Editorial

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Therapy versus Enhancement: May Policemen and Golfers Take Androgens?

Over the past 10 or 15 years, the number of medical prescriptions for testosterone drugs in the United States has risen dramatically. The Solvay Pharmaceuticals website (IsItLowT.com) informs visitors that "Low Testosterone (or Low T) is a treatable medical condition that affects over 13 million men in the United States." (In 2006 the Food and Drug Administration (FDA) estimated 5 million hypogonadal men.) Like similar drug company websites, e.g. www.androgel.com, the Solvay site offers visitors an opportunity to engage in a self-diagnostic procedure that stands a good chance of finding "a treatable medical condition" for which an androgenic therapy is readily available. "Do you have a decrease in libido (sex drive)?" "Do you have a lack of energy?" "Have you noticed a decrease in your enjoyment of life?" "Are you sad and/or grumpy?" "Have you noticed a recent deterioration in your ability to play sports?" 'Are you falling asleep after dinner?" These and other highly subjective questions gently guide the aging male toward a self-assessment that may well lead him to consult a doctor about androgenic drug treatment.

It is worth noting that this commercial promotion of androgenic drug therapy eschews the clinical term "hypogonadism" in favor of a less medically stigmatizing term that suggests more medically banal conditions such as "low blood sugar" or "low HDL" that are unconnected to the sensitive issue of "sexual performance." But the hanging heads of the male models who illustrate this unhappy predicament on the Solvay website leave no doubt that the curse of sexual failure has a lot to do with the search for relief from the consequences of "Low T."

Given that synthetic testosterone has been prescribed for hypogonadism since the 1940s, it was inevitable that this therapy for low testosterone would eventually run afoul of anti-doping regulations or legal prohibitions directed at non-medical uses of androgens.

This is what happened in 2007 when two high-ranking New York City police officers, including a one-star chief, were placed under investigation for allegedly buying illegal steroids through doctors in Florida, one of them being a heart surgeon who was indicted in July 2007 in conjunction with a nationwide steroids investigation that also involved Major League Baseball players. Both offered the explanation (or alibi) that they had legitimately acquired anabolic steroids for the purpose of boosting low sex drive, a confession that must have provoked some lusty comments in station houses across the city. An official investigation of Chief Michael Marino cleared him wrongdoing on the grounds that he had acquired testosterone cream with a valid prescription. But rank-and-file police officers were infuriated by this lenient treatment even as six lower-ranking cops were being investigated by the NYPD Internal Affairs Bureau for buying illegal steroids from a criminal network operating out of a pharmacy in Brooklyn, New York. In fact, a major anomaly of the anti-steroids campaign in the United States is the miniscule news coverage given the widespread use of anabolic steroids by police officers, while athletes who use doping drugs are routinely displayed to the public as moral reprobates.

The testosterone therapy conundrum made a low-profile appearance in the world of professional golf in 2006. Less than a week after the commissioner of the Professional Golfers Association (PGA) declared there was no steroid use in the sport, it was reported that a PGA golfer named Shaun Micheel, age 37, had found himself to be "short of energy" and had been prescribed a testosterone gel by a doctor whose diagnosis was low testosterone. After a month of rubbing testosterone into his shoulder each night, Micheel declared that he was "enjoying life again" and was unconcerned by the notion that he might be doping himself. "There is no magic pill to change your game," he said. This episode passed almost unnoticed for three reasons. First, Micheel was (and remains) a relatively obscure player. Second, the PGA did not ban anabolic steroids officially until 2008. Finally, Micheel managed to get a therapeutic use exemption (TUE) from the PGA.

On 2 November 2009 another obscure professional golfer named Doug Barron became the first player to be suspended under the PGA's performance-enhancing drug policy. This prompted Barron to challenge his suspension and file a temporary restraining order in an attempt to continue playing as a professional while he appealed his suspension. In a complaint filed in Shelby County Court in Memphis, Tennessee, on 2 November, Barron

argued that the beta blocker and testosterone drugs he was taking were "medications prescribed to him by his medical doctors for legitimate medical reasons." Both substances are banned by the PGA.

The Barron case offers a new twist in that his attorney claims he is covered under the Americans with Disabilities Act. Barron has been taking beta-blockers (in his case, to prevent anxiety attacks) since he was diagnosed with mitral valve prolapse in 1987. Low testosterone, according to the attorney, "impairs a major life activity and that is intimacy with your wife." What is more, "It's not performance enhancing when it is used to keep a man within the normal range."

The Barron case would seem to be a kind of perfect collision between doping regulations that prohibit androgenic drugs for athletes and medical needs that would appear to warrant TUE's. Barron's pudgy torso reveals no sign of anabolic steroid use, and his achievements as a professional golfer have been so marginal that at this point he is simply trying to qualify to play in the Tour. The larger question inherent in this mini-drama is how the conflict between Therapeutic Need and Anti-Doping Prohibitionism will be resolved by a modern civilization that wants improved performances in every sphere of life, even as it continues to insist that elite athletes must serve as symbolic pharmacological virgins for the rest of us.

Citation suggestion

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