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Editorials

Warm up

To be voted favourite advertisement by readers of the Scottish edition of the *Sun* is no mean feat (p79). Gavin Hastings, sporting hero, led the Health Education Board of Scotland's walking promotion that gained this honour. Winning the award was relatively unimportant, but what really mattered was that so many people noticed it. Rarely does sports medicine reach the national consciousness. Another innovative approach that triggered public awareness was the subway poster campaign (p144) which had two unusual and imaginative ideas that were positive, encouraging and had flair. This is a new approach for a message that could become tedious.

Traditional approaches have never the same appeal and we still struggle with the medical model of exercise promotion. Abby King, who has extensive experience in the field, addresses the issue of exercise counselling (p80). But most of the benefits are long term and trading long term gain against short term investment is a difficult sell. Perhaps vanity holds the key with the message that exercise can help weight control (p86). Vanity is that little researched but widespread subclinical condition that affects us all—well most of you. Mirror, mirror in the gym, exercise can keep you thin!

Jet skiers (p153) and snowboarders (p79) have a different type of image problem. These exciting, dramatic, and exhilarating sports are dogged with bad publicity and disliked by many. With any new sport the risks gradually become more apparent and the news of injury potential is drowned by the chorus of "I told you so". We introduce you to some of these injuries and will watch with anticipation as the pattern evolves. It will be interesting to compare the relative risks of these new technology sports with those of the traditional games such as rugby (p94, p98), Gaelic football (p104) and cricket (p145), and Lisa Phillips tells us how we can begin to measure the injury incidence (p133) in these and other sports.

Another challenge to tradition is the use of massage. As we struggle to cope with a minimal evidence base, athletes in many sports use massage to aid preparation and speed recovery. It is fascinating to see these so-called alternative therapies examined using academic criteria (p109). Just as Gavin redefined methods of effective health promotion we may have to modify our medical approach. With open minds.

Tragedy in sport and trial by tabloid

Headlines scream for something to be done: more money for research, screening of participants, more effective prevention, and better immediate treatment. Sudden death in sport is emotive and for this we cannot blame the media. They are searching for a story and their purpose is to sell papers. They write headlines while we encourage a measured response; they seek dramatic effect while we seek accuracy; they cry out for something to be done while we look for the evidence.

Charitable organisations, who do great work and contribute to research, are also businesses and their product is money. They must have donations to survive so they too need publicity. Their members are committed to a cause, sometimes through their own personal experience of tragedy, and they may view certain events—such as sudden cardiac death, from their own particular perspective. It is often their deep personal loss that is their motivation. Seldom can they afford to stand back and look at what has occurred in a detached and objective manner.

Confronted by a vocal press and an active pressure group it may be difficult to maintain a detached academic objectivity but, as scientists, our immediate response should be to examine the evidence. The principles of evidence based medicine should apply equally in sport. There may be precious little research providing quality evidence in many dimensions of our discipline but sudden cardiac death is one field in which we do have considerable knowledge. Screening is proposed as an appropriate measure to prevent sudden cardiac death but such screening is limited. There is little evidence, at present, that cardiac screening of young people can detect prodromal signs or symptoms, and there is even less evidence that our interventions can prevent sudden cardiac death. We also have a duty not to exclude people from sport unnecessarily. At present screening does not appear to offer the solution but the balance may change in favour of screening as technology evolves and our knowledge increases.

Scientific objectivity is fine until there is a death. Last year, sport and medicine were in the dock. Trial by media. A public examination of the risks and responsibilities associated with sport and those who volunteer to provide sports medicine care. There were many questions raised about the

screening of participants in mass sporting events, the nature of medical cover, and the role of the good Samaritan. Many of us have offered our services to local events. We are expected to give our services, often at the last moment, without preparation or involvement in the planning of an event. Because of our involvement with the sport, it is difficult to refuse and, because of the budget, it is difficult to make demands. Yet, because of the risks, many of us will think twice in the future. Even when competing we stop to help. No one would pass a fellow competitor who had collapsed or was suffering at the side of the road and we would never dream of hindering or preventing appropriate treatment, but we might, inadvertently and definitely without intention. We are all vaguely familiar with the potential risks of providing medical cover but we are enthusiasts, we do our best and hope that nothing untoward will happen. Most of the time the problems are minor. Disaster happens to someone else, and last year it did. Academics may call it critical incident analysis, pragmatists call it learning a lesson, but the public have a different perspective.

Media publicity threatens us, points to our lack of knowledge, and highlights deficiencies. Our reaction should reflect an understanding of everyone's position. We need to form alliances with medical charities that fund research, and create academic departments that can respond. Let us not condemn the media, nor the commitment of charitable organisations. We need to work together.

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