

Dr. J. G. P. WILLIAMS, F.R.C.S.Ed., D.Phys.Med.

Secretary General, Federation Internationale de Medecine Sportive

Paragraph 3 of Article 14 of the Statutes of the International Federation of Sports Medicine states that a member of the Executive Committee of the International Federation of Sports Medicine shall have no national status. I find myself therefore in a somewhat peculiar position of being a foreigner in my own country.

When I was asked to participate in this Symposium, I wondered quite what I could do to help, and decided to talk about the potential development of sports medicine in your country as if you were setting up a new organisation. As an officer of the International Federation I am asked to advise countries where sports medicine is just beginning on the way in which they can develop. I cannot tell them *how* to develop, but I can tell them of some of the things that crop up in the course of development, based on experience in the more than fifty National Associations of Sports Medicine throughout the world affiliated to the International Federation. In so doing I find it useful to point out both positive and negative aspects of the development of sports medicine.

I am now going to discuss the development of sports medicine, and not the development of a National Association for Sports Medicine. The latter is unnecessary because you already have in the United Kingdom a very large and flourishing National Association which is internationally recognised by the Federation and which fulfills all the criteria laid down by the International Federation for a proper representative national body. Indeed I am given to understand that your National Association functions in almost every way as a National Association should. Therefore I want to discuss the development of sports medicine in the widest sense, and I come immediately to the first communication of this symposium, that of Dr. Raymond Owen. He very properly pointed out that sports medicine means a lot of things to a lot of people. When I am asked to advise a country, or a new national association, I tell them that the first thing they have to do is decide what they mean by sports medicine. As Dr. Owen told you, there are many interpretations. Some are manifestly false; others are a matter of individual choice. I want to warn you very briefly about one at least which is manifestly false, because it is a trap into which too many people fall, and it is one that will do the development of sports medicine in your country no good, particularly in view of what we have heard just now from Dr. Newton.

The first, and most important trap then, is that of talking about various aspects of the medical side of sport

as "Sports Medicine", as if they were automatically special when they are not; often they are simply *part* of ordinary medical practice. I will give you a good example which in fact arises from something Mr. Sayer mentioned earlier, the misuse of the expression "sports injuries". Many injuries occur in sport, but only a relatively small proportion are true sports injuries. In a recent study, it was shown that two thirds of a very large number of injuries presenting in sportsmen attending sports injury clinics, and relating to sport, were in fact not sport specific at all, and they could and should have been perfectly adequately dealt with by the Casualty Department of a hospital, or by existing Orthopaedic and Rheumatological services. It is a great mistake to talk about these injuries as "sports injuries" as if there was something special about them, because if you do this, you will find yourself in conflict with orthopaedic surgeons and rheumatologists. In consequence you will find that the case for the proper treatment of the specific technothopies of sport, (those conditions which are peculiar to sport and are not met with elsewhere) will go by the board. I think it is very important in developing sports medicine you understand exactly what you mean, and that you do not get involved in matters which are not specifically sports related.

Having decided exactly what you want to develop as Sports Medicine there are certain prerequisites for this development to take place. The first requisite is political will – that is to say a general degree of will that some sort of sports medicine service shall happen. The enthusiasm of individuals may make considerable local impact, but, it cannot develop sports medicine on a national basis. What is required is that there should be a general wish that sports medicine should be developed or that some form of medical service to sport should be developed.

Such political will may be expressed by government, as for example in the German Democratic Republic. In that country, sport is a national activity with its own Ministry; the Sports Medicine Service of the German Democratic Republic is a function of the Ministry of Sport and is set up on the back of a political will which is government organised. Political will, however, does not necessarily have to come from government, it can come from para-governmental organisations, or from sport itself.

