Healthcare challenges at an Olympic Games

Richard Budgett

Athletes and their support staff, International Olympic Committee (IOC) family, technical staff, contractors, volunteers, sponsors, media and spectators all are essential participants in the biggest festival of sport in the world. They all need healthcare, but the priority for the IOC and any organising committee of an Olympic Games (OCOG) is protecting the health of athletes. The demands of athletes are particularly great because of the unique nature and pressures of the Games. The Olympics should be a 4 year peak of fitness and health, but is at the same time a peak of stress.

The key to providing healthcare at an Olympic Games is good preparation and prevention with integration into all the other functional areas of an OCOG, as well as working with healthcare providers outside the Olympic Games environment. The Games are a mass gathering with all the public health risks and issues that involves. The most visible part of healthcare provision is on the field of play in venues. This is like a goldfish bowl where the initial response of the medical team will be judged by millions of armchair critics! This is made more challenging by the different rules and medical structure in different Olympic sports. In some, the team doctor or physiotherapist are the first to respond and in others it is the International Federation (IF) doctors and in many the OCOG medical team. This is where the diplomatic as well as medical skills of venue medical managers and their teams are most important so that when there is a real emergency, the OCOG medical response can be deployed onto the field of play without delay with the full cooperation of the teams and IF medical commission.

Less than 10% of athlete care takes place in the venues and only a fraction of that on the field of play. The polyclinic is the place where 90% of athlete care is carried out and it is the jewel in the crown of the OCOG medical department. It is here that athletes and their support staff expect to receive fast, comprehensive and high-quality medical care, which gets them back to full participation as quickly as possible. The polyclinic is comprehensive partly for the sake of the Olympic teams and partly to protect the general National Health Service from being overburdened by the demands of athletes, support staff and Olympic family. However, the polyclinic cannot deal with everything, and if an athlete or other patient needs to be transferred to the hospital for more complex investigations or treatment, then their efficient transport and facilitated progress through secondary care is important and is normally done with the help of a Hospital Olympic Liaison Officer.

This complex medical support structure takes years to set up and relies hugely on volunteers. This level of care is now expected by all those taking part in major Games and is imitated by many other multievent organisers.

Despite the thousands of consultations with athletes in the polyclinic, more than half of athlete care actually takes place with their own medical team. Thus improvement in the standard of medical care of athletes largely depends on improvements in the quality and training of their team doctors and physiotherapists. To a large extent the OCOG infrastructure for athletes is there to support the team doctors and physiotherapists with polyclinic facilities including specialist referrals. A further large number of medical volunteers is needed in the case of emergencies at venues and to cope with the millions of other participants.

The Olympic Games encompass a unique environment, where although there is an almost unprecedented level of healthcare, there is a matching increase in pressure due to competition that occurs just once every 4 years. Athletes will seek to attain their most excellent possible performance and will not hold back or play it safe. The responsibility of both team and OCOG medical staff is to keep the athlete’s environment as safe as possible. The most important first steps in doing this are systematic epidemiological studies over time that are carried out at the Games. These will in the future be extended to better address chronic injury and illness. This will enable all those involved in sport and exercise medicine to improve prevention of injury and illness in sport, as well as optimising provision of care at the Olympic Games.

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