Cleared for Takeoff: Ethical Considerations in Athletic Participation

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Objectives

• Develop a framework of ethical analysis to utilize when faced with athletic related ethical dilemmas.

• Recognize the competing and sometimes conflicting interests when providing care for medically complex patients participating in athletic activities.

• Develop an understanding of ethical dilemmas surrounding adolescent decision making and athletic participation
Plan of the Day

1:30 – 1:50: Introduction

1:50 – 2:10: Case #1

2:10 – 2:30: Case #2

2:30 – 2:50: Case #3

2:50 – 3:00: Wrap Up
Ethical Principles
Beneficence

Non-Maleficence

Autonomy

Justice
### Ethical Constructs

<table>
<thead>
<tr>
<th>Ethical Construct</th>
<th>Description</th>
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<tbody>
<tr>
<td>Rights</td>
<td>Reflects ethical values we prize most (human rights, right to free speech, legal rights)</td>
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<tr>
<td>Consequences</td>
<td>Right or wrong depending on outcome (utilitarianism)</td>
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<td>Comparable cases</td>
<td>Reasoning by analogy or paradigmatic cases</td>
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<tr>
<td>Professional guidelines</td>
<td>AMA code of ethics, AAP ethics policies</td>
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<td>Conscientious Practice</td>
<td>Preserving the personal and professional integrity of the clinician</td>
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Ethics Conflicts

- Occur when there is uncertainty or question regarding competing ethical principles, personal values or professional and organizational ethical standards of practice.

- May occur when one considers violating an ethical principle, personal value or ethical standard of practice.
Some basics

• What is your concern? Why does this case bother you?

• Is this ethics: does this concern arise from conflict between moral obligations or other important values?

• What are the facts of the case? (4 topic approach)

• Are there other sources of information that can provide guidance or help to resolve the issue?

• What action will be taken?
Children’s Mercy Bioethics Center, Kansas City

Question

Understanding: Use the 4 Box

Assessment

Recommendation
The 4 Box Method

- Medical Indication
- Patient Preferences
- Quality of Life
- Contextual Features

Jonsen AR. Clinical Ethics: A Practical Approach to Ethical Decisions in Medicine. 2006
Is this ETHICS?

Does it relate to MORAL questions?

OR

Is it something else?
CASES (20 minutes each)
CASE 1
Case #1

20 year old Susie is a star on the local Division III collegiate rowing team. Due to the recent sudden cardiac death of her 44-year-old father, she underwent genetic testing and was found to have a mutation in the MYH7 gene. She has never experienced any difficulties during exercise and is passionate about continuing in her sport. Her cardiologist implanted an ICD after documenting a normal echocardiogram, in part to decrease the risk of her participation, but you completed her pre-participation evaluation form currently on file at her school.

Susie directs you and the cardiologist to not share the results of the testing with the college health service.
Case #1

Susie directs you and the cardiologist to not share the results of the testing with the college health service.

Consider the following questions:

• Does Susie have the autonomy to decide her level of sports participation?

• As an adult, does she get to determine her level of acceptable risk?

• What are the ethical conflicts faced by the team physician?

• What ethical principles can apply to this case?
What constitutes “clearance”?

- AAFP, AAP, ACSM, AOSSM, AOASM
Primary Objectives:
1. Screen for conditions that may be life-threatening or disabling
2. Screen for conditions that may predispose to injury or illness
3. Meet administrative requirements

PPE

Primary Objectives:
1. Screen for conditions that may be life-threatening or disabling
2. Screen for conditions that may predispose to injury or illness
Causes of Sudden Death in Athletes

< 35 Years Old

- HCM
- Ruptured Aorta
- Coronary Heart Disease
- Idiopathic LVH
- Unexplained
- Coronary Artery Anomalies

> 35 Years Old

- HCM
- MVP
- Coronary Heart Disease
- Acquired Valve Disease
- Unexplained
Preparticipation Screening

• Comply with the customary preparticipation screening practice...in accordance with specific American Heart Association recommendations

• Recognize that when a suspicion of cardiovascular disease is raised by screening, standard practice requires a specialty consultation with noninvasive testing
Eligibility Determination

• It is mandatory to withdraw an athlete from training and conditioning when the possibility of heart disease surfaces and a specialty consultation is being pursued.

• Rely on 2005 Bethesda Conference guidelines when determining whether a detected cardiovascular abnormality justifies withdrawal.
Caveat

• Recognize that the precise patient-physician relationship during standard athlete preparticipation screening is unresolved in legal terms

• JAMA 2005; 294:3011-3018
PPE

Primary Objectives:
1. Screen for conditions that may be life-threatening or disabling
2. Screen for conditions that may predispose to injury or illness
Preparticipation Physical Evaluations for High School Athletes: Time for a New Game Plan

Bundy DG, Feudtner C.
Ambulatory Pediatrics
2004;4:260-263
Screening

• 1900: AMA introduced concept of looking for illness in well populations
• 1950s-80s: U.S. Commission on Chronic Illness & Canadian Task Force on the Periodic Health Examination begin to consider cost-benefit ratios
• Current: U.S. Preventive Services Task Force makes on-going recommendations
Basic Concepts

