Ethical Guidelines for the Practice of Sports and Exercise Medicine

Faculty of Sports and Exercise Medicine (RCPI & RCSI)
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Contents

1. Introduction 4
2. General Considerations 5
3. Medical Ethics 5
4. Specific Considerations relating to Sports and Exercise Medicine 6
5. Knowledge, Skill and Performance 6
6. Communication, Partnership and Teamwork 7
7. Safety, Quality and Maintaining Trust 8
8. Pharmacology and Performance Enhancing Drugs 10
1. Introduction

The purpose of this document is to provide guidance to registered medical practitioners for the special circumstances pertaining to the practice of sports and exercise medicine.

These guidelines are intended to aid Fellows and Members of the Faculty of Sports and Exercise Medicine individually and collectively to maintain a high level of professionalism. They are not a set of rules but rather a standard by which a SEM doctor may determine the propriety of his/her conduct, his/her relationship with colleagues, with members of allied professions, with the public, and with all persons in which a professional relationship has been established.
2. General Considerations

2.1.1 The same ethical principles that apply to the practice of medicine shall apply to sports medicine.

2.1.2 The statutory basis of the practice of medicine in Ireland is the Medical Practitioners Act 2007.

2.1.3 The role of the Medical Council is outlined in Part 2 of the Act. S 7.(i) empowers the Council to:
“specify standards of practice for registered medical practitioners, including the establishment,
publication, maintenance and review of appropriate guidance on all matters related to professional
conduct and ethics for registered medical practitioners”

2.1.4 The Faculty recognises the sole authority of the Council in this regard and these guidelines are to
be read without prejudice to Council guidelines.

2.1.5 Sections 88 and 89 of the Act outline the role of the Council in education and basic and specialist
training of medical practitioners. S 89 (3) (ii) empowers the Council to approve the bodies which “may
grant evidence of the satisfactory completion of specialist training in relation to that specialty”

2.1.6 The education and training of doctors is delegated to recognised training bodies, and the
Faculty of Sports and Exercise Medicine (RCPI & RCSI) is the training body responsible for education
and training in the specialty of Sports and Exercise Medicine.

2.1.7 The Medical Council retains the authority over all disciplinary and competency matters.

2.1.8 The Faculty recognises the role of the College in devolved administration of training and
professional competence schemes.

3. Medical Ethics

3.1.1 The ethical principles which apply to medicine in general shall apply to sports and exercise
medicine as outlined in the “Guide to professional Conduct and Ethics for Registered Medical
Practitioners” 8th Ed 2016 Irish Medical Council.

3.1.2 Medical ethics is a system of moral principles that apply to the practice of clinical medicine and
to scientific research, based on non-maleficence and autonomy of patient care.
In order to uphold these principles, SEM doctors should;
   a. Endeavour to the best of their ability to do no harm in accordance with accepted clinical practice.
   b. Make the health of the athlete their main priority.
   c. Respect the right of the athlete to make decisions regarding their care.
4. Specific Considerations relating to Sports & Exercise Medicine

4.1.1 Unique ethical obligations apply to the practice of sports and exercise medicine.

4.1.2 Doctors should appreciate the specific physical, psychological and emotional demands of physical training whether at amateur or high performance level.

4.1.3 The most obvious distinction that arises in sports and exercise medicine is that athletes are generally healthy. Therefore the duty of non-maleficence is of particular importance.

4.1.4 Sports and exercise medicine practitioners have relationships with, and responsibility towards not just the athletes, but with employers, sports governing bodies, and professional colleagues.

4.1.5 The Doctors duty to the athlete must be their primary concern, and takes precedence over contractual relationships.

5. Knowledge, skill & performance

5.1 Informed Consent
5.1.1 Knowledge is an essential component of autonomy. Failure to obtain informed consent undermines the athlete’s autonomy.

5.1.2 The SEM doctor must engage with the patient in a process whereby they are fully advised of the proposed medical treatment’s nature, consequences, harms, benefits, risks, and alternatives.

5.2 Competence
5.2.1 SEM doctors should strive continuously to improve their knowledge and skill and make available to their colleagues and the public the benefits of their professional expertise.

5.2.2 SEM doctors should adhere to international best practice guidelines and to this end participate in audit and peer review activities.

5.2.3 As a SEM doctor you must ensure that you maintain your competence in all areas of practice. You should demonstrate this by enrolling in the Professional Competence Scheme of the Faculty of Sports & Exercise Medicine (RCPI & RCSI). The RCS Guidance & Maintaining Professional Competence is available on the RCS website (www.rcsi.ie/pcs), and further information is also available on the FSEM pages of the RCS website, under PCS (www.rcsi.ie/sempcs).

5.3 Record Keeping
5.3.1 Regulations regarding the keeping of medical records shall also be applied to the field of sports and exercise medicine.

