Where are Your Loyalties: Coach, Team or Athlete?

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Loyalty
1. Faithfulness or devotion to a person, country, group or cause
2. Can team physicians be equally loyal to coaches, teams and athletes?
3. Do they need to be?
4. What is medical professionalism?
5. How does it help us understand loyalty?

Medicine and Competitive Sport have different core values

A fundamental tension exists between the values accorded primacy at the interface of medicine and competitive sport

Can we learn from each other?

Team Physician

Understands the unique demands of the athletic environment AND practices time-honored principles of quality medical care
Understands (i) balance point and (ii) transparency of purpose
The Issue is an Ethical One

Concept of *Professionalism* as a working model to confront the unique ethical dilemmas seen in sports medicine vs. traditional doctor-patient relationship

- Ethical Practice and Sports Physician Protection: a Proposal - Holm, BJSM 2011
- Ethics in Sports Medicine - Dunn - AJSM, 2007
- The unique ethics of Sports Medicine - Johnson - Clinics in SM, 2004
- Professionalism and Medicine’s Social Contract - Cruess - JBJS, 2000
- Toward a Normative Definition of Medical Professionalism - Swick - Acad Med, 2000
- Ethics in Sports Medicine - Bernstein - CORR, 2000
- Ethical issues concerning New Zealand Doctors - Anderson - J Med Ethics, 2006
- Medical Professionalism in the New Millennium - ABIM, ACP, EFIM, 2004

Doctor-Patient Relationship

**Ideal/Classical**

- Beneficience - doing good, producing good
- Non-maleficence - doing no harm
- Respect for Autonomy
  - Confidentiality
  - Informed consent
  - Patient choice
- No conflict of interest

In every house where I come, I will enter for the good of my patient - Hippocrates
Mid - Late 20th Century

3rd Parties
private insurance
gov’t insurance
hospitals
lawyers

Doctor’s Loyalty

Patient

Medical Professionalism

• A growing concept for the profession to regain the public trust and thus further the profession itself (where we stand relative to 3rd parties)

• Fundamental principles:
  • Patient welfare (altruism)
  • Patient autonomy
  • Social justice

• “Medicine’s Contract with Society”
Sports Medicine Professionalism

3rd Parties
- the team
- the university
- the coach
- the agent
- sport governing body
- the owner
- your referral base
- your ego
- the media

Patient

Doctor’s Loyalty

Society
the best interest of society in general and sport specifically

Case: Patient Welfare

- 21 yo female - multiple previous concussions
- Reduced GPA, abnormal cognitive function
- Retired from basketball
- Wished to return a year later
- Support from coaches, parent
- Outside doctors consulted by team
- Complicated psycho-social dynamics
- Not cleared
Patient Autonomy

Confidentiality

• Typically or classically, respected with few exceptions, e.g. imminent danger
• This is not necessarily the case when working for a team or an organization
• When possible, mitigate through disclosure
  • Clarify relationship prior to athlete telling you something they want held in confidence
  • On the field this may be impossible but the scenario is less confusing and player generally understands physician’s loyalty

Patient Autonomy

Informed Consent & Patient Choice

• Open, and complete informed consent is absolutely essential
• Informed consent is your best legal protection
• Three tenets:
  • Disclosure - all relevant information a reasonable person would want to know
  • Capacity - athlete must have the capacity to understand
  • Voluntariness - within a non-coercive environment, the athlete must voluntarily express her or his wishes (coach, scholarship)
Conflicts of Interest

• Very common in sports medicine
• Team’s needs vs financial vs health
• Financial
  • Direct - effect on athlete income
  • Indirect is common - e.g. increased referrals
• Pride/ego - affiliation, attribution, status
• Acknowledge these

Traditional Doctor-Patient Relationship (patient focus)

• Patient Autonomy
  • Confidentiality
  • Informed consent
  • Patient choice
• No conflicts of interest

Sports Medicine Doctor-Patient Relationship (you are working for the Team)

• Patient Autonomy?
  • Confidentiality
    • Not so much
    • Key is “Disclosure”
  • Informed consent
    • Yes 100% of the time
  • Patient choice
    • Well, yes and no
• Minimize conflicts of interest
  • As much as possible
  • Key is self-awareness
Ethical Issues - Professionalism

• Sports Medicine is not unique
• Universal code is unlikely but behaviors can be based on principles
• Sports medicine has developed rapidly and it is in the early phases of professionalism

Ethical Issues

• Best Care
  • Based on trust
  • Promoting, securing and maintaining health status of the athlete both short- and long-term
  • 1° responsibility and over-riding priority of team physician
  • Additional contractual and other obligations to 3rd parties should never take precedence over 1° duties to athlete patient

• Clarity
  • Boundaries of team physician roles before engaging services
  • Agree on a clear set of priorities with the relevant parties
Ethical Issues

• Conflict of Interest
  • Obligations to 3rd parties beyond the athlete patient
  • Team physician must seek to minimise potential conflict of interest
  • This allows them to fulfill duties of care and simultaneously respect patient autonomy and confidentiality
  • Agreement as to independence from any contractor
  • Is the relationship as employee or independent consultant?
  • Clarity of expectation regarding more than one role
  • Provision of healthcare is team physician’s exclusive responsibility
  • Lines of communication and reporting should be to a person not involved in athletic performance, selection or management
  • Keep appropriate records and store them securely

Ethical Issues

• Confidentiality & Disclosure
  • Athlete patients should be made aware that PHI may need to be shared with other members of the healthcare team
  • Clarity as to the persons with whom information may be shared
  • Team physicians should minimise the risk that confidential information is inadvertently revealed to others
  • On occasions where the athlete patient wishes to consent to breaches of confidentiality when disclosure may be in their interests - this should not prejudice the interests of the patient
  • There should be no coercion to divulge PHI from coaches, team managers or media
Ethical Issues

• **Scope of Practice**
  • Team physician vs specialist role and competence
  • Team physician expertise in sports medicine within broader context of medicine

• **Insurance**
  • Team physicians must have appropriate indemnity for the various services they provide

Stanford Example

• Injury reporting system tailored for automatic e-mail reports - different for coaches vs MDs
• Coaches not permitted in examination rooms
• Physicians not employed by athletic department
• HIPAA training for athletic trainers - “minimum needed to know”
• Return to play decisions by physician
• Medical care not provided in training room
Summary: Professionalism in Sports Medicine

• Recognize the reality & complexity of the dynamic that exists
• Bring this discussion into the open
• Strive for transparency, rigor, consistency

Summary: Professionalism in Sports Medicine

• Best Care
• Clarity
• Conflict of Interest
• Confidentiality & Disclosure
• Scope of Practice
• Insurance
Loyalty is to the Athlete Patient

Thank You!