The ferret in the back pocket

Dr J

An amusing film which is worth a look at this spring is the portrait of a smoking-lobby advocate entitled *Thank you for smoking*. It is one of those films which makes you think pretty hard, the most intriguing question being whether the film itself is anti-smoking or not. Many of the jokes are at the expense of the smoking lobby or other related 'nasty' groups (eg, the gun lobby) making you think that this is a small 'l' liberal film.

On the other hand, there is a definite message that the mass media today are a bit like the Western judicial system, working most efficiently when both sides of every argument have a voice. Just as every accused murderer deserves a defence lawyer, the smoking companies (and tobacco farmers, etc, etc) deserve advocates. If we censored the pro-smoking lobby out of existence (or so the film would have you believe) we may as well be living in China (where the government decides which topics the citizens are allowed to search for on Google).

The film *Thank you for smoking* only looks at the world from the warped viewpoint of the pro-smoking advocate. It doesn't touch on the issue that this is an unequal war, with the smoking companies being filthy rich and able to spend millions on advocacy and, of course, bribes. The anti-smoking lobby exists off the smell of an oily rag, mainly in the form of paltry government handouts. Why would private industry (and the government) cannibalise itself by heavily funding a body that seeks to tear down a segment of private industry which pays lots of taxes?

Many of us in the sports medicine industry live off the same oily rag. As a sports physician, I am luckier than some in riding on the smallest carriage at the back of the Medicare gravy train, but our industry as a whole is ridiculously underfunded.

Step 1 to a redress of the problem is that every second newspaper you read has an article telling you that obesity now causes more health problems than smoking. However, Step 2 – which is proper financing of bodies like Sports Medicine Australia to help tackle the problem – seems light years away. We are like the anti-smoking lobby, except about 30 years behind them.

The anti-smoking lobby, I would say, has managed to get to a point where it is at least in a decent arm wrestle with the cigarette companies. The pro-exercise lobby is considered by our current Government to be redundant (think of Tony Abbott saying that it's up to individuals to make their own choices about good diet and exercise, rather than for governments or other bodies to legislate or force these choices). Like the war on terrorism, the pro-exercise lobby is not fighting an easily-targeted enemy. On the other side of the obesity coin – diet -- the junk food companies like Coca-Cola and McDonalds can be considered the enemy. The major enemy of exercise is inertia, but it is an enemy that is currently overwhelming much of society.

In sports medicine and physical activity promotion, how do we go in the lobbying stakes? The answer is unfortunately rather bleak. Let's examine some of the old chestnuts that I have been whingeing about for years, which I unfortunately can continue to complain about because our lobbying has been so ineffectual.

1) Recognition of sports medicine as a medical specialty in Australia.

First discussed in the mid 1980s and first applied for in the early 1990s after the ACSP set up an infrastructure comparable to all of the traditional medical specialist colleges (entry and exit exams, 4 year full-time supervised training program, etc.)

The current status of this application, 15 years after it was submitted, is that it is *still* under review. In the meantime almost every other Western country has officially accepted sports medicine as a specialty.

Sports medicine in Australia is uniquely confined to an alternate realm of officially sanctioned areas of medicine which are neither general practice nor a specialty. A real world equivalent of this would be being on your 'P' plates for 15 years with the RTA not giving any indication of whether or not you will ever be granted an unrestricted licence.

The lobbying of the ACSP has been characterised by a very conservative approach, presumably based on the presumption that any radical or attention-grabbing moves would upset the Government (who ultimately could grant specialty recognition) and penalise our cause. I don't want to belittle the enormous work done by the various College executives and I hope that no one feels misrepresented by this characterisation of our lobbying.

Specific more radical moves that have not been used include that top athletes and football players have not been enlisted to request to our Government that sports medicine should be recognised as a specialty; no threats were made to disrupt the Olympic or Commonwealth Games unless the doctors looking after athletes received recognition; the training program has not been shut down in Australia and moved to New Zealand where it is recognised as a legitimate training program and graduates guaranteed right to practice; no legal action has been countenanced or threatened, and no College President has ever put out a press release (eg,

during Olympic and Commonwealth Games) to say that we are falling behind the rest of the world in the recognition of sports medicine as a medical specialty.

