Module X: Medical and Scientific Issues in Sport

In this module we explore how medicine and science affect stakeholders in sport. Medical care for each of us is important but more so for athletes who place tremendous strains upon their bodies. Science advances medicine and provides improvements in training and conditioning that result in superior performance. Science and technology also create advances in sport equipment that often results in changes in sport. The invention of fiberglass poles for pole vaulting, the improved golf balls and clubs, swimming and skating speed body suits, each have giving advantages to athletes over those who have come before. The values, the important consequences, the rights and responsibilities of many stakeholders of particular sports are affected by medicine and science and so there are many issues that we need to discuss.

Learning Objectives and How They are Achieved

After completing this module you should know and be able to do the following:

1. Identify the core values, important consequences and rights and responsibilities of stakeholders in sport issues relating to science and medicine. [This is accomplished in the readings, video programs and the web site.]

2. Provide examples of issues in sport relating to science and medicine. [This is accomplished in the readings, video programs and the web site.]

3. Identify specific harms and benefits done to athletes and sport by advances in science and medicine. [This is accomplished in the readings, video programs and the web site.]

4. Recognize how further advances in science and medicine will affect sport. [This is done primarily on the web site.]

5. Recognize the harms and benefits associated with steroid use and the issues that arise when sport organizations attempt to control it. [This is accomplished in the readings, video programs and the web site.]

6. Critically think about issues in sport by applying SAGE to decisions that athletes and others must make regarding science and medicine. [This is accomplished in the readings, video programs and the web site.]

1. Module Specific Information

1.1 The following is the National Athletic Trainers’ Association (NCTA, 2952 Stemmons Frwy, Dallas, TX 75247-6196), code of ethics and enforcement information. It represents an attempt to address many issues in sports medicine.

NATA Code of Ethics

Preamble

The Code of Ethics of the National Athletic Trainers’ Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code
presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

PRINCIPLE 1: Members shall respect the rights, welfare and dignity of all individuals.
1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care unless the person consents to such release or release is permitted or required by law.

PRINCIPLE 2: Members shall comply with the laws and regulations governing the practice of athletic training.
2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and adhere to all National Athletic Trainers’ Association guidelines and ethical standards.
2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

PRINCIPLE 3: Members shall accept responsibility for the exercise of sound judgment.
3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

PRINCIPLE 4: Members shall maintain and promote high standards in the provision of services.
4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.
4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.
4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.
4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.
4.5 Whenever possible, members are encouraged to participate and support others in
the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

PRINCIPLE 5: Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1 The private conduct of the member is a personal matter to the same degree as is any other person’s except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers’ Association and others serving on the Association’s committees or acting as consultants shall not use, directly or by implication, the Association’s name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

1.2 International Powerlifting Federation Medical Committee has addressed the issue of performance enhancing drugs in the following way:

IPF MEDICAL COMMITTEE/SPORTS MEDICINE SOCIETY
ETHICAL GUIDELINES

The Medical Committee of the International Powerlifting Federation recommends the following ethical guidelines for physicians as well as all other sports medicine professionals who care for athletes. These have been established based on those drafted by the World Medical Association (World Medical Journal, 28:83, 1981) and recognize the special circumstances in which medical care and guidance are provided for participants in sport.

1. All sports medicine professionals who care for athletes have an ethical obligation to understand the specific physical and mental demands placed upon them during training and participation in their sport(s). The sports medicine professional has an obligation to render care only for those conditions that he or she is competent to treat. The sports medicine practitioner shall not decline to accept patients on the basis of race, color, gender, religion or national origin or on any basis that would constitute illegal discrimination, and has the duty to aid in the decision of the athlete to return to competition in a manner that is in the patient/athlete’s interest. The sports medicine professional has the additional obligation not to be influenced by third parties.

2. It is recommended that undergraduate and postgraduate training in sports medicine be available to students who desire or are required to provide health care for athletes. The sports medicine professional must continually strive to maintain and improve medical knowledge and to make relevant information available to patients, colleagues, and the public.