• Detection
  • Before problem would be apparent
  • Initiate earlier treatment
  • Prevent morbidity/mortality

• Problem
  • Important/potentially serious
  • Relatively prevalent
  • Treatable by available means
  • Advantage to earlier detection
Screening Tests

• Acceptable
  • To all involved (patients, parents, practitioners)

• Reliable

• Valid

• Cost-effective
Screening

Effective (ethical?) screening programs

1. Target problems with sufficient (high) prevalence to warrant it
   Injuries, ?; sports-related mortality → too low

2. Highly sensitive and specific screening tools
   Again, ?
   ECG most commonly advocated
   Perhaps > 100,000 participants in prospective study to determine
You are seeing Julian, age 16, for his annual health maintenance visit and pre-participation evaluation (PPE). Julian is a die-hard New England Patriots fan who has played youth football since age 8, but his parents have been reading the news and are worried about long term effects of football on his health.

They want him to run high school cross country this fall instead, and ask, “Doc, would you let your son play football?”
Case #2

They want him to run high school cross country this fall instead, and ask, “Doc, would you let your son play football?”

Consider the following questions:


• What say does Julian have? How do you incorporate adolescent decision making?

• What role does the provider have in supporting (or not supporting) the family’s decision?
SO... Can a teen make a health care decision??
Challenges for Teen Decision Making

- Increased vulnerability to peer pressure
- More likely to focus on immediate reward
- Harder under periods of emotional distress
- Poorer understanding of long term consequences
TERMINOLOGY

ASSENT

CAPACITY

CONSENT
4 Aspects of Assent

- Help the child achieve a developmentally appropriate understanding of the care
- Tell the child what to expect
- Assess for understanding
- Solicit willingness for care
Assent

- Process of shared decision-making between healthcare provider, parent and child
- Process is dependent on individual decision-making capacity
- Important developmental step in establishment of autonomy
- “Learner’s permit” for consent
What does Capacity entail

ABILITY TO UNDERSTAND AND COMMUNICATECHOICE

UNDERSTANDING OF THE INFORMATION

APPRECIATION OF CONSEQUENCES

RATIONALITY?
What age capacity?

- Tennessee Supreme Court: rule of 7s
  - 0-7: no capacity
  - 7-14: assumed lack of capacity rebuttable
  - >14: presumption of capacity rebuttable
SURROGATE Decision Making

• Best Interest

• Harm Principle

• Constrained Parental Authority

• Shared Family Decision Making
Best Interest

Gray Zone AKA the Zone of Parental Discretion

Harm Principle
Case #3
Case #3

Pearce is a 17-year-old senior baseball catcher in high school. He sustained a concussion 2 weeks ago and is here for clearance to return to play. He denies any symptoms, however his ImPACT testing performed by his high school athletic trainer has not returned to baseline. Both Pearce and his parent insist that he play in the game this week. There will be college coaches present and he needs an athletic scholarship to help fund his education.

They state that they understand the risks of participation but still request that you sign the school’s return to play form.
Case #3

They state that they understand the risks of participation but still request that you sign the school’s return to play form.

Consider the following questions:

• What ethical conflicts arise?
• How does the provider weigh the competing principles of beneficence and non-maleficence?
• Does it make a difference that Pearce is in agreement with his parents?
• Does justice play a role in the decision making?
Case #3
LEGISLATING
RETURN TO PLAY

1. Undergo evaluation by a licensed health care professional (as described above).

2. Receive written clearance from the licensed health care professional.

3. Submit to the school administration or club management:
   • Written and signed clearance to resume participation in athletic activities from the licensed health care professional.
   • Written permission to resume participation from the student’s parent or guardian.

http://dhhs.ne.gov/publichealth/ConcussionManage/Pages/cr0105.aspx
79% of respondents supported parent’s decision to opt out
76% of respondents supported athlete’s decision to opt out
Vision
Children are free from physical and psychological injuries and their consequences, and are living to their full potential.

Core Values
Injuries to children can and should be prevented. All children deserve to grow up in safe, stable, and nurturing environments and relationships. Pediatricians play an important role in helping families, youth, and their communities optimize safety.
“If you look too closely at the game, it’s silly really when you bash the hell out of each other. But it’s fun and if you took the risk out of everything, you wouldn’t do anything in your life.”

Richie McCaw, Captain of the All Blacks, 2017
Aly is a 13 year old level 8 gymnast at her local club team. You have provided her primary care for 7 years. Recently, you have been increasingly concerned about her health. She has lost 10 pounds over the past 4 months “in preparation for states”. She fainted once at practice last week which triggered an appointment today. She has been amenorrheic for 3 months. Neither she nor her mom are concerned. “This is just what it takes to get to the next level” they tell you. And, after all, mom remembers being on the high school soccer team and losing her period every fall during season.

The gymnastics club is a local non-sanctioned team. There is no requirement for a PPE. The parents are adamant that Aly keep competing.
BONUS: Case #4

The gymnastics club is a local non-sanctioned team. There is no requirement for a PPE. The parents are adamant that Aly keep competing.

Consider the following questions:

• Does the parent’s decision to keep competing rise to a level of harm that requires intervention?

• What is the role of the provider for non-sanctioned sports?

• What ethical principle(s) most apply to this case?