

Conflicts of Interest in Sports Medicine



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KEYWORDS

• Sports medicine • Confidentiality • Conflicts of interest

KEY POINTS

- Confidentiality, a fundamental to the practice of medicine, is altered by the team physician's dual responsibilities to the player-patient and the team.
- Documents constructed by the team generally specify the parameters by which health information may be handled.
- Oftentimes, these ground rules are not truly understood by the player or the clinician.
- Even in the best of circumstances, situations will arise that will challenge the clinician's judgment as to handling of confidential health information.
- The team doctor should make a strong effort to understand the rules of handling personal health information, and seek to discuss these issues with both the player-patients and team administration in hopes of preempting or minimizing conflicts.
- Clinical decision making in sports medicine may manifest conflicts of competing interests – short term pursuits of competition and success versus long term health.
- Team physicians must assist the player-patient in determining their priorities, and be aware of other influences that may negatively affect the pursuit of the primary interest(s).

Although society generally expects physicians to act only in their patient's best interests, sports medicine, especially at the highest competitive levels, can produce circumstances that threaten the exclusive commitment to the patient.¹ As has been pointed out, challenges in the areas of conflict of interest (COI), confidentiality, consent, and disclosure are not exclusive to the arena of sports medicine, but still may be considered as unique in their presentation and more consistently prevalent in the sports physician's practice.² The goals of this article were to review the evolution of professional team physician relationships, the definition and concepts of COI, expand on the issues of potential COI that confront sports medicine physicians, particularly at the professional and major college level of competition, and offer observations of this topic from personal experiences in caring for a professional sports team.

Although this topic always has long generated interest, the controversies in the past several years surrounding concussion diagnosis, management, and possible long-term complications, has magnified the scrutiny of team physician clinical decision

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making in the context of influences on both patient and provider, and the threat of conflicts on those decisions.

HISTORY

Many years ago, team physician positions, especially at the professional level, were often the product of convenience and personal relationships. Before medical specialization and fellowship training, professional team doctors were often friends or acquaintances of the team owner. The physician was not necessarily skilled in the care of athletic injuries or exercise science. Needless to say, this type of medical care arrangement likely presented overt conflicts of interest, with medical decisions easily scrutinized and potentially influenced by the physician's friend/owner.

During the 1980s and 1990s, the field of sports medicine evolved into a distinct specialty, an entity populated by fellowship-trained orthopedic surgeons and primary care physicians. Combined with the burgeoning "big business" of professional and major college sports, the need for highly trained and experienced clinicians who were more capable of evaluation and treatment of high-level athletes became necessary. Team physicians were selected for specific skills and experience and less likely to be friends of the owner or a university athletic director, and thus less likely to be easily influenced by the boss. Although this arrangement is clearly a better model for the delivery of care to a sports team and its participants, it is not devoid of COI issues.

One physician explained it this way: "...in the 1990s professional and college sports teams became big business, with escalating salaries and increased emphasis on winning, sometimes at all costs. Corporations began acquiring teams, and players sought counsel from agents, lawyers, and other advisors who wanted a position in the decision tree. The role of the team physician became decidedly different."³

It is safe to say the environment in which sports medicine physicians make clinical decisions has become more complex, and likewise, so are the decisions that must be made regarding their player-patient. The list of potential distractions and influences include the pervasive media presence in our society, the high dollar value of contracts (and college tuitions for scholastic athletes), the existence of medical sponsorships, the heightened visibility and prestige being attached to team physician roles, and so on.

In a more perfect world, guidance for the physician would be available to assist in navigating these many challenges. There are relatively few substantive guidelines for team doctors to help deal with the potential conflicts between pressure to win and the standards of medical ethics.⁴ Codes of conduct have been promulgated by various organizations over the years (American College of Sports Medicine [ACSM], Australasian College of Sports Medicine [ACSP], Federation Internationale de Medicine Sportive [FIMS], Faculty of Sport and Exercise Medicine [FASEM]),⁵ but the value to a clinician is seen as limited.² Years ago, the ACSM offered this general advice to team doctors: "when confronted by pressures from coaches and athletes, the team physician has the obligation to put those pressures aside when providing treatment."⁴

CONFLICT OF INTEREST CONCEPTS

COIs are prevalent in our medical system, starting with the nature of reimbursement, where clinicians may be financially rewarded for doing more (or less, depending on the system). The pharmaceutical and medical equipment industries seek to influence the practice patterns of physicians. Medical research itself can be influenced by the source of support or funding.

Before reviewing COIs in sports medicine, it is appropriate to establish a framework of understanding of its concepts. One definition of COI is defined as a set of circumstances

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