When the sports participant is a child or an adolescent, the sports medicine specialist must ensure that the training and competition are appropriate for the stage of growth and development. Sports training and participation which may jeopardize the normal...
physical or mental development of the child or adolescent should not be permitted.

The physician-patient or professional client relationship has a contractual basis and is based on confidentiality, trust and honesty. The sports medicine professional has a particular duty as regards the confidentiality of his or her patient. This extends to relationships with the media; he/she has the obligation to guard the confidentiality of medical information concerning his or her patient and to deal with the press in a manner that is not self-promoting.

When serving as a team physician, therapist, etc., it is acknowledged that the sports medicine professional assumes a responsibility to athletes as well as team administrators and coaches. It is essential that, from the outset, each athlete is informed of that responsibility and authorizes disclosure of otherwise confidential medical information but solely to specified and responsible persons and for the express purpose of determining the fitness or unfitness of that athlete to participate.

6. The sports medicine professional must give an objective opinion on the athlete’s fitness or unfitness as clearly and as precisely as possible. It is unethical for a physician, therapist, etc. with any financial investment or incentive in a team to act as team physician, therapist, etc.

7. At sports venues, it is the responsibility of the team or contest physician to determine whether an injured athlete may continue in or return to the event. This decision should not be delegated to other professionals or personnel. In the physician’s absence, these individuals must adhere strictly to the guidelines established by the physician. In all cases, priority must be given in order to safeguard the athlete’s health and safety. The outcome of the competition must never influence such decisions.

8. To enable him/her to undertake this ethical obligation, the sports physician must insist on professional autonomy over all medical decisions concerning the health, safety and legitimate interests of the athlete, none of which can be prejudged to favor the interests of any third party whatsoever.

9. The sports physician should endeavor to keep the athlete’s personal physician fully informed of relevant aspects of his or her health and treatment. When necessary, they should collaborate to ensure that the athlete does not exert himself or herself in a manner detrimental to their health and does not employ potentially harmful techniques to improve performance. The sports medicine professional should maintain a reputation for truth and honesty with patients and colleagues and should strive to expose to the appropriate review process those medical professionals who are deficient in character or competence or who engage in fraud or deception.

10. The sports physician should be cognizant of the contributions to athletic performance and health from other sports medicine professionals, including physical therapists, massage therapists, athletic trainers, pedorthists, podiatrists, psychologists and other sports scientists, including biochemists, biomechanists, physiologists, etc. As the person with the final responsibility for the health and well-being of the athlete, the physician should coordinate the respective roles of these professionals and those of appropriate medical specialists in the prevention and treatment of disease and injury from training and participation in sports. The primary bond among physicians, nurses and other health care professionals is a
mutual concern for the patient. The sports physician should promote the development of an expert health care team that would work together harmoniously to provide optimal patient care. The sports physician should be available to aid colleagues with advice and consultation, always respecting any already-established physician-patient relationship.

11. The sports medicine professional should publicly oppose and in practice refrain from using any method which has been banned by the IOC Medical Commission, is not in accord with professional ethics or which might be harmful to the athlete especially:

11.1 Procedures which artificially modify blood constituents or biochemistry.
11.2 The use of drugs or other substances, whatever their nature and route of administration, which artificially modify mental and physical ability to participate in sports.
11.3 Procedures used to mask pain or other protective symptoms for the express purpose of enabling the athlete to participate and thus risk aggravation of the condition, whereas in the absence of such procedures participation would be inadvisable or impossible.
11.4 Training and participation when to do so is incompatible with the preservation of the individual’s fitness, health or safety.

12. The sports medicine professional should inform the athlete, those responsible for him or her, and other interested parties, of the consequences of the procedures he is opposing, guard against their use, enlist the support of other physicians and other organizations with similar aims, protect the athlete against any pressures which might induce him or her to use these methods and help with supervision against these procedures.

13. Physicians and other sports medicine professionals who advocate or utilize any of the above-mentioned unethical procedures are in breach of this Code of Ethics and are unsuited to act to be accredited as a Sports medical Physician/Professional.

