports medicine’. An earlier leadership eschewed development of elite centres in favour of the ‘half a loaf’ argument. This cardinal error of judgement explains the lack, fifteen years on, of comprehensive clinics or established leadership. Even as we detect new attitudes, the council may yet again fail to grasp the nettle of political patronage of clinical sports medicine. This alone could extend services in a beleaguered NHS whose ministry brushes off sport’s case with glib assurances that improved casualty services will do the trick.

Under the Treasury’s dead hand control of every public penny lies the sad scenario of eternal buck-passing played by a health ministry whistling in the wind, an indecisive, politically controlled, Sports Council and a procession of rather ineffective junior ministers. Where else might we turn for recognition of clinical sports medicine?

To ‘Sport’ itself, perhaps?

References
