CURRENT LITERATURE in athletic training defines ethics as the rules, standards, and principles that dictate proper behavior among members of a society or profession. In athletic training, professionals often act in ways that test the boundaries of appropriate behavior and state practice acts. Fortunately, in most but not all instances, ethics will conform to both national and state laws.

Ethics is a frequently discussed topic among all medical professionals, and athletic training is definitely not immune to ethical debate. Decisions regarding ethics in our profession frequently involve administrative and personal issues including but not limited to breaches of confidentiality, third-party issues, exploitation, and inappropriate personal relationships. Certified athletic trainers (ATCs) can also find themselves faced with ethical conundrums relative to their knowledge and skills that influence decisions they make at their clinical sites. Unethical decisions pertaining to the management and treatment of injured patients by any allied health professional usually pertain to high-risk or illegal activities and will most times be accompanied by high publicity. Ethical questions of everyday injury management and treatment, however, can be overlooked in any setting where ATCs are employed.

The five principles contained in the NATA code of ethics collectively call for ATCs to put the best interests and needs of the physically active above all else. At the very least, we are bound to give our athletes the power of self-determination. In other words, ATCs must not only educate athletes about their injuries but also give them information relevant to potential treatment options. An essential but often neglected part of this process is discussion that addresses the cost–benefit nature of treatment alternatives and long-term outcomes. Injured athletes must be furnished with adequate information in order to make educated decisions when it comes to their health care. Although this task might seem rather simple, it becomes more difficult in athletic settings (high school, college, or professional) where coaches, administrators, and owners often have a “win at any cost” mentality. The situation is equally difficult in clinical settings where business owners rely on ATCs’ ability to bill for services and receive reimbursement from insurance companies. Too often, the relentless pursuit of victory or money is accompanied by a display of...
disregard for the well-being and ultimate health of athletes. As a result, ATCs have an ever-increasing number of ethical conflicts of interest to deal with. In short, ATCs can face the dilemma of choosing job security or loyalty to the success of a team or business ahead of athletes’ welfare.

“Win at Any Cost” Attitude

The following scenarios are intended to stimulate thought regarding the ethical responsibility of an ATC in each given situation. Scenarios should be read with one major question in mind: Am I fully meeting my ethical responsibilities from an injury-management standpoint?

Scenario #1

Joey is a star on a small-college football team. He sustains a fairly serious injury early in the preseason and would qualify for a medical hardship. Joey and the ATC receive pressure from the coaches to delay any medical treatment (surgery) that would keep Joey out of competition for an extended period of time. With Joey at less than 100% the team has a chance to make the playoffs for the first time in several years. Without Joey, team’s prospects look dismal and the coach’s job is in jeopardy. Joey does not know what to do.

- If your regular physician agreed to support a medical hardship and the coach asked you to get a second opinion from a physician “who understands football a little better,” what would you do?
- Joey now has contrary medical opinions. Your regular team physician recommends surgery and the other says Joey should play with a brace, medication, and physical therapy. What would you say to Joey or his parents when they ask you about the situation? Would your answer change based on who is in the room (coach vs. physician)? Would your answer change if the coach were also the athletic director who is responsible for personnel decisions (i.e., your job)?

Scenario #2

Bobby is an athlete with chronic shoulder problems and has been undergoing rehabilitation with you for several months. It is Friday afternoon and Bobby informs you he has finished his last prescription anti-inflammatory pill and needs a refill. You are unable to reach a physician and you have access to the medication.

- Would you provide an athlete with anti-inflammatory samples when you believe the physician would do it if you could reach him or her?
- What if the athlete informs you he can get the same medicine from a teammate? What would you tell him? Is it OK to say, “I don’t think you should do it, but you must make your own decisions”?

Scenario #3

Tony and Pat are athletes with similar injuries. Tony is a walk-on with zero chance of ever playing in a game, and Pat is an all-American who will be a top pick in the upcoming professional draft. They both show up for treatment. You have a limited amount of time and resources.

- Is it unethical to prioritize time and resources for athletes who can better help the team win? Would Tony and Pat receive the same attention in your athletic training room?
- Are walk-ons socialized by ATCs, coaches, and teammates to accept a lesser standard of care? Is it OK that Tony does not expect the same treatment as Pat?

Scenario #4

Larry is a construction worker with a low-back injury currently on workers’ compensation and receiving treatment at the clinic. He is clearly ready to return to work but would like to continue with rehabilitation for a few more weeks. The owner has consistently reminded you of the importance of providing billable services and encourages you to continue with his treatment. Are the following statements unethical or good business?

- You bill for 60 min of therapeutic exercise but actually perform only 20 min worth of rehabilitation (Larry really does not need the full 60 min).
- You add on a 10-min ultrasound to the program even though it might not be absolutely necessary (easily billable).
- You continue to encourage Larry to return to the clinic.

Discussion Questions

Most ATCs would acknowledge that injury-management decisions are not made in a vacuum and it is input from several individuals (athlete, ATC, coach, parents, physician) that determines the course of action.