14. Sports medicine professionals must never be party to any contract which obliges them to reserve any particular form of therapy solely and exclusively for any individual or group of athletes.

15. When sports medicine professionals accompany national teams to international competitions in other countries, they should be accorded the rights and privileges necessary to undertake their professional responsibilities to their team members while abroad.

16. The sports medicine professional has a responsibility to the individual patient, to colleagues, sports medicine professionals in training and to society. Activities that have the purposes of improving both the health and well being of the individual in the community deserve the interest, support and participation of all sports medicine professionals. It is strongly recommended that a sports physician participates in the framing of sports regulations.

Adopted 1986

Reporting Ethics Violations to the NATA

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA’s Executive Director or Chair of the Ethics Committee. Information need not be
supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee. An individual may report information on the condition that the individual’s name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

NATA
Ethics Investigations
2952 Stemmons Frwy
Dallas, TX 75247-6196

2. Key Terms and Concepts

Paternalism: The responsibility of an authority to protect others from making poor choices.

Libertarianism: The right of people to make their own choices as long as they do not harm others.

Medical Ethics: The values, important consequences and rights and responsibilities associated with medical professional in their medical practices.

Performance enhancing drug: a substance that improves physical or mental performance.

3. Brief Summary of Voices in Sport and Society Readings


For your convenience, the following are student summaries of most of the readings. It is not, however, a substitute for the original, this is just for review.

3.1 Panel discussion – Whose Pain is itAnyway

Panel Members:

Armen Keteyian- Sports reporter (CBS, HBO specials, and “Nightline”)

Bob Goldman, D.O., M.D., and Ph.D.- Physician for bodybuilding worldwide

Robert Butcher, Ph.D.- Ethics consultant for the Canadian center for Ethics in Sport/philosopher

Robert Huizenga, M.D.- Former president of NFL Physicians Association, former team physician for the L.A. raiders
Peter Gent- Former college basketball player, former pro football player, and author of *North Dallas Forty*

Bill Morgan, Ph.D.- professor; teaches philosophy of sport, social and cultural criticism

**Panel Overview:**

Bill Morgan discusses the view by which a consensus should hold in regards to sports and drug use. He describes a distinction between the two major views, paternalist vs. libertarian. Paternalists justify interference in a person’s life if they are no longer equipped to act autonomously, owing to ignorance, immaturity and inexperience or diminished mental capacity. Libertarians typically limit their defense of liberty to competent, autonomous rational agents, to individuals who are acting in ways that do not harm others. He encourages a collective vision of what sport means.

Armen Keteyian confronts the issue of drug testing and how many drugs are undetectable using the current techniques. He asks, “Which drugs should be banned?” and “Who will decide this?” Team doctors are faced with the moral dilemma, since the team pays them and they are obligated to their medical Hippocratic oath. It is out in the open that athletes’ health care is up for bid and health care providers compete for the position.

Bob Goldman addresses the beginning of doping, starting with Dr. John Ziegler who desired to make American athletes as strong as foreigners in the 1950s to 1960s. Unfortunately, he decided to use what they used, steroids. There was no ban, and no testing procedure was invented at that time. The effects of these drugs were seen over time.

The mindset of athletes was and remains to be “win at all costs”. Somehow this skewed mindset must be changed.

Robert Butcher presents a dualistic (mind and body) approach to sport. Where the person is lost when the body is prioritized into destruction. He confronts the idea that freedom may be lost in the process of prohibition of some sport practices. He advises a collective justification to interfering with someone’s freedom.

Rob Huizenga suggests a few ideas that the Surgeon General should address regarding sports. He questions the life that NFL players live after the NFL, which has been continuously plagued with injuries. The team physicians usually side with the owners in regards to the player’s health or when worker’s compensation is an issue. The players’ lives in the long term should be considered and physicians should be held accountable for injuries they could have prevented. He pleads for more research on performance enhancement drugs. The drug problem exists at all levels of life, even non-competitors. The definition of a winner must be established and taught universally.

