A TEAM DOCTOR'S DUTIES AT THE COMMONWEALTH GAMES

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The duties of a United Kingdom team doctor at the Commonwealth Games in Edinburgh, resolve into three functional categories:

- (1) the duties of the ordinary medical attendant on a group of people, attending to their trivial illnesses which can occur in any society;
- (2) psychological counsellor
- (3) the supervision of the treatment

prescribed by the various medical centres, and of the follow-up. With a medical, nursing, physiotherapy and paramedical organisation behind one, a great deal of the burden of treatment will fall on these services.

It is obviously in the foreign environment that the duties and functions of the team doctor assume much greater importance than at matches in the United Kingdom. It is noticeable that in swimming the work of the medical attendant at international meets has gradually changed in character - in quantity and quality - in the past two decades.

At the swimmer's level, there is much more stress, and the pressures of modern competition places greater demands on athlete and coach than ever before; 'the feeling' of contests has changed and the emphasis is now more on personal and national success. The work of the medical attendant becomes more specialised, and more demanding.

In 25 years I have witnessed tremendous advances in conditioning, training, and coaching techniques, so much so that the doctor, in order to appreciate the work-load and the stresses on the athlete, must himself know all about these new methods, and must be prepared with his knowledge to give decisions, sometimes urgent, sometimes important, which may or may not lead to conflict with those of the coach or team manager. Whatever the decision, the doctor's overall duty and responsibility is to the athlete and what is best for him. Decisions are never taken lightly, especially if this might involve withdrawing an athlete from an event or from a competition, and they are taken in the knowledge of the vast amount of work, dedication and self sacrifice that the athletes have endured for perhaps this one race, once in 2 or in 4 years.

Running parallel both at technical and practical levels, there is an increased awareness of the doctor's expertise as an integral part of the coaching coterie surrounding the athlete, which gives him a place as part of the team. The modern approach to training has fostered more than a basic knowledge of physiological function which is aired as pertinent and searching questions, and one has to be prepared to answer these questions fully and frankly.

Knowledge gained and exchanged, stimulated by lecture, question and answer, has developed a mutual understanding, professionally and personally, which is of inestimable value in the stresses of competition. It has taken many years and many generations of athletes to attain this level of confidence and trust; both respect the opinions of the other, and many problems come to be asked in conversation and answered, when in the past the questions would not have been asked, and the answer would never have been found.

One should know all the swimmers personally; their parents and all the staff coaches. Such contact with athletes and doctor would seem to be extremely important, as part of the pre-Games get-togethers, close to the athlete immediately prior to competing, and immediately after it, very much in the greatest stress period, at a time when athletes are most vulnerable to any suggestion. At this particular time the team doctor, if he knows his athlete, can stimulate, help, and encourage; in fact, he can do a tremendous amount of good at this critical time.

At national and international level the function of the team manager and the technical officer becomes more involved and complex, and they often have little time to devote to the personal problems of the athletes, so the doctor, if taking his work seriously, should fill this gap. There are differences of opinion at the present time regarding the nomination of a doctor to look after an international team. There are team managers who would nominate doctors who are themselves coaches. From the team manager's point of view, I can see the use of having extra coaching help in looking after a large team of athletes, but to my mind dual purpose doctors fulfil neither function adequately. It would seem that if more help - technical and coaching - is required, then this help should be provided but by extra coaches attached to the party and not by the doctor acting in a dual capacity. The doctor's work should be medical and not technical.

Whatever the venue at home or abroad, the area of medical practice administering to a team centres round psychological problems which are bound to present themselves as behavioural abnormalities, physical illness, injury or pseudo-injury. Present-day athletic performance in competition exposes athletic subjects to almost intolerable physiological and psychological stresses, and the reaction to such pressures is manifest in many disguises as psychological or behavioural problems in the psychological adaption, in physical illness, in injuries, real or apparent. It is always noticed that these types of reaction become more prevalent and more difficult to treat as an important meeting draws nearer, until during the meeting one is beset by numerous complaints, real enough to the athlete but perhaps without any obvious clinical meaning. One must accept the fact that these young people are out of the ordinary, normally abnormal individuals, reacting in a recognisable pattern; and whether these illnesses or injuries are real or imaginary is of no great importance. What is more important is the fact that the medical attend-

ant accepts the complaints as factors, no matter what his clinical appraisal confirms, and after that he is prepared to do something. Many times the work and value of a medical attendant is measured by the support and encouragement that he can give to an athlete who is going through this period of stress, and manifests his stress in this type of problem. One thing is certain, that no greater wrong can be done than to tell such a person that there is in fact nothing wrong. One must do something. Athletes do sublimate fear and anxiety with the anticipation of a bad performance as an excuse for an indifferent past performance and their reaction to a difficult situation. The treatment of these trivial and seemingly groundless complaints by positive measures prevents the establishment of a vicious circle.

