



Pot use not condoned, sports ethics centre maintains

Becoming an apologist for an athlete's inadvertent ingestion of a prohibited substance was never Dr. Andrew Pipe's intent, but readers would never have garnered that impression from a quick review of media accounts of the 48-year-old Ottawa physician's involvement in the Winter Olympics. During intense media coverage of the Canadian Olympic Association's even-

tuously successful attempt to restore snowboarder Ross Rebagliati's gold medal after minuscule traces of marijuana were found in his urine, Pipe was portrayed as the Canadian snowboarder's "great defender." That's nowhere close to being true, says Pipe, who serves as volunteer chair of the Canadian Centre for Ethics in Sports.

"Unfortunately there has been a misperception that our organization, which is committed to drug-free sport, has somehow been attempting

to condone and defend the use of marijuana," says Pipe. "That would be a most inappropriate and illogical conclusion."

The centre, which has a 9-member Board of Directors, was formed following a recommendation from the Dubin commission that looked into doping in sports following the 1988 Ben Johnson steroid scandal at the Summer Games in Seoul. Pipe, who holds a cross-appointment in the departments of Family Medicine and

An entrepreneurial attack on snowboard injuries

Legend has it that an apple that fell on Sir Isaac Newton's head inspired the English mathematician's 17th-century discovery of the law of gravity. More than 300 years later, gravity played a leading role in Dr. Mark Borzecki's own more specialized discovery. Two winters ago the 38-year-old family physician was snowboarding on Mont Tremblant, a ski hill near Ottawa. A fourth-level ski instructor, he took a nasty spill and injured his right hand. As the ski patrol helped him down the mountain, Borzecki realized that a protective wrist guard could have prevented his injury. That evening he contacted a friend, fellow snowboarder Dave Nielen, and asked him to produce such a device.

Nielen, a prosthetist and orthotist, emerged 5 days later with a high-density polyethylene plastic prototype. That initial version covered only the dorsal surface of the forearm and the hand, encasing the thumb to prevent hyperextension.

After trying several more versions, the duo settled on their final product by adding a slab to cover the volar surface of the forearm. It is joined to the other slab by 2 adjustable Velcro straps. An extra nonadjustable strap was added for the thumb.

Chris Mikula, Ottawa Citizen



Borzecki (left) and Nielen: Get Out of My Emergency Room!

Although that digit is a likely candidate to sustain injury, the wrist is even more vulnerable: one-third of all snowboarding accidents cause some damage to that part of the body, says Borzecki. He treats about 100 injured snowboarders a year in the emergency rooms in Arnprior

and Carleton Place, 2 Ottawa Valley communities.

"When you stumble skiing, you split your feet wide and regain your balance," he explains. "When you're snowboarding, your feet are in a fixed position so when you pitch, what takes the impact? Your hands."

With an estimated 1.4 million snowboarding visits paid to Canadian ski hills in 1996-97, Borzecki thinks the protective device can help keep winter jocks away from hospital emergency rooms. In fact, that wish became part of the invention's name: No Gomer, based on the 3-decade-old medical slang acronym for Get Out of My Emergency Room.

In addition to receiving orders for 2000 No Gomers, priced at \$44.95, Borzecki hopes the name will become part of snowboarding lexicon and lead to some brand-name identification in the process. The equipment went on sale last month. "Maybe snowboarders will start saying they did a 'gomer' when they break their wrists," he says. — © Christopher Guly



Cardiac Surgery at the Ottawa Heart Institute, is considered one of Canada's leading authorities on sports and fitness. He was asked to design and eventually head the new centre which, at the time, was called the Canadian Centre for Drug-Free Sport. Two years ago, when federal funding for sports organizations was cut, the centre merged with another body dealing with ethical issues, the Fair Play Commission, to form the new centre.

Pipe says the organization is committed to ensuring that drugs and sports don't mix and that athletic competition takes place on a level playing field. However, protecting the rights of athletes against arbitrary disciplinary decisions is also part of its mandate, and that is where Rebagliati enters the picture.

Unlike Johnson, who knowingly used performance-enhancing steroids, the Olympic snowboarder claimed he was exposed to secondhand marijuana

smoke at a farewell part before he left for Nagano. Fortunately for Rebagliati, he got to keep his gold medal after it was revealed that no marijuana-testing agreement existed between the International Olympic Commission and the International Ski Federation, which governs snowboarders.

But that's no green light for the use of marijuana in sports, insists Pipe, who says he would have given Rebagliati a "severe reprimand" if he had the authority to do so. Although Pipe says the 3 am phone call he received from Canadian officials in Japan after Rebagliati's drug test left him feeling "a combination of dismay, disappointment and exasperation," the incident isn't the first in which he's been enlisted to settle an international dispute involving a Canadian athlete.

At the Pan Am Games 3 years ago, Pipe was recruited when rower Silken

Lauman was stripped of her gold medal after higher-than-acceptable traces of pseudoephedrine were found in her body. To treat a cold Lauman turned to an over-the-counter medication that was on the list of acceptable products, but she did not realize that the "decongestant" label that came with her version of the drug meant it was a banned substance. Her ignorance spared her any official sanction. — © *Christopher Guly*

Dr. Johnson weighs in

From time to time *CMAJ* will provide samples from one of the BMJ Publishing Group's latest offerings, *A Sceptic's Medical Dictionary*. As readers will learn from the following definition concerning image, there's isn't another book quite like it. It is available through the CMA's Membership Services Department, 888 855-2555.

"Someone labelled 'a psychologist'

MDs sceptical, but patients say bee venom relieves MS symptoms

Every Saturday, 40 people make their way to Ron Lofthouse's beehives in Buckhorn, Ont. They're looking to get stung, not buy honey, but they're not participating in some bizarre S and M ritual. Instead, they maintain, honey bee venom (HBV) not only offers relief from the pain but also returns the mobility that has been lost over the years to a relentless foe, multiple sclerosis (MS).

Whitby, Ont., family physician Scott Henderson has been monitoring one of his patients, who has been diagnosed with MS and is a member of the group of 40. He has been treating the patient since 1992 and prescribing medication to treat the disease, but until recently he had been frustrated and was simply charting the progress of the disease

as it robbed his patient of more and more functions.

Henderson's patient decided on her own to try HBV; she was stung for the first time last April and since then Henderson has monitored results of the weekly stings she receives. He has noticed some improvement in both her physical condition and attitude, and says the amount of medication she is taking has been reduced. The woman says she has regained her energy. Last year, for the first time in years, she went raspberry picking.

However, despite such anecdotal evidence an expert in the MS field is sceptical and prescribes caution. Neurologist Paul O'Connor, director the MS clinic at St. Michael's Hospital in Toronto, will neither prescribe nor recommend bee



venom to his patients. He said its benefits are unproven and there is a risk of allergic reaction to the stings, which increases with the number of times a person is stung.

Henderson agrees that caution is warranted, and says he cannot say for sure whether the improvement in his patient is due to natural remission, which is a characteristic of this form of the disease, or the HBV. Firmer evidence is expected later this year, when a study dealing with the impact of HBV on MS is expected to be published. — © *Peter Wilton*