

WMA DECLARATION ON PRINCIPLES OF HEALTH CARE FOR SPORTS MEDICINE

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Considering the involvement of physicians in sports medicine, the WMA recommends the following ethical guidelines for physicians in order to help meet the needs of athletes, recognizing special circumstances in which their medical care and health guidance is given.

Consequently,

1. The physician who cares for athletes has an ethical responsibility to recognize the special physical and mental demands placed upon them by their performance in sports activities.
2. When the sports participant is a child or an adolescent, the physician must give first consideration to the participant's growth and stage of development.
 1. The physician must ensure that the child's state of growth and development, as well as his or her general condition of health can absorb the rigors of the training and competition without jeopardizing the normal physical or mental development of the child or adolescent.
 2. The physician must oppose any sports or athletic activity that is not appropriate to the child's stage of growth and development or general condition of health. The physician must act in the best interest of the health of the child or adolescent, without regard to any other interest or pressure from any other source.
3. When the sports participant is a professional athlete and derives livelihood from that activity, the physician should pay due regard to the occupational medical aspects involved.
4. The physician should be aware that the use of doping practices¹ by a physician is a violation of the medical oath and the basic principles of the WMA's Declaration of

Geneva, which states: "My patient's health will always be my first consideration." The WMA considers the problem of doping to be a threat to the health of athletes and young people in general, as well as being in conflict with the principles of medical ethics. The physician must thus oppose and refuse to administer or condone any such means or method which is not in accordance with medical ethics, and/or which might be harmful to the athlete using it, especially:

1. Procedures which artificially modify blood constituents or biochemistry.
 2. The use of drugs or other substances whatever their nature and route of administration, including central-nervous-system stimulants or depressants and procedures which artificially modify reflexes.
 3. Pharmacological interventions that may induce alterations of will or general mental outlook.
 4. Procedures to mask pain or other protective symptoms if used to enable the athlete to take part in events when lesions or signs are present which make his participation inadvisable.
 5. Measures which artificially change features appropriate to age and sex.
 6. Training and taking part in events when to do so would not be compatible with preservation of the individual's fitness, health or safety.
 7. Measures aimed at an unnatural increase or maintenance of performance during competition. Doping to improve an athlete's performance is unethical.
5. The physician should inform the athlete, those responsible for him or her, and other interested parties, of the consequences of the procedures the physician is opposing, guard against their use, enlist the support of other physicians and other organizations with the same aim, protect the athlete against any pressures which might induce him or her to use these methods and help with supervision against these procedures.
 6. The sports physician has the duty to give his or her objective opinion on the athlete's fitness or unfitness clearly and precisely, leaving no doubt as to his or her conclusions.
 7. In competitive sports or professional sports events, it is the physician's duty to decide whether the athlete is medically fit to remain on the field or return to the game. This decision cannot be delegated to other professionals or to other persons. In the physician's absence these individuals must adhere strictly to the instructions he or she has given them, with priority always being given to the best interests of the athlete's health and safety, and not the outcome of the competition.
 8. In order to carry out his or her ethical obligations the sports physician must see his or her authority fully recognized and upheld, particularly wherever it concerns the health, safety and legitimate interests of the athlete, none of which can be prejudiced

to favour the interests of any third party whatsoever. These principles and obligations should be supported by an agreement between the sports physician and the athletic organization involved, recognizing that the physician is obligated to uphold the ethical principles determined in national and international statements to which the medical profession has subscribed and by which it is bound.

9. The sports physician should endeavour to keep the patient's personal physician fully informed of facts relevant to his or her treatment. If necessary the sports physician should collaborate to ensure that the athlete does not exert himself or herself in ways detrimental to his or her health and does not use potentially harmful techniques to improve performance.
10. In sports medicine, as in all other branches of medicine, professional confidentiality must be observed. The right to privacy over medical attention the athlete has received must be protected, especially in the case of professional athletes.
11. The sports doctor must not be party to any contract which obliges him or her to reserve particular forms of therapy solely and exclusively for any one athlete or group of athletes.
12. It is desirable that sports physicians from foreign countries, when accompanying a team in another country, should enjoy the right to carry out their specific functions.
13. The participation of a sports physician is desirable when sports regulation are being drawn up.

¹ cf, The Olympic Charter Against Doping in Sport and the Lausanne Declaration on Doping in Sport adopted by the World Committee on Doping in Sport (February 1999)