

Virtual Mentor
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CASE AND COMMENTARY

Testing Olympic Athletes for Drug Use

Commentary by Audiey Kao, MD, PhD

Case

Dr. T is the team physician for the Utopian College basketball team. The team has been highly competitive during their regular season and has a good chance of receiving a bid from the NIT. He has been treating AC, one of the starting members of the team and a star player. Both the student body and the coaching staff feel AC has a serious shot at being drafted by a professional team. AC has been suffering from exertional chest pain after a couple of strenuous practice sessions. Although AC has dismissed the pain as anxiety-related, he did faint after one of the practice sessions prompting the team physician to request that AC be examined by a cardiologist. AC claims he feels fine and is concerned that if he sees a cardiologist his chances of playing may be derailed. AC's family history indicates that his paternal grandfather had a premature sudden death due to a hypertrophic cardiomyopathy.

Question for Discussion

What are Dr. T's ethical duties toward AC?

See what the AMA *Code of Medical Ethics* says about this topic in Opinion 3.06 Sports medicine. American Medical Association. *Code of Medical Ethics 1998-1999 Edition*. Chicago, IL: American Medical Association; 1998.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

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IN THE LITERATURE

Preventing Sex-Based Competitive Advantage

Audiey Kao, MD, PhD

Simpson JL, Ljungqvist A, Ferguson-Smith MA, et al. Gender verification in the Olympics. *JAMA*. 2000;284(12):1568-1569

Questions for Discussion

The issue of determining an athlete's sex to protect against competitive advantages of males competing against females challenges our seemingly obvious assumptions about what constitutes one's gender. At first glance, visual inspection of genitalia would appear to answer the question, but male pseudohermaphroditism - genetic males whose genitalia fail to develop - confuses that distinction. Laboratory-based gender verification attempts to side-step that issue by determining gender for the purposes of athletic competition on the basis of androgen production levels. This test however discriminates against athletes who are intersexual - those who are genetically male but physically appear to be female and socialized as such. Although the International Olympic Committee has officially abolished on-site gender verification preceding athletic events in an effort to protect the rights and privacy of athletes, the fact remains that competitions are divided into men's and women's events. On what basis therefore, if not physically, chemically, or genetically, do we assign a gender to the individual?

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ART OF MEDICINE

Olympic Gold-Medal Winner Carries the Aboriginal Flag

Audiey Kao, MD, PhD

When Australia's Cathy Freeman won a gold medal at the 1994 Commonwealth Games in Canada, she celebrated by taking a victory lap while carrying the Aboriginal flag. The flag has become a rallying symbol for the Aboriginal people and a symbol of their race and identity. Its colors black, red, and yellow, represent, respectively, the Aboriginal people, the earth and their spiritual relationship to the land, and the sun, giver of life. The image of Cathy Freeman waving the Aboriginal flag after her victory served to focus international attention on the history and plight of her native Aboriginal people.

From 1910 until the 1970s, 100,000 Aboriginal children were taken from their parents. Light-skinned Aboriginal children were seized and put up for adoption to white families. Dark-skinned children were put in orphanages. The action was taken partly in the belief that this would be the best way to help and save these children. Today, the controversy surrounding these "stolen generations" and the question of whether the Australian government should apologize and provide reparations remains a nation-defining issue that is yet to be resolved.

According to a 1999 report from the Australian Bureau of Statistics, more than 50% of men and about 40% of women of Aboriginal descent die before reaching the age of 50. Babies born to Aboriginal mothers are twice as likely to die at birth than babies born to non-Aboriginal mothers. Aboriginal children and families also suffer disproportionately from poor access to health care services compared with others in Australian society. Slowly, more attention and resources are being directed to improving the social and economic status of Aboriginal people, but many argue that more must be done. (The United States has a similar national disgrace of its own. Many states have recently returned about \$1.4 billion in unspent funds as part of the State Children's Health Insurance Program [SCHIP]. Given the growing numbers of uninsured Americans, this development is both disappointing and considered by many as a failure of public policy.)

On September 24, 2000, when Cathy Freeman stepped onto the starting line in Sydney's Olympic track and field stadium, she was again running for and carrying the aspirations of Australia's Aboriginal people. Approximately 50 seconds after the starting gun sounded, she flew across the finish line to win the gold medal in the women's 400 meters. This time she carried both the Aboriginal and Australian flags to the cheers of those gathered inside and outside Stadium Australia, as well to

those of millions across her country and around the world. And this time around, Cathy Freeman's personal expression of pride in her victory was taken by many as the sign of an important step towards eventual reconciliation between black and white Australians.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

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PERSONAL NARRATIVE

Through the Patient's Eyes: Never Die Easy, Walter "Sweetness" Payton
Audiey Kao, MD, PhD

On November 1, 1999, Walter "Sweetness" Payton, the Chicago Bears' Hall of Fame running back and the NFL's career rushing leader, died of cancer that was a complication of his rare liver disease. Payton was 45 years old. Payton had been diagnosed with primary sclerosing cholangitis (PSC) in 1998, a rare and debilitating disease that afflicts only three in 100,000 people and leads to cirrhosis and liver failure. At an emotional news conference on February 2, 1999, a frail and jaundiced Payton announced his condition, stating that the only cure would be a liver transplant.

"Am I scared? Hell yeah, I'm scared. Wouldn't you be scared?" he asked. "But it's not in my hands anymore. It's in God's hands."

