



IOA MEDICAL CODE

Preamble:

- 1. The Indian Olympic Association encourages all stakeholders to take measures to ensure that sport is practiced in a manner that protects the health of the athlete and respects fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants and to minimize the risks of physical injury and psychological harm. It also encourages measures that will protect athletes in their relationships with physicians and health care providers.*
- 2. This objective can be achieved mainly through an ongoing education based on the ethical values of sport and on each individual's responsibility in protecting his or her health and the health of others.*
- 3. The IOA Medical Code (hereafter referred as the Code) supports the basic rules regarding best medical practices in the domain of sport and safeguarding of the rights and health of the athletes. It supports and encourages the adoption of specific measures to achieve those objectives and recognises the principles of fair play and sports ethics and embodies the tenets of the World Anti-Doping Code.*
- 4. The Code applies to the National Games and has potential application to all sport, whether in training or in competition, including championships of member National Sports Federations and competitions to which the Indian Olympic Association (IOA) grants its patronage and support.*

Chapter 1 – Relationships Between Athletes and Health Care Providers

1.1 General Principles

- 1.1.1 Athletes are entitled to the same fundamental rights as all patients in their relationships with physicians and healthcare providers, the right to respect for:
- a. Their human dignity;
 - b. Their physical and mental integrity;
 - c. The protection of their health and safety;
 - d. Their self-determination; and
 - e. Their privacy and confidentiality
- 1.1.2 The relationship between athletes, their personal physician, the team physician and other health care providers must be protected and subject to mutual respect. The health and the welfare of athletes must prevail over the sole interest of competition and other economic, legal or political considerations. Unless otherwise specified, healthcare providers include physicians (e.g. personal, team or event physicians), nurses, physiotherapists, dentists, dieticians and paramedics.

1.2 Information

- 1.2.1 Athletes have the right to be informed, in a clear and appropriate way about their health status and their diagnosis; preventive measures; proposed medical interventions, together with the risks and benefits of each intervention; alternatives to proposed interventions, including the consequences of non-treatment for their health and for their return to sports practice; and the prognosis and progress of treatment and rehabilitation measures.

1.3 Consent

- 1.3.1 The voluntary and informed consent of the athletes is required for any medical intervention.
- 1.3.2 Particular care should be taken to avoid pressures from the entourage (e.g. coach, management, family etc.) and other athletes, so that athletes can make fully informed decisions, considering the risks associated with practicing a sport with a diagnosed injury or disease.
- 1.3.3 Athletes have the right to refuse or to interrupt a medical intervention. The consequences of such a decision must be carefully explained to them.
- 1.3.4 Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity. They can also define in writing the way they wish to be treated and give any other instruction they deem necessary.
- 1.3.5 With the exception of emergency situations, when athletes are unable to consent personally to a medical intervention, the authorisation of their legal representative or of the person designated by the athletes for this purpose is required, after they have received the necessary information.
- 1.3.6 The consent of the athletes is required for the collection, preservation, analysis and use of any biological sample.

1.4 Confidentiality and Privacy

- 1.4.1 All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information must be kept confidential, even after the death of the athlete.
- 1.4.2 Confidential information may be disclosed only if the athlete gives explicit consent thereto, or if the law expressly provides for this. Consent may be presumed when, to the extent necessary for the athlete's treatment, information is disclosed to other healthcare providers directly involved in his or her health care. Athletes may withdraw their consent for the sharing of relevant medical information with other health care providers involved in their care at any time. The implications of withholding relevant medical information from other health care providers involved in their care must be carefully explained to them.
- 1.4.3 All identifiable medical data on athletes must be protected. The protection of the data must be appropriate to the manner of their storage. Likewise, biological samples from which identifiable data can be derived must be protected.
- 1.4.4 Athletes have the right of access to, and a copy of, their complete medical record. Such access excludes data concerning or provided by third parties.
- 1.4.5 Athletes have the right to demand the rectification of erroneous medical data.
- 1.4.6 An intrusion into the private life of an athlete is permissible only if it is necessary for diagnosis, treatment and care, and the athlete consents to it, or if it is legally required. Such intrusion is also permissible under the provisions of the World Anti-Doping Code.
- 1.4.7 Any medical intervention must respect privacy. This means that a given intervention may be carried out in the presence of only those persons who are necessary for the intervention, unless the athlete expressly consents or requests otherwise.

1.5 Care and Treatment

- 1.5.1 Athletes have the right to receive such health care as is appropriate to their needs, including preventive care, activities aimed at health promotion and rehabilitation measures. Services should be continuously available and accessible to all equitably, without discrimination and according to the financial, human and material resources available for such purpose.
- 1.5.2 Athletes have the right to a quality of care marked both by high technical standards and by the professional and respectful attitude of health care providers. They have the right to continuity of care, including cooperation between all health care providers and establishments involved in their diagnosis, treatment and care.
- 1.5.3 During training and competition abroad, athletes have the right to the necessary health care, which if possible should be provided by their personal physician or the team physician. They also have the right to receive emergency care prior to returning home.
- 1.5.4 Athletes have the right to choose and change their own physician, health care provider, or health care establishment, provided that this is compatible with the functioning of the health care system. They have the right to request a second medical opinion.
- 1.5.5 Athletes have the right to be treated with dignity in relation to their diagnosis, treatment, care and rehabilitation, in accordance with their culture, tradition and values. They have the right to enjoy support from family, relatives and friends during the course of care and treatment, and to seek spiritual support and guidance.