Just as the ACSP has been conservative in its approach to the Government, we have been very soft on the AMA as well. The AMA also believes that sports physicians should be some sort of GP without the 'General' and, for a so-called representative group for doctors, their refusal to push for our recognition is particularly reprehensible. It (the AMA) sets recommended fees for sports physicians which are limited to practice in a single area, but which denies that we can specialise in that area. We apparently choose to work in a field in which you can't specialise, because its importance is of such little consequence.

Again, the ACSP has never threatened the AMA with a mass resignation of its members, never put out a press release saying that the AMA is discouraging physical activity, never published an alternate set of recommended fees denouncing those of the AMA. After all, we wouldn't want to upset them!

In conclusion, despite huge hours which have been spent banging heads against the brick wall of the official channels, the ACSP has not yielded to the temptation of the radical approach and after 15 years we are still on the waiting list. In that short time, the rate of obese individuals in Australia has almost doubled, so it's not like nothing has been happening over that decade and a half.

But, as with a football team which has lost 15 matches in a row, the commentators will say that this only means you are closer to your first win.

2) University Sport and VSU

What of the lobbying last year by the university sports associations to stop the Government from making it illegal for them to tax their students?

This lobbying was carried out with moderate financial backing from the sports unions themselves, including national newspaper advertising. The message was that, if sports associations could not raise compulsory funds from their students, facilities and sports clubs would suffer. This lobbying was effective in getting its message across but apparently failed due to typical political game-playing.

Many moderate Coalition MPs wanted the sports associations (and perhaps some other vital university services) to be quarantined from the VSU legislation. The hardline legislation was expected to be a starting point and it was planned that concessions would be made to sports in the negotiation stage. The ALP however stuffed up the government plan by not supporting compulsory student unionism in full and merely arguing that essential services like sports should be quarantined from the VSU legislation. Once it took this middle ground viewpoint, the Government could not alter its hardline stance, and the sports facilities baby went out with the bathwater. The next round of lobbying, to have part of this legislation reversed, will sadly occur when physical activity levels and sports team memberships at university have dropped and cricket ovals and swimming pools are forced to close from lack of funding. I suppose it goes to show that you can spend a lot of money lobbying and still fail.

3) Remuneration for services by professional sports teams

By comparison, this is an area where sports medicine has been a raging success.

There are team doctors and physios in the AFL and rugby union in particular who are earning more than $100,000 per year, yet the highest-paid team doctor or physio in 1990 might have been working for $25-30K per year. Of course, player salaries have skyrocketed at a similar rate, but it is nice to know that the professional sports industry is prepared to spend up for medical and associated services. Has this been due to lobbying? The answer is partly yes, although this has not necessarily been deliberate.

The big factor working in our favour is the enormous media exposure that medical and injury issues receive. Even though this may be unpleasant at times, its net effect is the mentality that injury and medical management are crucial in professional sport (and that any sports administrator who wants to cut corners in this field is going to get burnt). Sadly, we haven't been able to move from this to having sports medicine similarly valued in the community.

4) A national sports participation and injury insurance scheme

This is the next holy grail for sports medicine and therefore I hope that SMA could make lobbying for this official policy over the next few years and develop a strategy to achieve it.

New Zealand has shown that a national sports injury insurance scheme can work, although its system has its flaws and could be improved.

One major flaw is that since there are no premiums to pay, it removes an incentive for sports to become safer. The other is that because the exposure population can only be roughly estimated, it is also impossible to measure accurately whether sports are becoming safer or not. If there is a drop in ACC rugby union claims in 2006, it won't know whether the sport has become safer to play or there are simply fewer people playing rugby union (or fewer matches).

The perfect system would be one where exposure and injury incidence were known and then you could really start working on risk factors and prevention (just like is done in most areas of injury prevention and general medicine).

I would suggest that the Government could offer to pay a fixed premium contribution for every Australian towards his or her sports injury insurance per year (say $100). This is not a pie in the sky figure given what the Government is willing to spend to make you take up private health insurance or have a baby.

No premium would need to be paid for a person if no organised sport was undertaken. If the person participated in a safe sport like swimming (and compliance checks could be made to stop inactive members from signing up), the club could become wealthy pocketing the difference between the real premium (lower) and the government contribution. For a football player, the contribution might not make up the full premium for the compulsory insurance, but it would make it more affordable. Perhaps the scheme could be generous enough to fund 50% of any premium over $100 per annum. This model would guarantee the support of the scheme by the existing sports injury

insurers, who would not be displaced but who would be getting a lot of government support for their clients' premiums (in return, of course, for handing over their injury data).

