The Team Doctor, Ethics, and Media: What Are the Dos and Don'ts?

*Moira O'Brien*

**Key Words:** athlete, media, medical ethics

Sporting events and elite athletes have captured the imagination of the public and the media. This is reflected by television coverage, and newspaper and magazine articles devoted to all aspects of sport. Thus, they will not pass up any opportunity to get an exclusive interview or information about a sports personality.

The following are suggested broad guidelines for the medical practitioner when dealing with the media:

1. The team doctor selected to travel with a team to an Olympic Games, World Championship, or other major international event must know all the athletes for whom he/she is responsible. This includes knowledge of their medical, psychological and social history, and their sport. The primary function of the team doctor is to look after the athlete, who is their patient, and to try and help him/her both psychologically and physically to recover as soon as possible.

2. The media will almost certainly approach the medical officer for a statement, if there is any controversy (eg, if any athlete does not perform well) or if there is any hint that a drug test carried out on an athlete may be positive. The extent of the media coverage, whether it attracts national or international attention, will depend on the controversy, the event, the athlete involved, particularly if he/she has a high media profile.

3. Most National Olympic Committees insist that all members of the Olympic "family" (athletes, officials) sign an agreement that only the chef de mission or the manager will give interviews to the media. If the medical officer has permission to make a statement, before meeting the press or media, it is important that the medical officer has researched the subject and has all the facts at hand. Questions that might be asked by the members of the media should be anticipated.

4. The medical officer or team doctor should only give information to the media on the state of the health of any athlete, and this should be with the athlete's consent, the team manager's approval, and prepared with the utmost care. A written statement that is factual and lucid should be prepared and shown to the athlete before it is presented to the media. The rules with respect to professional confidentiality must be followed at all times. Comments should not be thrown away, as these may lead to further complications. The physician must remember that for many athletes, particularly professional athletes, sport is their livelihood and any ill-advised, chance remark may have serious financial consequences for the athlete.

5. Team doctors must not seek publicity. The physician should not publicly criticize fellow professionals who are treating an elite athlete nor try to place the blame on any other officials dealing with the athlete. The services or treatment methods of some physicians should not be compared to those of other colleagues, either who are mentioned by name or who are unmistakably indicated.

6. Identifiable case histories must not be referred to when speaking in public nor when answering enquiries.

7. If a team doctor is expressing his/her own view on a particular situation, the doctor must state clearly that this is a personal opinion. They must also know how their opinion differs from the official policy of the team. It is important at times to make a statement that requires integrity, particularly if it is controversial.

In summary, the team doctor must at all times bear in mind that the athlete's well-being takes priority, particularly when dealing with the media.