

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

Editorials

Warm up

Going up or going down. We give you a choice. You can explore the difficulties of supervising sport diving in Scotland and the outcome of systematic medical screening (page 375). Find out what happened to all those medical certificates! Or, you can study the physiological makeup of people who climb walls (page 359). Perhaps they need to be certified.

If it is injury you want, we have plenty in this issue. In particular, we present the harmful effects of contact sport at the highest level. Top level sport doesn't sound very attractive when you review the long term sequelae of playing professional soccer (page 332). The effect of professionalism on rugby football does not present a happy picture either (page 348). And, it seems intuitively wrong that we should have to present data on how to reduce the effect of impact on football headgear (page 337). Sport in the extreme.

Exercise for health sounds more attractive. Osteoarthritis used to be considered a good reason to rest. Reduce the

abuse of the joints. No longer. Indeed, exercise may even be a considered a component of treatment (page 326). Chronic arthritis produces muscle wasting, compounded by immobility, but exercise can help reduce these changes. Exercise therapy, adapted from the training programmes of elite athletes, can be used to help patients with common medical conditions. Sport changing practice.

Exercise in paraplegia (page 322). Another radical treatment. Most of us think of voluntary muscle activity; physiotherapy and rehabilitation and, ultimately, sport and exercise. But, this is electrically stimulated involuntary activity to encourage movement in large muscle groups. Without long term hope of functional rehabilitation, this is the promotion of large muscle activity for generic health related benefits. Sport challenging current concepts.

And we didn't mention the Olympics once ...

Seduction

Seduced? Who, me? No, of course not. You would never think of letting a patient manipulate you, give you special favours, or change your practice. But, isn't it fascinating to see how behaviour can change in the presence of a sporting celebrity? We often hear the argument that dealing with top level sport performers is different, and that they should not be treated as normal patients. I wonder how much of this is true and in what circumstances we should change the way we practice. Let us try a few scenarios to test your conscience.

You always treat every patient the same. Of course you treat sporting patients as you would any one else. Maybe sometimes, you might inject a little sooner than normal, see a sporting hero sooner than an normal patient, give a little priority on a waiting list. Benign and innocent misdemeanours. Perhaps not. It depends on how you prioritise people's lifestyles. But, for whose benefit do you do these little favours? Is it really for the patient or perhaps you would like a little reflected glory. We all enjoy the pleasure of seeing our friends and colleagues succeed in many aspects of life. There is a wonderful sense of personal reward in seeing a patient achieve their potential in the sporting arena, especially if we have played a small part in support. But, there is some ambiguity in defining what we mean by personal reward. A little glow of pleasure. This is probably satisfaction at a job well done and enjoyment of the event, but it could be a little lamp shining above one's

ego. In the vicarious pursuit of sporting excellence you would never be guilty of allowing children to be pushed too far, turn a blind eye when you know drugs are a problem, ignore eating problems in those too thin, or avoid recognition of psychological problems. You would never fail to refer a patient to someone who might be better equipped to deal with a problem than us, nor fail to recognise the good practice of another. With every success comes the burning desire to share the moment. To tell people of your role in that success. The temptation to let your colleagues know of your role in helping an athlete achieve their moment of glory. A teeny weeny breach of confidentiality.

You have carved out a little niche in the world of sports medicine. Ah, that phone call from the local postgraduate centre. Yes, of course you would be happy to talk about some aspect of sports medicine. The day of the lecture, the slides, the audience, the expectant faces. The temptation. Do you mention that you treated this star centre forward, or helped that athlete jump higher, throw further, run faster. If you just slipped it in inadvertently, it would help give a little credibility. If you wanted to give your talk a little boost it would not harm your image. If you had a little bit of private practice, it would hardly harm your custom. Is this ethical?

You have become a bit of a sport medicine celebrity yourself. Have carousel, will travel. Lord of Powerpoint.

Physician to the stars. You have now treated eight of this team, fourteen from that squad, and would need more than one hand to count the medal winners who have graced your consulting room. Anonymity and patient confidentiality is a bit old fashioned anyway. Your patients consult you because they know you are the best. Your image is important and the audience may not actually know how good you are, how many stars you see, how many careers you have saved. A few photographs might help spice up the talk—they might like to know who owns that tendon, or see the video of this injury or that operation. Is this acceptable?

As a profession we need the trust and confidence of our patients. It is difficult to justify the abuse of practice and procedures that govern appropriate medical practice,

ethics, and confidentiality. These rules apply to sporting celebrities as much as to normal practice. At present we jealously guard the right to govern ourselves but with rights come responsibilities. Our responsibility is to our patients and to our profession. Few of us could deny that we have ever been seduced by association with the stars. Only those little voices inside our head can protect us from our ego. But, we can help our profession by voicing our objections when speakers use celebrity examples to illustrate their talks or enhance their reputation. Seduction in sports medicine. It happens.

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

Education programme 2000

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 sought

8–13 October

BASEM 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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