

Rethinking the Standard of Care in Treating Professional Athletes



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KEYWORDS

• Standard of care • Professional athlete • Sports medicine

KEY POINTS

- There is debate over the standard of care that should apply to the medical care of a professional athlete.
- Team physicians are faced with conflicting demands when taking care of professional athletes.
- This article proposes that 1 standard of medical care should apply to all patients.
- The system should adopt a policy that facilitates competitive sports participation, while minimizing the risk of long-term injury.

INTRODUCTION

There has been much public discussion and debate within the medical community about the role of team physicians in professional sports. One law review article, for example, titled “Professional Team Doctors: Money, Prestige, and Ethical Dilemmas,” has highlighted the unresolved issues that arise in the relationship between the team doctor and professional sports athletes. The “win at all costs” mentality in professional sports can compromise the team physician’s Hippocratic Oath, and create conflicts that can undermine a player’s health. Well-recognized team physicians can be helpful in promoting the team brand, such that a team physician may feel a greater sense of allegiance toward the team owners rather than the players.¹

The previously described observations were captured in a 2013 *Washington Post* survey in which National Football League (NFL) retirees were queried about their

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perception of team physician priorities. Only 13% perceived that their health was the team physician's priority, while 47% responded that the team physician's priority was the interest of the team itself.² Injured athletes can place pressure on team physicians to prematurely return them to play, because of financial rewards, an aggressive, sports-driven environment, and worries that a substitute player could replace the injured player. The team physician is thus caught in a dual and sometimes competing obligation to the player and the team. The obligation to players is to protect the player from further injury, while the obligation to the team is to win, even if winning risks the premature return of an injured player to the field. In contrast, the standard of care that ordinary physicians recognize is driven by the sole aim of ensuring patient well-being and health.

In an effort to eliminate the conflicts that sports team physicians may encounter, some authors have suggested that the role of the team physician should be eliminated entirely.³ However, physicians can face similar conflicts in other roles as well. Thus, similar to team physicians, the so-called company doctors who are employed by corporations can also face a dual obligation (ie, an obligation to ensure the employee-patient's welfare, vs looking out for the company's financial health, and a desire to maximize worker productivity). Likewise, worker compensation physicians may face a conflict when treating an injured patient (ie, financial pressures that urge a quick return to work at the least cost vs treating the patient covered by a worker compensation claim just as any other patient).

To facilitate the care of patients covered by worker compensation claims, many states have established guidelines through boards and related bodies that specify the standard of care that should apply. In medical negligence claims related to treatments rendered by company doctors, or those rendered by physicians treating worker compensation patients, courts have used the generally accepted standard to care that applies to medical practice. The reason that professional sports team physicians are different is the high public profile of national teams, intense media coverage, the competitive nature of professional sports, large financial considerations, the need to expedite medical decisions in the heat of the moment, and the enormous impact of those decisions on the outcome for the team owners and players. Additionally, sports team physicians often have a variety of financial relationships with the team owners, leading to additional factors that impinge upon medical decision making in the professional sports setting.⁴

Overall, physicians serving professional sports teams are confronted with conflicting demands, in terms of prioritizing the health of the patient-athlete, versus looking out for the team interest in a highly competitive, publicly visible, and financially rewarding environment. Ordinarily, 1 standard of care applies to medical care (ie, the physician must protect and maximize patient welfare over all other considerations). The dilemma facing team physicians challenges this simple assumption, and some authors have suggested that a different standard of medical care should apply to team physicians. This article proposes instead that a single standard—consistent with the Hippocratic Oath—can suffice and address the interests of all stakeholders.

ATHLETIC INJURIES AND A POLICY PROPOSAL

As the role and obligations of team physicians continues to be debated, public awareness about the devastating impact of professional sports activities, such as football, has increased. Public awareness has been driven, at least in part, by litigation initiated by retired players against the NFL, along with media reports suggesting that the NFL withheld data about the long-term consequences of sports injuries,⁵ and increasing

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