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Physicians' Ethical Dilemmas in the Context of Anti-Doping Practices

Perihan Elif Ekmekci*

Department of History of Medicine and Ethics, TOBB University of Economics and Technology, Turkey

Abstract

The World Anti-Doping Code states that, there is an intrinsic value about sports that is the celebration of the human spirit, body and mind, and is reflected in values other than winning or being the first in any sports game. The spirit of sports includes ethics, fair play and honesty. Anti-doping practices are based on this ethical ground and supported all through the world. However, recently with the arguments that there is no substantial definition of the term “spirit of sports”, and that the fights against doping is based on questionable ethical grounds consisting of dubious claims about fairness in sports and terms such as “level playing field”. Medical ethics is involved in this discussion because of the crucial role of physicians in anti-doping policies and practices as well as developing and administering ergogenic substances or methods for athletes. This role of physicians raises ethical questions regarding physician-patient relationship, principle of non-maleficence, privacy and confidentiality of patient, and fairness and justice in the macro allocation of resources. The aim of this paper is to discuss ethical arguments on anti-doping practices and policies and, to further evaluate current anti-doping practices in the context of medical ethics.

Keywords

Anti-Doping; Ethical Dilemmas; Sports doping; Anxiety; and mood changes

INTRODUCTION

The roots of philosophy of sports can be traced back to the Ancient Greek philosopher Plato, who lived in a period in which sports was considered among the inherent signs of culture and human kind. Plato stated that the value of sports emerged from its role to develop the virtue of fortitude and its presence as a means of education of human soul and found the universal value of sports in the cognition and improvement of self instead of seconds, meters or number of scores in a match. This approach of Plato is rediscovered by the sports community today to define the ethical value of professional sport, to say that sport for money, victory or glory can only be worthy for human beings if it is directed to the improvement of self to the highest wisdom of that is to be able to distinguish between good and bad and become aware of themselves [1]. We can see Plato's views reflected to the

*Corresponding author: Perihan Elif Ekmekci, Department of History of Medicine and Ethics, TOBB University of Economics and Technology, Faculty of Medicine, Turkey, Tel: +90-532- 262-03-50; drpelife@gmail.com.

World Anti-Doping Code that is published by the World Anti-Doping Agency (WADA) [2]. The code states that, there is an intrinsic value about sports that is the celebration of the human spirit, body and mind, and is reflected in values including:

1. Ethics, fair play and honesty
2. Health
3. Excellence in performance
4. Character and education
5. Fun and joy
6. Team work
7. Dedication and commitment
8. Respect for rules and laws
9. Respect for self and other participants
10. Courage
11. Community and solidarity

This list suggests that the spirit of sport is comprised of a group of values other than winning or being the first in any sports game. These values represent ethical importance of means and motives those guide athletes all the way through trainings and hard work before going to their marks at the start of the race.

The ultimate goal of the code is to justify that doping is fundamentally controversial to sport ethics that constitutes the “spirit of sport” and ensure that every anti-doping organization to develop and implement education and prevention programs for athletes, including youth and athlete support personnel to avoid doping [2]. Current anti-doping literature argues that doping causes systematic threats by distorting “level playing field” in competition and creating negative externalities both on the individual and on aggregate level [3].

Ethical arguments against doping are: doping is cheating and it causes unfairness, it causes short and long term harm for the health of athletes who receive doping, and it harms the society especially children and young adults who respect athletes as their role models and that doping is both unnatural and dehumanizing [4].

However when watching the big sports event, like the Rio Olympic Games 2016 on television, all we remember after competitions is the three people with gold, silver and bronze medals on their chest singing their national songs proudly. They are the commendable winners who deserve applause, fame and, celebration on the first page of newspapers. The same scene applies to matches in football, baseball, basketball or any team play. The winner gets all the credit. It seems like the ultimate goal of sports has turned out to be to win and appear on one of the three steps where you wear the medal.

Arguments supporting this empirical observation have been gaining popularity. The code and the anti-doping strategies have been subject to criticism by the ethics community with

the arguments that there is no substantial definition of the term “spirit of sports”, and that the fights against doping is based on questionable ethical grounds consisting of dubious claims about fairness in sports and terms such as “level playing field” [5].

