

Protecting and Promoting the **Health of NFL Players:**

Legal and Ethical Analysis and Recommendations

Chapter 3

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SUMMARY: Athletic Trainers



This document is a summary of the full chapter on athletic trainers in the Report *Protecting and Promoting the Health of NFL Players: Legal and Ethical Analysis and Recommendations.* The full chapter includes the following sections: (A) Background; (B) Current Legal Obligations; (C) Current Ethical Codes; (D) Current Practices; (E) Enforcement of Legal and Ethical Obligations; and, (F) Recommendations. Here, we provide our Recommendations, with only the minimum necessary background information. For more information and analysis of the role and responsibilities of athletic trainers, including relevant citations, please see the full chapter. Also as explained in the full chapter, the NFL and Professional Football Athletic Trainers Society (PFATS), the professional organization for NFL club athletic trainers, denied our request to interview athletic trainers.



The CBA dictates the required presence, education and certification of athletic trainers, and each NFL club employs approximately 4 athletic trainers. They are full-time employees of the club. Generally, state licensing statutes and regulations require athletic trainers to work under the direction of a licensed physician, but athletic trainers are often the first and most consistent source of medical care provided to players. During the week of practice, club doctors generally only visit practice for a few hours a few times per week while athletic trainers are with the club on a near constant basis. Athletic trainers help prepare players for each practice and respond to any new injuries that occur. Each day, athletic trainers, in consultation with the club's coaches and management, complete the daily Injury Report, and are also largely responsible for maintaining the player's electronic medical records. On game days, athletic trainers

work closely with the various club doctors present to assist in the evaluation of injuries.

Players and contract advisors we interviewed confirmed that athletic trainers are generally the player's first and primary source of medical care. Nevertheless, some players expressed distrust of athletic trainers. Communications between the athletic trainers and the coaches and general manager may place pressure on players to practice and also may cause them to withhold information from the athletic trainer. Some players we interviewed also complained that athletic trainers utilize outdated treatment methods, and explained that their concerns about athletic trainers and the club's healthcare operations caused them to self-treat or to seek care and treatment outside of the club, both during the season and in the offseason.

Recommendations Concerning Athletic Trainers

Goal 1: To ensure that players receive the best healthcare possible from providers who are as free from conflicts of interest as possible.

Recommendation 3:1-A: The current arrangement in which club (i.e., "team") medical staff, including doctors, athletic trainers, and others, have responsibilities both to players and to the club presents an inherent conflict of interest. To address this problem and help ensure that players receive medical care that is as free from conflict as possible, division of responsibilities between two distinct groups of medical professionals is needed. Player care and treatment should be provided by one set of medical professionals (called the "Players' Medical Staff"), appointed by a joint committee with representation from both the NFL and NFLPA, and evaluation of players for business purposes should be done by separate medical personnel (the "Club Evaluation Doctor").

This recommendation also appears in and is described at length in Chapter 2: Club Doctors. We recommend that club doctors and athletic trainers be treated the same way. To be clear, this recommendation contemplates that athletic trainers (in addition to the other medical professionals treating players) be chosen, reviewed, and terminated (as necessary) by a League-wide independent Medical Committee whose members are jointly selected by the NFL and NFLPA. The athletic trainers' principal day-to-day duties would remain largely the same as they are now – providing medical care to the players and updating the club on player health status (just in a different way). However, the key distinction is that this recommendation eliminates the athletic trainer's obligations to and relationship with the club. The athletic trainer would no longer report to or meet regularly with coaches and club executives concerning player health. Instead, player health status would be transmitted to the club via a Player Health Report completed by the Players' Medical Staff. Additional logistics concerning the recommendation are discussed in Chapter 2: Club Doctors and Appendix G: Model Article 39 of the Collective Bargaining Agreement – Players' Medical Care and Treatment. Nevertheless, most importantly, the proposed structure removes any conflict of interest in the care being provided to players by athletic trainers and other medical staff. This recommendation concerns both club doctors, athletic trainer sets practices include the avoidance and minimization of conflicts of interest.

Recommendation 3:1-B: The Professional Football Athletic Trainers Society should revise its Code of Ethics.

As discussed in the full chapter, PFATS' existing Code of Ethics is contradictory and reflects the inherent conflicts of interest in the current structure of club medical staff that runs counter to the best interests of the players. The Code of Ethics should be revised to eliminate the contradictions and problematic provisions we identified. More specifically, the PFATS Code of Ethics should emphasize the principle of health primacy and minimizing conflicts of interests by indicating (like the National Athletic Trainers Association Code of Ethics) that the athletic trainer's foremost duty is the furthering of the best interests of the player under the athletic trainer's care, regardless of the club's policies or wishes.

In addition, enforcement is essential. Violations of a professional code of ethics should include meaningful punishments, ranging from warnings and censures to fines and suspensions. However, PFATS has not initiated any enforcement proceedings in at least the last 10 years. In order to be effective, the enforcement and disciplinary schemes might need to be included in the CBA.