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## *When Pressure to Win Collides With Doctors' Oath*

By ROB HUGHES

Doctors are not gods, but God help us if we cannot trust them.

Until Tuesday, an English doctor who deliberately cut the lip of a rugby player to cover up a fake injury had feared for almost six months that she would be barred from practicing medicine again. She admitted to feeling ashamed for using a knife to make the cut after a Heineken Cup game in April. The player had feigned injury on the field so his team could replace him with a specialist kicker.

The doctor, Wendy Chapman, testified last week before the British General Medical Council that she made the cut under pressure from the player and team officials. She said she was suffering from depression at the time, awaiting surgery for breast cancer.

The player, the coaches and a physical therapist who came up with the deception were given short-term bans. Chapman was faced with a life suspension until a G.M.C. panel told her on Tuesday: "You do not pose any risk to patients or to the public. The panel accepts that there is a public interest in retaining the services of a good doctor."

Few cases better illustrate the close dependency between sports and the medical profession, and seldom is that relationship under more intensity than now. The deadline for soccer transfers in Europe, which was to run out at midnight Tuesday, often meant that multimillion-dollar deals between clubs buying and selling players depended in the final analysis on doctors.

Barcelona, for example, conducted a five-hour medical review of the Argentine Javier Mascherano before agreeing to pay Liverpool \$26.6 million for his transfer. "He is in excellent condition," concluded the Barcelona team doctor, Ricard Pruna

The Argentine player and the Catalan doctor are thus on intimate terms. If Mascherano needs medical care, Pruna will oversee it.

If anything goes wrong, or was overlooked during his exam, the doctor will pay for it.

As athletes push the boundaries of human potential, the importance of doctors and scientists becomes ever more critical. When sports stars break down, specialist surgeons like Richard Steadman in Colorado become star practitioners in piecing them together.

Doctors, in fact, usually outlast coaches or presidents in the length of their tenure with teams. But a doctor panicked into believing she was helping others to save their careers, is a jolting reminder that the medical profession can err.

The rugby incident has precedents. In 1989, Roberto Rojas, the goalkeeper for Chile, faked a bloody injury, and the other players on his team walked out of a World Cup qualifying game they were losing against Brazil in Rio de Janeiro.

A firework thrown by a spectator had landed near Rojas . . . but not as close as he pretended. The "blood" came out of a bottle or a capsule. Rojas, his coach and the team doctor were barred by FIFA from any association with the sport. For Rojas, that lasted 12 years. Once pardoned, he worked as a goalkeeper coach in Brazil.

"I paid for my mistake," Rojas, known as Condor, said in 2001. "At 43, I'm unlikely to play again, but the pardon is a way of cleansing my soul."

Mindful of the pitfalls, Michel d'Hooghe, the Belgian doctor who heads FIFA's medical committee, asked the 32 national team senior doctors at the World Cup this summer to sign a memorandum that effectively affirmed their medical oath.

"The doctors have all taken the Hippocratic oath," he said. "But we must not be so naïve to presume that athletes obtain forbidden medications without assistance. Sometimes, the doctors are guilty."

D'Hooghe understands the responsibilities. Fresh out of medical school, he applied mouth-to-mouth and cardiopulmonary resuscitation to a player, Nico Rijnders, whose heart stopped on the field in Bruges, Belgium, in 1972. As FIFA's senior medical adviser, he threw out Diego Maradona for drugs during the 1994 World Cup.

Sometimes, D'Hooghe said, the sports doctor comes under pressures motivated by politics, greed or recklessness. In such moments, he insisted, the first thing a doctor must do is what he promised to do when he entered the profession: no harm.

Chapman was reminded of this at her hearing. One witness, Arthur Tanner, a leading surgeon in Ireland, had suspected the plot from the moment that the London Harlequins player Tom Williams left the field in April with blood appearing to flow from his mouth. It was exposed as fake blood, out of a capsule. Tanner, the medical adviser for the opposing team, Leinster, was prevented from entering the locker room.

"We are all human," he said at Chapman's trial last week. "A doctor is a doctor, and that should override everything, but the atmosphere surrounding that match was something I have not experienced before."

The Harlequins' director of rugby and others concocted the injury to try to turn around a losing situation by bringing in a specialist kicker as a "blood substitute." Only when a player is bleeding can he be substituted.

In the locker room afterward, Chapman was repeatedly asked to help cover up the cheating. "Cut it, cut it, cut it," the player implored her. She said no, but then made the cut.

The G.M.C. panel accepted that Chapman had not committed a premeditated act or had prior knowledge of the deception. "But," the chairman said last week, "your overriding care of duty was to the patient irrespective of any pressure you were feeling at the time. Whilst your actions may have been intended to benefit or preserve Tom Williams's career, they were not in the best interest of his health."

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The Council decided the ethical dilemma she faced was unique. Nevertheless, the medical oath is clear: Do no harm. If we lose trust in that, or if doctors allow coaches to overrule, sport and medicine are both dangerously diminished.

## Notes

<sup>1</sup><http://www.nytimes.com/2010/09/01/sports/soccer/01iht-SOCCER.html>