

Ethics in Sports Medicine

Sidak Dhillon¹, Aditya Aggarwal², Mandeep S Dhillon³

Journal of Postgraduate Medicine, Education and Research (2020): 10.5005/jp-journals-10028-1422

In the 21st century, many issues related to sports and medical personnel dedicated to the care of these sportspersons have emerged. Since the time of Hippocrates, doctors have aimed to ensure the patients' primacy in all ailments related to him. In the last 50 years, issues like patient confidentiality, informed consent, conflicts of interest, etc., have also gained significant importance, especially in the current atmosphere of legal oversight. On the contrary, with the advent of high-demand sports along with the financial implications related to it, the role of the physician in relation to the "team" or its management is often challenging.

The concept of sports physicians is a recent one, as it is only in the last 30 years or so that dedicated doctors are demanded looking after elite sportspersons. Today, we have focused MDs in sports medicine, in addition to various diplomas in the field; one issue that remains of concern for these specialists is that of medical ethics, as often the primacy of the patient is affected by the needs of the team. It has only recently been stressed that the ethics needed for dealing with sportspersons and team management may be different, and this has thus been incorporated in the basic curriculum of most such medical courses.

For many decades, some physicians have maintained that what is unique in treating sportspersons is the fact that the "cause of disease or disability" in this subgroup is often the sport or some related activity; doctors get these sportspeople "fit to play", and then send them back to resume the same activity that caused the problem in the first place, with a significant potential for subsequent harm. This is not what the average medical professional does, as we all caution our patients to avoid the offending cause after healing of disability.

One of the debates that assume importance thus relates to "return to sport", a recently coined term that has multiple connotations. Ethical and medical considerations would make the doctor delay this, but non-medical issues like pressure from the team management, the media, and often the players themselves may have some influence on this. Polsky¹ has talked about this specific conflict of interest and stated that the team physicians often get excessive pressure about delays in rehabilitation. There are two identified reasons for this pressure, which is often self-imposed; one, the physician considers himself a part of the team and attempts to serve the best interests of the team, often at the cost of the players' health. Medical judgment may also be compromised by the physician in an attempt to please coaches and administrators, which may be again to the players' detriment. Polsky then goes on to say that although these conflicts of interest may be considered borderline unethical by some, these may be actually "a reality of practice". That is the reason that the sports physician must always consider the best interest of the patient, regardless of pressures or incentives.

Patient confidentiality and privacy are other concerns that plague a sports physician. In a review of sports physicians from New

¹Sports Medicine, Chennaiyin FC, Tamil Nadu, India

^{2,3}Department of Orthopaedics, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Corresponding Author: Aditya Aggarwal, Department of Orthopaedics, Postgraduate Institute of Medical Education and Research, Chandigarh, India, Phone: +91 8284994910, e-mail: dr.aditya.agg@gmail.com

How to cite this article: Dhillon S, Aggarwal A, Dhillon MS. Ethics in Sports Medicine. *J Postgrad Med Edu Res* 2020;54(4):173–174.

Source of support: Nil

Conflict of interest: None

Zealand, Anderson and Gerrard² noted that often there was tension between the requirements of the patients and demand to play by the stakeholders, leading to issues with patient confidentiality. This confidentiality is often breached by both the team management and the media; many times misinformation about the athletes is also circulated, which may influence medical management. The saga of Rohit Sharma in the last phases of the 2020 IPL is a point of note;³ contradictory news reports about his hamstring injury, plus the fact that he did not play two IPL matches and was not selected for the tour of Australia based on this, created a media storm, which was avoidable. The fitness report by the Indian Team physiotherapist was taken as the basis for dropping him for a part of the cricket tour, but media outrage, plus "opinions" from the so-called "pundits", forced a rethink on this. Whether this injury was serious enough for him to rest was not left for the team physician to decide, and the pressures from management, media, and fans could potentially have overridden this, leading to significant conflict of interest as well as ethical issues.

Athletes themselves are often to blame for mismanagement of their ailments. The big issue today in high paying sports is to ensure a place in the team, as other players could step in and take their place. Combined with this is often a feeling by the athletes that they are almost superhuman and could go on performing despite their ailment. This brings into play the role of drugs for pain management, plus inadequate reporting of injury or ailment and often a suppression of the facts. This could have serious effects on the health of the athlete and it is in this particular situation that the sports physician becomes unpopular. These issues may influence the reporting of injury, management of injury, as well as return to sports, raising controversial ethical points.⁴

Many other issues relevant to the sports medical personnel have gained prominence in recent times. Vargas-Mendoza et al.⁵ discussed the "will to win", which is highly developed in elite athletes. Performance enhancement thus felt by the athlete to be a need, rather than an option, and many ethical codes are broken in this quest for glory. These range from ergogenic aids,

dietary supplements to prohibited substances. Ongoing advances also involve the use of technology to avoid antidoping detection methods, which is a gross violation of protocols and ethics, and the physician should do all he can to minimize this insult to the athlete's body. A simple thing like excessive use of analgesics to allow a player to continue playing may benefit the team but is unethical as it potentially worsens the player's injury.

The use of newer technologies, like the Nutrigenomics test⁶ to encourage athletes to change diets and add supplements, have little evidence to support them. Many companies are offering genetic evaluations to determine the "*innate strengths*" that an athlete may possess, with little scientific evidence. Some genes have been identified with various muscle performances and the hype for a genetic evaluation of budding athletes is also something that must be controlled and ethically regulated, with sports medical personnel having a dominant role in the regulation.

In the 21st century, sports medicine is confronted with many issues; higher athletic demands lead to greater medical problems, which are increasingly being recognized and treated by a specialized group of physicians and specialists with training in this field. What is often not emphasized is the potential ethical issues that come into play, and needs to be enforced by the sports personnel not

only on themselves but also on the athlete, the coaches, as well as the administrators. To combine the best principles of medicine and sport, the medical practitioners have to become more than physicians, but may also need to be regulators of ethics, sometimes at a cost to themselves and their jobs.

REFERENCES

1. Polsky S. Winning medicine: professional sports team doctors' conflict of interest. *J Contemp Health Law Policy* 1998;14:503–529.
2. Anderson LC, Gerrard DF. Ethical issues concerning New Zealand sports doctors. *J Med Ethics* 2005;31(2):88–92. DOI: 10.1136/jme.2002.000836.
3. <https://cricketaddictor.com/cricket/unhappy-rohit-sharma-drops-india-cricketer-tag-from-social-media-handles/>.
4. Greenfield BH, West CR. Ethical issues in sports medicine: a review and justification for ethical decision making and reasoning. *Sports Health* 2012;4(6):475–479. DOI: 10.1177/1941738112459327.
5. Vargas-Mendoza N, Fregoso-Aguilar T, Madrigal-Santillán E, et al. Ethical concerns in sport: when the will to win exceed the spirit of sport. *Behav Sci (Basel)* 2018;8(9):78. DOI: 10.3390/bs8090078.
6. Bragazzi NL. Situating nutri-ethics at the junction of nutrigenomics and nutriproteomics in postgenomics medicine. *Curr Pharmacogenomics Pers Med* 2013;11(2):162–166. DOI: 10.2174/1875692111311020008.