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!

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 sports medicine care. There were many questions raised about the
screening of participants in mass sporting events, the 
the nature of medical cover, and the role of the good Samari-
tan. 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 com-
peting 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 pre-
venting appropriate treatment, but we might, inadvertently 
and definitely without intention. We are all vaguely famil-
iar 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 commit-
ment of charitable organisations. We need to work 
together.  

DOMHNALL MACAULEY 
Editor, 
British Journal of Sports Medicine

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

**Education programme 2000**

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<tr>
<td><strong>Current Concepts Meeting on Pre-event Screening</strong></td>
<td>19 May</td>
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<tr>
<td><strong>Intermediate Sports Injury Course—Part 1</strong></td>
<td>9–14 July</td>
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<td>Lilleshall Hall National Sports Centre, Shropshire (residential)</td>
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PGEA and CME will be given |
| **General Sports Medicine Course** | 24–29 September |
| Lilleshall Hall National Sports Centre, Shropshire (residential) | 
PGEA and CME will be given |
| **Practical Sport and Medicine Meeting** | 5–12 October |
| Club La Santa, Lanzarote (residential) | |
| **Advanced Sports Medicine Course** | 8–13 October |
| Lilleshall Hall National Sports Centre, Shropshire (residential) | 
PGEA and CME will be sort |
| **BASM National Congress: (West Midlands)** | 3–5 November |
| Stakis Luxury Puckrup Hall Hotel, Tewkesbury | |
| **Intermediate Sports Injury Course—Part 2** | 19–24 November |
| Lilleshall Hall National Sports Centre, Shropshire (residential) | 
PGEA and CME will be given |
| **Current Concepts Meeting on Pre-event Screening** | 8–9 December |
| Cost and location to be confirmed | |

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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