Action on Exercise

The Sports Council's 1978 report on 'The Case for Exercise' made some impact on public thinking in this field. The London Royal College of Physicians' report 'Medical Aspects of Exercise' updates this ground, with only 12 of the 88 references cited in this 11-chapter review dating from before 1980. Basic exercise physiology is reviewed, including effects on young and old; favourable conclusions are drawn about the influence of exercise on different systems or conditions – cardiovascular, respiratory, reproductive, bony, musculoskeletal and the mind, together with diabetes and obesity.

Conclusions are clear. Regular aerobic exercise benefits health and much disease; it is best started early and continued for life.

Sceptics frown, however, at 'recommendations', including:

3. Doctors should ask about exercise when they see patients, particularly when they come for routine health checks, and should be aware of and advise on suitable exercise programmes.
4. The value of exercise for patients with a wide range of disorders should be considered, and advice given on the type and extent of activity to be undertaken.
5. Doctors should be aware of the relevant risks that exercise may pose for individual patients. In particular, they should warn against unaccustomed, severe or inappropriate activity. When exercise is of a suitable intensity for the individual, is taken regularly and with sensible precautions, the benefits greatly outweigh any risks.

Laudable sentiments, but whose responsibility? How will over 50 000 GPs and hospital doctors acquire this new knowledge? Which medical schools now teach exercise medicine? How many Deans would immediately deny the possibility of curricular time for such new subjects? What is the relationship of such medical practice to the competent management of locomotor disorders (already the cause of much concern)? What are the implications for the National Health Service, with its ruthless new cash orientation and inevitable short-term outlook?

As the Royal College of Physicians comes out for exercise, the Royal College of General Practitioners finds its regional advisers strapping on the blinkers. A recent BASM exercise physiology module drew the response: 'The (appeal) committee agreed that the accreditation of your course should not be supported since its content was not directly related to the everyday work of the general practitioner. Perhaps that College has some new way of determining '... when exercise is of a suitable intensity for the individual ...', but we continue to welcome GPs to our courses.

The traditional response of the doctor challenged for advice on exercise has been dogmatic, if erratic. The apogee of 1960s sports medicine might have been the fitness certification by London's premier after-dinner surgeon speaker of an international athlete even as her rheumatic valves were leading her into nocturnal breathlessness (after all, these valves had got her to the top ...). Against this, most would automatically adopt caution – that routine joyless prohibition of anything more than nothing which so endears health professions to the public. The toxic ravages of the great infections may have been incompatible with active pursuits, especially in poor undernourished frames, but the Physicians' reminder of the benefits of moderated exercise in so many conditions seems to point to defensive ignorance rather than science as the driving force behind much clinical behaviour. Lest we smile about the past, we should recall time lost after sports injuries in Britain today.

While we must welcome any shift towards a more enlightened sports medicine approach in traditional medical thinking, it is sad that the Physicians, despite the input of some distinguished BASM physicians, failed completely to indicate any positive steps to increase medical professional awareness and competence in exercise medicine. Policies should, after all, be judged not by the puff of their pious aspirations, but by their delivery of improved medical care.

BASM has ploughed a lonely furrow for 38 years, pioneering sports medicine and its educational recognition. If such august bodies as the Royal Colleges come to acknowledge our cause, we gladly welcome their company. But the only thing they can – and must – do which BASM hardly can is to translate aspiration into action at the highest political and professional levels. Let us hope that 'Medical Aspects of Exercise' becomes a focus for 'College Action on Exercise'.

Peter Sperryn
Editor-in-Chief