

# **Fédération Internationale de Médecine Sportive (FIMS)**

## **Code of Ethics**

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(23 September 1997)

### **1. Medical ethics in general:**

The same ethical principles that apply to the practice of medicine shall apply to sports medicine. The main duties of a physician include:

Always make the health of the athlete a priority.

Never do harm.

Never impose your authority in a way that impinges on the individual right of the athlete to make his/her own decisions (1).

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### **2. Ethics in Sports Medicine:**

Physicians who care for athletes of all ages have an ethical obligation to understand the specific physical, mental and emotional demands of physical activity, exercise and sports training.

A different relationship exists between sports medicine practitioners, their employers, official sports organization, professional colleagues and the athletes (2). In sports medicine there is also a link between the pathologic concern and specific recreational and professional activity. An athletic injury has a direct and immediate impact on the participation in this activity that may have psychological and financial implications. The most obvious difference between sports medicine and other aspects of medicine is that the athletes treated are generally healthy.

Ethics in sports medicine should also be distinguished from law as it relates to sport. One refers to morality the other to a set of enforceable social rules (2). Although it is desirable that the law be grounded in moral principles and that matters of moral importance should be given legal backing in many instances, not everything that is illegal is immoral and similarly not every immoral behavior is against the law. Thus when speaking of ethics in sports medicine, one is not concerned with etiquette or law, but with basic morality.

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### **3. Special Ethical Issues in Sports Medicine:**

The physician's duty to the athlete must be his/her first concern and contractual and other responsibilities are of secondary importance. A medical decision must be taken honestly and conscientiously.

A basic ethical principle in health care is that of respect for autonomy. An essential component of autonomy is knowledge. Failure to obtain informed consent is to undermine the athlete's autonomy. Similarly, failure to give them necessary information violates the right of the athlete to make autonomous choices. Truthfulness is important in health care ethics. The overriding ethical concern is to provide information to the best of one's ability that is necessary for the patient to decide and act autonomously.

The highest respect will always be maintained for human life and well-being. A mere motive of profit shall never be permitted to be an influence in conducting sports medicine practice or functions (3).

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#### **4. The Athlete-Physician Relationship:**

The physician shall not allow consideration of religion, nationality, race, party politics or social standing to intervene between his/her duty and the athlete.

The basis of the relationship between the physician and the athlete should be that of absolute confidence and mutual respect. The athlete can expect a physician to exercise professional skill at all times. Advice given and action taken should always be in the athlete's best interest.

The athlete's right to privacy must be protected.

The regulations regarding medical records in health care and medicine shall also be applied in the field of sports medicine. The sports medicine physician should maintain a complete and accurate record of the patient.

In view of the strong public and media interest in the health of athletes, the physician should decide with the athlete what information can be released for public distribution (1).

When serving as a team physician, the sports medicine physician assumes the responsibility to athletes as well as team administrators and coaches. It is essential that each athlete is informed of that responsibility and authorizes disclosure of otherwise confidential medical information, but solely to the specific responsible persons and for the expressed purpose of determining the fitness of the athlete for participation (4).

The sports medicine physician will inform the athlete about the treatment, the use of medication and the possible consequences in an understandable way and proceed to request his or her permission for the treatment.

The team physician will explain to the individual athlete that he or she is free to consult another physician.

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## **5. Training and Competition:**

Sports medicine physicians should oppose training and practices and competition rules as they may jeopardize the health of the athlete. In general, the physician shall obtain knowledge of the specific and mental demands made of athletes when they participate in sport activities. Relevant aspects in these respect include expertise, effectiveness and efficiency, and safety (5).

If the athletes concerned are children or growing individuals, the physician must take into consideration the special risks that the sport in questions may represent to persons who have not yet reached physical or psychological maturity. When the sports participant is a growing individual, the sports physician must ensure that the training and competition are appropriate for the state of growth and development (4). The physician shall contribute to the spreading of information or the special conditions that pertain to young people training and competing. It is vital that this information also reaches the young athletes, parents, guardians, and trainers (1).

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## **6. Education:**

Sports medicine physicians should participate in continuing education courses to improve and maintain the knowledge and skills that will allow them to provide optimal advice and care to their patient athletes (6). Knowledge should be shared with colleagues in the field.

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## **7. Health Promotion:**

Sports medicine physicians are obligated to educate people of all ages about the health benefits of physical activity and exercise.

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## **8. Injuries and Athletes:**

It is the responsibility of the sports medicine physician to determine whether the injured athletes should continue training or participate in competition. The outcome of the competition or the coaches should not influence the decision, but solely the possible risks and consequences to the health of the athlete.

If the physician considers that a certain sport entails major risks he should try to eliminate the risk by exerting pressure on the athletes as well as on the relevant decision makers.

Injury prevention should receive the highest priority.

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## **9. Therapeutic Exercise:**

When supported by scientific research, a detailed exercise prescription should be part of the therapeutic plan for an athlete recovering from injury or disease.

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## **10. Relationship with Other Professionals:**

The sports medicine physician should work in collaboration with professionals of other disciplines. The sports medicine physician should cooperate with physical therapists, podiatrists, psychologists, sport scientists including biochemist, biomechanics, physiologists, and others. The sports medicine physician has the final responsibility for the health and well-being of the athlete and should therefore coordinate the respective roles of these professionals and those of appropriate medical specialists in the prevention, treatment and rehabilitation of disease and injury. The concept of interdisciplinary team work is fundamental to the practice of sports medicine.

A sports medicine physician should refrain from publicly criticizing fellow professionals who are involved in the treatment of athletes.

A sports medicine physician should behave in relation to his colleagues and coworkers as he would like them to behave towards him.

When a sports medicine physician recognizes that the athlete's problems are beyond his level of expertise, it beholds him to advise the athlete of other persons with the necessary expertise and refer the athlete to such appropriate persons for assistance.

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## **11. Relation to Officials, Clubs, etc.:**

At a sport venue, it is the responsibility of the sports medicine physician to determine when an injured athlete can participate in or return to an event or game. The physician should not delegate this decision. In all cases, priority must be given to the athlete's health and safety. The outcome of the competition must never influence such decisions.

To enable the sports medicine physician to undertake this ethical obligation the sports medicine physician must insist on professional autonomy and responsibility for all medical decisions concerning the health, safety and legitimate interest of the athlete. No third party should influence these decisions (3).

No information about an athlete may be given to a third party without the consent of the athlete.

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## **12. Doping (see FIMS Position Statement):**

The sports medicine physician should oppose and in practice refrain from using methods to improve performance artificially such as those prohibited by the IOC (4).

The physicians have forcefully opposed the use of methods that are not in accordance with medical ethics or scientifically proven experience. Thus, it is contrary to medical ethics to condone doping in any form. Neither may the physician in anyway mask pain in order to enable the athlete's return to practicing the sport if there is any risk of aggravating the injury (1).

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## **13. Research:**

Research should be conducted following the ethical principles accepted for research in animals and human subjects. Research should never be conducted in a manner which may injure athletes or jeopardize their athletic performance.

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## **References**

1. Code of Ethics. Swedish Society of Sports Medicine.
2. Hodge KP. Character building in sport: fact or fiction? *New Zealand Journal of Sports Medicine* 17(2):23-25, 1989.
3. Code of Ethics. Sports Medicine Australia.
4. Principles and Ethical Guidelines of Health Care for Sports Medicine. International Olympic Committee.
5. Code of Ethics. The Netherlands Association of Sports Medicine.
6. Code of Ethics. The American College of Sports Medicine.

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