A vision: occupational medicine in football

Occupational medicine deals with all work-related health aspects that have an effect on the employee’s ability to function effectively: the workplace itself, the type of work, the health status of the employee. In addition to physical aspects, social and psychological influences are also considered. Today, this specialty is an indispensable part of medical care.

It is easy to see that a construction worker who is paid according to how much work he accomplishes within a defined time will be subject to greater stress factors than, say, a gardener or office worker employed on standard terms. Moreover, within any occupation there are those who will regularly need medication to function properly, e.g. those suffering from diabetes, high blood pressure, allergies, rheumatic disorders etc.

In such cases, any additional stress in the work environment can easily lead to a situation where the ability to function is close to the borderline of what can be expected, and these people can become incapable of continuing in their job or may be able to continue only under close medical supervision.

Nevertheless, there are definite limits to the level of stress under which such people can work and it is the concern of occupational medicine to recognise and deal with these limits. The occupational medicine physician aims to point out to both employer and employee that only under certain specified conditions will optimum performance be possible. These conditions might include changes in the workplace, in working hours or might specify (additional) treatment.

Footballers have to work, too

Many players suffer from allergies, and the treatment will be the same as in the general population. Therapy often involves medication especially during those times of the year when the allergen count is high. But many of the drugs normally prescribed for allergies are banned substances, such as glucocorticosteroids, even though their use is medically justified.

A case that makes the situation very clear is that of an American professional female player. She suffers from a rare disease that makes her blood pressure and fluid balance extremely variable. Without medical help, she could not pursue her profession. She needs ongoing treatment with a so-called mineralocorticoid. However, in contrast to corticosteroids, this drug has neither an anabolic nor an anti-phlogistic effect and is thus not a doping substance in the true sense of the term.

This raises the question of whether it really constitutes doping if a player can perform at the required level only after taking such medication. If such treatment is prescribed for genuine medical reasons and involves taking a drug that in itself has no doping effect, we cannot be talking about doping, but merely of enabling a professional athlete to conduct his or her normal profession – and this lies at the heart of occupational medicine. Treatment with banned substances for medical reasons should be permitted if the facts of the case are presented openly to the doctors in charge of doping control.

No excuse for ever-increasing workload

A quite different question is whether the ever-increasing demands on professional footballers, in terms of the number of matches and tournaments in which they are expected to play, should be compensated for by taking medication so that the expected level of performance can be achieved over and over again.
Playing so frequently, in football as in other sports, under circumstances necessitating more or less continued treatment with painkillers and anti-inflammatory agents can have serious long-term consequences that can neither be justified by occupational medicine nor medical ethics.

Admittedly, there is no doping in terms of performance-enhancing drugs being taken. However, medical treatment being used to suppress the symptoms of injuries and over-exertion clearly involves an aspect of doping. The workplace pressure being placed on players in the short term leads to the long-term effects being ignored.

Only a firm stand taken by sports and occupational medicine will provide players with at least partial protection from such long-term damage. This is yet another reason why the campaign against real doping must be actively pursued.