AHA/ACC SCIENTIFIC STATEMENT

Eligibility and Disqualification Recommendations for Competitive Athletes With Cardiovascular Abnormalities: Task Force 15: Legal Aspects of Medical Eligibility and Disqualification Recommendations

A Scientific Statement From the American Heart Association and American College of Cardiology

Matthew J. Mitten, JD, Chair*

Douglas P. Zipes, MD, FAHA, MACC* Barry J. Maron, MD, FACC* William J. Bryant, JD*

From a legal perspective and medical perspective, protection of the health and safety of an athlete (as well as that of others potentially endangered by his or her participation) and avoidance of exposure to a significant risk of sudden cardiac death during competitive athletics should be the primary factors determining the exercise of clinical judgment and the making of medical recommendations regarding athletic participation by those with a cardiovascular

abnormality. A physician's general legal duty is to conform to accepted, customary, or reasonable medical practice providing medical sports participation recommendations consistent with an athlete's medical best interests from both a short- and long-term perspective (1,2). Courts generally have recognized that guidelines established by national medical associations are evidence of good medical practice, but they are not conclusive evidence of the medical or

*On behalf of the American Heart Association Electrocardiography and Arrhythmias Committee of the Council on Clinical Cardiology, Council on Cardiovascular Disease in the Young, Council on Cardiovascular and Stroke Nursing, Council on Functional Genomics and Translational Biology, and the American College of Cardiology.

The American Heart Association and the American College of Cardiology make every effort to avoid any actual or potential conflicts of interest that may arise as a result of an outside relationship or a personal, professional, or business interest of a member of the writing panel. Specifically, all members of the writing group are required to complete and submit a Disclosure Questionnaire showing all such relationships that might be perceived as real or potential conflicts of interest. The Preamble and other Task Force reports for these proceedings are available online at www.onlinejacc.org (J Am Coll Cardiol 2015;66:2343-9; 2350-5; 2356-61; 2362-71; 2372-84; 2385-92; 2393-7; 2398-405; 2406-11; 2412-23; 2424-8; 2429-33; 2434-8; 2439-43; and 2444-6).

This statement was approved by the American Heart Association Science Advisory and Coordinating Committee on June 24, 2015, and the American Heart Association Executive Committee on July 22, 2015, and by the American College of Cardiology Board of Trustees and Executive Committee on June 3, 2015.

The American College of Cardiology requests that this document be cited as follows: Mitten MJ, Zipes DP, Maron BJ, Bryant WJ; on behalf of the American Heart Association Electrocardiography and Arrhythmias Committee of the Council on Clinical Cardiology, Council on Cardiovascular Disease in the Young, Council on Cardiovascular and Stroke Nursing, Council on Functional Genomics and Translational Biology, and the American College of Cardiology. Eligibility and disqualification recommendations for competitive athletes with cardiovascular abnormalities: Task Force 15: legal aspects of medical eligibility and disqualification recommendations: a scientific statement from the American Heart Association and American College of Cardiology. J Am Coll Cardiol 2015;66:2447-50.

This article has been copublished in Circulation.

Copies: This document is available on the World Wide Web sites of the American Heart Association (http://my.americanheart.org) and the American College of Cardiology (www.acc.org). For copies of this document, please contact Elsevier Inc. Reprint Department via fax (212-633-3820) or e-mail (reprints@elsevier.com).

Permissions: Multiple copies, modification, alteration, enhancement, and/or distribution of this document are not permitted without the express permission of the American College of Cardiology. Requests may be completed online via the Elsevier site (http://www.elsevier.com/about/policies/author-agreement/obtaining-permission).

legal standard of care (3-5). Avoidance of the unnecessary restriction of competitive athletic activity is a legitimate objective, but a physician's medical judgment should not be compromised by an athlete's strong desire to play a sport and willingness to assume a medically unreasonable risk, or by the team's need for an athlete's talents (6,7).

