

# Boundary Definition – The „No Needle Policy“

The Anti-Doping Code of the “World Anti-Doping-Organisation” (WADA) and the list of prohibited substances and methods constitute a complex legal setting for sport physicians. Various regulations and rules have to be considered and new rules are constantly being developed and modified. Some colleagues within the field of sports medicine feel that their “therapeutic freedom” is considerably restricted by many rules and regulations developed by national and international anti-doping agencies in their “fight” against doping.

In light of the recent anti doping conference held in Freiburg and a current research project called “Doping in Germany” funded by the German Federal Institute of Sports Science (BISp) we have further reason to seriously pursue this discussion. Especially since there is evidence to suggest that boundaries have been overstepped by physicians. These boundaries separate a responsible physician trying to operate according to the definitions of medical ethics from a polypragmatic or technocratic healer applying “magic medicine” rather than scientific and ethically responsible medicine.

## **As doctors we should not overstep these ethical boundaries!**

An infusion for a collapsed patient suffering from heat exhaustion is not problematic; several infusions in a team with enteritis are also not problematic. The problem arises, when whole or substantial parts of whole cycling teams or soccer teams receive infusions after each game or competition even if the infused solutions are allowed by WADA-regulations.

If then the WADA declares infusions as “therapeutic use exemption” (TUE) relevant, “doctors” declare infusions as multiple injections. Thereupon the WADA limits the syringe size to 50 ml, after which doctors inject 10 x 50 ml. This practice has made it necessary to prohibit the repeated usage of injections more than 50 ml within 6 hours.

Within the polypragmatic usage of injections for all possible complaints of the musculoskeletal system, especially with the frequent and repeated usage of corticosteroids and analgesics, in my opinion doctors overstep the boundaries of responsible therapeutic medical practice. Therefore doctors who repeatedly and systematic ally exceed such limits, are destroying the solid medical treatment base that has been established within our field of sports medicine.

Therefore the Medical Commission of the International Rowing Federation, together with the International Cycling Union (ICU) has suggested a “No Needle Policy” that simply requires physicians to specifically declare any injections made at competitions and prohibits the off-label-use of

medicines or rather makes them TUE-obligatory. The medical commission of the IOC is expected accept this policy for the Olympic Games 2012.

### **Why is such a policy necessary?**

I will use a quotation of Pat McQuaid, president of the ICU: *“There is a little bit of an ego problem as the syringe culture empowered team doctors and made them crucial and indispensable on any team as they were seen as the key figures for athletic performance. However, with the new times of cycling team doctors are now true physicians and therefore heal and help restore health but are barely involved any more in athletic performance, so they are not indispensable anymore.*

*There are thousands of doctors out there who can give aspirins, diagnose a bronchitis and prescribe antibiotics but there are not many people who can be key in athletic performance in today’s new times of cycling so old school doctors have a bit of a problem here as most of them don’t really know much about athletic performance so it is a field where they either don’t belong any more or they can’t due to lack of enough knowledge and preparation in the field of athletic and human performance according to the new times.*

*This puts most of old school doctors in a new scenario where they are not indispensable anymore. In many teams now, nutritionists, trainers or a biomechanics have taken the role of performance so many times are more important than the team doctor who has lost all his key role in a team. So this ego problem is there for many of the team doctors ...Also there is a great deal of lack of scientific knowledge when it comes to parenteral recovery and need for needles. The whole parenteral and needle recovery became a culture and a tradition but it never followed the scientific approach, criteria and evidence....”*

### **The most important thing is the athletes health**

Certainly, doctors have not created the doping problem by themselves and especially the cycling sport will not get rid of its doping problems by employing highly specialized scientist and uncritical general practitioners. This editorial should clearly reflect the critical role and responsibility of sports physicians within high performance sports. Of course doctors often have modern equipment and methods and work with the latest findings of biochemistry, immunology and molecular biology. There is nothing against the use of modern methods and the best medical competence, but if these are utilized to give an unfair advantage, then ethical boundaries are crossed.

The boundaries are set for example by the “Olympic Movement Medical Code” of 01 October 2009, where it says in section B3: Athletes’ health care providers should act in accordance with the latest recognised medical knowledge and, when available, evidence-based medicine. They should refrain from performing any interventions that are not medically indicated, even at the request of the athletes, their entourage or other health care providers.

The primary concern should not be for the doctor to prove him/herself but to put the athletes health first. We do not need doctors who take over an athlete's medical supervision to try and raise their own importance through experimental medical methods or to recruit as many well-known athletes as possible and use the sport for their own public relations. If an athlete has to be treated before the start of a competition by his/her doctor, if only with a vitamin syringe, placebo treatment, by acupuncture or chiropractic methods, dependencies can arise, which can lead into a doping-like mentality.

*„Health care providers who care for athletes should have the necessary education, training and experience in sports medicine, and keep their knowledge up to date. They should understand the physical and emotional demands placed upon athletes during training and competition, as well as the commitment and necessary capacity to support the extraordinary physical and emotional endurance that sport requires.“ (B.2, OM Medical Code).*

### **Sport physicians must act responsibly**

More than ever we need highly skilled sport physicians, who act responsibly and acknowledge the ethical boundaries of the sport and medical practice and who do not confuse athletic success with extraordinary amounts of prize money. The athletes' primary aim is success in sport. The sport physician's primary aim should be the athletes' health, so that they can achieve their sporting aims. Therefore we defend ourselves and try to caution against doctors, who abuse the sport with their expert knowledge, be it for their own purposes, or for the purpose of others.

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### **Literatur**

IOC: [www.olympic.org/PageFiles/61597/Olympic\\_Movement\\_Medical\\_-Code\\_eng.pdf](http://www.olympic.org/PageFiles/61597/Olympic_Movement_Medical_-Code_eng.pdf)