- 1.5.6 Athletes have the right to relief of their suffering according to the latest recognized medical knowledge. Treatments with an analgesic effect, which allow an athlete to practice a sport with an injury and illness, should be carried out only after careful consideration and consultation with the athlete and other health care providers. If there is a long-time risk to the athlete's health, such treatment should not be given.

Procedures that are solely for the purpose of masking pain or other protective symptoms in order to enable the athlete to practice a sport with an injury or illness should not be administered if, in the absence of such procedures, his or her participation would be medically inadvisable or impossible.

1.6 Right and Duties of Health Care Providers

- 1.6.1 The same ethical principles that apply to the current practice of medicine apply to sports medicine. The principal duties of the physicians and other care providers include:
- a. doing no harm;
 - b. making the health of the athletes a priority.
- 1.6.2 Health care providers who care for athletes must have the necessary education, training and experience in sports medicine, and must keep their knowledge up to date through continuous professional development. They have a duty to understand the physical, psychological and emotional demands placed upon athletes during training and competition, as well as the commitment and necessary capacity to support the extraordinary physical and emotional endurance that sport requires.
- 1.6.3 Athlete's health care providers must act in accordance with the latest recognized medical knowledge and, when available, evidence-based medicine. They must refrain from performing any intervention that is not medically indicated, even at the request of the athletes, their entourage or another health care provider. Health care providers must also refuse to provide a false medical certificate concerning the fitness of an athlete to participate in training or competition.
- 1.6.4 When the health of the athletes is at risk due to a medical condition, health care providers must strongly discourage them from continuing training or competition and inform them of the risks. In the case of serious danger to the athlete, or when there is a risk to third parties (players of the same team, opponents, family, the public etc.), health care providers may also inform the competent persons or authorities, even against the will of the athletes, about their unfitness to participate in training or competition.
- 1.6.5 Health care providers must oppose any sports or physical activity that is not appropriate to the stage of growth, development, general condition of health, and level of training of children. They must act in the best interest of the health of the children or adolescents, without regard to any other interests or pressures from the entourage (e.g. coach, management, family, etc.) or other athletes.
- 1.6.6 Health care providers must disclose when they are acting on behalf of third parties (e.g. Club, Federation, Organiser, NOC, etc.). They must personally explain to the athletes the reasons for the examination and its outcome, as well as the nature of the information provided to third parties. In principle, the athlete's physician should be informed.
- 1.6.7 When acting on behalf of third parties, health care providers must limit the transfer of information to what is essential. In principle, they must indicate only the athlete's fitness or unfitness to participate in training or competition. With the athlete's consent, the health care providers may provide other information concerning the athlete's participation in sport in a way compatible with his or her health status.

- 1.6.8 At sports venues, it is the responsibility of the team or the competition physician to determine whether an injured athlete may continue in or return to the competition. This decision may not be delegated to other professionals or personnel. In the absence of the competent physician, these individuals must adhere strictly to the instructions that he or she has provided. At all times, the priority must be to safeguard the health and safety of the athletes. The outcome of the competition must never influence such decisions.
- 1.6.9 When necessary, the team or competition physician must ensure that injured athletes have access to specialised care, by organizing medical follow-up by recognised specialists.

Chapter 2 – Protection and Promotion of the Athlete’s Health during Training and Competition

2.1 General Principles

- 2.1.1 Conditions and environments of training and competition must be conducive to the physical and psychological well-being of athletes. In every setting, concerns for the safety and wellbeing of athletes must be paramount. The risks of injury or illness must be minimised and health care providers should be involved in ensuring the safety of the training and competition environments and conditions.
- 2.1.2 In each sports discipline, minimal safety requirements as defined by the IF shall be applied with a view to protecting the health of the participants and the public during training and competition. Depending on the sport and the level of competition, specific rules are adopted regarding the sport venues, the safe environmental conditions, the sports equipment authorized or prohibited, and the training and competition programmes. The specific needs of each athlete category must be respected.
- 2.1.3 For the benefit of all concerned, measures to safeguard the health of the athletes and to minimize the risks of physical injury and psychological harm must be publicized in order to benefit all those concerned.
- 2.1.4 The measures for the protection and the promotion of the athlete’s health must be based on the latest recognized medical knowledge.
- 2.1.5 Research in sports medicine and sports sciences is encouraged. It must be conducted in accordance with the recognized principles of research ethics, in particular the Helsinki Declaration adopted by the World Medical Association (Edinburgh, 2000), and the applicable law. Research must never be conducted in a manner which could harm an athlete’s health or jeopardize his or her performance. The voluntary and informed consent of the athletes to participate in such research is required.
- 2.1.6 Advances in sports medicine and sports science must not be withheld and must be published and widely disseminated.

