“Let him who is without sin cast his tennis racket at her ...”

I am not sure whether it is the right time and place or whether it belongs within the social role of a professional scholarly journal to provide entertainment by publicly —as the popular expression goes— “taking the piss” at an individual. Although posted in the BMJ’s “News” section rather than in the “Editorial” or “Research articles” sections, parts of the recent comment on tennis player Maria Yuryevna Sharapova were neither merely reporting facts, nor limited to providing the general public with a Sports Ethics 101 introductory course. I felt that, instead, Miss Sharapova at times was ridiculed and made to look like the stereotypical “dumb blond”, or worse …

I have no reliable information on either Miss Sharapova’s intellect, degree of naiveté, or truthfulness, and I assume that her medical knowledge does not significantly exceed that of most other athletes of similar age and ranking. However, as any citizen she deserves to be judged by an impartial (sports) tribunal, after having been presented with all the evidence, having had the chance to challenge that evidence, present whatever mitigating circumstances that may have existed, and be assisted by counsel to further properly defend herself.

My concern is that by adding certain suggestive comments, the BMJ lends itself to becoming a forum of prejudicial authority that could potentially sway the opinion of officials, policy makers, and sponsors, while not based on either sound evidence or well-argued grounds of morality. A good example of this is the comment that the athlete allegedly had used a drug that “isn’t even licensed” in the country she resides, which is suggesting that having done so would in itself be outrageous or highly suspect. This is hardly so. There are cultural differences and other reasons besides medical science that may explain why certain drugs are licensed in one country but not in the other. Very relevant to sports medicine are topical applications for musculotendinous injuries, most of which are available over the counter and commonly used in Europe, but are not on the market in the United States, though they are also widely available in its surrounding countries such as Canada and Mexico. For that reason, numerous athletes who travel to the US for training, vacation, tournaments or even for long-time residency tend to legally bring with them these materials which they trust and know well from their home country, and have tested for many years. I would even go one step further and imagine that doing so would become evident when traveling to a country of which one does not speak the language or which uses a script that most citizens of other countries would be unable to read, such as, for example, Chinese.

I do not know the full rationale behind Miss Sharapova’s medical history and strategy, and I would imagine that the same applies to most readers here. Let us, however, not make any human being into becoming part of a sideshow or Jerry Springer-like media circus; tabloids thrive on this, but we must hold ourselves and the BMJ to higher standards. I am pleased to see, though, that colleagues who have so far responded here, did so in a
serene way pointing out scientific knowledge that is of value to us, while steering clear of any personal judgment, implied or other.

1 Hawkes N. Sixty seconds on ... meldonium. BMJ 2016; 352: i1420. doi: 10.1136/bmj.i1420.

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