

An Open Letter to those promoting medical supervision of doping

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Following recent declarations of certain doctors who consider that doping is necessary and even healthy for athletes, it is time to reaffirm, once again and without equivocation, some very basic principles in medical practice and deontology.

If one is considering, in one's role as a sports physician, that elite sport is not healthy, then it means that this kind of practice is not well adapted to human physiology. If this is true, then it is difficult to justify the support and involvement of physicians in sports. After all, medical doctors have the obligation to protect the health of the athletes.

If a particular situation in sports is not compatible with human physiology and may be detrimental to the health of the athlete, one has in fact only two options: to change the sport or the rules that govern that sport to make it more compatible with the human condition, or to adapt athletes to the sport. The former is the action supported by the scientific literature in physiology, public health, and occupational medicine. The latter, regrettably chosen by certain doctors, leads one to justify doping as "indispensable."

To change sport or to change humans? That is the question. Given the imminence of gene therapy, we must not delay in addressing this question once and for all.

Always and without exception, a medical doctor should follow the principles of medical practice and defend the health of the athlete, independent of the level of competition or the potential economic consequences. In turn, sport organizations should always ensure this right to physicians, guaranteeing physicians independence in their medical decisions and protecting them from conflicts of interest. When faced with a situation that poses a threat to the athlete's health, a physician should neither accept the situation, nor act to render it bearable. Not following these basic principles of medical ethics leads to very serious consequences. Should a physician confronted with torture propose medical support in order to make it less detrimental

to the individual? Certainly not, but those who propose medical supervision for doping are following exactly the same distorted logic.

In addition to the ethical reasons presented above, many other medical arguments oppose the acceptance of medically supervised doping.

Regardless of whether drugs or methods used for doping purposes can effectively enhance performance, there exists no scientific evidence that such practices are healthy, particularly in the mid- and long-term. Depending on the nature of the substance used for doping, the athlete may be able to compete for a longer time, perform faster, tolerate higher workloads, or better withstand pain—but these are certainly far from beneficial to health. To illustrate this point, one should consider a question frequently asked of physicians: in case of injury or fever, what should the legitimate medical attitude be? In general medical practice, the answer is always clear. Why should it be any different in sport? Can one imagine a doctor prescribing amphetamines to a truck driver because he or she is too tired to continue driving?

The use of even the most common drugs is associated with risks and potential side effects. Given this basic fact of pharmacology, any physician must understand the risk/benefit ratio before writing any prescription. Promoting doping for all athletes contradicts this basic principle of medicine. To argue that medically supervised doping is safer because a doctor is in charge misses the point entirely. There exists no credible data indicating that a drug is less dangerous when prescribed by a doctor. Everyday, in hospitals and clinics worldwide, patients experience the side effects of drugs despite strict monitoring by highly experienced doctors.

In medical practice the use of drugs is very strictly codified with indications and contra-indications. There is no evidence that competing in sports or exhausting exercise is an indication for the use of EPO or blood transfusions. Accepting this use (or misuse) of pharmacological agents is equivalent to defining sports medicine as the experimental practice of medicine in athletes and to use athletes as research subjects without their consent, therefore denying the rules of such a “medicine.”

Contrary to what the physicians defending doping pretend, accepting the idea of medical supervision of doping would immediately and irremediably lead to a generalization of doping and an exclusion from sport of all clean athletes who are opposed to using unnecessary drugs and want to defend the spirit of sport. To encourage doping may be beneficial for their promoters, but not for sport and athlete health.

To pretend that allowing doping would induce an equal playing field is not simply absurd; it is morally wrong and irresponsible. To accept doping would allow the use



of economic resources and scientific expertise to decide competition, and only those with access to those resources and expertise would win. Can one imagine a wider inequity in this world than that of scientific knowledge and availability of medicines? Certainly not. It would mean the end of merit for athletes. It would mean that prizes and medals would no longer be awarded to athletes but to pharmaceutical companies and research teams.

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