Peter Gent shares his experiences with pain and injuries at the cost of playing football. He now lives with chronic pain and regret for abusing his body. He wrote *North Dallas Fort* and tried to present his story through media outlets, but ran into barrier after barrier. The fault for these injuries lies in the player’s, the doctor’s, and owner’s hands. Another problem that presents itself involves the children who are being taught by the media that success is only found in winning no matter the cost.

Armen Keteyian discusses how sports have become simply entertainment, and people do not want to know about the negatives that
exist. The media in many ways is controlled by the NFL and other sports leagues. They only present what is in the best interest of the sport according to their guidelines.

Rob Goldman states that until people mentally grasp the consequences of drug use and the risk associated with playing with serious injuries, the cycle will continue.

The panel concludes indecisively of how to resolve this issue. They all agree that something needs to be done in regards to drug use, injuries and players’ long-term health.

4. Brief Summary of Video programs including the DVD

4.1 Program 9: Medicine and Sports: Peak Performance vs. Optimum Health?

This program is designed to introduce issues related to professional and business ethics as it relates to medicine and sports. While this unit is part of the sports management module and addresses issues related to performance enhancing drugs, it also connects with issues raised in the life skills and sportsmanship units.

Hear personal horror stories exemplifying how medicine and sport create conflicts of interest that place the health of athletes and the integrity of physicians at risk. View issues in medicine and sport through the perspectives of athletes, physicians and philosophers with:

- Peter Gent
- Robert Huizenga, MD.
- Armen Keteyian

Our goal is to help you identify ethics and management issues facing physicians and sports performance scientists who seek to push human performance to new levels.

The learning objectives for this program are:

- Identify ethical and managerial sports issues relating to medicine and science.
- Describe cases where physicians and scientists have optimized athletes’ short-term performance only to harm the athletes’ long-term health.
- Recognize situations where the obligations of the team physician are in conflict.
- Recognize situations where the interests of science, athletes and sport may be in conflict.
- Provide cases where ethical considerations are of critical importance in managing the medicine and sports situation.
- Appreciate the need for ethical management of risks associated with medicine and science in sport.

Summary—“Medicine and Sports: Peak Performance vs. Optimum Health?”

Modern medicine plays an important role in sports. While some medical breakthroughs provide new ways to diagnose and repair the injured, other discoveries increase endurance and enhance athletic performance. Physicians are called upon to treat athletes with their best skills but managerial and ethical conflicts can result in some doctors inflicting significant harm upon their patients. Who does the team physician work for—the athlete or the team? Should the athletes determine whether or not they should take risks with their health by continuing play or does the team have a responsibility to prevent players from potentially harming themselves? These are only a few of the ques-
tions which were discussed at The Summit on Sports Ethics.

Some sports, such as football, provide serious risk of injury and provide multiple cases where medicine and sports intersect and create ethical and managerial problems for doctors, athletes and teams.

Peter Gent presented his personal story where doctors misdiagnosed, misprescribed, misrepresented and did what they could to help keep him playing, which was exactly what Pete wanted.

Armen Keteyian explores the conflicts that occur when the doctors bid for the contract to provide health services to the team. Do these business interests pose a threat to the proper delivery of medical care?

Dr. Huizenga shares his personal experiences and professional conflicts as a team doctor. He shares how doctors can cause serious harm to athletes and to their own values by placing team values ahead of their duty to advocate for the health of the athlete.

Managerial and ethical conflicts confronting physicians work their way out to other aspects of society. The media, the families, the legal system and power of big business interests all are linked into difficult situations.

It takes many people to work together to avoid complying with so many of societies rules. The illegal drug use, the one sided practice of medicine, and apparent cover-ups of inadequacies in the medical situation in football confront sports management professionals with serious challenges.

Dr. Huizenga suggested that team doctors get second opinions and recuse themselves from decisions in which their team loyalty may interfere with their medical judgment.

Pete Gent was introduced to drugs in response to injuries sustained in sports. The ready availability of drugs and the widespread tolerance for drug use by team owners, players and doctors indicates that several ethical and managerial issues remain.