"I'm looking at it as a sprained ankle or a twisted knee," he said. "I have to stay positive. Nobody else can make me stay positive. I have to do that. Then whatever happens, happens. If in 2 years something happens and I get a transplant and my body accepts it and I go on, that's fine. And if in 2 years I don't, then that's the way life was meant to be for me."

Sadly, Payton would not even live out the year. He developed bile duct cancer, a known complication of PSC, ending his chances for a liver transplant. Once a PSC patient has cancer, a liver transplant is no longer an option, since the drugs needed to keep the body from rejecting the new liver make tumors grow faster.

Payton's approach to his illness showed the same strength, fight, and grace that characterized his bruising running style. "If I'm going to get hit," Payton said, "why let the guy who's going to hit me get the easiest and best shot? I explode into the guy who's trying to tackle me." On the field, Payton took hits, dragged tacklers down the field, and stiff-armed his competition as he rushed for a record setting 16,726 yards in his 13-year career. "Never die easy," a saying of one of his old coaches, came to signify his running style, his determination to keep going despite the obstacles thrown in his path, and, ultimately, his attitude toward the end of his life. Payton's memory lives on through the work of The Walter Payton Foundation & The Alliance for the Children and the Walter Payton Cancer Fund.

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VIEWPOINT

Athlete Physicians

Audiey Kao, MD, PhD

- On May 6, 1954, Roger Bannister, a 25-year-old Oxford medical student, ran the first under-4-minute mile in recorded sports history. Dr. Bannister, who later became a neurologist, ran the distance in 3 minutes, 59.4 seconds. During that era, it was thought not physiologically possible for a man to break the 4-minute-mile barrier, a feat now achieved frequently. Knighted in 1975, Sir Roger Bannister, MD, remains active as the Director of the National Hospital for Nervous Diseases in London.
- Dr. Tenley Albright used skating as a way of strengthening her muscles after a bout with polio at age 11. In 1952, at the age of 16, Dr. Albright won the first of 5 consecutive US women's singles titles, followed by a silver medal at the Winter Olympics in Oslo. In 1956, Dr. Albright became the first American woman to win the gold medal in figure skating, performing despite a severe ankle injury. After graduating from Harvard Medical School in 1961, Dr. Albright became a surgeon and has been in private practice for nearly 25 years specializing in sports injuries.
- With 2 peach baskets and a soccer ball, James Naismith invented the game of basketball in Springfield, Mass, in December 1891. Orphaned at the age of 8, he dropped out of school at age 15 to work in lumber camps. He ultimately returned to school and earned several degrees including a medical degree from Gross Medical School.
- Kwaku Ohene-Frempong began his track and field career while a teenager in his native Ghana. In 1966, he came to the United States to attend school at Yale University, where he set a new record for indoor and outdoor high hurdles - a record that stood for 25 years until it was broken at the 1996 Atlanta Summer Olympics. After completing college, he went on to medical school at Yale, graduating in 1975. Dr. Ohene-Frempong is currently a Professor of Pediatrics at the University of Pennsylvania School of Medicine and is one of the world's foremost experts on sickle cell anemia.
- Dot Richardson played collegiate softball at UCLA, leading the team in hitting for 3 consecutive years (1981-1983). She was named NCAA Player of the Decade. A graduate of Louisville Medical School, Dot Richardson is now a practicing orthopedic surgeon specializing in sports medicine. Despite a hectic work and family schedule, Dr. Dot led the US softball team to Olympic Gold in Atlanta, and recently helped the US team to win an incredible series of games en route to capturing the gold medal in Sydney.

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VIEWPOINT

Ron Karnaugh's Tragedy and Triumph in the 1992 Olympics

Audiey Kao, MD, PhD

The intersection between medicine and sports can be chilling and cruel. During the 1992 Summer Olympics in Barcelona, Ron Karnaugh was the world's highest ranked swimmer in the 200 individual medley, an event that challenges the swimmer's skills in all 4 swimming strokes - freestyle, backstroke, breaststroke, and butterfly. It should have been the most exciting time in his life, but unfortunately, Ron's 61-year old father, Peter, suffered a fatal heart attack after climbing the steps of the stadium to take a photograph of his son. Despite this personal tragedy, Ron decided to compete in the Barcelona Games, and ultimately finished sixth in the 200 individual medley final.

"It's something I'll never forget," said Karnaugh. "Not a day goes by that I don't think about it. For a year or 2, it was really hard to cope with, thinking why me and why did this happen at the Olympics, which was supposed to be the best week of my life. But having gone through medical school, I see how people live and die every day, and I feel really grateful for the time that I had with him."

The experience of his fathers' death, and his mother's battle with throat cancer motivated him to pursue a career in medicine. With financial support from George Steinbrenner, New York Yankees' owner, Ron attended and graduated from New Jersey Medical School in 1997. However, Dr. Karnaugh never lost his drive for athletic competition and decided to defer his postgraduate training in orthopedic surgery to train for the 2000 Olympic swim team. At the time of his decision, many observers felt that it was foolish for a man his age to consider returning to this sport. After rededicating himself to swimming, Dr. Karnaugh became the oldest male swimmer, at age 31, to represent the United States on a national team. He placed third in the 200 individual medley in the 1998 World Championships, but his drive to make the 2000 US Olympic team was ultimately "unsuccessful."

For his courage and perseverance during personal tragedy, we are proud to present the Virtual Mentor Award to Dr. Ron Karnaugh, a physician-athlete who dared to push the conventional wisdom regarding physical achievement in his individual and professional pursuit of excellence.

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