Concussion Ethics and Sports Medicine

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KEYWORDS

• Concussion • Mild traumatic brain injury • Conflicts of interest • Rugby union • Australian football • Rugby league

KEY POINTS

- Compared with many other branches of sports medicine, concussion diagnosis and management science and clinical practice are in their early stages of development.
- The complexity of the neurologic conditions and the lack of consensus over them compound this observation.
- Although leading concussion experts have identified what they take to be best practice, numerous problems remain in its implementation across the sports spectrum.

INTRODUCTION

Over the past 15 years there has been a proliferation of position statements and professional guidelines published on sports concussion management.[1–4] Some of these statements have had considerable influence over professional sporting leagues and governing bodies—for example, the Australian Football League, National Rugby League (NRL), and World Rugby (formerly the International Rugby Board) have all modeled their concussion policies on the most recent consensus statements[5,6] published by the self-appointed group of experts known as the Concussion in Sport Group. Accordingly, various leagues have mandated the use of tools recommended by consensus statements to aid assessors in the recognition of concussion (eg, the Sport Concussion Assessment Tool—3rd Edition [SCAT3]) and to monitor recovery (eg, computerized neuropsychological tests), and over time there has also been a move toward a no same-day return-to-play (RTP) policy for athletes diagnosed with concussion, which has gained widespread acceptance across sports.

The consensus statements make it clear that decision making about concussion is still ultimately within the realm of clinical judgment and that “management and return

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to play (RTP) decisions remain in the realm of clinical judgment on an individualised basis."[6] It is acceptable in principle then that the recommendations of concussion guidelines may ultimately be overruled by clinical judgment. But amid the increased adoption of formal procedures that assessors must follow when dealing with potentially concussed athletes (which in many US States has culminated in legislation), clinicians are confronted with considerable conceptual, empirical, and ethical uncertainty when diagnosing and managing concussion.[7]

Despite a long list of potential symptoms and signs of concussion and the existence of various recognition tools that have been developed, there is no consensus on when a concussion diagnosis must apply. In philosophic terms, there are no logically necessary and sufficient conditions for the concept of *concussion* – not even the obvious candidate: loss of consciousness. The lack of consensus over definition is likely to compound the validity and reliability of prevalence data – which are of fundamental importance as scientists, clinicians, and athletes (not to mention franchises and health insurers) attempting to gain a firmer grasp on the nature and scope of the problem.

Notwithstanding the implementation of formal concussion management policies and protocols by many sports governing bodies, there is almost no guidance on how clinicians should navigate ethical issues that arise. Some of the most difficult issues confronting team doctors and sporting leagues regarding head trauma are those arising from the competing interests of stakeholders.[8–10] Part of this uncertainty arises from a reasonable concern regarding how concussion guidelines should be interpreted in the light of the demands and potential risks of different sports. These problems are compounded when the decisions made by physicians are not supported by the relevant organization to whom they offer their services – whether voluntarily or professionally.

The authors' concern is with a set of interconnected ethical issues. First, problems are discussed arising from identification, diagnosis, and management guidelines. Secondly, issues of conflicts of interest within the profession of sports medicine and how these may bring about coercive or undue influence in the decisions regarding diagnosis and RTP are considered. Third, the specific problem of same-day RTP for head-injured athletes is discussed. Fourth, ethical issues concerned with reporting and auditing head injuries and what rights athletes might be expected to enjoy in relation to their injury history qua concussion are discussed. Fifth, the extent to which independent match day doctors (MDDs) might address some concerns about conflicts of interest in the context of professional sports is discussed. The authors conclude that position statements notwithstanding, there is much that sports governing bodies should do to better guide their members – and sports communities more generally – in relation to the various processes attending concussion, from injury to (safe) RTP.

PROBLEMS IN THE IDENTIFICATION AND DIAGNOSIS OF CONCUSSION, UNCERTAINTY ABOUT REPEATED CONCUSSIONS

Given that the term, *head injury*, covers a multitude of events, the medico-scientific community would be expected to have acted on the need for greater specification. The term with widest application is *mild traumatic brain injury (mTBI)* but this too covers a multitude of injuries and specifies only the level of injury. Concussion, although more specific, is still contested as a concept in medical science and practice. Vagnozzi and colleagues[11] claim, "there are still no standard criteria for the diagnosis and treatment for this peculiar condition." They identify 2 different approaches to mTBI focusing on direct mechanical trauma and subsequent biochemical sequelae.

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