

# Pulling Back the Curtain on Physicians and the Games

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This past February and March, thousands of athletes descended upon Vancouver, British Columbia for the 21st Olympic and 10th Paralympic Winter Games, bringing their medal-winning dreams with them. Although the spotlight focused on these competitors, hundreds of physicians worked behind the scenes to ensure that events ran smoothly.

As Chief Medical Officer for the Vancouver Organizing Committee (VANOC), Dr. Jack Taunton looked after the medical and anti-doping aspects of the Games. Taunton spent the past four years working with local, national, and international health agencies, sporting organizations, researchers, and sponsors, preparing for everything from a mass casualty situation to setting up a 24-hour substance testing laboratory. As if this did not keep him busy enough, he also oversaw the installation of two 10,000-square-foot “polyclinics” in Vancouver and Whistler. Spectators, athletes, and officials needing additional urgent or emergent medical care were sent from competition venues to these sites to avoid straining local healthcare facilities.



**Left:** Dr. Jack Taunton, sport medicine physician and Chief Medical Officer for VANOC, spent years preparing for the medical and anti-doping needs of the Games. *Photo Credit:* Martin Dee.

**Right:** Orthopedic surgeon and Chief Medical Officer for the Canadian Olympic Committee Dr. Robert McCormack managed what he calls the “home field disadvantage” during the Games. *Photo Credit:* Paul H. Wright.

During the Games, things only got busier. Taunton needed to meet with his team every morning at five AM, then report at 6:30 AM to the head of the International Olympic Committee Medical Commission on issues with food, water, and air quality, illness, and doping. Most sporting events did not end until 10 PM each night!

Dr. Robert McCormack didn’t sleep much during the Games, either. As Chief Medical Officer for the Canadian Olympic Committee (COC), he led a team of physicians, massage therapists, physiotherapists, and sport psychologists in caring for approximately five hundred Canadian Olympic athletes and support staff before and during the Games. Besides managing pulled muscles and potentially dream-ending illnesses, McCormack saw handling “the home field disadvantage” as one of the biggest challenges facing his team during the Olympics. “There [were] nearly five media [personnel] for every athlete at the Games...and we stated our objective to be the top medal-winning nation,” said McCormack, placing intense attention on Canadian athletes. To help, the COC medical team set up a Wellness Centre for “athletes to go away, have some quiet music and just chill,” he added.

During any Games, it’s not just the athletes that need downtime. Both Taunton and McCormack have spent hundreds of hours travelling and attending meetings to fulfill their roles, all while trying to maintain medical practices (Taunton in Sport Medicine, McCormack in Orthopedics). Dr. Russell O’Connor understands these challenges all too well. As team physician for the Canadian Disabled Alpine Ski team, O’Connor devotes one half-day a week and travels four weeks a year with his athletes. With the Games, this commitment extended into personal vacation time away from his psychiatry practice.

However, with support from their families, all three physicians indicated that being involved with the Games had its benefits. McCormack, a former competitive athlete, loved getting “to see the best athletes in the world...from the best seats!” For O’Connor, it was the inspiration he derived from working with athletes like alpine skier Chris Williamson, who “skis with an inner vision of success” despite near-complete vision loss as a result of a toxoplasmosis infection. Brian McKeever, who competed as an able-bodied cross-country skier at the Olympics but switched to competing at the Paralympics after being diagnosed with


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Stargardt's Disease, also motivated O'Connor.

So how can you get involved in such a rewarding field? According to McCormack, "It's a matter of making yourself available, maintaining your expertise, and getting along with people." O'Connor recommended that interested medical students and residents train in orthopedics, psychiatry, emergency, or family medicine, followed by certification in sports medicine. Taunton promoted the Sport Medicine Fellowship program offered through the University of British Columbia's Allan McGavin Sport Medicine Clinic. All three physicians suggested working

with local athletic teams and events before moving up to working with national teams and at international events. In particular, those interested in working with athletes with disabilities should contact such organizations as the BC Disabled Sport Association and the Canadian Paralympic Committee.

With H1N1 fears and medal-winning pressures mixed with sleep deprivation and time away from family, Canadian physicians were certainly challenged this past February and March. Nevertheless, as Taunton aptly noted, "It doesn't get any bigger than having the Games in your own backyard." 

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## Learning from our Future Patients

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As part of Celebrate Learning Week at UBC, the College of Health Disciplines and the UBC Teaching and Learning Enhancement Fund Grant held the First Annual Health Education Fair in the Life Sciences Centre on October 29th, 2009. The fair focused on interdisciplinary health education, hoping to educate students from all health disciplines including nursing, pharmacy, physiotherapy, occupational therapy and medicine.


With the slogan "Health Care Involves Everybody: a fair to bridge patient, community and campus expertise," 22 organizations set up display booths and hoped for students to inquire more about their cause. The Arthritis Society, Cerebral Palsy Association of BC, Canadian Diabetes Association and Canadian Mental Health Association were only a select few of the many organizations eager to teach students about their condition.

The purpose of the fair is to provide "...an opportunity for a wide range of organizations to come to the university to share their expertise," states Dr. Angela Towle, one of the fair organizers. She explains that "often the university thinks of community engagement in terms of outreach to the community; providing the expertise from the university to the community."

The BC Epilepsy Society was another organization that took part in the Health Education Fair. Kathryn Sykes, the community development coordinator for the society, explained that they hope to teach students about the society so that in the future students

can refer patients to them for support and resources. They also wish to educate the public about epilepsy so that more people know how to help someone experiencing a seizure. Many of the organizations that participated in the fair have many patient-oriented resources that they are willing to deliver to offices and clinics. They hope that this information will help educate patients about their diagnoses and facilitate the role of health care professionals by having this information available for their patients.

Patient panels were also arranged so that students could have the opportunity to hear patient's stories, focusing on the specifics of their conditions and on their health care concerns. The first patient panel consisted of a patient with a mental illness, a patient diagnosed with lymphoma and a patient diagnosed with scleroderma. Even though the audience was small, each patient was enthusiastic to educate the students about each condition. One of the patients, Ruth, was diagnosed with lymphoma and has fought a long battle with cancer ever since. Her message for students was to focus on the whole patient and to "[look] at the patient as a person and in the context of their own life." This message resonated throughout the fair. Patients wanted health care professionals to take a holistic approach when treating them.

With the interdisciplinary focus, keen patients and devoted organizations, this fair was a success. Perhaps with more advertising, even more students will attend these sessions and have the opportunity to hear patient's stories next year. We can learn so much from patients and what better time to do so than while we are students. 

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