



WMAA

Health: A Challenge for Sports

**The Relation Between Athlete and Physician**  
**The Physician Perspective**

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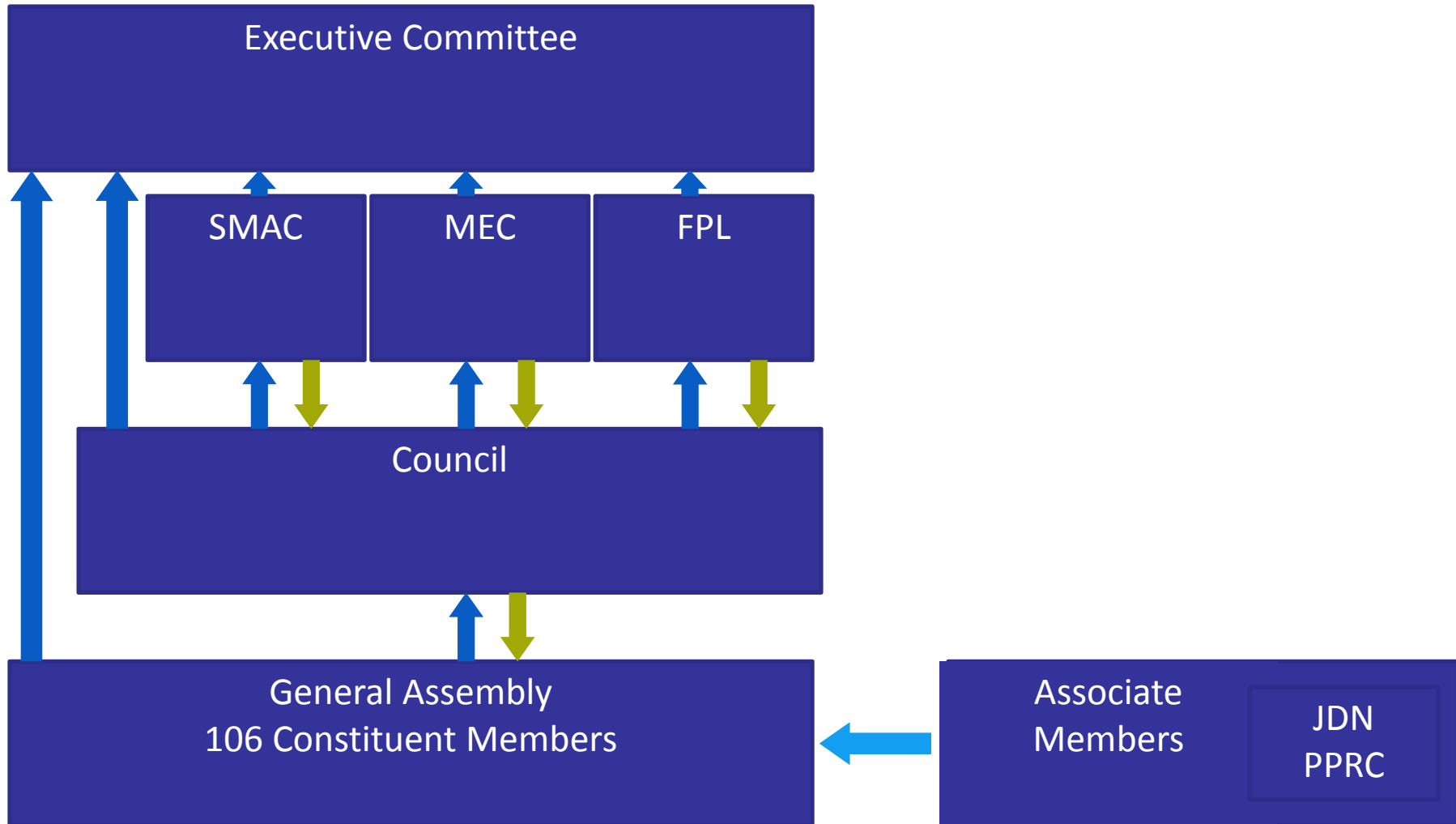


# WMA Keywords

- Foundation: 1947
- Membership: 106 national medical associations
- Activities:
  - Consensus building (medical ethics, social affairs)
  - Advocacy (representing physicians and their patients)
  - Service
- Structure: representational democratic
- Location: Ferney-Voltaire



# Structure



# Historical Policies

- 1948/1949/ Declaration of Geneva**  
(Physicians' Oath and 1. international code of ethics)
- 1964/2013 Declaration of Helsinki**  
Ethical Principles for Medical Research Involving Human Subjects
- 1975/2006 Declaration of Tokyo**  
Guidelines for Medical Doctors concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in relation to Detention and Imprisonment
- 1981/ 2005 Declaration of Lisbon**  
The Rights of the Patient
- 1991/2006 Declaration of Malta**  
Hunger Strikers



# Policies Relevant to Sport

- 1981/1999 **Declaration on Principles of Health Care for Sports Medicine**
- 1981/2005 **Declaration of Lisbon**  
The Rights of the Patient
- 1983/2005 **Statement on Boxing**
- 1964/2013 **Declaration of Helsinki**  
Ethical Principles for Medical Research Involving Human Subjects

