

## Roll on

**U**nderstand that this is not a dress rehearsal, this is it, your life. Face your fears and live your dreams.” —Jonathan Blais

I wrote about Jonathan Blais, aka Blazeman, in a previous editorial [*BCMJ* 2009;51:421]. Stricken with amyotrophic lateral sclerosis (ALS) in the prime of his life, he managed to finish the Hawaii Ironman in 2005. I heard him speak at the Ironman Sport Medicine Conference the following year. He had returned to Hawaii to give a face to ALS. In the year since he had completed this grueling race he had deteriorated to the point where he was confined to a wheelchair and his speech was difficult to understand. He felt that it was his mission to raise awareness of a disease whose treatment and prognosis had not changed since the time of Lou Gehrig. He died the next spring at age 35.

I was back at Kona, Hawaii, this fall to once again attend the Sport Medicine Conference and observe the Hawaii Ironman. Being in Kona the week of this world championship race is a bizarre experience. Kona hosts 2000 of the fittest human beings on the planet, along with their friends, family, coaches, and so on. Think lean and hairless Greek gods and goddesses. I was with my adult daughter who

would exclaim, “That is a beautiful man, and there’s another one, and another, and....” I have never been checked out by so many guys before, but it’s not what you think. As you walk by they’re sizing up your fitness and whether you are in their age group. Sadly, I am rapidly discounted as competition. The nervous energy as they swim, bike, and run in race preparation is incredible.

Triathletes are one of the most gimmick- and fad-oriented groups you will ever meet. In general, they are wealthy and are looking for an edge. One new trend is compression socks. These are knee-length garments designed initially to aid in recovery and are now worn by many during competition. In typical triathlete fashion they are usually multicolored neon. Imagine the surprise of the cruise ship travelers who were unloaded at Kona a few days before the race sporting beige compression socks for completely different reasons. “Hey Betty, I got to get me some of those neon ones.”

If I were more enterprising I would design a few products that I am sure would sell like hotcakes. Endurance athletes often use salt tablets to replace their losses. I would purchase a cow salt lick block and carve it in to smaller Aero-Lick units to be attached to the bicycle top tube. I would also design Ear-O straps to hold protuberant ears closer to the head. I would make outlandish claims of increased performance and make a fortune.

Jonathan Blais vowed he would finish that 2005 race before the cutoff, even if he had to roll across the finish line. It was close, but shortly before midnight he dropped and rolled across the finish line, starting the Blazeman roll, which continues to be done in his honor at races around the world—including by many of the top finishers

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at this year’s race. His Blazeman Foundation carries on raising funds and awareness about ALS. In fact, funds raised in his name were donated to the group at Northwestern University in Texas that recently documented the link between ALS and abnormal CNS protein recycling. This discovery paves the way to finding effective treatments for this horrible disease.

One person *can* make a difference. Roll on my friends. —DRR

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## Doctor Google

**T**he late Steve Jobs was a visionary in many ways, and his ideas about how things should work made life more enjoyable for countless people. It is hard for his contemporaries to imagine what it would be like without Apple computers, phones, and other electronic devices. Nevertheless, the man was not perfect. His confidence that he saw things that others could not led him to be skeptical about the value of orthodox medicine. It seems to be a widespread skepticism.

But he was wrong, and after months of unsuccessfully treating his pancreatic tumor with acupuncture, herbal remedies, fruit diets, and expressing his negative feelings, he finally accepted the need for surgery. It is quite possible that his overall prognosis worsened and his life expectancy was shortened because of this voluntary delay in surgical intervention.

Such confidence in one's own medical knowledge, and belief in unsubstantiated theory, is far from uncommon. Just about all of us will at one time or another have encountered Steve Jobs-type skepticism about what we say and believe. It can be demoralizing to have our opinions rated on the same level as those of self-appointed Internet "experts" who have no apparent grounds for credibility, but it is a new era. Credibility is gained by having a flashy website and multiple testimonials, and even more so by an

appearance on a major television talk show. Orthodox medical credentials are a peripheral consideration; it's much more important for a medical "expert" to sound glib and confident. And glibness and confidence abound when it comes to three specific areas in medicine: chronic pain, infertility, and cancer. So it isn't surprising that Mr Jobs, having spent so long in the company of alternative thinkers, would tend to believe (or at least give credence to) the glib and confident instead of the dull and orthodox. Lots of our patients do. And because our treatments have the capacity to be either painful or unpleasant, who wouldn't favor a confident message that changing their diet or lifestyle would cure their condition?

So should we all take lessons in sounding glib and confident to get our patients to pay attention? Not so fast. Dull and orthodox, in the long run, is the best approach. Richard Smith, former editor of the *British Medical Journal*, cited a number of requirements for the future of the medical profession, and prominent among these were having clear ethical values, basing what we do on evidence, and constantly trying to improve. Having clear ethical values allows patients and potential patients to decide whether they feel they can trust what we say. Making our ethical values clear is, I hope, what we do in all of our clinical activities—and if we don't, we should. Basing what we do on evidence came slowly to my generation of practitioners. Our education was based on medical dogma, our practices were steeped in medical tradition, and it took courage to accept that much of what we were doing before the era of evidence-based medicine was wrong or misguided. But accept it we did, and our credibility has grown as a result.

Constantly trying to improve is a hallmark of modern orthodox medi-

cine, and it is what distinguishes medical practitioners from the glib and confident Internet soothsayers. Barry Marshall, in trying to prove that microorganisms, not stress, were the underlying cause of most peptic ulcers, didn't rely on websites and celebrity endorsements. Instead, he undertook a brave experiment on himself to satisfy Koch's postulates. That also took courage, but the postulates were satisfied, our treatments changed, and Marshall was rewarded with the Nobel Prize.

When we become sick, we all have the option of trying to be our own physician. But I think that just about all of us would choose to have faith in our dull and orthodox colleagues—because we can count on them to base what they do on evidence, and to be constantly seeking to improve. Steve Jobs was clever, but he was not the only visionary.

—TCR

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