Knapp v Northwestern University (8), a 1996 federal appellate court case brought by a student-athlete claiming the legal right to play intercollegiate basketball contrary to a university team physician's medical recommendation (which was consistent with the thencurrent 26th Bethesda Conference guidelines) (9), established the current legal framework for resolving athlete challenges to medical disqualification based on cardiovascular abnormalities or events (10). Nicholas Knapp sued Northwestern University, claiming that its refusal to allow him to play on its basketball team violated the Rehabilitation Act, a federal law prohibiting educational institutions that receive federal funds from discriminating against people with covered disabilities. Although Northwestern agreed to honor Knapp's full athletic scholarship (which had been awarded before his incident of cardiac arrest), the university prohibited him from playing on its intercollegiate basketball team on the basis of its team physician's medical recommendation.

Knapp experienced sudden cardiac arrest while playing recreational basketball during the summer before his senior year in high school, which required cardiopulmonary resuscitation and defibrillation to restore sinus rhythm. Thereafter, he had an implantable cardioverterdefibrillator inserted and resumed playing recreational basketball without any subsequent cardiovascular events, although he did not play interscholastic basketball during his senior year. Northwestern's team physician refused to clear Knapp to play intercollegiate basketball on the basis of his medical records and history, the then-current 1994 26th Bethesda Conference recommendations, and the opinions of 2 consulting cardiologists who concluded that Knapp would expose himself to a medically unacceptable risk for ventricular fibrillation during competitive athletics, although 3 other cardiologists medically cleared him to play college basketball.

The Chicago, Illinois-based United States Court of Appeals for the Seventh Circuit held that a university has the legal right to establish legitimate physical qualifications for its intercollegiate athletes and that Northwestern did not violate the Rehabilitation Act by following its team physician's reasonable medical advice. It ruled that an intercollegiate athlete may be medically disqualified and excluded from a sport if necessary to avoid a "significant risk of personal physical injury" (which requires consideration of both the probability and severity of potential harm, including the risk of death or serious injury) during competitive athletics that cannot be eliminated through the use of medication, monitoring, or protective equipment.

The court explained that Northwestern's decision to exclude Knapp from its basketball team was legally justified:

"We do not believe that, in cases where medical experts disagree in their assessment of the extent of a real risk of serious harm or death, Congress intended that the courts-neutral arbiters but generally less skilled in medicine than the experts involved-should make the final medical decision. Instead, in the midst of conflicting expert testimony regarding the degree of serious risk of harm or death, the court's place is to ensure that the exclusion or disqualification of an individual was individualized, reasonably made, and based upon competent medical evidence. . . . [W]e wish to make clear that we are not saying Northwestern's decision is necessarily the right decision. We say only that it is not an illegal one under the Rehabilitation Act" (8).

The court recognized that one of the factors a physician may rely on is then-current consensus medical guidelines:

"Although the Bethesda Conferences were not convened by public health officials and such guidelines should not substitute for individualized assessment of an athlete's particular physical condition, the consensus recommendations of several physicians in a certain field do carry weight and support the Northwestern team doctors' individualized assessment of Knapp" (8).

Consistent with the Knapp case, although some specialists provided medical clearance, another court also declined to "substitute its judgment" for a university team physician's "conservative" medical opinion that is "reasonable and rational" and consistent with other specialists' recommendations in federal disability discrimination litigation by a medically disqualified intercollegiate athlete against a university (11). These 2 cases hold that the federal disability discrimination laws (the Americans With Disabilities Act and the Rehabilitation Act) require only that a student-athlete's exclusion from an interscholastic or intercollegiate sport be based on an individualized medical evaluation and that disqualification must have a reasonable medical basis (8,11-13). Even if other physicians disagree, these laws are not violated if an educational institution accepts its team physician's reasonable medical judgment that a student-athlete should not be permitted to participate in a sport.

On the other hand, in Mobley v Madison Square Garden LP (14), a New York federal district court ruled that Cutino Mobley, a former NBA (National Basketball Association) basketball player, may have a valid state law

Download English Version:

https://daneshyari.com/en/article/5982162

Download Persian Version:

https://daneshyari.com/article/5982162

<u>Daneshyari.com</u>