Armen Keteyian illustrated how athletes who trust their teams for quality health care may suffer long term. He called these conflicts of interest among the owners and the physicians a mine field—a mine field in which sports managers must tread.

Team owners and team physicians have fundamentally different professional responsibilities, though they may share values regarding team success. Athletes who also share the desire for team as well as personal success may find themselves risking their long term future health for short term team success. Managing this conflict of values, rights, responsibilities and consequences is one of the most important managerial challenges sports professionals face today.

In summary, we addressed the relationship between physicians and sports. For example, who is the team doctor’s client? Is it the team or the athlete? What should team physicians do to protect their athletes as well as their jobs? How should team physicians be managed by their employing organizations, by their league and by their professional associations? What are the special considerations that should be made for junior sports, club sports, collegiate sports and professional sports? What are the ethical and managerial issues associated with medicine and sport? How should these issues be decided?
4.2 Program 10: Science and Sports: Performance Enhancing Drugs

This program is designed to raise practical, ethical and philosophical issues as they relate to managing performance enhancing drugs in sports. Professional and scientific ethics issues are raised regarding the responsibilities of those who create the capability for performance improvement.

Is it fair for science and technology, especially in the form of performance enhancing drugs, to provide some athletes competitive advantages denied others? Consider practical and conceptual difficulties in creating fair competition in sports with:

- Bob Goldman, D.O., MD., Ph.D.
- Armen Keteyian
- Robert Huizenga, MD.
- Robert Butcher, Ph.D.
- Bill Morgan, Ph.D.

Our goal is to help you appreciate the ethics and management issues associated with performance enhancing drugs, sports and society.

- The learning objectives of this program are:
  - Define performance enhancing drug.
  - Recognize the ambiguities in the legal and sports association prohibitions.
  - Recognize the difficulties of enforcing prohibitions and cite example cases.
  - Identify the reasons for prohibiting performance enhancing drugs and cite example cases.
  - Identify objections to current management and enforcement systems.
  - Identify ethical and managerial issues associated with performance enhancing drugs.

Summary—“Science and Sports: Performance Enhancing Drugs”

Science and technology applied to sports propels individual performance to new heights. Advances in equipment and training are linked to breakthroughs in our understanding of performance physiology resulting in stronger, faster, quicker, and more accurate performance in individual and team sports. Athletes with access to new technology or new training methods often prosper in sports. New boat keels, new bicycle designs, new pole vaulting poles, and new apparel materials are examples of external technological improvements permitted in sports which result in advantages to those who employ them.

But what about drugs? When does a medication become an unfair advantage over a competitor, or what level of health risks should be permitted in the medical support for improved performance? These issues were discussed at The Summit on Sports Ethics, so let’s return to The Summit to first identify some of the issues about managing performance enhancing drugs, and then we will explore some of the ethical and philosophical aspects of this societal challenge.

There are serious management challenges in the current system of regulation of performance enhancing drugs. Within individual sports, between different nations, and among the various levels of medical technology for the detection of drugs, enforcement of regulations is difficult.

Dr. Bob Goldman shared his international experience by illustrating the world-wide management and enforcement problems encountered because of the lengths to which athletes will go to achieve a competitive
edge, often without concern for their own long term health and safety.

Armen Keteyian noted how the medical profession reports that there are problems of epidemic proportion in the use of potentially dangerous performance enhancing drugs; while the leagues and management associations often claim that everything is under control and the violations are rare.

Dr. Rob Huizenga noted how doctors can help athletes pass tests for performance enhancing drugs, and he focuses on the need for medical research into the effects of the drugs which are now commonly used.

The uncertainties regarding ethical and philosophical distinction are an important part of the management problem in performance enhancing drugs. How do you distinguish between the good and the bad drugs? And who should say what medical risks athletes should take?

The ethical and philosophical issues are not easy to resolve. But these fundamental conflicts regarding definitions, rights and responsibilities result in the management problems cited by Drs. Goldman and Huizenga, and Armen Ketayian.

Professor Miller Brown explored the difficulties in drawing the line between the natural and the unnatural—or artificial means—used in enhancing performance. He showed the futility of using the natural-unnatural distinction in making ethical choices.