Medical ethics is involved in this discussion because of the crucial role of physicians in anti-doping policies and practices as well as developing and administering ergogenic substances or methods for athletes. This role of physician’s raises questions about how doping or anti-doping practices fit in the ethical context of physician-patient relationship. Also, there are ethical concerns regarding infringement of the principle of non-maleficence and violation of privacy of individuals because of the role of physicians and medical professionals in anti-doping practices. In addition, breaches of fairness and justice in the macro allocation of resources when considering the high cost of anti-doping policies targeting only professional sports people constitute ethical issues of concern. From a public health perspective, this approach is found to be questionable because it excludes the high prevalence of uncontrolled, medically unsupervised use of ergogenic substances and methods by the general population and amateur sports people [5]. The aim of this paper is to discuss ethical arguments on anti-doping practices and policies and, evaluate current anti-doping practices in the context of medical ethics.

The principle of non-maleficence

The principals of medical ethics can be summarized in 4 titles: beneficence, respect for autonomy, non-maleficence and, justice. These principles can be applied in medical practice by establishing a professional physician-patient relationship that respects the privacy of the patients and confidentiality of their identifiable data [6]. Administration of ergogenic substances causes serious health risks for the sports people. For example the toxicities of anabolic-androgenic steroids (AAS) which are among the well-known drugs used to enhance the performance of athletes include sudden death, thromboembolic phenomena, cardiomyopathy, arrhythmias, stroke, seizures, and psychiatric conditions such as anxiety, and mood changes. Specific adverse effects are defined in adolescents such as “steroid rage” which is cited as a cause of aberrant behavior in some adolescent males, accelerated bone epiphysis maturation, altered ovarian functions, masculinization in females, reduced matured height, and serious injury to ligaments, bone and cartilage due to overdevelopment of muscle strength. [7] Moreover, most of the ergogenic drugs are not clinically tested and approved legally for their safety and efficacy in healthy people with purposes of performance enhancing. Hence, even these drugs can legitimately be prescribed to patients with therapeutic purposes, their usage in healthy athletes is not scientifically proven safe and efficacious with appropriate clinical trials.

The principle of non-maleficence asserts the obligation to physicians not to inflict harm to others [6]. Considering the scientific data regarding the toxicities of AAS and other performance enhancing drugs, it is plausible to say that conventional medical ethics principles require physicians to refuse to prescribe drugs to enhance their performances, inform their athlete-patients about the possible toxic effects of these drugs, and encourage them adhere to safe training programs instead of looking for harmful shortcuts with the “thrill of victory” [8].

Some philosophers conceptualize the principle of non-maleficence broader by suggesting that it embodies the obligation to prevent evil or harm and to promote good as fundamental elements of the principle of non-maleficence [6]. This broader view validates the appropriateness of the role casted to physicians by WAMA Code: to refuse to administer any performance enhancing drug or methodology even it is requested by the athlete-patients, to educate them regarding the harmful effects of these drugs and to administer doping test depending on the compulsory consent of the athlete due to WAMA Code [2].

The counter-argument to this ethical reasoning is raised due to the engagement of the physicians in performance enhancement practices when repairing athletes. This argument proposes that physicians' obligation to make people well again is not limited to the health status they were before. The supporters of this argument recognize the legitimacy of physicians' choice to facilitate the lifestyle of their athlete-patients while they are providing medical treatment [5]. However the limits of this facilitation are subject to discussion. Suggesting the use of carbohydrate or ensuring proper hydration during exercise as an eugenic aid is considered appropriate [9]. Also using eugenic pharmacological agents for therapeutic objectives to increase the rate of repair is legitimate and ethical. The problem arises when these pharmacological agents are used beyond therapeutic aims. The line between therapeutic and ergogenic use of pharmacological means is often blurred. Controversial events are recorded such as the asthmatic athletes not being treated during competitions properly or denied treatment because some of the drugs they need for medical purposes are prohibited by anti-doping agency [10]. Although athletes may ask for *therapeutic use exemptions* to avoid such inconveniences, it is argued that this mechanism is flawed because of costly and complicated administrative procedures [5].

Physician-patient relationship

“Whatever I see or hear, professionally, which ought not to be divulged, I will keep it secret and tell no one” is one of the pledges in Hippocratic Oath. The pledge to secrecy is a fundamental feature of physician-patient relationship. Patients let their physicians to have access to their intimate and highly personal information with the presupposition that all information will be kept confidential and not revealed to third parties [11]. Otherwise, patients would be reluctant to cooperate or even ask for medical help under sensitive circumstances.

