

Minutes of the meeting of the Medical Commission 26 and 27 October 2002 in Lausanne

Members présent :

Jenö Kamuti (president)
Guy Azémar
Peter Harmer
Miguel Magalhaes
Ezequiel Ramon Rodriguez-Rey
Ryszard Szczepanski
George Ruysch Van Dugteren
Wilfried Wolfgarten

Absent (excused):

Luciano Dal Zotto

Opening of the meeting, 26 of October at 9 :00

1 - The President welcomes the members present and reports his activity during the last months. An International Congress of Sport Medicine took place in Budapest under the presidency of the new president of FIMS. An interview with the latter allowed to evoke a possible cooperation of our commission with FIMS, for example on the occasion of a medical Congress of the FIE.

Jeno Kamuti reminds that the FIE Executive committee entrusted the responsibility of the works on doping to George Van Dugteren.

2 – Meeting of the IOC Medical Commission (J. Kamuti). This meeting gathers the presidents of the international federal medical committees (commissions) of all the Olympic sports. Programs of researches were considered. Three big subjects were retained:

- The protection of the athletes
- The nutrition before and during the competitions
- The sport during the teen age

If we have research projects, it would be necessary to submit them to the IOC for a possible financing.

This Congress gave place to interesting discussions about connections between the "medical" and the "scientist". Certain sciences can have direct connections with medical applications. It is the case, for example, of connections between biomechanics and trauma science.

3 - Doping and the activity of the WADA (G. Van Dugteren). The financing of this body results at the same moment from the IOC (50 %) and governments (50 %). The WADA meets some problems with certain governments (eg: Germany wishes that Europe pays).

The lists of forbidden products resulting respectively from the IOC and from the WADA, which presented some differences, become gradually similar.

During the last meeting of the WADA, the cases of alcohol, cannabis and the beta-blockings gave place to discussions. Certain disciplines as shooting and

the pentathlon forbid the usage of alcohol by competitors. Fencing also forbade its usage by 1975, but there were controls in competition only on the occasion of some Olympic Games. This control requires blood tests to allow to realize quantitative evaluations.

The medical commission discussed for a long time the preservation or the retreat of alcohol in its list of forbidden products. The ban had been decided to fight against the behavior of certain fencers who did not hide to consume it during the finales. We know that alcohol consumption aims at reducing the effects of stress, but also at increasing the aggressiveness. In shooting, it was demonstrated that it also increases the precision when it is absorbed up to a certain dose, that can vary from one person to another one.

Besides, the quantitative research for the absorbed alcohol complicates and weighs down sharply the protocol of doping control. After discussion, points of view being different within the committee commission, **it was decided not to look for nor to sanction alcohol in fencing during two years (immediate application)**, but to proceed, during this period, to investigations in this domain by means of the WADA (or of FIMS).

The cannabis and the beta-blockings, more easily controlled, remain forbidden and looked for in the takings of urine. In case of malpractices, penalties are foreseen by the WADA.

The doping control for the veterans was studied by the committee commission. It was admitted that this control is heavy and relatively expensive for the organizers of competitions in this category of competitors. After discussion, **it was decided to maintain the doping control for the veterans, but to limit it to the only search for stimulants and anabolic steroids**

In all the categories, including to seniors, measures were taken in some countries for the cases of sportsmen having a chronic disease which requires the pursuit of a treatment with products watched or authorized in certain limits. Medical very detailed files (objective tests) must be realized and put down in advance with official bodies in charge of doping surveillance.

In case of positive control, these files are examined by experts with the disciplinary authorities so that they can judge with full knowledge of the facts. Indeed let us note that this procedure does not exonerate automatically the concerned sportsmen.

For such exceptional decisions, the commission intends to submit them, if need be, to the opinion of the IOC.

The next meeting of the WADA is foreseen in Copenhagen on March 4th and 5th on the subject of the regularization of the doping control in the world.

4 – Reports of the representatives of the Medical Commission in World championships (These matters were also reported in more complete written documents).