Professor William Morgan characterized two dominant approaches to the issue of performance enhancing drugs: The paternalistic approach, where those who are in responsible position make decisions for others, and the libertarian approach, where athletes are free to make their own choices regarding their own well being and use of performance enhancing drugs.

Dr. Robert Butcher made the point that as long as everyone does a particular practice, then it preserves the fairness of competition, so he encourages the uniformity of application over the specific questions regarding exactly what should be banned.

The practical managerial problems in our present ways of handling performance enhancing drugs result from technological and social realities which make the control of these substances next to impossible. As the rewards continue to increase for obtaining an advantage over competitors, some athletes will put their health, indeed, their own lives at risk. What would the best society do? Would it permit its athletes to make their own choice, or would it make the choice for them? And in either case, we must commit to developing a fair management and enforcement system that makes the options work in the world of sport.

In summary, we addressed the following questions: What are performance enhancing drugs? Should performance enhancing drugs be banned from sports competition? If so, which drugs should be banned from which sports and why? Is the present system of drug controls working? What ethical and managerial issues are related to performance enhancing drugs? How should decisions relating to performance enhancing drugs be made?

5. Brief Summary of Web Site activities

5.1 There are several links to web sites that provide information regarding scientific and medical issues in sport.
5.2 You have an opportunity to take a position on any issue you chose regarding science or medicine and sport. Be sure to present your position cogently presenting important stakeholders and analyzing their stakes and making well evaluated management options clear.

5.3 Be sure to take your quiz for module 10. This quiz is based on the readings.


- How would you provide medical care for athletes in team sports such as football? Who should the physician advocate for? Should the short-term interest of playing sports or the long-term health interest be most significant? Who should decide? Do athletes have the right to do things that will harm themselves in the long run?
- What do you think should be done concerning the use of performance enhancing drugs in sports? Look for cases where athletes have had their medals taken away or have lost their careers. Is this justified? Why or why not?
7. Self Test for Module 10

1. A team doctor can be said to have an obligation to
   (a) the team
   (b) the athlete
   (c) to the medical profession
   (d) to themselves
   (e) all of the above

2. Sometimes the duties of a team physician can be in conflict.
   (a) true
   (b) false

3. The team doctor should do whatever can be done to send the player back into a game, without serious concern for the long term health of the athlete.
   (a) true
   (b) false

4. A team doctor should let athletes direct their own treatments.
   (a) true
   (b) false

5. Medicine is separate from sports and does not play a significant role in athletics.
   (a) true
   (b) false

6. Paternalists think it is permissible to interfere with another's freedom, while libertarians believe that one should not interfere with someone's autonomy.
   (a) true
   (b) false

7. With drug use in sport reported to be at a high level, what would many say about the physicians who assist the athlete to test clean for competition?
   (a) the physician is behaving unethically
   (b) the physician is only doing what the athlete requested
   (c) the physician, if discovered, should not be allowed to work with athletes
   (d) the athlete should be barred from competing
   (d) none of the above
   (e) all of the above

8. A performance enhancing drug is:
   (a) any substance that provides a competitor an advantage
   (b) different drugs and substances for different sports
   (c) difficult to define exactly
   (d) all of the above

9. Dr. Bob Goldman said that many athletes would be willing to take a drug that would significantly shorten their life, if it would guarantee them an Olympic victory.
   (a) true
   (b) false
10. Defining a substance as natural or un-natural is one good way to separate the illegal performance enhancing drugs from those which should be legal.

