

Mike McNamee

Performance & Ethics

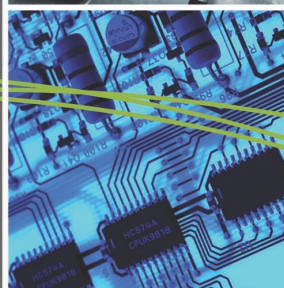
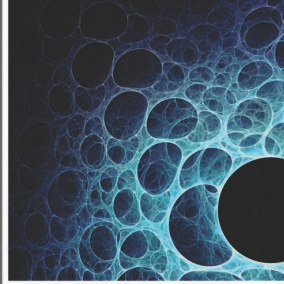
Friend or Foe ?



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Some preliminaries

I wish to make four declarations to begin with

1. I am not a doctor
2. I am not a scientist (in the Anglo-American tradition)
3. I have never sat in a rowing boat
4. I have no idea why the organisers invited me!

Ok that last one is not strictly true!; I've chaired clinical ethics committees and not been a clinician; I've chaired police ethics committees but never been a policeman, etc etc

What I am not going to do is to tell you how you should behave



Being careful with dichotomies

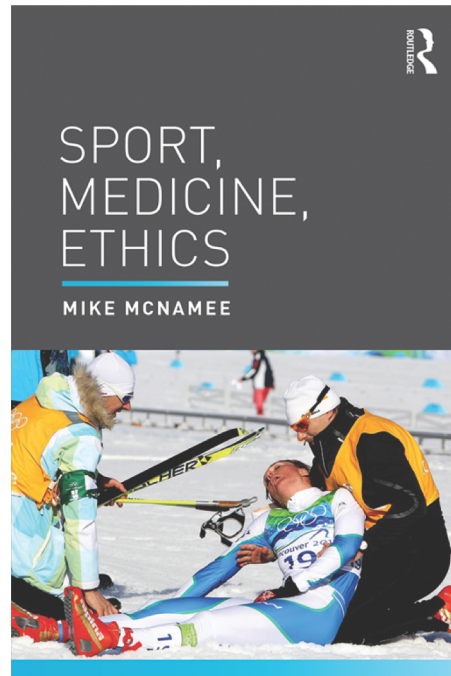
friend



foe



A case (sorry it's not a *rowing* case)



How most people feel when confronted with an ethical problem



A word about nomenclature

What is this thing called ethics?

Well, some will say what we need is a definition

St Augustine on “time”

The danger of infinite regress

Let's agree on some uncontentious stipulation

ethics/morality are not synonyms for philosophers, but today I will use them interchangeably

Ethics (crudely put) is about **what** we **do** (**ends**) and **how** we do it (**means**) and the kind of person we are and want to **be**.



Being especially careful with dichotomies in ethics

***Right
Good
Duty***



***Wrong
Bad
Consequence***



Rather than definitions we look for systematicity

One widely used theoretical framework:

1. Respect for autonomy (of the patient, eg in securing informed consent)
2. Beneficence (doing good for the patient)
3. Non-maleficence (not harming the patient)
4. Justice (eg allocate resources fairly)

Beauchamp, T. and Childress, J. (2006) *Principles of biomedical ethics*, Oxford: Blackwell. (5th ed)



Three Wittgensteinian reminders

First, I'd like to tell you a story – a real one from clinical ethics

Wittgenstein 1: there is no rule that tells you how to apply the rule

He was clinging on to the framework for fear of (ethical) vertigo

Wittgenstein 2: after we have climbed a(n intellectual) ladder we throw it away. Think about expert performers if that is a better analogy.

Wittgenstein 3: The craving for certainty, generality, structure. Not bad things in themselves. But the particulars do “all” the hard work.



The ethical problems in sports medicine are not unique

Some people claim for the uniqueness of SME in virtue of:

1. the physician athlete relationship (cf any number of others)
2. Privacy issues (cf any number of others)
3. Concerns of autonomy (cf vulnerable populations)
4. Informed consent (all patients)
5. Short term gain, long term risk (numerous surgeries)
6. Medical means to non-medical ends (cosmetic or non-clinically indicated surgery)
7. Dangerous behaviour (cf emergency services)
8. Drugs and the team physician (cf military medicine)
9. Effects of the cost of SM care (cf stem cell transplants)
10. Role of advertising in SM (different but insignificant?)