A lesson to be learnt from the failure of the ACSP to win over the AMA is that, in order to lobby for a national sports participation and injury insurance scheme, SMA would need to win over key players. Hopefully, a blueprint for a scheme in the fashion above would allow us to get the sports insurers on side. Hopefully, most of the peak sports bodies in Australia would also love the idea. Hopefully, a Labor opposition, if it decided to break with recent trend and take policies to the next election, might also love it. It would need to start to love ideas like this if it wants to have any chance to wrest control back from the incumbent Government, as it needs to work on areas where the Government is failing (like physical activity).

Finally, a lesson on how to lobby that we can bear in mind for 10-20 years down the track when we are actually more than a blip on the radar.

I have a few friends who are in the anti-cancer lobby (be that for funding for research or for, say, smoking cessation). One of them close to my heart, personality-wise, is Simon Chapman from the Public Health faculty of Sydney University. He first joined the anti-smoking lobby in the 1970s as a member of BUGA-UP (Billboard Utilising Graffiti Artists against Unhealthy Products), in the days when this was actually the best way for the anti-cancer lobbyists to have any voice.

How I would love to deface a poster of John Howard in his silly Wallabies tracksuit on his morning walk with a caption like "I'm not walking to the Western suburbs – they don't even have footpaths there!"

For the anti-smoking and anti-gun lobbies, Simon has been a magnificent voice to raise awareness on these issues (and in fact he is just finishing a book on advocacy).

A different approach is taken by another friend of mine, Alan Coates, recently retired CEO of the Cancer Council of Australia. He is far more into diplomacy and hence he has probably been more suited to head a major organisation. His strategies have seen a huge growth in government funding for cancer research in Australia, but his lobbying has been neither aggressive nor soft. His advice is that what you need to offer is a win-win outcome for the Government. It is useful to have your radical types at arm's length to use as a bargaining tool, the so-called "feral alternative"; along the lines of "we really think it would be terrific for your Government to announce that it will fund a national sports participation and injury insurance scheme, and we'd love to offer our total support for what a great job your Government is doing in encouraging people to exercise. What we don't want is for this thing to break down and to allow the cynics to get airtime, saying that this Government doesn't give a damn about physical activity levels and has a secret plan for half the population to die of diabetes. After all, that's not the case, is it?"

Oh for the day when sports medicine is in such a strong position that we can bargain on the front foot and keep the feral alternative in the back pocket!

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getting people to do more walking. SMA, with the financial support of pharmaceutical company Pfizer, recently carried out the first national survey of adult physical activity in Australia since 2000. The survey showed that around 60% of the Australian adult population do not do the minimum 30 minutes a day of moderate intensity exercise required for health benefit. Coincidently, around 60% of Australian adults are overweight or obese.

The survey also revealed that around half the adult population believe the statement "no pain; no gain" when applied to exercise. This flies in the face of accepted wisdom among health promotion experts, which has it that everyone understands the basic "30 minutes a day" message. Perhaps this is another example of the fog of confusion that surrounds the whole obesity issue. It is also a fog that the SMA screening guidelines might help dissipate by encouraging greater public trust in the fitness industry and its capacity to interact with health professionals to ensure that increasing exercise does them no harm.

Definition of an opportunist: "someone who says they have the answer to the obesity crisis."

Definition of a focused opportunist: "someone who says they have the answer to the obesity crisis and only mentions nutrition."

1. Jean-Pierre Despres. "Physical activity to achieve cardiometabolic health – metabolic fitness", *presentation at Physical Activity and Obesity Conference*, Brisbane, 1 September 2006.
2. Jean-Pierre Despres. "Physical activity to achieve cardiometabolic health – metabolic fitness", *presentation at Physical Activity and Obesity Conference*, Abstract, Conference Handbook.
3. Claude Bouchard."Physical activity, obesity and public health", *presentation at Physical Activity and Obesity Conference*, Brisbane, 1 September 2006.
4. Steven Blair. "Longitudinal data on physical activity, obesity and health data from the USA", *presentation at Physical Activity and Obesity Conference*, Brisbane, 1 September 2006.
5. James O Hill. "Differences in exercise prescriptions between populations and individuals", *Abstract, Physical Activity and Obesity Conference*, Brisbane, 1 September 2006.
6. Wendy Brown. "Physical Activity Trends in Australia 1999-2004", *presentation at Physical Activity and Obesity Conference*, Brisbane, 1 September 2006.