



UNIVERSITY
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Te Whare Wānanga o Otāgo
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Where are your limits?

Challenges for team physicians

Assoc Prof Lynley Anderson

Dr Peter Burt

It is a holiday weekend and James (a first year SEM registrar recently returned from overseas) has been asked to provide medical cover for a rugby union team.

Their usual doctor (Bob) is having short notice cardiac surgery days before the game. James has not worked in RU previously, though he follows this team, attending their games. Bob phoned James to set up the cover, reassuring James by saying, 'regular care, nothing you can't handle'.

The team manager calls James the night before the game. The manager mentions he will bring team clothing for James, and James will be mic'ced up to the coach. He also mentions in passing that Bob is retiring and the franchise is looking for a replacement –James' name had been mentioned.

What features of this scenario are potential hazards for James?

- Potential inexperience of physician
- Relative professional isolation (Bob not available)
- Team supporter
- Part of the team –uniform- are there other elements like this that have potential to influence the physician?
- Informed James will be mic'ced to coach- ? What are the implications...?
- Opportunity to please to get job if all goes well
- Do you have an opinion on providing medical support for a team with little clinical information of the team members (players and support staff)

Professional isolation

*in a team setting there was no one else to bounce that (challenging ethical issue) off...
working in a hospital environment or something along those lines or in a clinical practice... you
could just bounce off someone else...*

*you could just walk into the room next door or at lunchtime and just say hey what do you think
of this... this is what I have done and its dealt with...*

whereas in a team environment when you are reasonably isolated...

you don't have the capacity to do that...

*and to be honest to do that in the team environment it is almost a sign of weakness if you know
what I an saying...*

Sports medicine environment different from regular clinic practice

Sitting in your clinic room ...you've got you the patient maybe one other you've got all your familiar things round you...

you can actually take control of the situation and I think that's the place where I practice the best every time... I go somewhere different I practice less well ... I'm just not as good.

Sports medicine environment different from regular clinic practice

In a changing room with other people lurking or watching or listening or having fun and you know its different...

when I'm in my office I have my focus 100% on that person in front of me... when you're in a changing shed you can't have 100% of your focus on that person, you've got to be cognizant of how long have we got to go... what's happening... I've got to strap that ankle... I've got to do that injection...

....you cannot practice in an office and in a changing room in the same way... you just cant... its not possible

Focus on team goals vs health

*I probably didn't walk quite the right side of the line at times...
in the sense that my primary interest was to get that so called
mate out playing...
versus what was actually really the best thing for that mate...*

Wanting to please

*Its something that my practice has definitely changed over 10 years...
whereas initially I would have done that because that was what was expected
from the players...
however now I'd be far more likely to try and educate them and get them to
make a different decision*

On the morning of the game the star player asks James for a knee injection. James has no real information other than the player stating that Bob often injects it with local 30 minutes pre game and has done so whenever pain is an issue. James has observed this procedure but has not done it himself - he has Bob's medical kit available.

James walks past the changing room, and the manager comes out to instruct James to 'get the pseudos and caffeine tablets out of your bag now and bring them to the changing room, oh and be at the pre-match team talk in 2 minutes'.

Do you have any concerns for James, or the players?
What would you advise?

- Should the star/elite players be treated differently?
- What do you do about acute requests in the heat of the moment?
- Do you have a position on pre game stimulants? How did you come to this?
- How would you manage this situations?

Believing you need to treat athletes differently

I suppose I sort of knew it to a certain degree but it keeps on getting reinforced that they are no different from anyone else...

they have the same stresses and strains they are equally non-compliant... and just because they are getting paid tens if not hundreds of thousands of dollars doesn't mean they are going to turn up to appointments on time... and the last thing they want from you by and large is hero worship... they want you to be a good doctor...

you can be their buddy if you really want to but like any other patient they want good clinical decisions

Getting the balance between effective professional distance vs getting to know athlete/team to be able to practice quality medicine

Balance between professional distance & getting to know the athletes to do quality medicine

I think that's an important part of what we do in sports medicine...

its being able to keep your professional distance to enable you to have those difficult conversations...

because you do have to be prepared to have those conversations where its not gonna be what the athlete wants to hear...

I think having a strong relationship with an athlete is really important but them knowing that you're the doctor ... you have to keep that professional

Quality of care

I'm on call the whole time but I can relax a little bit... when someone asks you something medical you've got say lets look at that properly... should we go to my room ... a player would ask .. can you have a quick look...and increasingly I'd say I'll have a proper look

Interviewer: *but early on?*

early on you'd have a look some times it was a very minor thing and you'd got away with it, it was adequate the care was adequate... ... but I didn't want my care to just be adequate

Quality of care

so you keep saying to the young guys do a good job... do what you do inside your clinic...

what players don't want is by the way consultations... they can see you but get into a room and close the door ...

