

The Need for Accountability and Transparency in Intercollegiate Athletic Medicine

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Over the years, intercollegiate athletics has exerted influences that have sometimes had adverse effects on the health and welfare of student-athletes. Even individuals who routinely uphold high ethical standards are not immune to intense situational pressures for compromise. Conflicts of interest generally arise from a sense of duty to an organization or concern that one's employment is in jeopardy. Team physicians and athletic trainers share in the challenges associated with the efforts to achieve team and organizational success, but their first priority is to provide optimal health care for each student-athlete. The American Medical Association Opinion 3.06–Sports Medicine,¹ the National Athletic Trainers' Association Code of Ethics,² the Board of Certification Standards of Professional Practice for athletic trainers,³ and the National Collegiate Athletic Association⁴ Sports Medicine Handbook 2013–14 clearly emphasize the primacy of the patient's best interests. However, the realities of an employer's expectations and professional ambitions can lead to clinical decisions that promote team success to a greater extent than an athlete's long-term health interests. Many who work in athletic medicine can reflect upon years of clinical experiences and acknowledge pressures that have sometimes tested their resolve to place the health and welfare of the student-athlete above all other considerations.

A dramatic increase in public awareness of issues relating to concussion management has generated unprecedented scrutiny of the policies and procedures of intercollegiate athletic medicine programs. At some institutions, intercollegiate athletics is a big business that creates a major financial incentive for success. Winning games directly determines the level of compensation provided to many coaches and athletic program administrators, and student-athletes in some sports possess highly marketable skills that sometimes lead to lucrative professional careers. The quest for athletic success and financial gain can compromise the ideals of student-athletes' academic and personal growth that accrue through progress toward an educational degree. Although no university president or athletic director would publicly affirm that the quest for athletic success ever compromises the health or academic success of student-athletes at his or her institution, insufficient transparency about internal matters too often has adverse effects. A few egregious examples of institutional failure to restrain misconduct by athletic program personnel

have received widespread media attention. Overt cases of unethical behavior are relatively rare, but subtle influences can exert insidious cumulative effects. The current nontransparent structure of many programs can easily hide behaviors that can have negative long-term physical or mental consequences for student-athletes, as well as for individuals employed by athletic programs. The unacceptably high rate of professional burnout among college and university athletic trainers suggests that some may be adversely affected by prevailing cultural expectations.

The highly competitive culture of intercollegiate athletics has historically been characterized by insulation from other institutional departments and limited accountability to anyone outside its own internal administrative structure. For example, some newly hired coaches are granted unrestrained authority to make changes in athletic medicine personnel and operating procedures. This practice sets up a scenario in which the coach is making medical decisions without formal medical training, and more important, such decisions can lead to a conflict of interest in medical decision making.

The time has come for intercollegiate athletic programs to eliminate any appearance of conflict of interest by becoming transparently accountable to any outside observer. The new "Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges" clearly addresses the need for explicit institutional accountability for student-athlete health and welfare with the following statements: "The institution must affirm, in policy and protocol, that sports medicine providers are empowered to make best-interest decisions regarding the athlete at all times and in all settings, and these decisions are authoritative and not to be ignored. This organizational principle must be clearly communicated throughout, from the top down, both in policy and in practice."^{5(pX)}

To ensure an institution's compliance with the consensus recommendations, we advocate the creation of an athletic medicine review board that would function in a manner similar to an institutional review board for protection of research participants or a citizen review board for oversight of a law enforcement agency. The athletic medicine review board would provide oversight for all programs and services that have the potential to affect the physical or mental health status of student-athletes, thereby promoting operational transparency and the implementation of best

practices in prevention, treatment, and rehabilitation of injuries; preparticipation examinations; emergency action planning; strength and conditioning training; nutritional counseling; and psychosocial care, including treatment for substance abuse, eating disorders, psychiatric conditions, and violent behavior. A publicly accessible annual report to the university's board of trustees should present evidence of compliance with consensus best practices and document any specific areas of concern.

The "fox guarding the henhouse" expression applies to a nontransparent administrative structure that can easily obscure inappropriate influences on return-to-play decisions and other aspects of risk exposure. Clearly, some intercollegiate athletic programs do not provide athletic medicine services in a manner that conforms to key principles advocated in the new consensus statement. We believe the creation of an athletic medicine review board that reports directly to the university's president and governing body could serve as an important mechanism

for implementing the consensus recommendations for the protection of student-athlete health and welfare.

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