

## AIDS becomes a sports issue

Charlotte Gray

First came a bombshell announcement on Nov. 7, 1991. Basketball player Earvin (Magic) Johnson, star of the Los Angeles Lakers and hero to millions of North American kids, told the world that he had tested positive for antibodies to the human immunodeficiency virus. Later, a physician stated that a Montreal woman who died of AIDS-related causes had claimed to have slept with "nearly 50" professional hockey players while she was infected with HIV. Suddenly, sports news had moved to the front pages.

There were headlines in every tabloid and rumours in every locker room, even concerns about the possible transmission of HIV during a game. Blood, after all, is often spilled at the hockey rink, on the football field and on the basketball court.

Dr. Andrew Pipe thinks those latter concerns were much ado about very little. The risk of sports-related HIV transmission is minimal, says Pipe, physician to the Canadian national men's basketball team and chief medical officer with the Canadian Olympic team that will be attending this summer's games in Barcelona, Spain. "The sexual activity of the average young person in North America puts him or her at

far greater risk than a basketball game," he says.

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**— Dr. Andrew Pipe,  
on Dr. Brian Sando's  
remarks about HIV and  
sports**

"The only case I've ever read about that bears the slightest relation to this is a recent case reported from Britain," says Pipe. It involved a vicious punch-up during a wedding reception in London where, to use Pipe's vivid expression, the participants "re-arranged each other's faces" and HIV was transmitted from one fighter to another. According to Dr. Jacques Huguette, president of the medical council of FIBA, the international basketball federation, there is no evidence that similar transmission has occurred during a sporting event.

Johnson's announcement has been important, explains Pipe, in

changing attitudes toward people infected with HIV or those who have developed AIDS: "He has sensitized the public to the realities of AIDS, that it affects heterosexuals as well as gays," he says.

Johnson has also demonstrated that people who have tested HIV positive are not invalids. He continues to exert himself more in a day than the average North American does in a month. Each day he runs 6.4 km and shoots baskets, and he plays frequent pick-up basketball games. In late January he announced that he felt so well he was considering a return to everyday play in the National Basketball Association (NBA).

The irony is that within weeks of his November announcement Johnson had encountered some particularly unpleasant discrimination, and the source was a physician. Johnson had indicated that he intended to play in this year's Olympics in Barcelona and in the NBA all-star game. The NBA's medical advisers said this posed no health risk to either Johnson or other players, and he participated in this winter's all-star game. However, the senior medical director of the Australian Olympic Federation, Dr. Brian Sando, shocked his medical colleagues by recommending a boycott by Australian players if they had to play the US basketball team during the Olympics.

When contacted by the me-

*Charlotte Gray is a CMAJ contributing editor.*

dia, several Australian players obliged reporters by expressing concerns similar to Sando's. However, it did not take long for common sense to intervene, and the Australian Olympic Committee quickly dissociated itself from Sando's remarks. "We think that the source is ill informed," a committee statement said. "His views do not represent the prevailing medical opinion on this subject." Within weeks, the US team had been invited to Australia for a pre-Olympic tour.

By then, however, Sando's words had circled the globe. In Ottawa, Pipe and the Canadian Academy of Sport Medicine received calls from reporters anxious to give the story a Canadian angle.

Pipe is an old hand at media relations. He has been on the frontline of the antismoking campaign for years and knew that athletes, reporters and the public needed clear, simple reactions and explanations.

"I have no idea why a physician would make such a reflexive, irresponsible comment," he said of Sando's remark. "We've written to all our players and tried to put their understandable concerns into perspective. As the World Health Organization [WHO] has

made clear, the risk of getting HIV through sports is virtually nonexistent."

With the media, he gently suggested that this was a popular, sensationalist story, and that the job of a responsible reporter was to inform readers that athletes — like everybody else — were at risk from [unprotected] sex, not sport.

The academy, a volunteer organization, was less familiar with the public spotlight. Most of its 500 members are active athletes; about 120 of them, including 30 women, have taken the academy's diploma examination in clinical sport medicine. (The Royal College of Physicians and Surgeons of Canada does not recognize sport medicine as a specialty.)

Founded in 1970 as an organized medical support system for elite athletes, the academy has a broader focus these days. Academy members look after athletes of all ages and at all levels of expertise; the organization's objectives include the provision of better services, and more education for both medical practitioners and the public. Its voice is a quarterly publication, the *Clinical Journal of Sport Medicine*.

In 1987, the academy produced a brochure entitled *Aids and the Athlete*, which reflected

knowledge about HIV infection that existed at the time. About a year ago, it decided that the brochure should be updated. The project proceeded at a leisurely pace until the Magic Johnson story broke. Since then, the task force responsible for the update has put the project on the fast track.

"We intend to bring the brochure up to date, and to prepare a position paper on how to deal with the issue," explains Dr. Jeff Robinson, an academy board member. An Edmonton family physician, he works two afternoons a week at the Glen Sather Sport Medicine Clinic.

"Testing for the virus has changed, treatment has changed," says Robinson. "It is time to review position statements from WHO, from various US agencies, from other countries."

The brochure will inform athletes about the risks of HIV transmission and necessary precautions. The position paper will deal with specific questions from Sport Canada on issues such as the appropriate way to handle bleeding on site — on a bob-sled run, for example — or the pros and cons of mandatory testing. Robinson said both publications should be available this spring. ■

## Logie Medical Ethics Prize Deadline: June 1, 1992

Once again, *CMAJ* is sponsoring the Logie Medical Ethics Essay Prize for Canadian medical students. The awards this year are \$1000 for the winning essay, \$750 for second place and \$500 for third place, but *CMAJ* reserves the right to withhold some or all awards if the quality of the entries is judged insufficient. The judges, consisting of a board of editors from *CMAJ*'s scientific and news and features departments, will select the winners based on content, writing style and presentation of manuscripts. All entries must be typed, double spaced and not more than 12 pages. Winning papers will appear in *CMAJ*. Send submissions to:

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