



## Consensus on doping policy may be legacy of Nagano games

This year's Winter Olympics, which highlighted the need for a consistent doping policy and common medical code to which all Olympic sports federations can adhere, may have a lasting impact on sports-related drug testing.

Canadian snowboarder Ross Rebagliati was allowed to keep his gold giant-slalom medal despite testing positive for cannabis in a routine postcompetition drug test because no agreement on testing for the drug existed between the International Ski Federation and the International Olympic Committee (IOC).

"[The situation] is very confusing to the athletes, there are a lot of mixed messages and it needs clarification and I'm sure it will receive it,"

Canadian chef de mission Carol Anne Letheren said after an arbitration panel overturned an IOC decision to disqualify Rebagliati.

The IOC has long aimed to standardize antidoping policies among its member federations, which currently test for different substances and impose different sanctions against offenders. A new medical code that would require all federations to administer effective antidoping programs and impose common penalties against drug cheats will be presented to the federations for endorsement before the end of the year.

"There is an absolute need to get greater uniformity both in terms of the substances and the sanctions," says IOC executive board member

Kevan Gosper. "We've been working hard at this since 1994 and there'll be a further big push this year, which has been signalled to both the summer and winter sports federations."

Contentious issues such as marijuana and gender testing may be dropped from the redrafted code. Most federations, for example, do not conduct sex testing at their own world championships, although the current code requires all Olympic athletes entering women's events to undergo a precompetition chromosome test to verify their sex. Many experts, including IOC medical commission member Dr. Arne Ljungqvist of Sweden, consider the chromosome test outdated and unethical.

In its battle against performance-enhancing drugs, the IOC is also funding research for tests to detect blood doping and the use of erythropoietin and human growth hormone; the latter substance was found in the luggage of a Chinese swimmer en route to the world championships in Perth, Australia, in January. No foolproof tests currently exist to detect the use of blood doping or these substances.

A new frontier in doping research was reached during the Nagano Olympics. For the first time in Olympic history, a carbon isotope machine was used in an attempt to distinguish between endogenous testosterone and synthetic testosterone from plant sources, which athletes take to boost performance. And a new frontier in cheating was crossed in August, when the world swimming federation suspended Irish swimmer Michelle Smith for attempting to foil a drug test by spiking her urine sample with whisky. The suspension effectively ends her career. — © Janet Brooks

### Cool sites

[www.web.net/~dwdca/index.html](http://www.web.net/~dwdca/index.html)

Aside from abortion, few topics are as controversial in Canadian medicine as euthanasia. One side's arguments are made eloquently at the home page of Dying With Dignity (DWD), a Canadian society concerned with improving the quality of dying. It is a member of the World Federation of Right to Die Societies and has a link to that organization's Web page, plus many other useful links. This site explains the purpose of the charitable organization and offers advice on end-of-life issues, such as living wills and the need for an enduring power of attorney for personal care. I found the discussions here a bit brief, but more detail can be found through the links. DWD also has a newsletter, and a recent issue (May 1998) included an article on the dismissal of first-degree murder charges against Dr. Nancy Morrison of Halifax and a summary of a *New England Journal of Medicine* paper on American physicians willing to help patients die. Finally, there is an extended section on euthanasia and the law in Canada, taken from Marilynne Seguin's book, *A Gentle Death*. Some of your patients may be confronting end-of-life issues and arrive with questions on living wills and related topics. No matter where you stand in this debate, this site has material you should be familiar with. Consider it another useful reference.

— Dr. Robert Patterson, [robpatterson@email.msn.com](mailto:robpatterson@email.msn.com)