Getting informed consent prior to any medical intervention either with purposes of diagnosis or treatment is the way physicians show their respect to their patients' autonomy. No medical intervention is considered ethical or legal without having informed consent of the patient.

Infringing respect for autonomy and privacy of patients and breaching the confidentiality of sensitive information are among the most problematic issues of medical ethics during anti-doping practices. First, athlete-patients are obliged by law to give urine or blood samples whenever required. No additional informed consent is required. Second they have to urinate in front of a witness chaperone and they have to pull their shirt up to mid torso and pants down to mid-thigh to make sure that chaperone has a clear view of the sample being provided [12]. Despite the fact that all of this process is run by the agents of the anti-doping

institutions, medical professionals are involved in the process inevitably, since sample collection and testing procedures require medical intervention. Moreover test results are announced to public if they show signs of doping. This whole process seems to violate medical ethics codes, since there is no informed consent, no prior notice, no privacy during sample collection and no confidentiality of private information. Some philosophers argue that the entire process contains violence of human rights those are hard to justify even in prison settings [5]. The supporters of this argument suggest the absurdity of an occupation where part of the contract obliges workers to urinate possibly two or three times a year under the observation of a complete stranger [13].

Anti-doping code acknowledges that sample providing process may not be the most glamorous part of an athlete's carrier, but it critical in the global fight for clean sport [13]. However it is very problematic form a medical ethics point of view to justify the infringement of privacy and confidentiality of athlete-patients for the sake of clean sport.

Cost of anti-doping practices

WADA's annual budget is approximately USD 30 million in 2016 [14]. It is difficult to make an estimation of total money spent for anti-doping practices world-wide, but the tremendous increase in complexity and coverage of anti-doping tests suggest that it will increase further in next year's. The expense of anti-doping practices is considered as an unexpectedly growing burden for developing and underdeveloped countries that might lead to more burden on national budgets in near future [5]. Despite the high amount of money dedicated to anti-doping tests, the sensitivity and specify of these tests are being questioned [15]. In Lance Armstrong case for example, more than 250 negative doping tests were proven futile with the athlete's confession of erythropoietin use, blood doping, steroid, and growth hormone abuse [16]. Russian athlete Ekaterina Poistogova also had clear biological results in doping tests and was banned due to her confession of doping in her interviews [17].

Apart from arguments for futility of anti-doping tests to avoid athletes from doping, some other ethical concerns are being raised regarding allocation of resources to anti-doping practices only targeting to professional athletes. Recent public health literature shows that uncontrolled use of ergogenic substances is becoming a growing health problem for amateur athletes and the general society. Easy access to ergogenic substances through internet sales facilitates the usage of such products general society [18]. In 1988 a study by Buckley et al., showed the first signs of the growing problem. The results of the study revealed that 6.6% of male high school students used steroids and more than two-thirds of the group started usage before they were 16 years old and 38 percent of this group preferred injectable form [19]. Recent studies show that the usage of ergogenic substances has been increasing in general population [20]. Moreover, dangerous practices like sharing needles increase the risk for transmission of communicable diseases such as HIV and hepatitis, which lead to greater public health problems [5].

The growing public health issue in society and the questionable sensitivity and specify of anti-doping tests bring the validity of ethical justification of allocating huge amounts of money to avoid doping in professional athletes into question. Counter-arguments for

reconsidering the amount of anti-doping budgets have been flourishing in various countries around the world, and some countries have already initiated budget cuts [21].

CONCLUSION

Current anti-doping policies rely on relatively abstract terms common to sport community such as “spirit of sports” or “level playing field”. Counter-arguments raised against these policies require reconsideration of these ethical grounds especially from medical ethics point of view. The roles casted to medical professionals during implementation of strict anti-doping practices should be discussed more comprehensively in the context of medical ethics. It is beyond question that clean sports is of utmost importance however, we should not sacrifice moral and ethical principles those constitute professional integrity of physicians and the obligation to provide benefit for whole population with the scarce resources available to public health policies. Considering the flourishing counter-arguments against anti-doping policies in ethics literature, it is a good time to encourage wider discussions to overcome ethical dilemmas in this context.

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