In Italy for example, which has one of the largest Sports Medicine Federations in the world, sports medicine has developed through the governing bodies of sport acting together. Their National Olympic Committee does not confine itself purely to the Olympic

scene as such, but has a much wider sphere of influence. It draws its very considerable funds from the Toto Calcio, the Italian football pools, and all forms of sporting activities in Italy are funded from a central source. It is that source that determines that there shall be sports medicine in Italy which is why in that country there are 58 units where sports medicine is practised. So political will is the first requirement, but I do want to stress that it is political will that is required, and not political interference. So often one sees political will going on to manifest itself as frank interference in what the specialists and technicians are doing. When that happens, disaster follows.

Granted political will, there is next a need for expertise. Quite clearly you cannot have effective sports medical services in any shape or form unless you have the expertise available, and that expertise has to be defined. You have to have standards by which expertise can be measured. I think it is true to say that one of the problems that you face in the United Kingdom, (as do many other countries as well) is a lack of standards by which you can judge whether an individual can be regarded as having expertise in one or other of the many aspects covered by the total field of sports medicine. Certainly, you have got in the United Kingdom a number of people (not a large number) with very fine international reputations in the field. Having been rude to your Honorary Secretary once, I am going to be polite to him by saying he is one such, who has an extremely high reputation internationally in clinical sports medicine. Among your physiologists and psychologists, we can number Harry Thomason, Mervyn Davies and John Kane; the work of Raymond Brookes and Arnold Beckett in the development of specific dope control in sport is another example of the expertise already available. So there are a number of experts who can be recognised by the work they do, by their publications and so on, but what you have not got is any *formal* recognition, and I agree entirely with what Dr. Owen said in his earlier talk about the need for such recognition of individuals. I emphasise the recognition of *individuals* in this field rather than the recognition of sports medicine itself for the reasons which Dr. Newton has just indicated. You cannot recognise as a specialty, a "special interest", but you can recognise individuals as having specific expertise in that field of interest. It has been reported to me, and I am sorry to hear this, that your Sports Council has hitherto tended to reject the concept of recognition of individuals in this way. I hope that this is a situation that may alter. Obviously, following on this need for a pool of expertise (and related to it) is the need for professionalism – a direct professional approach to the whole field of sports medicine.

Hitherto in Western Europe and in North America medical practices related to sport have been carried out very much on a hobby basis, with no firm scientific

foundation. The word 'amateur' in this context is perhaps emotive but it is the word one has to apply. We all know that in medicine that there is no room for amateurs. Can you imagine the horrors that result from the amateur surgeon or the amateur cardiologist! There is no room for the amateur sports medicine expert either.

There is a need for a proper and professional basis of expertise on the lines which you have already had indicated to you by Dr. Newton – sound knowledge of fundamental sciences, recognised specialist training in the appropriate main discipline, together with subsequent specialist sports medical training. I can tell you that the International Federation of Sport and Medicine has been delighted and encouraged by the inclusion of the medicine of sport and recreation as a special part in your new Diploma of Medical Rehabilitation.

Let us move now to one or two negative issues which I think you must avoid. The first has already been mentioned by a number of people and, I want to reiterate it – *divisions!* In the world as a whole, as in the United Kingdom there are not enough people interested in and committed to this field for them to be able to work effectively in fragmented groups. We have had a ludicrous situation in Canada over the past few years – which has happily, now been resolved. There were two national associations, the Canadian Association of Sports Sciences, and the Canadian Academy of Sports Medicine, which were at each others' throats, one group calling the other "not clinical" and the former calling the latter "not academic"! This was a ludicrous situation, because as I am sure you will all recognise, no organisation has a monopoly of quality, any more than an organisation, by its existence, has automatically quality within it. Quality comes from the individuals, from the grass roots concerned, and this should be recognised clearly. Quality transcends boundaries between organisations, and if you do not allow quality to transcend such boundaries you will find yourselves with organisations or individuals at each others throat rather than getting on with the business of developing sports medicine.

