

Saving face: doctors lobby to protect hockey players

For 18 years, Dr. Dennis Pitt has been trying hard to convince players in his own hockey league to wear masks that provide full facial protection. Realizing the difficulties he faced convincing individual players, Pitt changed his game plan. Since January he's been working with the 500-member Ottawa Academy of Medicine, the local branch society of the Ontario Medical Association, in an attempt to gather national support to encourage major hockey bodies like the NHL to make full facial protection mandatory. The issue gained national attention last March when Toronto Maple Leaf defenceman Bryan Berard, 23, was seriously hurt in one eye by an errant stick. The injury ended his career.

"We're very pleased with the response so far," says Pitt. The Canadian Ophthalmological Society and Canadian Dental Association will be supporting the campaign, and the issue was discussed at a meeting of NHL team physicians in July.

The Canadian Standards Association says more eye injuries are sustained in hockey than in any other sport. Between 1972 and 1997, 1860 such injuries were recorded, with 298 resulting in at least partial blindness.

A recent article in *JAMA* (1999; 282[24]:2328-32) concluded that the risk of a facial or dental injury was 9.9 times greater for players wearing half-face shields instead of full-face ones. "The chin piece of the full-face shield also helps hold the helmet in place during impact, thereby maintaining maximum player protection from brain injury."

Health organizations have influenced hockey safety in the past. Data released by the Canadian Ophthalmological Society in 1994 persuaded the Canadian Amateur Society Association to require Canada's young hockey players to wear full-facial protection. However, once players reach junior age (16 to 20 years) and more senior levels, such as the NHL, they do not have to wear the full protective gear.

If there isn't significant progress by the winter, Pitt says the academy will renew its lobbying efforts. "This is the only way things will change," he says. "The players won't do it."

Physicians interested in joining the lobbying effort can phone the Ottawa Academy of Medicine, 613 733-2604; dawna.feeley@on.aibn.com — *Barbara Sibbald, CMAJ*

CMPA deal reached

The Ontario government, Ontario Medical Association and Canadian Medical Protective Association hammered out a 3-year agreement in July that ensures Ontario doctors will remain under the CMPA umbrella. Many were concerned that the OMA would go its own way in providing malpractice coverage because of the CMPA's decision to introduce regional rating (see *CMAJ* 2000;163[2]:201). "We're all anxious to make this work," said a relieved Dr. John Gray, secretary-treasurer of the CMPA. Although CMPA fees will increase in Ontario, the 45% rise introduced by regional rating will now be spread over 3 years. The increase could conceivably be less than that because of savings brought about by the agreement, which calls on the government to consider introducing tort-reform legislation. Gray said that may prove to be one of the key benefits of regional rating: "I think the government now clearly understands that tort reform can provide substantial benefits." In 2000, CMPA fees in Ontario totalled \$84 million, with the province paying about \$60 million of that. — *Patrick Sullivan, CMAJ*



Canapress

Toronto Maple Leaf player Bryan Berard, shown here after being injured, lost most sight in one eye when hit by a hockey stick last March.

Blue Jays show a little skin

Toronto Blue Jay players, coaches and family members were screened for skin cancer in July as the Canadian Dermatology Association teamed with the American League baseball team in an attempt to increase awareness of the disease. The association says that a million new cases are diagnosed annually in North America, with melanoma alone claiming 7700 lives. The association says ball players are at particular risk for skin cancer because of the amount of time they spend in direct sunlight.