Certified Athletic Trainers (ATs) must make difficult ethical decisions that affect athletes, parents, coaches, the school, the sports team, and other members of the athletic healthcare community. When a “star” football player has sustained an injury in the final minutes of play in a championship game, the AT is often the person who must evaluate the risk of further injury, respect the rights of the athlete, respond to the demands of the coach, and appropriately address the wishes of the parents. This type of ethical decision making requires an appreciation of issues and dilemmas that are embedded within the situation.

Although there is a growing body of literature that addresses ethical issues in sports medicine, little research has focused on the perspective of the AT regarding ethical issues encountered in the sports medicine setting. In 1992, Flint and Weiss identified fewer than 20 studies that focused on ethics, professional roles, and responsibilities related to athletic healthcare decision making. Using hypothetical scenarios involving returning injured players to competition, neither game situation or player status (starter vs. non-starter) was found to influence the decisions of the AT, but they did influence coaches’ decisions. They concluded, “As the degree of involvement, the team’s needs, and the athlete’s contribution increases, so does the difficulty of being completely objective in decision-making.” “In this case, both coaches and ATs run the risk of being caught up in the criticality of the situation rather than being able to rely on a firm moral grounding for their decisions.”

Prior to 2008, there have been no ethics research articles published from the perspective of the AT on ethical decision making.

Further identification and clarification of the ethical issues and dilemmas encountered by the AT would facilitate recognition and resolution of ethical dilemmas, provide educators with a basis for curricular enhancement to help athletic training students develop ethical decision-making skills, and serve as a foundation for further research. The purpose of this descriptive study was to identify the types of ethical issues that occur in athletic training practice and to generate a consensus of opinion regarding the most important and frequently encountered issues.
Methods

Following institutional review board approval, an invitation to participate was sent to subjects who were identified from the NATA Leadership Directory based on their expertise in professional ethics or the professional role of the AT. The criteria for expert group selection included an established publication record, professional service, or education in the professional ethics or professional role of the AT. Expert group members represented a broad range of athletic training experiences, practice settings, and record of professional accomplishments. On average, expert group members had been practicing as athletic trainers for 21.6 ± 6 years (range = 11-31 years).

The study used three sequential surveys. In the first survey round, expert group members were asked to list ethical issues under each of the six practice domains of athletic training: Domain 1 = prevention; Domain 2 = clinical evaluation and diagnosis; Domain 3 = immediate care of athletic injuries; Domain 4 = treatment, rehabilitation, and reconditioning; Domain 5 = organization and administration; and Domain 6 = professional responsibility.

In the second round, experts were asked to examine the list of generated ethical issues, add any additional issues that might be missing, and rate each issue for importance using a 10-point scale, ranging from not at all important or frequently occurring to frequent to critically important and frequently occurring. During the third survey round, experts were asked to rerate each ethical issue with consideration for both the mean importance and frequency rating assigned by the group and for reconsideration of their previous ratings.

Responses were organized using Excel software, and descriptive statistical analysis was performed using SPSS version 11.0 to analyze ethical issues for importance and frequency, with standard deviation values providing an indication of the level of consensus from the expert group. The large number of ethical issues generated by the expert panel for each domain made the goal of reaching complete consensus on the most important or frequently encountered ethical issues impractical. Therefore, qualitative analysis was used to determine themes that categorize the ethical issues identified by the expert group. Items within each theme category were then compared to the NATA Code of Ethics and the Board of Certification Code of Professional Responsibility.

Results

Twenty-seven of the 47 (57.4%) invited experts agreed to participate in the study. Seventeen of the 27 (62.9%) experts who had agreed to participate completed the first survey round, 12/17 (70.5%) completed the second survey round, and 10/12 (83.33%) completed the third survey round. Ten of the 47 (21.2%) invited experts completed all three survey rounds.

The expert group generated a total of 200 issues. After elimination of duplicate items, 154 specific ethical issues were identified across the six athletic training domains. Qualitative analysis of these 154 ethical issues yielded 7 themes:

1. Substandard care: Substandard, incompetent, illegal, unlicensed, non-credentialed, or inadequate care, equipment, or decision making. (49 issues)
2. Interdisciplinary conflicts: Miscommunication or disagreement about roles, resulting in failure to refer appropriately, poor quality of care, or not fulfilling obligations to the athlete, organization, or public. (24 issues)
3. Integrity and honesty: Integrity in professional relationships and obligations (honesty vs. dishonesty, truth-telling, misrepresentation). (24 issues)
4. Respect for rights: Failure to recognize athlete, patient, student or employee rights or failure to properly act (confidentiality, fairness, autonomy in decision making, informed consent, etc.). (23 issues)
5. Conflicts of interest: Divided loyalties and conflicts that prevent acting in the athlete’s or patient’s best interests. (14 issues)
6. Pressure to return to play: Pressure from the coach, parent, supervisor, administration, athlete to return to play, or cost-containment issues that promote potentially inadequate or unsafe care. (14 issues)
7. Reporting unethical conduct: Duty to report, policing of self, the profession or other professionals. (6 issues)

Tables 1 through 4 provide the three top-rated ethical issues within each theme (based on importance and frequency), the domain from which the issue was generated, the mean rating by the expert group, and the standard deviation (in parentheses) for each item.