

Ethical Considerations in Paralympic Sport: When Are Elective Treatments Allowable to Improve Sports Performance?

INTRODUCTION

A primary goal of rehabilitation is to maximize an individual's function. At various times during the rehabilitation process, a variety of means are used to help improve an individual's functional status, such as optimizing nutrition, psychological interventions, medications, and surgical procedures. A mainstay of treatment is the prescription of an exercise program to improve flexibility, strength, endurance, and coordination. These types of interventions can improve an individual's ability to perform activities of daily living (ADL) and can improve an individual's quality of life.

In the sports world, these same types of interventions can improve an athlete's sports performance. Athletes with an impairment strive to improve their sports performance with the same determination as athletes without an impairment. Occasionally, an athlete will attempt to improve his or her sports performance in a manner that crosses over a line that separates acceptable from unacceptable. At times this line is clearly delineated. At other times, however, the separation between acceptable and unacceptable methods of sports performance is a gray zone rather than a universally recognized, self-evident, black and white delineation.

There is general agreement among members of the worldwide antidoping community regarding many unacceptable methods of improving sports performance, for example, the use of anabolic steroids and erythropoietic medications. Experts and nonexperts debate the ethics of various methods of improving performance before reaching a consensus as to which side of the line the method falls. Recent examples of medical treatments and training methods that have required transdisciplinary discussion include the use of platelet-rich plasma to treat injuries and the use of altitude tents to increase oxygen-carrying capacity. Both of these were considered carefully by the World Anti-Doping Agency (WADA), and, currently, neither is prohibited. In the realm of Paralympic sport, we find ourselves challenged by ethical issues that are specific to athletes with an impairment. Consider the following 4 real-life examples.

Case Presentation

CASE 1

If a patient with spasticity is treated with botulinum toxin injections that improve the patient's ability to perform ADLs, most people would consider this to be an appropriate medical treatment. However, what if an athlete with spasticity is treated with botulinum toxin injections for the sole purpose of enhancing sports performance? Can the use of botulinum toxin be considered acceptable in the first case yet considered to be doping in the second instance? The ability to draw the line between the acceptable (ie, medical) and unacceptable (ie, doping) use of botulinum toxin in athletes

is complicated by several considerations. First, no criteria currently exist that might help us clearly determine when the treatment is being used merely to improve ADLs versus when the treatment is being used for the sole purpose of improving sports performance. Second, the use of botulinum toxin can change an athlete's classification status. An athlete could potentially plan the timing of the toxin treatments so that he or she has greater spasticity at the time of a classification evaluation and, thus, be placed into a competition class that may not reflect the degree of impairment that the athlete has at the time of competition. Third, there currently are no blood or urine tests that detect

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intramuscular botulinum toxin, which makes standard doping control methods impossible.

CASE 2

The second example shares a few commonalities with the previous example and involves an athlete who might undergo an elective surgical procedure rather than a medical treatment to improve sports performance. Consider an athlete with spastic paraparesis with bilateral heel cord contractures. Achilles tendon lengthening procedures have the potential to improve this individual's ease of walking and thus improve quality of life. Most clinicians would consider this a beneficial surgical treatment in appropriately selected patients. If the surgical procedure were performed for the sole purpose of improving sports performance, however, some might argue that the surgery should then be considered a prohibited method. As with the prior example, it may not be possible to define the parameters that determine when an athlete is undergoing an elective surgical procedure to improve ADLs and overall quality of life versus when the athlete is undergoing an elective procedure with no other intent than to improve athletic performance.

Perhaps these 2 cases concerning a medical treatment (botulinum toxin injections) and a surgical procedure (Achilles lengthening surgery) are commonplace enough that they are only modestly worthy of consideration as cheating. However, both examples represent elective treatments that approach the gray zone in which some experts might consider them unethical performance-enhancing treatments because they modify the athlete's physical abilities in an "unnatural" way. Next, consider 2 more examples that could raise stronger ethical concerns. Whereas both examples might sound dramatic, they are based on real cases.

CASE 3

A 22-year-old war veteran presented to a large, academic orthopedic and sports medicine clinic. The patient had sustained bilateral foot and ankle trauma 40 weeks earlier when his military vehicle drove over an improvised explosive device, which resulted in hindfoot and midfoot fractures. The patient underwent surgery on each side, followed

by nonweight-bearing status for 8 weeks, followed by 8 weeks of supervised lower extremity rehabilitation. At the time of the clinic evaluation 40 weeks after injury, the patient had no pain or mild pain while at rest. He had mild, bilateral ankle pain with walking short distances and moderate pain when walking longer distances. He was not able to run or jump because of the pain. He had no other concerns. He was otherwise medically healthy. The patient had recently attended a para-sport competition and was excited to watch other veterans competing in sports events with prosthetic limbs that showcased the newest technologies. He was requesting to undergo elective bilateral below knee amputations so that he could participate in sports that involved running and jumping.

CASE 4

A 19-year-old elite wheelchair racer presented to an orthopedic and sports medicine clinic requesting to undergo bilateral above knee amputations to lose weight and, therefore, have the ability to race faster. At age 15 years, she had sustained a T8 complete spinal cord injury in a motor vehicle accident. She had no other medical problems. Her long-term aspiration was to become a coach upon completion of her competition career.

These types of scenarios are likely to be more frequently encountered with the dramatic growth of participation in adaptive sports and improvements in adaptive sports technology. These and other similar cases present challenging ethical considerations for health care providers and sports administrators. We are fortunate to have two of the world's leading sports ethicists provide their thoughtful insights on different approaches for these types of challenging ethical dilemmas. Mike McNamee, PhD, is professor of applied ethics at Swansea University. He has published and lectured widely on sports ethics. He has a particular interest in ethical issues in para-sport and the influence of adaptive technologies on sports competition. Julian Savulescu, PhD, is a world-leading ethics scholar. He holds the Uehiro Chair in Practical Ethics at the University of Oxford. He is an expert in the ethics of human enhancement, including the application of genetic, biotechnology, cognitive, and doping methods.

Michael McNamee, PhD, Responds

INTRODUCTION

Although the development of the discipline of sports ethics has been substantial over the past 25 years, the issues raised by athletes with impairments has only more recently come into focus. For reasons too complex to go into here

[1,2], the case of Oscar Pistorius [3-5] certainly drew media and scholarly attention despite the fact that athletes with impairments (Liz Hartl [equestrian], Neroli Fairhall [archer], Natalie du Toit [swimmer]) had participated in the Olympic Games previously without the hyperbolic media gaze.

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