5.3.2 As a SEM doctor you must ensure all medical records are legible, complete and contemporaneous and have the patient’s identification details on them. You must also ensure that when members of the medical and healthcare team make case note entries, that they are dated and legibly signed.
5.4 Professional Indemnity cover  
Sports and Exercise Medicine Doctors must ensure that they have a sufficient level of professional indemnity cover. They should seek advice from their indemnifier regarding appropriate cover when treating professional athletes.

5.5 Data Protection  
5.5.1 All SEM doctors must adhere to data protection legislation whether data is kept in manual or electronic form.  
i. Data must be obtained and processed fairly.  
ii. Data must be kept only for the purpose for which it was legally obtained.  
iii. Data must only be disclosed in a way compatible with this purpose.  
iv. Data must be kept in a secure fashion.  
v. Data must be accurate, relevant and up to date.  
vi. Data must not be retained for longer than necessary.  
vii. A copy of personal data must be given to the individual it pertains to on request and not disclosed to a third party.

5.5.2 The General Data Protection Regulation (GDPR) applies to all organisations that hold personal data on individuals and therefore applies to medical practices. All SEM doctors must familiarise themselves with their obligations under this EU regulation which has direct effect in Ireland (www.dataprotection.ie). Please note this regulation obligates mandatory breach notifications.

6. Communication, partnership & teamwork

6.1 Relationship with the Athlete  
6.1.1 The doctor-athlete relationship should be based on mutual respect. The athlete’s right to privacy should be protected.

6.1.2 The SEM doctor should be aware that relationships between the sports medicine physician, the athlete, and the team create special ethical issues regarding patient confidentiality.

6.1.3 Difficulties may arise when a doctor has to differentiate between the obligations of a physician who is hired by the team and one who is the athlete’s personal doctor.

6.1.4 Disclosure of otherwise confidential medical information must only be done for the sole purpose of determining fitness for participation and with the expressed authorisation of the athlete.

6.2 Relationships with sports clubs and officials  
6.2.1 The decision regarding return to play of an athlete suspected of any injury or illness is made by a medical doctor, and this decision is final.

6.2.2 The SEM physician must insist on professional autonomy.

6.2.3 The SEM doctor must not delegate this responsibility to non-medical third parties.

6.2.4 In all cases, priority must be given to the athlete’s health and safety. The outcome of the competition must never influence such decisions.
6.2.5 The SEM doctor must ensure that information regarding an athlete may not be given to a third party without the consent of the patient.

6.2.6 An SEM doctor responsible for a sporting event must ensure that appropriate safety protocols regarding return to play or continuance of play are put in place in cases where medical professionals are both present and absent.

6.3 Relationship with the media
In the case of professional athletes where there is public interest in that athlete’s health, the doctor and athlete should discuss and decide what information can be released to the press. Information regarding the health of an athlete should not be released without the athlete’s consent.

6.4 Relationships with fellow professionals
6.4.1 Multidisciplinary teamwork is fundamental to the practice of sports and exercise medicine.

6.4.2 The SEM doctor should work in collaboration with professionals of other disciplines. An SEM doctor should nurture a culture of mutual respect amongst colleagues.

6.4.3 The SEM doctor should be capable of recognizing if an athlete’s problems are beyond his level of expertise. The SEM doctor must consult with other medical specialists with the necessary expertise and refer the athlete to such appropriate person.

7. Safety, Quality & Maintaining Trust

7.1 Conflicts of interest
7.1.1 The central goal of conflict of interest policies in Sport and Exercise Medicine is to protect the integrity of professional judgment and to preserve public trust.

7.1.2 The SEM doctor must be autonomous in their professional decision making and may consider incorporating this requirement in any contract of employment.

7.1.3 SEM doctors should avoid involvement with all commercial inducements for advertising medical and non-medical services and products.

7.1.4 The SEM doctor should disclose any individual or institutional financial relationships which may affect his professional practice.

7.2 Specific considerations pertaining to children’s sport.
7.2.1 The best interests of the child must be the paramount consideration.

7.2.2 SEM doctors must consider the special risks that the sport in question holds for the individual that has not reached physical or psychological maturity.

7.2.3 All doctors and allied health professionals involved in treating children in sport must be Garda vetted and have undergone appropriate training in safeguarding and child protection in accordance with the Children First Act 2015.
7.2.4 All SEM doctors should familiarize themselves with their obligations under s.14 of the Children First Act as mandated persons.

7.2.5 Doctors involved in the care of children in sport must place the child’s health and safety as their main priority. In particular the doctor must not allow a child to resume participation where to do so would not be in their best interests. Doctors must not succumb to pressure from parents, coaches or teachers to allow a child to return to the field of play when it is not safe to do so.

7.2.6 To this end, all SEM doctors must familiarize themselves with graduated return to play protocols as they pertain to children.

