

# NFL player health: The role of club doctors

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How can we ensure that National Football League players receive excellent health care they can trust from providers who are as free from conflicts of interest as realistically possible? The lead article in a new [Hastings Center Report](#) special report concludes that conflicts of interest are inherent to the structure of the relationship between players and club doctors and that these conflicts pose a threat to players' health. The article proposes structural changes to reduce these problems.

Doctors and other medical providers who treat [football players](#) are hired by the clubs. "The current structure forces club doctors to have obligations to two parties—the club and the player—and to make difficult judgments about when one party's interests must yield to another's," states the lead article, "[A Proposal to Address NFL Club Doctors' Conflicts of Interest and to Promote Player Trust](#)."

It proposes to "resolve the problem of dual loyalty by largely severing the club doctor's ties with the club and refashioning that role into one of singular loyalty to the player-patient." Specifically, club physicians would be replaced by two sets of medical professionals: the players' medical staff, with exclusive loyalty to the player, and the club evaluation doctor, with exclusive loyalty to the club.

Existing ethical codes and legal requirements are not adequate to ensure that players receive [health care](#) that is trustworthy and as free of conflicts of interest as is realistically possible, the article says, making structural change necessary. "This structure—which is flawed even in the absence of ethical lapses by any individual club doctor—may

substantially contribute to player health concerns," it concludes.

The recommendations come from The Football Players Health Study at Harvard University, which is working on prevention, diagnostics, and treatment strategies for the most common and severe conditions affecting [professional football players](#) and is funded pursuant to an agreement between Harvard and the NFL Players Association. The authors are I. Glenn Cohen, a Hastings Center fellow who is a professor at Harvard Law School, the faculty director of the Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School, and a co-lead of the Law and Ethics Initiative of The Football Players Health Study; Holly Fernandez Lynch, the executive director of the Petrie-Flom Center and a co-lead of the Law and Ethics Initiative of The Football Players Health Study; and Christopher R. Deubert, the senior law and ethics associate for the Law and Ethics Initiative of The Football Players Health Study.

The lead article's recommendations are followed by seven commentaries and a response by the authors of the lead article. Among the commentaries:

- The National Football League Physician Society disagrees with the recommendations, disputing the allegations of conflicts of interest. "Their premise was flawed, and they failed in their execution," states the society in "[NFL Physicians: Committed to Excellence in Patient-Player Care](#)."
- Laurent Duvernay-Tardif, who plays for the Kansas City Chiefs and is a medical student, writing in "[Health Care for NFL Players: Upholding Physician Standards and Enhancing the Doctor-Patient Relationship](#)," says, "There is a real conflict of interest arising from the current structure of the NFL, where team doctors must answer to an authority (the team executives) whose objectives may differ from theirs on many levels." He

adds, "The professional self-regulation that the medical committee could provide and the reliance on a doctor who was not hired by the player's employer—the club—for a second opinion are both good ways to minimize conflicts of interest."

- Marvin Washington, a former NFL player, writes in "[The Dual Role of NFL Team Doctors](#)," "From my experience playing in the league from 1989 to 1999, I do not believe that you can eliminate the conflict of interest completely, but I think it can be limited to the point that it does not harm the player. As the structure is now, with the team paying the [club](#) doctor . . . it is impossible to put the players' [health](#) and well-being before the team's on-field priorities."

**More information:** I. Glenn Cohen et al, A Proposal to Address NFL Club Doctors' Conflicts of Interest and to Promote Player Trust, *Hastings Center Report* (2016). DOI: 10.1002/hast.651

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