(a) true  
(b) false

11. Managing and deciding whether to employ certain drugs is made difficult because:

(a) much research needs to be done on the long term effects of certain drugs  
(b) the risk is very hard to quantify or even identify  
(c) some of the positive results are readily apparent  
(d) a and c only  
(e) all of the above

12. Distinguishing between good and bad drugs should be left to the athlete to decide. This would be a belief of a

(a) paternalist  
(b) evangelist  
(c) libertarian  
(d) all of the above

13. Drugs are used in sports for what reasons?

(a) enhancement  
(b) recovery  
(c) pleasure  
(d) all of the above

14. The IOC spends approximately how much money on drug testing?

(a) 1 Million  
(b) 5 Million  
(c) 25 Million  
(d) 50 Million

15. Which of the following stakeholders has the greatest position regarding the use of illegal drugs.

(a) coaches  
(b) parents  
(c) team physicians  
(d) athletes

16. Cases of drugs in sports date as far back as

(a) early 20th century BC  
(b) early 19th century BC  
(c) early 5th century BC  
(d) early 3rd century BC

17. Most believe drugs reduce the respect for the perpetrator and the

(a) drug companies  
(b) sport  
(c) team physician  
(d) none of the above

18. Athletes who trust their teams for quality health care may risk future health for

(a) short term health care  
(b) two weeks of practice  
(c) a Super Bowl ring  
(d) all of the above.
19. Medical breakthroughs are designed to
(a) increase endurance
(b) increase and enhance athletic performance
(c) repair the injured
(d) all of the above

20. In order to avoid getting the team’s doctors involved in a medical dilemma in which their team loyalty could interfere, they should
(a) get a second opinion to back up their medical diagnosis
(b) say “I plead the fifth” during any medical situation
(c) obey the coach because he is the boss.
(d) listen to the patient because it is his/her body.

21. The primary goal of the NATA Code of Ethics is
(a) win at all costs
(b) obey only the man in charge for he is always right
(c) do whatever you as the doctor feels is right
(d) assurance of high quality healthcare

22. What does NATA stand for?
(a) National Association That Achieves
(b) National Athletic Trainers Association
(c) National Association of Taiwan- Asians
(d) none of the above

23. What is the purpose of the NATA?
(a) to address may issues in sports medicine.
(b) to certify trainers under the same code of ethics.
(c) the protect the welfare and dignity of all patients
(d) all of the above

24. A libertarian
(a) believes we should live by the rules everyone else makes
(b) is opposed to bans because they feel we should be able to live our own individual lives as we see fit
(c) both a and b
(d) none of the above

25. What is a performance-enhancing drug?
(a) a drug to make you feel no pain.
(b) a drug to make you gain an unfair advantage over your opponent.
(c) a drug that is illegal
(d) both b and c
(e) all of the above

26. A paternalist is one who
(a) is a pessimist
(b) is for the power of choice.
(c) favors the ban on drugs because it protects athletes from needless harm
(d) none of the above
27. What do the drugs HCH, HGH, IGFI and DHEA all have in common?

(a) all are performance enhancers  
(b) all are undetectable by drug tests  
(c) all are genetic hormone  
(d) all of the above

28. Steroids are taken for

(a) performance enhancement  
(b) social benefits  
(c) appearance  
(d) all of the above

29. Androgenic steroids work to

(a) build muscle mass  
(b) build muscle strength  
(c) gain an advantage over their opponent  
(d) all of the above

30. Peter Gent:

(a) explores the conflicts that occur when the doctors bid for the contract to provide health services to the team.  
(b) shares his personal experiences and professional conflicts as a team doctor.  
(c) presented his personal story in which doctors misdiagnosed, misprescribed, misrepresented and did what they could to help keep him playing, which is exactly what Pete wanted.  
(d) shares how doctors can cause serious harm to athletes and to their own values by placing team values ahead of their duty to advocate for the health of the athlete.

31. Dr. Huizenga:

(a) suggested that team doctors get second opinions and rescue themselves from decisions in which their team loyalty may interfere with their medical judgment.  
(b) introduced drugs in response to injuries sustained in sports.  
(c) illustrated how athletes who trust their teams for quality health care may suffer long term.  
(d) called conflicts of interest among the owners and the physicians a mine field.

32. The Code of Ethics of the National Athletic Trainers’ Association Principle 1:

(a) Members shall comply with the laws and regulations governing the practice of athletic training.  
(b) Members shall respect the rights, welfare and dignity of all individuals.  
(c) Members shall accept responsibility for the exercise sound of judgment.  
(d) Members shall maintain and promote high standards in the provision of services.

