



The Olympic legacy

According to former sports minister Richard Caborn, the quest to use the Olympics to promote greater popular participation in sport and exercise is in jeopardy.¹ In its campaign to bring the Games to London the Labour government pledged to increase the number of people playing sport more than three times a week by 1 million and to get more than 1 million extra people to take more exercise every week. Progress towards the former target is way behind schedule and the latter — designated as the particular contribution of the NHS to the Olympic legacy — has already been abandoned.

Caborn's speech to the Sports and Recreation Trust reflects the extraordinary status achieved by the cult of exercise in modern society. It has now become the accepted business of government to exhort citizens on how to spend their leisure time and that of doctors and other health professionals to instruct them in activities that are deemed virtuous but have no proven value in relation to health.²

One 'legacy' of the Olympics that is already well on the way towards fulfilment is the conflation of 'sport' — the engagement in physical activity in the cause of having fun or developing skills — with 'exercise' — the pursuit of activity in the cause of maintaining health. Whereas sport is about enjoying life, exercise is about postponing death. In the past week I have had two conversations with patients, women in their 90s, who spoke with fond memories of their cycling club expeditions in the 1930s when they regularly travelled from London to the south coast. What a contrast between this joyful, sociable, activity and that of the modern fitness devotee on the exercise bike in the gym or home, solitary, stationary, miserable.

In the early years of 'exercise on prescription' or 'exercise referral' schemes in the 1990s, there was some concern that numerous studies failed to confirm long-term benefits in terms of continuing engagement in activity or health improvement.³ In more recent years, since such schemes have been found to be popular with both the public and politicians, they have now achieved that lofty public health 'gold standard' status of exemption from the requirements of evidence. A recent

propagandist editorial in the *British Journal of Sports Medicine*, noting that 95% of the adult population failed to meet the 'modest' official guidelines on physical activity [another 'evidence-free' zone], proposed that 'physical inactivity should also be considered for recognition as a disease in its own right'. The inevitable conclusion was that GPs should be trained and incentivised to tackle this disease afflicting virtually the entire population (as well as themselves becoming role models of athletic virtue).⁴

The thread that connects the politicians promoting sport, the doctors referring patients for exercise and the patients on the treadmill at the gym is the presumption that individuals are incapable of living their own lives and that they require expert instruction and 'support' in undertaking the most banal of activities (such as taking a walk in the park, now the focus of numerous referral schemes). Whereas politicians were once regarded as the servants of the people, now they assume the power and the responsibility to tell them how to live their lives and doctors have been reduced to the role of personal trainers, mediating the patronising and infantilising mission of physical fitness that has become the Olympic legacy.

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