# Declaration on Principles of Health Care For Sports Medicine

1. The physician who cares for athletes has an ethical responsibility to recognize the **special physical and mental demands** placed upon them by their performance in sports activities.
2. When the sports participant is a **child or an adolescent**, the physician must give first consideration to the participant's growth and stage of development.
  1. The physician must ensure that the child's **state of growth and development**, as well as his or her general condition of health can absorb the rigors of the training and competition **without jeopardizing the normal physical or mental development** of the child or adolescent.
  2. The physician must **oppose any sports** or athletic activity that is **not appropriate to the child's stage of growth and development** or general condition of health. The physician must act in the best interest of the health of the child or adolescent, without regard to any **other interest** or pressure from any other source.

# Declaration on Principles of Health Care For Sports Medicine

3. When the sports participant is a **professional athlete** and derives livelihood from that activity, the physician should pay due regard to the **occupational medical** aspects involved.
3. The physician should be aware that the use of **doping** practices by a physician is a violation of the medical oath and the basic principles of the WMA's Declaration of Geneva, which states: "**My patient's health will always be my first consideration.**" The WMA considers the problem of doping to be a threat to the health of athletes and young people in general, as well as being in conflict with the principles of medical ethics. The physician must thus oppose and refuse to administer or condone any such means or method which is not in accordance with medical ethics, and/or which might be harmful to the athlete using it, especially:





# Declaration on Principles of Health Care For Sports Medicine

(Not in accordance with medical ethics are:)

1. Procedures which artificially modify **blood** constituents or biochemistry.
2. The use of drugs or other substances whatever their nature and route of administration, including **central-nervous-system stimulants or depressants** and procedures which artificially modify reflexes.
3. Pharmacological interventions that may induce **alterations of will** or general mental outlook.
4. Procedures **to mask pain** or other protective symptoms if used to enable the athlete to take part in events when lesions or signs are present which make his participation inadvisable.
5. Measures which **artificially change features appropriate to age and sex**.
6. Training and taking part in events when to do so would not be compatible with **preservation of** the individual's fitness, **health** or safety.
7. Measures aimed at an **unnatural increase** or maintenance **of performance** during competition. Doping to improve an athlete's performance is unethical.

# Declaration on Principles of Health Care For Sports Medicine

5. The physician should **inform the athlete**, those responsible for him or her, and other interested parties, of the **consequences** of the procedures the physician is opposing, guard against their use, enlist the support of other physicians and other organizations with the same aim, **protect the athlete against any pressures** which might induce him or her to use these methods and help with supervision against these procedures.
6. The sports physician has the duty to give his or her **objective opinion on the athlete's fitness or unfitness** clearly and precisely, leaving no doubt as to his or her conclusions.



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7. In competitive sports or professional sports events, it is the physician's duty to decide whether the athlete is **medically fit to remain on the field** or return to the game. This decision cannot be delegated to other professionals or to other persons. In the physician's absence these individuals must adhere strictly to the instructions he or she has given them, with priority always being given to the best interests of the athlete's health and safety, and not the outcome of the competition.

# Declaration on Principles of Health Care For Sports Medicine

8. In order to carry out his or her ethical obligations the sports **physician** must see his or her **authority** fully **recognized** and upheld, particularly wherever it **concerns the health, safety and legitimate interests of the athlete**, none of which can be prejudiced to favour the interests of any third party whatsoever. These principles and obligations should be supported by an agreement between **the sports physician and the athletic organization** involved, recognizing that the physician is obligated to **uphold the ethical principles** determined in national and international statements to which the medical profession has subscribed and by which it is bound.

# Declaration on Principles of Health Care For Sports Medicine

9. The sports physician should endeavour to keep the patient's personal physician fully informed of facts relevant to his or her treatment. If necessary the sports physician should collaborate **to ensure that the athlete does not exert himself or herself** in ways detrimental to his or her health and does not use potentially harmful techniques to improve performance.
9. In sports medicine, as in all other branches of medicine, professional **confidentiality** must be observed. The **right to privacy** over medical attention the athlete has received must be protected, especially in the case of professional athletes.

# Declaration on Principles of Health Care For Sports Medicine

11. The sports doctor must **not** be party to any contract which obliges him or her to **reserve particular forms of therapy solely and exclusively for any one** athlete or group of athletes.
12. It is desirable that sports **physicians from foreign countries**, when accompanying a team in another country, should enjoy the **right to carry out their specific functions**.
13. The **participation** of a sports physician is desirable when **sports regulation** are being drawn up.

# Conclusions

- The Athlete is in the center of all rules as person not as a means. The health, integrity and dignity of the person are paramount.
- To protect the athlete, the patient-physician relationship requires trust, and the necessary professional autonomy protecting against third party interests.
- Athletes have the same health rights as any other person.



I am.

It is my ethical and moral duty to provide quality care.  
I am immunised against the flu. Are you?



*Caring,  
Ethics,  
Science*



[www.wma.net](http://www.wma.net)