Patient-Centered Care and Conflict of Interests in Sports Medicine-Athletic Training

Gary Wilkerson, EdD, ATC • University of Tennessee at Chattanooga

The term “patient-centered care” refers to the delivery of healthcare services that are focused on the individual patient’s needs and concerns. This concept has been embraced by advocates of American healthcare system reform who favor government-sponsored initiatives, as well as those who promote market-oriented solutions to the need for cost containment and quality improvement. Sports medicine practitioners, including athletic trainers, are widely recognized to be highly responsive to an injured athlete’s desire to return to participation in competitive sports as quickly as possible, and they clearly promote a high degree of athlete-patient engagement in the care process. Thus, the sports medicine model could be characterized as a more patient-centered approach to care than that which is provided by the mainstream healthcare system.

Although most aspects of sports medicine and athletic training practice are clearly patient centered, a glaring exception exists in many situations. Sports medicine physicians and athletic trainers are often presented with an ethical dilemma that arises whenever an individual athlete’s best medical interests conflict with the performance expectations of authority figures (e.g., coaches, parents). In almost every circumstance involving the provision of medical care, the legal responsibility for the decision to allow an injured athlete to return to sport participation ultimately belongs to a licensed physician. In many situations, a physician who is a sports medicine specialist will authorize an athletic trainer to guide the rate at which an injured athlete is exposed to progressively increasing physical demands, but the physician is still ultimately responsible for the athletic trainer’s clinical practice decisions.

Even though few coaches have received a substantial amount of formal education relating to human physiology and health-related risks associated with intense physical activity, many impose extreme performance expectations on their athletes, and some use intimidation tactics to influence the medical decisions of team physicians and athletic trainers. Rather than resisting, some athletic trainers tolerate this influence to avoid conflict and in some cases, to further their own profession ambitions. Some athletic trainers who fear loss of employment can become enablers of overbearing coaching behavior that has the potential to adversely affect the welfare of athletes. Such a situation can be exacerbated by an organizational structure that does not adequately address legal and ethical issues associated with the need for physician oversight of the clinical services provided by athletic trainers and which typically does not have meaningful physician involvement in athletic training staff selection (i.e., hiring, performance evaluation, promotion, termination). An athletic program administrator who lacks healthcare expertise (e.g., athletic director) simply cannot judge the professional qualifications and clinical competencies of athletic training personnel as effectively as a sports medicine physician. Consequently, the professional advancement of many athletic trainers is heavily influenced by conformity to an organizational structure that primarily rewards winning and that grants broad discretion to head coaches in pursuit of program success.
A vaguely defined and indirect relationship of athletic training personnel to a team physician that is combined with a clearly defined and direct employment relationship to an athletic program presents the potential for very serious conflict of interests. In recent years, numerous sport-related catastrophic events have involved extreme coercion for continued participation beyond reasonable limits that should have been imposed to protect the athlete’s health. Although clearly unethical, and possibly illegal in many states, an athletic trainer’s desire to win games and fulfill the expectations of coaches could result in misrepresentation of the physical status of injured athletes to the team physician, relevant information about cases may be withheld, or specific injury management instructions might be disregarded. Many sport-related injuries present risk for chronic disability if mismanaged, and the consequences of poor decisions relating to the prevention and management of conditions such as heat illness and concussion are potentially catastrophic. The inherent conflict of interests created by an administrative structure that allows coaches to heavily influence the manner in which sports medicine and athletic training services are delivered presents an unacceptable threat to the welfare of the athlete-patient.

In an effort to promote a patient-centered approach in all aspects of sports medicine and athletic training practice, a set of 10 principles are offered to guide institutions and organizations in assessment of existing administrative policies, procedures, and professional service relationships. Many of these principles correspond to concepts addressed by the Board of Certification Standards of Professional Practice, the Code of Ethics of the National Athletic Trainers’ Association, and state medical practice regulations. Individuals who recognize the need for a more patient-centered approach to the delivery of sports medicine and athletic training services are encouraged to provide comments at the International Journal of Athletic Therapy & Training website: www.journalshumankinetics.com/ATT. Click on the link to the electronic copy of this editorial, input your name, e-mail address, and comments into the box on the lower portion of the webpage, and then click the “post” button. Change of the prevailing system can only be accomplished through the coordinated efforts of individuals who are willing to proclaim a commitment to ethical principles.

References

Gary Wilkerson is the Editor-in-Chief of the International Journal of Athletic Therapy & Training. He is a professor in the Graduate Athletic Training Program at the University of Tennessee at Chattanooga.