2.2 Fitness to Practice a Sport

- 2.2.1 Except when there are symptoms or a significant family medical history, the practice of sport for all does not require undergoing a fitness test. The choice to undergo such a test is the responsibility of the personal physician.
- 2.2.2 For competitive sport, athletes may be required to present a medical certificate confirming that there are no apparent contraindications. The fitness test should be based on the latest recognized medical knowledge and performed by a specially trained physician.

- 2.2.3 A pre-competition medical test is recommended for elite athletes. It should be performed under the responsibility of a specially trained physician.
- 2.2.4 Any genetic test that attempts to gauge a particular capacity to practice a sport constitutes a medical evaluation to be performed to be performed solely under the responsibility of a specially trained physician.

2.3 Medical Support

- 2.3.1 In every sports discipline, the guidelines as established by the IF shall be made applicable during training and competition. If not, National Sports Federation shall draft appropriate guidelines reflecting the nature of the sports activities and level of competition, regarding the medical support necessary to ensure the safety of the competition and competitors. These guidelines must address, but not be limited to, the following points:
- a. the level and scope of medical care to be provided at training and competition venues;
 - b. the necessary resources, facilities, equipment and services (supplies, premises, vehicles, etc.);
 - c. the development of a site- and sport-specific emergency plan, including the development of protocols and procedures for the evacuation of seriously ill or injured competitors, and provisions for the delivery of emergency health services to spectators;
 - d. the information for teams, coaches and athletes on the processes and procedures in place in competition and training settings; and
 - e. the system of communication between and among the medical support services, the organisers, the relevant health authorities and local and regional health care facilities.
- 2.3.2 In the case of a serious incident occurring during training or competition, there must be procedures to provide the necessary support to those injured, by evacuating them to the competent medical services when needed. The athletes, coaches and persons associated with the sports activity must be informed of those procedures and receive the necessary training for their implementation.
- 2.3.3 To reinforce safety in the practice of sports, a mechanism must exist to allow for data collection with regard to injuries sustained during training or competition. When identifiable, such data must be collected with the consent of those concerned and be treated confidentially and in accordance with the recognized ethical principles of research.

Chapter 3 – Protection Adoption, Compliance and Monitoring

3.1 Adoption

- 3.1.1 The Code is intended to guide the relevant medical activities of all affiliated members of Indian Olympic Association.
- 3.1.2 The Code is first adopted by the IOA and is directly applicable for the National Games and is desirable to be adopted by any of the member units. They may adopt it according to their own procedural rules.
- 3.1.3 A list of all Signatories will be publically made available on IOA website.

3.2 Compliance

- 3.2.1 The Signatories implement the applicable Code provisions through policies, statutes, rules or regulations according to their authority and within their spheres of responsibility.
- 3.2.2 The signatories encourage and expect physicians and other health care providers caring for athletes within their spheres of responsibility to act in accordance with this Code. There shall be disciplinary consequences for anyone that does not comply with the Code.
- 3.2.3 Physicians and other health care providers remain bound to respect their own ethical and professional rules in addition to the applicable Code provisions.

3.3 Monitoring

- 3.3.1 The IOA Medical Commission oversees the implementation of the Code and receives feedback relating to it. It is also responsible for monitoring changes in the field of ethics and best medical practice and proposing adaptations to the Code.
- 3.3.2 The IOA Medical Commission may issue recommendations and models of best practice with a view to facilitating the implementation of the Code.

Chapter 4 – Scope, Entry into Force and Amendments

4.1 Scope

- 4.1.1 The Code applies to all the participants in the sports activities governed by each signatory, in competition as well as out of competition.
- 4.1.2 The signatories are free to grant wider protection to their athletes.
- 4.1.3 The Code applies without prejudice to the national and international ethical, legal and regulatory requirements that are more favorable to the protection of the health, rights and interests of the athletes.

4.2 Effective Date

- 4.2.1 This Policy is approved by the General body of IOA on 22 December 2018

4.3 Amendments

- 4.3.1 Athletes and signatories are invited to participate in improving and modifying the Code. They may propose amendments.
- 4.3.2 Upon the recommendation of its Medical Commission, the IOA initiates proposed amendments to the Code and ensures a consultative process, both to receive and respond to recommendations, and to facilitate review and feedback from athletes and signatories.
- 4.3.3 After appropriate consultations, amendments to the Code are approved by the IOA Executive Board. Unless provided otherwise, they become effective three months after such approval.
- 4.3.4 Each Signatory must adopt the amendments approved by the IOA Executive Board within one year after notification of such amendments. Failing this, a Signatory may no longer claim that it complies with the IOA Medical Code.