At the same time, you must not allow yourselves to be tempted by the glitter of front organisations. I have said already that there is a great need for commitment on the parts of individuals concerned in sports medicine. We have seen over and over again countries setting themselves up with National Associations of Sports Medicine, whose letter headings list prominent people, not in any sense committed to or involved in sports medicine. Sports medicine can only be developed by people actually working in the field, and somebody who is not working in the field, is not likely to be of much use to sports medicine. Do not be tempted to get involved in the immediate search for patronage when

your patrons are not going to have any useful function, as in the long run, this produces the exact opposite of the required effect.

I now want to warn you against the risks of professional jealousy. We have seen some of the effects of this in the divisions that I have mentioned in Canada and we have also seen it in a number of other countries. Until recently Australia had two separate medical sport organisations – now, they have one, but two states are at each other throats! There is no room for such jealousy in sports medicine. One of the things that I have found to be most exciting about the International Movement is that those individuals who are internationally recognised, meet together on the very best of terms. They are members of a big family, because they are united in a common interest which is sports medicine and not themselves. In this context I should warn you about a practice that we have seen in certain countries (though surprisingly not in Eastern Europe where perhaps it might have been expected) which is the practice of individual organisations to insist that athletes go only to the organisation's own doctors, and not to others. From time to time certain national associations appoint their own doctors and say "you cannot go to anybody, unless you go to our own doctor". This is merely an indication of insecurity, and I was much heartened and encouraged by what Dr. Owen said about the wish of the British Olympic Association to use the expertise of doctors throughout the country rather than to seek to hold for itself the responsibility for the clinical management of patients outside the Olympic games. The net result of any "exclusiveness" is to the disadvantage of the athlete, and I hope this feature of second rate national sports organisations will not be noted in your own country.

ANSWERING SPORT'S NEEDS – 2

D. J. CUSSEN, M.A., M.D.

The Institute of Sports Medicine, 10 Nottingham Place, London, W1M 4AX

The institute of Sports Medicine exists to further the Study of medical aspects of sport and physical activity, i.e., medical research, teaching and treatment.

The Institute, as a Post-Graduate Medical Body, is concerned, therefore, with the additional relevant qualifications of doctors through courses of study and practical experience. Teaching programmes and symposia are being further developed.

Suitable research projects by doctors are encouraged together with the systematic accumulation and collation of medical data. By advancing medical knowledge we hope to effect not only the treatment of injuries in sport but also the physical fitness of every individual in the community.

Since the Institute relies entirely on voluntary

Finally, and to some extent off the record, I would bring one other matter to your attention. As I said early on in some countries sport is politically big business and there is a very strong political will developing sports medicine. As an extension of this, one finds the teaching of sports technology both medical and otherwise becoming part of the propaganda programme used by certain countries. They offer technical services to people from developing countries, and in providing technical services they provide at the same time a great deal of political propaganda as well. Some time ago when I visited India, I was struck by the large number of Indians who said that they were delighted to welcome an English speaking lecturer to come and talk to them and that they were delighted to welcome someone from Britain. Many of the people I met went on to say how much they had enjoyed the visit of other coaches and lecturers from the United Kingdom in previous months. We have a situation where people in India, and other English speaking developing countries want to come to the U.K. or to the United States, for training in sports medicine. They want what you have to offer, but you do not offer it to them and you apparently cannot make it available for them; they end up by going to countries whose language is foreign, and whose ideals are also very often foreign.

I would like to conclude by suggesting that from an international point of view, you should consider that there may be an element of responsibility to the rest of the world (particularly the developing world) in your development of sports medicine in the United Kingdom. You can give guidance not purely on a technical level, but on the level of the way of life you think to be worth living.

workers and financial donations, progress has been restricted. This is one reason why the contribution by various interests to the different problems of sports medicine is welcomed by the Institute.

There are many areas where closer cooperation on an inter-disciplinary basis could be helpful to everyone concerned. Already there are discussions with various organizations, including BASM, to explore such areas. In spite of the different bases of the organizations in the field, it should be possible for each to complement the other and to establish useful and lasting links.

The Institute is, therefore, happy to participate in today's meeting and to hear the views of colleagues and others concerned with Sports Medicine. Within our powers and terms of reference I am willing to pledge our help.