SME: a more modest claim

It is certainly true that sports physicians must consider very general moral considerations that apply to all persons

But their work is highly unusual in terms of the knowledge they have of all bodies, of the particular bodies of their athlete patients and because of the things they are allowed or requested to do *by* and *on* those patients – cf autonomy respect/development

It is clear that issues of conflicts of interest, consent, genetic enhancement, privacy, long-term athlete patient welfare, and so on are critical.

But commitment to the welfare of athlete patients is the fiduciary duty of all healthcare and medicine in sport (Holm, et al 2012, BJSM)



What makes this difficult?

In this conference we have the fusion of science and medicine and (elite) sport

Each are distinguishable by **ENDS** (purpose, goal, aims)

Science aims at the truth

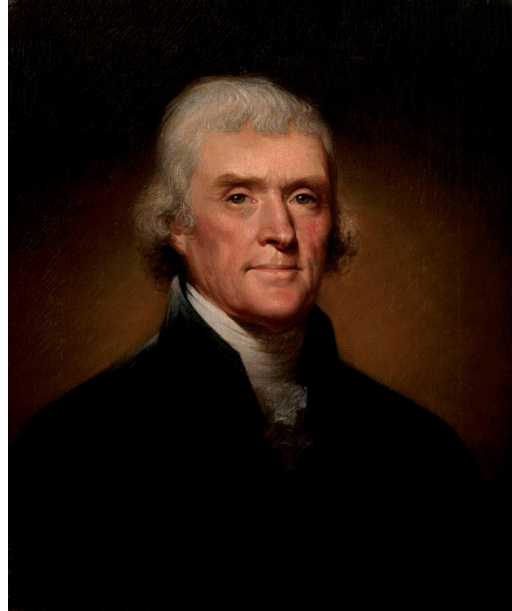
Medicine aims at the good (of the athlete patient)

Elite sport aims at winning

Nevertheless, we need to pay attention to **MEANS**



What's Thomas Jefferson got to do with it?



‘in matters of style, swim with the current ;
in matters of principle , stand like a rock’ (RJ)



Martha Nussbaum on athletic excellence

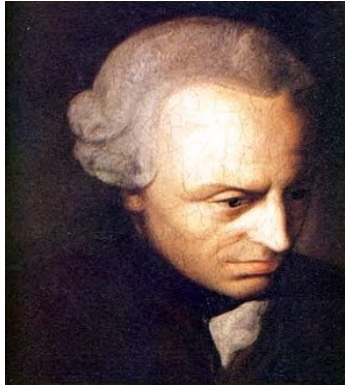
“... the Greeks ... praise outstanding athletic performance as a wonderful instance of human excellence. ... But clearly, such activity has point and value only relatively to the context of the human body, which imposes certain species-specific limits and creates certain possibilities of movements rather than others. To excel is to use those abilities especially fully, to struggle against those limits especially successfully.”
(1990: 372)

But there must be limits on the MEANS of that struggle if the athletes are still properly to command our admiration:

It's not about performance enhancement ENDS *per se*, but the specific MEANS of performance enhancement also ..



Kant and Nussbaum on 'limits'



Kant, I.
(1781)
*Critique
of Pure
Reason*

“The light dove, in free flight cutting through the air the resistance of which it feels, could get the idea that it could do even better in airless space.”

So too, some feel that without limits like ethical concerns we could fully reach or enhance our human potential.

But, like Kant's dove - removing limits is self-defeating....

“Human limits structure the human excellences, and give excellent action its significance.”

(Nussbaum, M. (1990) *Love's knowledge*, Harvard: HUP, p.378)



Performance (medicine) and ethics: friend or foe?

Considering the goals of medicine, no distinction in kind between medicine per se and Sports Medicine can be discerned; just differences of degree.

But key norms in medical practice are operationalized differently in Sports Medicine (including respect for patients' autonomy, privacy, and confidentiality for example).

In Sports Medicine, these norms are frequently overridden and information regarding an athlete's health status may be given to third parties, for example, the sports media.

More problematically in Sports Medicine the relationship between achievement of current sporting goals is also controversial since athletes may compromise health status in later life by prioritizing short-term sporting success.

The relationship between the doctor and the athlete also generates particular problems for the sports physician.



Thanks

Questions?

Or

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