It is when the doctor is travelling abroad with a team that he will really be tested. His work should begin months or weeks before the contest, and he should certainly do his home work about the country the team will be visiting. He will have to have knowledge of (1) the travelling arrangements and any time changes within the travel area; (2) climatic conditions; (3) endemic diseases he will encounter and the prevention of disease; (4) health regulations and the requirements of the country which will be visited; (5) food and on feeding and see to it that proper advice is given. (6) he himself will have to ensure that he carries an adequate supply of drugs and dressings, should the occasion arise for their use.

During foreign tours the doctor should be the constant attendant of the team because officials invariably have so many other things to do, giving the impression to the athletes of a lack of interest.

It is especially on foreign tours that the psychological problems can become troublesome. The break from the usual routine, the strange bed, new companions, unaccustomed food, differing cultures, crossing time zones all have an unsettling effect on the athlete, and this has in the past caused behavioural problems which make headlines for the popular press, and is the time when athletes are most vulnerable, when clashes with officialdom are liable to take place and to make the news.

The main general duties at the Commonwealth Games for a U.K. doctor are:

1. The pre-games meetings with the team managers, coaches and athletes, in order to stimulate the element of trust and confidence in the team doctor, and in the medical arrangements backing up the games, assuring them of quick, knowledgeable and understanding medical treatment.
2. The introduction of the team's physiotherapist and the arrangements made for treatments requiring his skill.
3. Establishing village medical consultation, such as sick parades before every competitive session, and to try to run some form of appointment system.

4. The provision of adequately stocked managers' and national coaches' first-aid treatment bags for the on-the-spot treatment of minor injuries at the venue sites.
5. Establishing adequate lines of communication, so that the whereabouts of the team doctor and physiotherapist are instantly available.
6. Discussion and advice to the athletes on feeding and various points arising from the games.

Of the actual games themselves, the main duty will be in dealing with athletes at this period of stress, but there are one or two points which are worth remembering. The first is, that the Commonwealth Games Teams will have widely differing age groups from 14 years (or maybe even younger of the swimmers - the traditionally young group of competitors) to the much older age group of the grass bowlers. It is also worthwhile noting that the bowlers will be subject to very concentrated efforts over long periods from the 13th July, three days before the Official Opening, till the very last day, and this might involve them in being present at the bowling green for the whole day, from morning till night. One must be prepared even for a myocardial infarction under these trying conditions in the older age group.

The hot and humid atmosphere of the Royal Commonwealth Pool provides the perfect incubator for all kinds of upper respiratory infections, which could spread like wildfire under such ideal culture conditions. One must also remember that there are a number of sports all with varying stresses and strains, and one must take into account all the various stresses involved in trying to assess one's use in these particular sports. One will no doubt spend quite a busy time coping with the day-to-day run of complaints found in a large group of youngsters living in close proximity, under considerable physiological and psychological strain for a period of 2 weeks. There will be the odd and sudden unexpected muscle tear or sprain which will necessitate intensive therapy from the team physiotherapist at the time of the injury with the referral to the specialist service physiotherapy clinic later. So often an injury occurs just before an event, when perhaps the only course to allow the individual to compete with the chance of finishing, is to strap the splint or bandage in that part of the leg immediately. This is the work of a specialist physiotherapist, someone who has done this before, and the team physiotherapist will probably be the busiest man on the staff of the Team. One thing is certain, that both the physiotherapist and doctor will be extremely busy people during the Commonwealth Games, but the athletes will be given every opportunity of competing in the best possible condition, and that any recompense will be in the reflected glory of one of these athletes standing on the winner's rostrum, receiving the accolade of a job well done.