The Organisation of the International Association of Olympic Medical Officers
by Dr. J. Raymond Owen

Besides his qualities as a medical practitioner of repute, Dr. J. Raymond Owen (67 years old) has also been a keen sportsman. An all-rounder, he became a rowing coach, taking responsibility for the British teams at the 1960 and 1964 Olympic Games, among others. His interest therefore quite naturally turned to sports medicine: medical adviser to the Commonwealth Games Federation and the British Olympic Association, he was co-founder in 1968, since when he has been President, of the International Association of Olympic Medical Officers. The «Olympic Review» is grateful to him for tracing here the history and activities of this association.

During the Olympic Games in Mexico City in 1968, a number of occasions arose when it seemed that it would be helpful to those of us who were working as team doctors if we could have the opportunity to express our opinions on certain aspects of the medical organisation. On the majority of points most team doctors were in agreement and, therefore, it seemed one voice could, in most cases, speak for the others. We discussed these questions at some length among ourselves, and eventually called a small meeting at which representatives of Australia, New Zealand, USA, USSR, Mexico, Canada and Great Britain were present.

We agreed at this meeting to form an International Association of Olympic Medical Officers and to invite all countries to nominate their team doctors for membership.

It was also agreed to hold a further meeting in Munich the following year. This meeting was held in September 1969 and representatives from the USA, Canada, Australia, Japan, Brazil, China, Malaysia and Great Britain were present. Meetings were held with representatives of the Munich Organising Committee, and once a very natural and understandable suspicion of our intentions and capabilities had been overcome, the meetings proved helpful to us, and I think also to them. At this meeting the constitution of the Association was agreed, and officers and an Executive Committee were appointed to hold office until after the 1972 Olympic Games. Also at this meeting, Prince Alexandre de Mérode was invited to become President, and we were fortunate that he accepted. Finally we were delighted that in 1975 Lord Killanin agreed to be our Patron.

In 1970 we held a one day meeting at Oxford, England; in 1971 an eight day Congress in Athens; in 1972 a meeting in Munich during the Games; in 1973 a meeting of the Executive Committee in England; in 1974 a five day Congress at Warwick in England; and in 1975 a meeting of the Executive Committee in Montreal. Meetings of the Council and Executive Committee will take place during the Games in Montreal, and a Congress is planned for 1977. Since our foundation in 1968 the Association has grown out of all recognition, and we now have 112 members from 62 different countries, and the membership continues to increase.

The aims of the International Association of Olympic Medical Officers include many objectives, but however diverse these may seem to be, they have one common factor—they are all concerned with the practical care of our competitors from the point of view of the team doctors. We do not aim to initiate or carry out scientific research into sports medicine problems and therefore we do not in any way usurp the functions of those bodies already set up for this purpose, and work in harmony with them, with mutual interest and respect in our different problems.
Our immediate objects are, therefore:

1. **To provide a forum for Olympic team doctors to meet and exchange ideas**

   The most important part of any congress is the discussions that take place outside the official presentation of papers, and it is for this reason that we try to leave ample time at our congresses for meeting our colleagues and talking to each other, and exchanging ideas in an informal way.

2. **Medicine, of any kind, has no boundaries, and this applies especially to the medical aspect of the Olympic Games.**

   This Association is non-political and non-racial, and because we feel that the voice of the representative of a small nation is just as important to us to hear as that of a large nation, so our constitution allows each nation to have one vote only.

3. **Exchange of ideas and knowledge**

   At our meetings we exchange individual ideas on how best to care for our competitors, and learn of different methods and treatments which will increase our knowledge generally. These exchanges of information are usually full and straightforward, but if any member wishes to keep some particular thing private to his own team there is, of course, nothing to prevent him from doing so. I know, however, that as time goes on and we all get to know each other better, an atmosphere of mutual trust grows up, and we simply want to pool our knowledge for the good of sport in general rather than just for our own countries, because the more we can help sport the more we help our own competitors, and the more we help to foster the ideals of the Olympic movement. Where knowledge is pooled in this way one can only say that however much one nation gives away it can only receive more in return from the others.

