

# German Sports Medicine in Crisis – Causes and Solutions

*Die deutsche Sportmedizin in der Krise – Ursachen und Lösungen*

**C**ertainly one cannot say that German sports medicine is currently prosperous. Whenever a sports-medicine professorship becomes vacant, it is not seldom these days that the university involved thinks about rededicating the department or even cancelling it. Two causes are essentially responsible for this: the clinical and scientific weakness of the specialty compared to other disciplines and the doping theme found everywhere in the media. The first aspect can be “translated” as an absence of recognition for the specialists and the lack of qualified newcomers. If we want to avoid having to admit in 10-20 years that the specialty is not to be saved, we must become active in all these fields.

## The Specialist for Sports Medicine

We had already progressed further along the path to specialist recognition than we are now. More than 20 years ago, the Federal Medical Council started such a project. Back then, the design of the planned curriculum was chosen so that practicing physicians did not have to fear losing their (athlete) patients to sports doctors. In the end, it didn't help. The faculty membership of many sports-medical institutes and departments found north of the Main is certainly not helpful for a new specialist initiative. Only institutes in southern Germany are all anchored in the Medical Faculty. Nonetheless, the most important task of any presidium and the Scientific Council of the DGSP must be to work toward the introduction of the Specialty of Sports Medicine. Otherwise, where are the scientific and clinical newcomers to come from?

Anyone who has to spend 5-6 years in another discipline is only very unlikely (and with corresponding ideas concerning salary) to take up Sports Medicine. Moreover, doctors without this background are not even awarded the additional title “Sports Medicine”. It may be that individual large institutes and departments overcome this hurdle via rotation regulations in their university hospital or with cooperating clinics and make training to other specialist titles possible for their medical coworkers, but this is certainly not the case everywhere.

## The Scientific Output

Another structural reason why talented newcomers don't necessarily clamor to take up Sports Medicine lies in our scientific work, which has room for improvement. Both the quality and quantity of our Annual

Congress as well as the publication rate in dedicated international journals has decreased. If we want to compete with other disciplines that are already increasingly including sports-medical contents, we must increase our output.

It is certainly not by chance that the initiative for a DFG-focus was ambitious but without success so far. This may lie on the one hand in the situation of our discipline, but on the other also in the fundamental-scientifically and not originally sports-medically oriented main theme, which was not received with undivided support.

One positive approach can be recognized in that our Congresses are again held every two years and, thus, we can reckon with qualitatively appropriate scientific output. The initiative of a Congress in the interim years aimed at newcomers also has potential.

From our point of view, it is definitely desirable to recreate more solidarity between the university institutes, continuously link them and bring them together. At present, in the time of need, nearly everyone is attempting to guarantee the survival of his institute or his department, not infrequently without considering the “overall picture”. Cooperations funded by third parties for concrete projects can't be allowed to obscure this. The newcomers congress can also add impetus in this respect.

## Sports Medicine and the Doping Theme

We can't avoid the doping theme, since we rightly claim for ourselves the greatest competence in the medical care of high-performance athletes. Unavoidably, during such sports-medical activity, one obtains performance-physiological, clinical and scientific knowledge which theoretically could be abused for doping purposes.

The clear positioning of all university institutes and departments for doping-free sports – as published in a Memorandum in the German Journal of Sports Medicine – illustrates the unmistakable attitude of German sports medicine (1). Even if university sports medicine per se is not susceptible to fits of doping or even represents a certain protection (thanks to the occupation's being less dependent on high-performance sports), this is not a general excuse. Instead of sticking our heads in the sand and hoping that we won't be struck by media lightning, we should reform our curriculum starting now – even without the specialist title – and make anti-doping contents much more visible. ➤

## EDITORIAL

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This procedure applies the logic that more than all other doctors, the trained sports physician is in a position to act in the anti-doping sector. It must be made clear that we are doing everything possible to bring evidence-based sports medicine into the care of high-performance athletes and thus are also a bulwark against the spread of doping. In this way, we can make a constructive contribution to the doping discussions and maybe even gain strength from this in the end.

It's high time! Let's not lose even more ground with activities in places that don't bring us forward (commercial interests and Congresses, marketing measures not directed to any goal). Without the specialist title, the numbers in our discipline will be threatened in the mid to long-term; without proper scientific activity, we will lose the right to apply for the resources we so urgently need. ■

### References

- (1) **STELLUNGNAHME DER HOCHSCHULLEHRER DER DEUTSCHEN SPORTMEDIZIN UND DES WISSENSCHAFTSRATES DER DEUTSCHEN GESELLSCHAFT FÜR SPORTMEDIZIN UND PRÄVENTION (DGSP).** Doping im Leistungssport in Westdeutschland. Dtsch Z Sportmed. 2011; 62: 343-344.