Getting caught up in the team

you know, before I really bought into the pressure to get this guy back straight away... lets pull out all the stops... whereas now I'm like... hang on guys... this is the situation this is what we should do lets not be in a rush ... and that's definitely come with experience for me

During the game a player goes down with an injury and James runs on, the player tells James it is a red call (feigned injury) and yells at James to 'check it' and put some ice on it.

The game is tied with 15 minutes to go and the coach instructs James to tell number 9 to go down with an injury to provide time for tactical purposes.

- Roles- how do you go about making decisions to be involved in non-medical roles, and has that changed over the years? If so why?
- Do you consider the different requests to be the same or different?

Instructing to feign

that would be pretty hard ...

firstly you're lying...

second thing is allowing the coach to use you and abuse your medical jurisdiction

thirdly it's affecting the player and the player isn't party to that and the player may not want to do that ah and whilst it might be better for the team I dont know...

I think it's a difficult one ...if I carried out the order I'd certainly be having a frank discussion with the coach not to put me in that situation again...

but I having said that im very comfortable to say that sitting in the comfort of my own room, what would I do when you're one point ahead or one point behind and this decision could change the match would I be doing it ...I suspect I'd probably do it

roles

as a doctor you have a role which is seen to be fair and ethical...

that's the way the general public view us... and if you betray that I think you are on a slippery slope not just personally but for the profession... you'd be bring the profession into disrepute...

my own moral or ethical stance... I wouldn't want to be part of something that is unfair or to be part of a cheating team

7. Honesty and Integrity

The SEP must

- i. Act with honesty and integrity and promote fair play in sport.
- ii. Not violate the rules of a particular sport in order to obtain an unfair advantage.
- iii. Not fix or attempt to fix a match (or any part of a match), or use or reveal inside information for the purposes of betting.

After the game and in the line for the buffet, James is just relieved he has survived the day. One of the players turns to him and says, 'Hey doc, this rash has just started, could you take a look?' he then pulls up his shirt.

As the evening progresses there is a presentation and James is given the team tie, James has three glasses of wine.

- 'by the way' consultations and quality of medicine
- Practicing medicine in the group setting and how do you manage this, has this changed with experience
- Drinking alcohol in the team environment- come to this later

In the bus on the way home the senior player who happens to be someone James has always admired calls for James to come to the back of the bus. James is told to drink 3 cans of beer, as an initiation for his first game with the team. James is feeling pretty happy with himself, and confident that he will get the job next year - he joins in the fun.

30 minutes later the bus breaks heavily and one player who was standing sits down heavily onto a glass he had just put down onto his seat, a shard of glass breaks off in his buttock, he immediately pulls the shard out, and blood is everywhere. There is no cell phone coverage for the next hour.

What advice would you give James about team involvement

- Being part of the team
- Coercion to drink alcohol and how do you manage that
- Duty of care while under the influence of alcohol
 - Acid test

The sport and exercise physician must:

iv. Act in a considered and professional manner during all team social activities, especially where alcohol is consumed.

Commentary: An SEP is part of the team by virtue of their professional role. As a health professional within that team, the SEP should consider how their individual actions in a team social setting and as a leader reflects on themselves and on the ACSEP, and impacts on future physician-patient relationship and may endorse particular team behaviours. Insofar as an SEP has a role in ensuring patient health and welfare, the abuse of substances should be discouraged.

Getting caught up in the team

you can celebrate with them after the game but when you are on there your job is to be looking at the players constantly and not to be tied up in the... its like getting emotionally attached to a patient

Interviewer: do you think you were as good at doing that when you first started

no you get better with time, I remember it was a process... you sit with things and think and read and think ...

Emmm you know I need to be more detached from the outcome... and you grow up as a person

Getting caught up in the team

I think that I got rid of pretty much all barriers between medicine and the players ...

I could go out and drink with them... train with them ...and be an idiot with them...

and if I did my time again now I would have to pull back from them

Advice to a new doctor to sports medicine

I think that understanding your place in the team...

that you are there as a professional...

being able to have the correct boundaries of professionalism with your athletes and your management team...

that being part of the team doesn't mean you have to be buddies with everybody and in fact probably that's not the best thing to be as the doctor...

because you almost have to be a bit above all of that because...

I think you are the spine of the integrity in a way...

where the team is lead by the coach I think the moral highground and ethical highground is really with the doctor

Take home points

Standards of professionalism can be threatened by many factors including:

- professional isolation – lack of support
- lack of regular cues
- blurring of professional/social roles
- poor ground work/preparation
- over-identification with non-medical goals
- demands and expectations of coaches

managers

players

Standard of Clinical Care

The SEP must

- i. Provide a specialist standard of clinical care, consistent with the prevailing standards of sport and exercise medicine, within the constraints of systems and resources.
- ii. Treat all patients according to medical need, without discrimination on the grounds of age, gender, ethnicity, disability, religion, lifestyle, beliefs, culture or sexual preference.
- iii. Insist upon professional autonomy and responsibility for all medical decisions.



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AND CALL ME
IN THE MORNING**