4. **Mutual help**

   Already our membership provides doctors who specialise in almost every branch of medicine. I can think without looking it up that we certainly have specialists in Medicine, Surgery, Orthopedics, Gynaecology, Anaesthetics and Pathology among our members, and I am sure that we cover many other branches of medical science as well. As a result of this we now recognise that, although we are still the team doctors of our respective teams, we can ask any member of the Association to see and advise on the treatment of any of our competitors who may suffer from a condition in which he specialises. This was carried out on a small scale by a few of us in Mexico, rather more widely in Munich, and I have little doubt that in Montreal it will have become a fully accepted procedure. This service is much appreciated by the competitors concerned, and far from objecting to seeing a doctor from another country, they were highly appreciative that their own doctor had taken the trouble to seek out a specialist in this particular line and ask his advice. No doctor can be a specialist in everything, and complaints will always arise which someone else is better able to treat than ourselves. Needless to say, although this service of mutual help is always available amongst our members, no one needs to ask for it unless he wants it, nor accept it if he does ask for it. The really important thing is that treatment of our competitors by doctors from other countries, as the result of mutual trust and confidence, is something that is above nationalism and in the best interests of sport in its widest sense. One may ask whether this may interfere with the arrangements for
specialist advice made by the host country, but I am sure that they regard this simply as an addition to their own service, and one which they will be glad to know is available.

5. **Help for countries with no doctor**

Doctors have now become an accepted and integral part of an Olympic team, and there is a realisation of the part which medical science can play to help the competitor and raise the standard of performance. Nevertheless, there are still a number of countries which send competitors to the Olympic Games and do not have any team doctor. This is, usually, the small countries with a small team, and may be due to the lack of a suitable doctor, or the additional expense of taking one to the Games. Certainly any competitor in this category will be well looked after by the doctors of the host country, if he goes to them. But, as we all know, a competitor will go to a doctor whom he knows and tell him of his troubles, but he hesitates to go to someone who is unknown to him, and for this reason he may, unfortunately, allow his complaint to become serious before seeking help, and this may cost him his participation in the Games. If each small country not having a doctor is attached to a country which has one or more doctors, the competitors soon get to know them, and because they know them and find them adjacent, are happy to ask their advice, however trivial the complaint—and, as we all know, it is the apparently trivial complaints which so often require treatment, and which, if seen early, can be cured so simply. In Mexico City I took on the care of a small country living in the same building as my own, and as time went on they came to see me more frequently as they got to know me, and as their colleagues apparently gave me a good “write-up”. I think that we can do this more widely in Montreal, and that every country not having a doctor can become attached to a country living close to it, and every competitor, however small his team, can have his personal team doctor.

6. **Advice to the host country**

We were able to advise the Medical Committee in Munich on many aspects of their organisation, and once they had overcome an initial, and very natural, suspicion of our competence, extremely good relations were established. The Executive Committee met there in 1969, and I myself paid further visits there in 1970, 1971 and 1972 for discussions with them. I was able to explain to them the many things which were important to the team doctors and, amongst other things, to give them a composite list of drugs which I had compiled from lists sent me by our members, and which covered most of the drugs likely to be required by the team doctors. From my point of view these discussions enabled me to keep our members informed of what to expect at the Games, and to brief them on arrival in the village, and from their point of view I know that they welcomed the opportunity to discuss many of the problems with which they were faced with colleagues who, from their personal knowledge of previous Games, might have more practical knowledge than themselves.

7. **Future host countries for the Olympic Games**

The International Association of Olympic Medical Officers received official recognition from the International Olympic Committee in 1973 and now has a place in the Olympic Directory. Although the International Olympic Committee has its own Medical Commission, responsible for dope testing and sex testing at the Games, I hope that this Association may, in future, be invited to express an opinion as to the suitability of a country applying for the Olympic Games medically, climatically and geographically. I am sure that among all our members, with their vast experience of Olympic Games, and of all the medical aspects of Olympic competition, we are able to offer an opinion that would be reasoned and based on both practical and scientific facts, should we be

(Continued on page 379)
invited to do so. Above all this, however, I know that our Association has two assets of inestimable value:

a) The fact that all our members know each other and have created personal friendships with one another. Only if we are all friends and try to understand each other, and appreciate each other’s difficulties, can we create that atmosphere of mutual trust and confidence which is the essence of our success. This is something which we are creating ourselves, and which I hope will continue to grow as time goes on.

Mutual trust, confidence and friendship create an atmosphere in which we can talk to one another, and in which no difficulty can arise that is incapable of solution.

b) Secondly, our other asset is that we have no concern with politics, race or creed. We are all doctors, and more than just that, we are team doctors whose whole aim and object is to help our competitors when they are fit, to restore them to health when they are not as rapidly and completely as possible, and above all to ensure, by advice beforehand, and treatment when necessary, that we keep them in the competition. In the event that we fail, as we all must do at times, and some luckless individual is unable to compete in an event for which he has trained and worked for years, let us then consider, simply and unemotionally, how we might have done better, and let us be able to discuss our problems with our colleagues, and to ask their help and advice, and to be neither too proud, nor too complacent to accept it.

J. R. O