7.2.7 The outcome of the competition should never influence the decision to return an athlete to play.

7.3 Medical advertising
7.3.1 In Ireland hospitals are permitted to advertise their services, doctors are not permitted to do so under the Medical Council’s guidelines. Hence this practice is discouraged.

7.3.2 SEM doctors have to be prudent when engaging with media outlets and avoid any overt references to their abilities. The SEM doctor must ensure that patients are choosing the referring doctor based on merit rather than misguided assumptions of quality or skill, based on an association with any particular team or organization.

7.4 Advocacy and Health Promotion
7.4.1 SEM doctors should use their professional knowledge to improve the health and well-being of both the individual and the community.
7.4.2 Sports and exercise medicine physicians should educate people of all ages regarding the benefits of physical activity.

7.4.3 The SEM physician should encourage all patients to take appropriate exercise. The SEM physician should recommend exercise as a disease modifier in society.

7.4.4 The SEM physician should actively discourage unhealthy social habits such as the use and abuse of alcohol and drugs including performance enhancing drugs.

7.4.5 The SEM doctor should be an advocate for a healthy life style among school aged children.

7.4.6 The SEM doctor should familiarise themselves with the Sport Ireland Code of Ethics and Good Practice for Children’s Sport (www.sportireland.ie/Participation/Code_of_Ethics).

7.5 Research
7.5.1 The SEM doctor must rely on research data that has been compiled, peer reviewed and disseminated in an honest and ethical manner.

7.5.2 Doctors engaged in SEM research should familiarise themselves with the current version of the Declaration of Helsinki guidelines which is available on the World Medical Association website (www.wma.net).
8. Pharmacology & Performance enhancing drugs

8.1 Performance Enhancing Drugs (PED)
8.1.1 The SEM doctor should oppose at every level the practice of PED abuse in sport and society.

8.1.2 The majority of PEDs have adverse health side effects. The SEM doctor must have a detailed knowledge of these potential side effects.

8.1.3 SEM doctors should not collaborate professionally with anyone who violates this principle.

8.1.4 The SEM doctor must be aware that it is unethical to condone doping in any form, and avoid any conflict of interest associated with this practice among athletes under his/her care.

8.1.5 All SEM doctors must be fully conversant in the WADA code and rules which are updated annually in January. The SEM doctor must be aware of any rule changes relating to therapeutic use exemptions (TUE) and engage regularly with the athletes in their care regarding PED abuse.

8.2 Prescribing
8.2.1 The SEM doctor must balance the benefit of prescribing medication for the injured athlete in order to facilitate return to play against the risk of long term morbidity.

8.2.2 In the case of analgesic medication, the SEM doctor must always consider both the short and long-term health consequences before use.

8.2.3 SEM doctors must be fully aware of the annual WADA list of prohibited substances and methods. The SEM doctor should be familiar with desktop and internet-based publications and reference guides giving information regarding allowable and banned substances in the clinical and sporting setting. (www.wada-ama.org).

8.2.4 If an SEM doctor believes an athlete should be prescribed substance subject to certain restrictions then the doctor must complete a Therapeutic Use Exemption [TUE] form and any required vouching documentation and send it to Sports Ireland. (www.irishsportscouncil.ie/Anti-Doping/Report-Doping)

8.2.5 This paper work must be completed and a response received prior to administering or prescribing the medication before competitive events.

8.2.6 Failure of the doctor to engage in the process may leave the patient liable to a positive PED drug finding.

8.3 Emerging Technologies
8.3.1 The SEM doctor should be aware of gene therapy as a therapeutic option including the potential benefits and dangers of such therapies.

8.3.2 The SEM doctor should be aware that gene doping represents a threat to the integrity of sport and health of athletes (www.wada-ama.org/en/gene-doping).
Abbreviations

EU European Union
FFSEM Fellow of the Faculty of Sports and Exercise Medicine
FSEM Faculty of Sports and Exercise Medicine
GDPR General Data Protection Regulation
IMC Irish Medical Council (Medical Council of Ireland)
PCS Professional Competence Scheme
PED Performance Enhancing Drugs
RCPI Royal College of Physicians of Ireland
RCSI Royal College of Surgeons in Ireland
SEM Sports and Exercise Medicine
TUE Therapeutic Use Exemptions
WADA World Anti-Doping Agency

Acknowledgements

We would like to thank and acknowledge the help provided by Dr Rod Jaques and his colleagues at FSEM (UK), Dr Una May PhD and her colleagues at Sport Ireland, Mr Cliff Beirne FSEM Dean, Dr Pat O Neill, and the Board of FSEM for their input and encouragement. Grateful thanks to Ms Stephanie Billault in the FSEM office and the RCSI Design Department for their tireless work in preparing this document.

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June 2018