Due diligence: protecting the athlete and the practitioner

Ron Maughan

School of Medicine, University of St Andrews, St Andrews, Scotland

It is generally recognised that the use of some dietary supplements may offer benefits to some athletes, but it is equally clear that supplement use is not without risks. Athletes are encouraged to minimise those risks by using supplements only when there is clear evidence of a benefit and by using only supplements that are deemed "safe". Most athletes and coaches, however, have limited access to the information that is needed to make informed decisions about either the potential benefits or the potential risks associated with the diverse range of supplements that are promoted for use in sport. The principle of strict liability puts the onus on the athlete, but support staff also have responsibilities, and these include ensuring that athletes under their care are provided with the necessary advice. This extends to assessing whether or not the use of any and all supplements used by these athletes is appropriate. The decision on whether or not to use a supplement should be made by the athlete. If the decision is to use a supplement, it should be used according to best practice: that relates to the dosage used and to choice of product. Products to be used should have been batch–tested under one of the available schemes. Athletes should be informed that this will reduce, but not eliminate risks of an Ant–Doping Rule Violation (ADRV), does not ensure freedom from toxic substances, and does not guarantee the presence of the active components in the stated amounts. Furthermore, according to the 2021 World Anti–Doping Code, Articles 2.7, 2.8, and 2.9 apply not only to athletes but also to all athlete support personnel. These articles cover: Trafficking or Attempted Trafficking (Article 2.7); Administering or Attempting to Administer a prohibited substance or method to an athlete (Article 2.8) and Complicity or Attempted Complicity: Assisting, encouraging, aiding, abetting, conspiring, or covering up an ADRV (Article 2.9. It is also an offence to associate in a professional or sport–related capacity with a coach, doctor, or support person who is currently serving a ban (Article 2.10). Sports nutritionists must recognise these responsibilities. All support staff working in an environment where athletes are liable to testing under anti–doping regulations must be aware of the implications of these rules.

Sports nutrition: some lessons from the past

Ron Maughan

School of Medicine, University of St Andrews, St Andrews, Scotland

The practice of sports nutrition is — or at least should be — built upon a sound scientific base, applying the best available evidence to address the needs of each individual athlete. Most practitioners would say that they do this, but the evidence base changes and what we think to be true today may be shown to be false by the emergence of new evidence. There is also a further challenge for the athlete and the practitioner: athletic careers are rather short, usually athletes have no more than a few years at peak performance level. In contrast, science progresses rather slowly and confirmation of new findings may take many years. Applying a new finding risks the use of a practice that is inappropriate or unsafe, but waiting for certainty may take too long to benefit today's athletes. The history of sports nutrition is filled with practices that we now think to be inappropriate and even absurd, but which at the time were thought to be innovative and exciting. Sports nutrition practitioners should be aware of the lessons that can be learned from the history of sports nutrition. This helps understanding of how today's practices have evolved and may help to avoid repetition of some of the mistakes that have been made in the past.