



# **Ethics and Sports Medicine**

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# Introduction

- o The broad goal of medical ethics is to improve the quality of patient care by identifying, analyzing and attempting to resolve the ethical problems that arise in the practice of clinical medicine.
- o Increased professionalism of sport → numerous significant ethical issues in sports medicine
  - o Influences such as the practitioner's employer (sports team or organization)
  - o The athlete's desire to play with **pain and injury**
  - o The **economic consequences** of playing or not playing all complicate medical decisions.

**o Five of those contentious areas :**

1. conflict of interest
2. confidentiality
3. performance-enhancing drugs
4. infectious diseases
5. ethics in sport.

o Come a long way over last decades

o I know that a football club doctor would never have the audacity to tell you the truth ... Front up in the medical room with severe internal bleeding and they will say something like 'it's just a scratch—you'll be right'. I guess that's why they have football club doctors and why players should never go to anyone else.

*The Age* (Melbourne), 6 July 1979

- In 1981, however, the **World Medical Association (WMA)** adopted a declaration to act as a guideline to clinicians treating athletes.
- The declaration was **subsequently amended** at WMA Assemblies in 1987 and 1993.
- The **Federation International de Sports Medicine (FIMS)** simplified the code into three principles:
  1. Always make the athlete a priority.
  2. Never do harm.
  3. Never impose your authority in a way that impinges on the individual right of the athlete to make his or her own decision.

# Conflict of interest

- o The goal of most patients is usually to reduce suffering and prolong healthy life
- o Athletes, especially professional athletes, have as their priority a desire to perform
- o A major objective for a sports clinician is to support athletic achievement
- o Medical decision making can be affected by a host of factors not normally encountered in standard practice



- o The team clinician may come under pressure to allow the athlete to play from a number of different sources
  - o The players
  - o coach, team mates, parents or team administration.
- o Other forms of pressure may come about from direct or indirect questioning of the clinician's decisions, or scrutinizing the medical care of the team with comments to the media
- o **Management could directly attempt to affect decisions by threatening replacement of the team clinician.**

- o A danger that may befall the unwary team physician is the **'fan syndrome'**.
- o Its principal symptom is the distortion of proper clinical judgment when the clinician may be influenced by his or her desire to see the team succeed
- o **FINANCIAL BENEFITS**



## ***1.The clinician's duty: the team or the athlete?***

- o If the wellbeing of the athlete is in conflict with an interest of a third party, the wellbeing of the athlete is always paramount
- o The team clinician is required to give full disclosure to the athlete (and the parents if appropriate) regarding the extent of the injury, the nature of the injury, proper rehabilitation, and the consequences of injuries.

## ***2.Local anesthetic injection and administration of analgesics***

- o lignocaine (lidocaine)
- o Analgesics ('pain killers')

## ***3.Short-term gain, long-term pain***

## ***4.Informed consent***

## ***Guidelines for resolution of conflict of interest***

- o The guidelines for a clinician to follow for the resolution of conflict of interest include:
- o player's health is paramount
- o informed consent
- o full disclosure
- o exculpatory waiver
- o team clinician contract
- o player contract
- o care with the media.

# Confidentiality

- o Patient confidentiality is fundamental to the practice of medicine.
- o The professional codes of conduct of medical and paramedical practitioners limits their freedom to report injuries, illnesses and other problems to anyone else other than the individual directly concerned.

- o Permission must be sought from the athlete to disclose relevant information regarding the athlete's medical or physical condition to appropriate team officials
- o written agreements prior to the season
- o ***The media:***
- o It is much safer for the clinicians not to talk to the media at all and leave all communication regarding injuries to the team media spokesperson

## **Performance-enhancing drugs**

- o Team clinician should be careful not to give the athlete the impression that he or she condones the use of steroids or other performance-enhancing drugs and should make it clear that the opposite is true.
- o This information should be documented in the athlete's record

# Infectious diseases

- o HIV
- o Hepatitis B, C etc

Thanks