W. Wolfgarten indicates numerous difficulties arisen on the occasion of the Junior World championships of Antalya.

E. Rodriguez-Rey raises problems which would have justified the use of cellular telephones during the Senior World championships of Lisbon.

M. Magalhaes, during the World championships of Nimes, regretted that the doctors of the FIE are in insufficient number because of the distances which separated the places of competition.

About Veterans World championships Veterans in Florida, the commission is sorry that the doctor initially proposed (R. Szczepanski) was replaced by P. Harmer (decision of the Executive committee of the FIE, without his being informed. This competition took place in a satisfactory way.

Following these reports, the commission reminds that the ***results of the doping controls must be sent by laboratories to the FIE office.***

5 - Revision of the medical part of the 'cahier des charges' for the organization of World championships and A-grade events.

The previous, very old text, indicated the main indispensable measures in this domain, but there was a lack of precision for the implementation of certain elements. However, the risks of lawsuits instituted to the organizers in the event of an accident increased a lot at the moment, whereas the means of communication and care in case of emergency developed.

G Azémar evoked a study in this domain which has just been realized in France under its direction with a group of about fifteen experts (urgency doctors, trauma specialists, experimented federal doctors, insurers, etc.) and having ended in a work of hundred of pages: " the medical coverage of sporting events: guide of the organizer ". Some principles were taken from this work to begin the study of the commission.

A real team work undertook, in an excellent spirit of cooperation. A plan was gradually elaborated and recapitulated in writing in a table by G. Van Dugteren. The development in detail of this first work was entrusted in G. Azémar to serve as a base for new dialogues by e-mail (See presentation separated from the final text intended in the 'cahier des charges' of the FIE).

6 - Questions of safety. A message of J. Rogge (IOC) recommends to worry about the safety of the athletes in all the sports federations. The " prevention of risks " appears in the subjects retained by the IOC in the same way as the growth, the nutrition and the health.

The commission discusses the proposition made by Slovakia (Kralic), and supported by the German federation, of a compulsory rustproof steel mask for all the fencers (except in period of initiation).

It is proposed that the Masks Commission dedicates itself to the objective of a single model for all and to the negotiation with factories to obtain one minimum selling price.

Another aspect of the prevention of the risks, the commission wishes that over-classification of young fencers be avoided, each one being entitled to fence only in his category of age.

Finally, there should be in all the countries a compulsory medical examination at the beginning of the practice (search of contra-indications in the competition) then at least during the access to the high-level practice. In fact, certain countries impose an examination of surveillance every year from the beginning of the practice.

7 - Reports of subcommittees. Due to a lack of time, these reports must be made in writing.

8 - Positive doping cases of doping (G. Van Dugteren).

The commission evoked the doping cases of doping arisen recently within the international fencing.

9 - Propositions of research works.

J. Kamuti suggests to begin the study of the effects of fencing on the spinal column.

L. Dal Zotto considers the study of the traumatism due to hits.

Several members of the commission are interested in the incapacity of recovery partially due, for high-level fencers, to the frequency of the competitions and to long distance travels.

10 – Miscellaneous items

- Dr El Sherbini, according to information from Egypt, cannot work any more within our commission for unexpected professional reasons. The commission suggests the Executive Committee to replace him by the doctor classified just after him during the last elections. This person was, according to our recollections, Dr Jose Quevedo (Esp).

- The text intended for the 'Cahier des charges' evokes in appendix the interest to organize one medical congress (or colloquium) the day preceding the opening of World championships. In any case, it is necessary to organize at least a meeting of the medical team in charge of the surveillance of the competition. This meeting can be sometimes simply widened to other medical speakers to approach some original or up-to-date medical/sport related issues.

- The next meetings of the medical commission should take place just before the FIE Congress (eg: Leipzig in November, 2003) to allow the discussion of the different propositions submitted to the commission. Another meeting could be held around the Junior World championships (eg: Trapani in April, 2003).

The meeting ended on October 27, 2003 at 12 :00
