HIV Infection: Risk, Right to Know, and Requirement to Divulge

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Scenario: You, as an athletic therapist, are asked by your employer to develop a policy to protect athletes from getting infected with HIV during participation in sports. One option would be to ban any HIV-positive athlete from participating in sports, as some institutions have done. Is this option ethical? It is necessary to develop a policy based on moral reasoning rather than on unsubstantiated fear. There is no simple solution to complex moral issues. This paper provides a framework for analysis that should lead to formation of a policy that is ethically acceptable.

We are frequently bombarded with information about the spread of Human Immunodeficiency Virus (HIV), which causes great concern and fear among the general public. The more recent revelations involving well-known professional athletes Tommy Morrison and Earvin “Magic” Johnson have focused attention on the disease and on the sport setting. Even though these athletes acquired HIV outside the athletic setting, there has been considerable concern about contracting HIV within the sport setting.

Although there has been no documented incident of HIV transmission in sport as of yet, contact sports such as boxing, wrestling, rugby, and ice hockey, which have a higher risk of blood exposure compared to other sports, theoretically pose a risk (McGrew et al., 1993).

Tommy Morrison was suspended by the Nevada Athletic Commission whereas the National Basketball Association (NBA) has welcomed Magic Johnson’s return to professional sport. Currently, Nevada, Arizona, Washington, Oregon, and Puerto Rico require professional boxers to be tested for HIV infection before participating in organized fights. Other state boxing associations, those in Pennsylvania, California, Georgia, Louisiana, Texas, New York, and New Jersey, are reviewing their policy about testing boxers for HIV before competition.

Although an open bleeding wound could be a source of HIV infection if the injured athlete is HIV-positive, no such transmission has ever been documented anywhere.

The recommendations of the American Academy of Pediatrics, the World Health Organization, the National Football League (Brown et al., 1994), and other sports organizations state the possibility of HIV transmission among athletes during sporting events is remote. Nevertheless, more and more colleges and universities are being challenged to set a policy regarding participation of HIV-positive athletes in sports. Fear and concern might lead sports administrators to ban HIV-positive athletes from sports altogether.

A 1992 survey of 548 responding NCAA institutions (out of 860 surveyed) revealed that 33 (6%) had established policies on the participation of HIV-positive athletes, and 15 others restricted participation in some way. Six institutions banned HIV-positive athletes from participating in any sport, while 9 barred them only from selected sports such as ice hockey or wrestling (McGrew et al., 1993).

In this context, athletic trainers will be charged with formulating appropriate policies. What kind of an informed decision can the athletic trainer make regarding the hierarchy of values? Who is more important? The individual? The team? Or the sport? The athletic trainer will have to answer questions regarding risk, the right to know, requirement to divulge, personal liability, legal implications, commitment to sport, and the testing of athletes for HIV prior to participation in sport.

Moral Reasoning

Moral reasoning involves reflecting upon what is the right thing to do and why. Lumpkin et al. define it as a “systematic process of evaluating personal values and developing a consistent and impar-
tial set of moral principles to live by” (1994, p. 1). This problem-solving activity involves offering reasons for and against moral beliefs. Any such reflection must be consistent with past and present decisions and must overcome emotional bias.

While *morals* refer to people’s motives, intentions, and actions in dealing with one another, *ethics* is the study of morality. Ethics studies the underlying issues and questions the values people hold. Moral values are based on universal principles, not on rewards such as fame, fortune, power, and winning. Universal principles should hold true regardless of people’s beliefs, cultural backgrounds, and the times in which they live. The Golden Rule is a classic example of a universal principle.

The following moral values are universally recognized: justice, fairness, honesty, responsibility, right to privacy, beneficence (promote welfare), and nonmaleficence (do no harm). An ethically sound answer to whether an HIV-positive athlete should be allowed to participate in sport is not necessarily harming others while doing so. The return of Magic Johnson to NBA competition attests to this.

**Denying Participation**

- **Nonmaleficence**: The HIV-positive athlete should not be allowed to participate because theoretically there is still potential risk of transmitting HIV in contact sports. This risk can lead to harming fellow athletes. In order to guarantee no possible harm to others, participation should be denied.
- **Responsibility**: The HIV-positive athlete has the moral responsibility to not pose any threat to fellow competitors.
- **Honesty**: Others participating in sport have the right to know whether there is an athlete with HIV infection on the team.

Issues related to the duty to protect and the duty to warn represent the contrasting obligations the athletic trainer has to face. Obviously these principles present a dilemma: which is the most important?

A hierarchical order needs to be established before a solution can be formed. Rational decision-making may be clouded by personal biases. Homophobic attitudes and fear of contagion, despite minimal risk, may overrule rational moral reasoning. The athletic trainer has to overcome personal biases to arrive at an ethically defensible decision.

**Testing for HIV Infection**

Based on the absence of documented HIV transmission and the very low probability of transmission in sport settings, the World Health Organization and the World Federation of Sports Medicine have recommended there is no reason to deny participation in sport to HIV-positive athletes (WHO, 1989). This position has also been supported by other sport organizations such as the NCAA (1994) and the NFL (Brown et al., 1994).

If the decision is to allow all athletes to participate regardless of their HIV status, then policy pertaining to testing of athletes is irrelevant. However, if the decision is that the HIV-positive athlete should be denied participation in sport, this raises another set of questions regarding testing of all athletes for HIV infection.

Currently, testing methods for HIV infection are widely available. An oral specimen HIV testing system has recently been developed (Epitope, 1995). Because of the public’s apprehension about con-