Travel Medicine, the New Code of Medical Ethics and Soccer Played in Thin Air

Letter to the Editor

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The goal of Travel Medicine is to reduce the risks of morbidity and mortality associated with travelling, creating awareness on the travelers as well as promoting the use of preventive measures.

In addition to the Infectious and Parasitary Diseases, the field of the Travel Medicine involves many and diverse attributions, such as counseling on eating precautions, protection against, vector-borne diseases and bites of arthropods and other dangerous animals, problems connected to water consumption, diving, altitude, sun exposure, heat, cold and effects of the difference of local times.

In Brazil, the first service on Travel Medicine, *Cives,* was created in 1997 by the initiative of some professors of Infectious and Parasitary Diseases of the Medicine College of UFRJ[1]. Since then, individuals who traveled to various destinations inside and outside the country have been helped. The reasons why many of these people traveled to places located in altitudes considered high were diverse, such as: a work meeting in La Paz; honeymoon in Cuzco or trekking in Nepal.

A trip to regions located in altitude considered high places the traveler's health under fairly known risks in medicine, and can cause the so-called altitude sickness. Pollard and Murdoch, in the book "The high altitude Medicine handbook"[2], define high altitude as that above 2,500 meters (in that altitude there is only 71% of oxygen available at sea level). They describe the acute mountain sickness, which is the milder form of the altitude sickness, as a set of symptoms composed of headache, nausea, vomiting, tiredness, loss of appetite, dizziness and sleep disorders. According to Décio Lopes, in his blog *"Expresso da Bola",* when he arrived in Quito (2,850m)," as soon as you leave the airport, you suddenly realise you have a mild headache, a weird discomfort which, somehow disturbs your thinking and causes sickness"[3]. It is interesting that the Brazilian journalist's account greatly agrees with the description of the medical text.

The Best prevention for this disease is to plan a gradual rise, with rest in the intermediate altitudes. In case it is not possible, the use of a medication named acetazolamide is recommended[3-5]. However, since this medication is a diuretic, it cannot be used by athletes in competition[6]. Additionally, physical exertion should be avoided, since it can be a triggering factor for altitude sickness[2]. So, what can be done to soccer players who will play a match in high altitude when there is no time for acclimatization? These are athletes who depend on their physical integrity to live, exposed to a risk situation, in which there is an indication of preventive measure which cannot be used though. According to the new Code of Medical Ethics, active since April 13, 2010, in the article 32, Chapter V, "It is banned to the physician: To refuse to use all available means of diagnosis and treatment, scientifically acknowledged and within his reach, in favor of the patient"[7]. The use of acetazolamide as a prophylactic treatment of the acute altitude sickness is strongly recommended and with evidence of high quality (1A level of Medicine Based on Evidence), being recommended by great specialists on the topic, including by the Centers for Disease Control and Prevention and Wilderness Medical Society, both from the USA[4,5]. And what is the role of the physicians of the soccer clubs in these cases, besides giving assistance to the players on the field with supplemental oxygen cylinders? Some of the people who are in favor of the games in altitude declare there has never been any death during a match. Even if it is true, it is a very weak justification, which obviously has no background. The competent medical organs should discuss about this situation and take a decision about the topic, since the Medical Ethics has no relation with the interests of soccer confederations. It is crucial that there is higher medical participation in these debates, since besides the athletes' health, the Medical Ethics is also game on this field.

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