

British Journal of  
**S P O R T S**  
 M E D I C I N E

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## Editorials

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### Warm up

So you're a rocket scientist. That doesn't impress me much. Unless of course you can help me live longer, feel better, and look younger. We do not have all the answers, but we can certainly add a few extra years to some bits. Your bones, for example. You don't need to be a rocket scientist to know the importance of preventing falls and hip fractures in older people nor do you need modern technology to run an exercise programme (p 7). Resistance training helps improve muscular strength and bone density (p 18) and Tai Chi can help balance, flexibility, and fitness (p 29). Looking younger is a little more difficult.

So you think you're quite fit. That doesn't impress me much. But if you want to throw further, jump higher, or run faster, the laboratory may be able to help. We can test your fitness by measuring lactate levels (p 35), and assess muscle isokinetic strength and mobility (p 39). But, take care you don't overdo it. Our knowledge of overtraining is incomplete (p 67) and sport can affect one's perception of mental health (p 4). Measuring your thoughts—that's a different journal.

We hope you will be impressed, however, with some of the changes to the journal and our plans for the future. Our new expanded editorial board reflects the success of the journal internationally and our intention to collaborate with some of the brightest and most exciting world leaders in our discipline. You will find two new educational initiatives in this issue. The correct management of a cardiac emergency in sport was highlighted by some recent adverse publicity and we invited the Scottish Royal Colleges group, who pioneered the cardiac care section in their Diploma examination, to write a series of short articles (p 69). We are also conscious of the developing critical mass of researchers, and publish the first of a series on research methodology (p 59). New researchers are the future contributors to the journal and this is for you.

But, now the discordant note. Deliberate foul play (p 65).

### The British Olympic Association's position statement on athlete confidentiality

Protecting the athlete: somehow, in the excitement of sports performance, the needs of the athlete as a person beyond their sporting prowess can become secondary to the demands and expectations of the media and management. The British Olympic Association's (BOA) position statement on athlete confidentiality is timely in reminding us of the rights of athletes: representing your country does not mean that your country owns you. Nor do athletes have to sacrifice their rights to personal, confidential, medical, and scientific care simply because they are successful athletes. The demands of management are increasing. The demands of the media are insatiable. It is too easy to allow the lines demarcating personal and public information to become fuzzy.

The BOA confidentiality document is published jointly this month in the *British Journal of Sports Medicine* (p 71) and the *Journal of Sports Sciences*, with the full authorisation of the BOA. The document has been written, with legal advice, by the chairs of the various sport science and sports medicine steering groups of the BOA, in consultation with the Coaches Advisory Group and with other professional bodies for sport science and sports medicine in the UK. It is important to note that it is not a statement of BOA policy, but that it draws together and explains the implica-

tions of the Codes of Conduct that already exist among medical and scientific support staff. It is a unique document, at least for the UK, in that it brings together the disciplines of sport science and sports medicine: its strength is in this unity.

This is a charter for athletes with a very strong message for coaches, managers, administrators, and other team officials: the athlete comes first! The definition in the document of medical and support staff also merits mention. This definition includes doctors, chartered physiotherapists, state registered dietitians, psychologists, and sports scientists: it does not include coaches. Notwithstanding the close relationship between coaches and athlete, the document proposes that the coach's involvement in discussions with medical and scientific support staff needs the express permission of the athlete.

Confidentiality can be maintained more easily in a one-to-one encounter. This position statement sets out clearly that the code of confidentiality extends to interdisciplinary meetings. The athlete must be told who will be present and consent must be obtained in advance. Informal corridor gatherings do not meet these criteria, nor should patients be discussed in any non-medical setting. The athlete is to be protected from gossip, chat, and idle speculation.

The professional is also protected from potential conflict between the professional code of conduct and the contractual demands of the governing body. The BOA is to be congratulated in promoting guidelines that endorse the primacy of professional duty, including confidentiality, in sport. The document sets a remarkable precedent and creates an interesting potential conflict over drugs between BOA policy and the rights of the individual athlete. Medical and scientific support staff are not permitted to reveal if an athlete is taking a prohibited substance.

The BOA's position statement sets out guidelines—creating these is relatively easy; implementation is more challenging. These guidelines are about protecting the athlete and the professional. The first real test will be in Syd-

ney, where immense pressure to breach these guidelines will exist. The test will be to survive the public and media onslaught if a key athlete is injured, under performs or is involved in a drug scandal. We can then measure the success or failure of this admirable position statement on athlete confidentiality by what appears on the back pages of our daily newspapers.

*Editor,  
British Journal of Sports Medicine*

*General Editor,  
Journal of Sports Sciences*

DOMNHALL MACAULEY

ROGER BARTLETT

## British Association of Sport and Medicine in association with the National Sports Medicine Institute

### Education programme 2000

#### IAB/SEM Diploma Preparation Course

Exact date and venue to be confirmed  
PGEA and CME will be sort

**Late March**

#### General Sports Medicine Course

Lilleshall Hall National Sports Centre, Shropshire (residential)  
PGEA and CME will be given

**9–14 April**

#### Current Concepts Meeting on Pre-event Screening

Cost and location to be confirmed

**19 May**

#### Intermediate Sports Injury Course—Part 1

Lilleshall Hall National Sports Centre, Shropshire (residential)  
PGEA and CME will be given

**9–14 July**

#### General Sports Medicine Course

Lilleshall Hall National Sports Centre, Shropshire (residential)  
PGEA and CME will be given

**24–29 September**

#### Practical Sport and Medicine Meeting

Club La Santa, Lanzarote (residential)

**5–12 October**

#### Advanced Sports Medicine Course

Lilleshall Hall National Sports Centre, Shropshire (residential)  
PGEA and CME will be sort

**8–13 October**

#### BASM National Congress: (West Midlands)

Stakis Luxury Puckrup Hall Hotel, Tewkesbury

**3–5 November**

#### Intermediate Sports Injury Course—Part 2

Lilleshall Hall National Sports Centre, Shropshire (residential)  
PGEA and CME will be given

**19–24 November**

#### Current Concepts Meeting on Pre-event Screening

Cost and location to be confirmed

**8–9 December**

For further details of these courses please contact Mr Barry Hill, The National Sports Medicine Institute, c/o Medical College of St Bartholomew's Hospital, Charterhouse Square, London EC1M 6BQ.

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