33. Bob Goldman:

(a) chief physician for the sport of bodybuilding worldwide.  
(b) works for CBS Sports in New York as a special features reporter.  
(c) by training, he is a philosopher.  
(d) basketball player in college at Michigan State.
34. ___________ said, “For a long time after writing *North Dallas Forty*, which was my first novel, I was sort of the resident expert on every television show that had talked about drugs.”

(a) Peter Gent  
(b) Robert Huizenga  
(c) Robert Butcher  
(d) Bill Morgan

35. Bob Goldman:

(a) shared his international experience by illustrating the world-wide management and enforcement problems encountered because of the lengths to which athletes will to go to achieve a competitive edge, often without concern for their own long term health and safety  
(b) noted how doctors can help athletes pass tests for performance enhancing drugs.  
(c) focused on the need for medical research into the effects of the drugs, which are now commonly used.  
(d) noted how medical profession reports that there are problems of epidemic proportion in the use of potentially dangerous performance enhancing drugs.

36. Professor Miller Brown:

(a) made the point that as long as everyone does a particular practice, then it preserves the fairness of competition, so he encourages the uniformity of application over the specific questions regarding exactly what should be banned.  
(b) explored the difficulties in drawing the line between the natural and unnatural, or the artificial means, used in enhancing performance.  
(c) characterized two dominant approaches to the issue of performance enhancing drugs – paternalistic and libertarian approach.  
(d) prominent sports attorney for over 27 years.

37. The IOC banned the following methods:

(a) procedures that artificially modify blood constituents or biochemistry  
(b) the use of drugs or other substances  
(c) Procedures used to mask pain  
(d) a and b  
(e) all of the above

38. ___________ said, “There is a sense of nationalism about caring about other people that is absolutely vital to the moral fabric of our lives.”

(a) Robert Huizenga  
(b) Robert Butcher  
(c) Bill Morgan  
(d) Peter Gent

39. According to Armen Keteyian, what percent of college athletes test positive for steroids?

(a) 0-1%  
(b) 1-2%  
(c) 3%  
(d) 4-5%

40. Peter Gent wrote

(a) The Great American Novel  
(b) The Natural  
(c) The Good and the Bad  
(d) North Dallas Forty

41. William Morgan maintains the view that it is morally okay to interfere with someone’s freedom if it is good for them and produces some good result. This is an example of:

(a) libertarianism  
(b) paternalism  
(c) socialism  
(d) communism
42. William Morgan maintains that ________ are against a ban on drugs?
   (a) libertarians  
   (b) paternalist  
   (c) socialist  
   (d) autonomists

43. Who presented the argument that the point of sports is to test the outermost limits of one’s body and that it’s an adventure in freedom?
   (a) Peter Gent  
   (b) Miller Brown  
   (c) William Morgan  
   (d) David Fay

44. Dr. Rob Huizenga said that in order to make decisions, you need
   (a) information  
   (b) hypothesis  
   (c) results  
   (d) a question

45. According to Dr. Huizenga, a study showed that ____ percent of 5th, 6th, and 7th graders are currently taking anabolic steroids.
   (a) 1%  
   (b) 2.5%  
   (c) 5%  
   (d) 7%

46. Bill Morgan says that there is a clash among the discussion of using performance enhancing drugs in sports between what 2 groups?
   (a) conservatives and liberals  
   (b) socialists and libertarians  
   (c) paternalists and liberals  
   (d) paternalists and libertarians

Module Ten.

1. e, 2. a, 3. b, 4. b, 5. b, 6. a, 7. e, 8. d, 9. a, 10. b, 11. e, 12. c, 13. d, 14. c, 15. c, 16. d, 17. b, 18. d, 19. d, 20. a, 21. d, 22. b, 23. d, 24. b, 25. d, 26. c, 27. d, 28. d, 29. d, 30. c, 31. a, 32. b, 33. a, 34. a, 35. a, 36. b, 37. e, 38. c, 39. b, 40. d, 41. b, 42. a, 43. b, 44. a, 45. b, 46. d