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PRINCIPLES AND ETHICAL GUIDELINES OF HEALTH CARE FOR SPORTS MEDICINE

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PRINCIPLES AND ETHICAL GUIDELINES OF HEALTH CARE FOR SPORTS MEDICINE

The Medical Commission of the International Olympic Committee recommends the following ethical guidelines for physicians who care for athletes and sportspersons (herein after termed athletes). These have been established based on those drafted by the World Medical Association (World Medical Journal, 28:83, 1981) and recognise the special circumstances in which medical care and guidance are provided for participants in sports.

1. All physicians who care for athletes have an ethical obligation to understand the specific physical and mental demands placed upon them during training for and participation in their sport(s).
2. It is recommended that undergraduate and postgraduate training in sports medicine be available to medical students and those doctors who desire or are required to provide health care for athletes.
3. When the sports participant is a child or an adolescent, the sports physician must ensure that the training and competition are appropriate for the stage of growth and development. Sports training and participation which may jeopardize the normal physical or mental development of the child or adolescent should not be permitted.
4. In sports medicine, as in all other branches of medicine, professional confidentiality must be observed. The right to privacy relating to medical advice or treatment that the athlete has received must be protected.
5. When serving as a team physician, it is acknowledged that the sports doctor assumes a responsibility to athletes as well as team administrators and coaches. It is essential that from the outset, each athlete is informed of that responsibility and authorises disclosure of otherwise confidential medical information but solely to specified and responsible persons and for the express purpose of determining the fitness or unfitness of that athlete to participate.
6. The sports physician must give an objective opinion on the athlete's fitness or unfitness as clearly and as precisely as possible. It is unethical for a physician with any financial investment or incentive in a team to act as team physician.
7. At sports venues, it is the responsibility of the team or contest physician to determine whether an injured athlete may continue in or return to the event or game. This decision should not be delegated to other professionals or personnel. In the physician's absence these individuals must adhere strictly to the guidelines established by the physician. In all cases, priority must be given in order to safeguard the athlete's health and safety. The outcome of the competition must never influence such decisions.
8. To enable him/her to undertake this ethical obligation, the sports physician must insist on professional autonomy over all medical decisions concerning the health, safety and legitimate interests of the athlete, none of which can be prejudiced to favour the interests of any third party whatsoever.

9. The sports physician should endeavour to keep the athlete's personal physician fully informed of relevant aspects of his or her health and treatment. When necessary, they should collaborate to ensure that the athlete does not exert himself or herself in a manner detrimental to their health and does not employ potentially harmful techniques to improve performance.

10. The sports physician should be cognizant of the contributions to athletic performance and health from other sports medicine professionals, including physical therapists, podiatrists, psychologists and sports scientists, including biochemists, biomechanists, physiologists etc. As the person with the final responsibility for the health and well-being of the athlete, the physician should co-ordinate the respective roles of these professionals and those of appropriate medical specialists in the prevention and treatment of disease and injury from training and participation in sports.

11. The sports physician should publicly oppose and in practice refrain from using any method which has been banned by the IOC Medical Commission, is not in accord with professional ethics or which might be harmful to the athlete especially;

11.1 Procedures which artificially modify blood constituents or biochemistry.

11.2 The use of drugs or other substances whatever their nature and route of administration which artificially modify mental and physical ability to participate in sports.

11.3 Procedures used to mask pain or other protective symptoms for the express purpose of enabling the athlete to participate and thus risk aggravation of the condition, whereas in the absence of such procedures participation would be inadvisable or impossible.

11.4 Training and participating when to do so is incompatible with the preservation of the individual's fitness, health or safety.

12. The sports physician should inform the athlete, those responsible for him or her and other interested parties of the consequences of the procedures he is opposing, guard against their use, enlist the support of other physicians and other organisations with similar aims, protect the athlete against any pressures which might induce him or her to use these methods and help with supervision against these procedures.

13. Physicians who advocate or utilise any of the above-mentioned unethical procedures are in breach of this code of ethics and are unsuited to act or be accredited as a sports physician.

14. The sports physician must never be party to any contract which obliges them to reserve any particular form of therapy solely and exclusively for any individual or group of athletes.

15. When sports physicians accompany national teams to international competitions in other countries, they should be accorded the rights and privileges necessary to undertake their professional responsibilities to their team members while abroad.

16. It is strongly recommended that a sports physician participates in the framing of sports regulations.