Doctors and Rugby Union football: a research and development project

For several decades, unconfirmed rumours have suggested that prowess at rugby can help in securing a place at certain medical schools. It is a fact that most medical schools can field at least one team of rugby players with their attendants. After qualification, however, active participation in the game (of rugby) rapidly drops away and there is no suggestion that playing rugby confers any advantage in passing the MRCP or other postgraduate medical qualifications. This paper addresses the association of doctors with rugby.

Methods

The many meetings imposed by the NHS reforms for audit, continuing medical education and other weighty matters provide plenty of opportunity to assess one's colleagues' previous involvement in rugby: simply by looking at their physique it is possible to guess in which position they may have played with a predictive value of 75%.

In an unblinded but random study of 24 male doctors at a district general hospital in an inner city area of north west London, I recorded the prevalence of previous or current rugby playing amongst consultant and non-consultant staff, and their reasons for having stopped playing.

Results

Fifteen of these male doctors (62.5%) admitted to prior or current rugby playing. Seventy per cent were consultants and 57.1% non-consultant staff; this difference was statistically not significant ($\chi^2 = 0.05, p > 0.1$). Of the consultant staff, 39.5% had given up playing rugby while still at school, 25% through injury, 12.5% from other unbearable trauma, 12.5% because of age and only 12.5% from pressure of work; 40% of non-consultants were still playing, 40% had given up through injury, and 20% from excess work and consequent dyspnoea from insufficient training. Despite this hospital's proximity to St Mary's Hospital Medical School, none of the consultant staff had trained there, though 60% non-consultant staff had.

A rather whimsical aspect of the subject is the intense nostalgia evident amongst ex-players for the game. Its manifestations are the avid seeking for a television set to watch internationals, the high attendance of ex-playing doctors at matches at Twickenham and other grounds, or their frequent presence in bars of rugby clubs reliving days and games of yore and celebrating them with tuneful ballads.

Discussion

The continuing emotional involvement of doctors with rugby was very evident. However, just because they have stopped playing they need not stop being actively involved in the game, particularly as they know only too well that that will lead to loss of physique and all the other evils of a sedentary life-style. Courses are now available in both Rugby Union coaching and refereeing (details from the Rugby Football Union, Twickenham or local association) suitable for ex-players to take up coaching or refereeing at a simple level: both are areas of great need among clubs at all levels.

Concern about refereeing largely centres on having to learn the laws of the game after having played it for perhaps as long as 25 years in complete ignorance of them. The preliminary refereeing course which I attended consisted of four evening sessions over a month, giving a flavour of the laws and analysing the decision a referee should make in situations such as the ball hitting a player's head in the in-goal area and then bouncing into touch.

I found two items of instruction in refereeing of particular value: one, that right or wrong, the referee's decision is final and if any player dissents he incurs a penalty for his side; the other, that astute use of the advantage law, bringing teams back for a purported infringement that occurred five minutes earlier and which all are likely to have forgotten by then, can be invaluable when play gets out of hand. Giving arbitrary decisions for no reason can also be rewarding, occasionally producing comments such as-'Fancy the ref seeing that!' (or words to that effect).

Finally having rotated through ten games and been fully assessed in one, accreditation as local society referee follows.

In my first season of refereeing, I gradually gained confidence, and with it more enjoyment from the games. Games varied from a vets match which involved fighting from the first set piece and which I abandoned 30 minutes from the end, to a theology college's Sevens Competition, where every tackle was greeted by the recipient with 'God be with you'.

Sports injuries can be a serious aspect of the game, but fortunately most are simple bruising or require only a little suturing; however on one occasion I had to call the air ambulance for a bad cerebral contusion.

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sustained by a player on an adjacent pitch, and on another occasion a colleague acting as club medical officer had to call the air ambulance for a player with a cervical vertebral fracture. Apart from sports injuries, rugby players provide ample scope for extensive medical practice.

Finally, refereeing involves a modicum of exercise, since the referee should, if possible, be within 50 yards of the action when making decisions. It also develops attributes such as decision-making under pressure, control of some large and insubordinate individuals, dealing with aggression and complaints, and having a thick skin, all of which are becoming essential to a medical manager in the NHS. Therefore, in keeping with the Health of the nation initiative, and the recommendations of the Culyer report, I hope to obtain Research and Development funding to assess refereeing as a means of improving physical and mental health in the medical community.

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