



Olympic Movement Medical Code
In force as from 31 March 2016

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PREAMBLE

“Fundamental Principles of Olympism

1. *Olympism is a philosophy of life, exalting and combining in a balanced whole the qualities of body, will and mind. Blending sport with culture and education, Olympism seeks to create a way of life based on the joy of effort, the educational value of good example, social responsibility and respect for universal fundamental ethical principles.*
2. *The goal of Olympism is to place sport at the service of the harmonious development of humankind, with a view to promoting a peaceful society concerned with the preservation of human dignity.”*

Olympic Charter, August 2015

1. The Olympic Movement, to accomplish its mission, encourages all stakeholders to take measures to ensure that sport is practised to minimise harm to the health of the athletes and with respect for fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants by minimising the risks of physical injury, illness and psychological harm. It also encourages measures that will protect athletes in their relationships with physicians and other health care providers.
2. This principle objective of protecting the health of athletes necessitates ongoing education based on the ethical values of sport and the recognition of each individual’s responsibility to protect their health and the health of others.
3. The Olympic Movement Medical Code (hereafter the “**Code**”) recognises the primacy of the athletes’ health, mandates best medical practice in the provision of care to the athletes, and the protection of their rights as patients. It reflects the universal principles enshrined in international codes of medical ethics. It supports and encourages the adoption of specific measures to achieve those objectives, recognises the principles of fair play and sports ethics and embodies the tenets of the World Anti-Doping Code.
4. The Code applies at the Olympic Games and has potential application to all sport, whether in training or in competition, including championships of the International Federations and competitions to which the International Olympic Committee (IOC) grants its patronage or support

Chapter I: Relationships between Athletes and Health Care Providers

1.1 General Principles

1.1.1 Athletes enjoy the same fundamental rights as all patients in their relationships with physicians and health care providers, in particular, respect for:

- a. their human dignity;
- b. their physical and psychological well-being;
- c. the protection of their health and safety;
- d. their self-determination; and
- e. their rights to privacy and confidentiality.

1.1.2 The relationship between athletes, their personal physician, team physician and other health care providers must be protected and subject to mutual respect. The health and the welfare of athletes are pre-eminent and prevail over competitive, economic, legal or political considerations.

Unless otherwise specified, health care providers include physicians (e.g. personal, team or event physicians), nurses, physiotherapists, dentists, dieticians and paramedics.

1.2 Information

1.2.1 Athletes must be informed, in a clear and appropriate way, regarding their health status and any specific 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; the progress of treatment and rehabilitation measures and their ultimate prognosis.

1.3 Consent

1.3.1 The voluntary and informed consent of the athletes is required for any medical intervention.

1.3.2 Athletes may refuse or interrupt a medical intervention. The consequences of such a decision should be carefully explained to them by the treating physician or health care provider.

1.3.3 Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity as defined by the relevant national legislation. They may also define in writing the way they wish to be treated and give any other instruction they deem necessary (advanced directives).

1.3.4 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.

The wishes of an athlete whether minor or adult should always be taken into account to the extent possible even when the legal representative has to provide authorisation.

1.3.5. Consent of the athletes is required for the collection, preservation, analysis and use of any biological sample. Consent is also required prior to the anonymisation of biological samples to be used for research or other purposes.

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. The applicable legislation concerning the confidentiality and security of personal health information must be respected.
- 1.4.2. Confidential information regarding the health of athletes can be disclosed only if they give explicit consent thereto, or if the law expressly provides for this. When athletes are informed that, to the extent necessary for their care, information is disclosed to other health care providers, their consent may be presumed. 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 will normally be appropriate to the manner of their storage. Likewise, biological samples from which identifiable data can be derived must be protected from improper disclosure.
- 1.4.4. Athletes have the right of access to, and a copy of, their complete medical record.
- 1.4.5. Athletes have the right to demand the correction of any erroneous medical data in their files.
- 1.4.6. Intrusion into the private life of an athlete is permissible only with the consent of the athlete and if necessary for diagnosis, treatment and care, or otherwise permitted by law or under the provisions of the World Anti-Doping Code.
- 1.4.7. Any medical intervention must respect privacy. This means that a medical 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 must receive such health care as is appropriate to their needs, including activities aimed at health promotion, preventive care, treatment and rehabilitation programmes. Services should be continuously available and accessible to all athletes equitably, without discrimination and according to the financial, human and material resources available for such purpose within the relevant health care system.
- 1.5.2. Athletes must receive a quality of care marked both by high technical standards, evidence-based medical practice and by the professional and respectful attitude of health care providers. This includes ensuring continuity of care and cooperation between all relevant health care providers and the institutions or organisations 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 team physician.
- 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 practices of the relevant 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 accordance with their culture, tradition and values. Whenever possible, the support from family, relatives and friends as well as spiritual support should be facilitated.
- 1.5.6. Athletes have the right to relief of any suffering in a manner consistent with evidence-based practice. Treatments with an analgesic effect, which allow an athlete to practise a sport with an injury or illness, must be carried out only after careful consideration of the associated risks and appropriate consultation with the athlete and other health care providers. When there is a severe long-term risk to the athlete's health, such treatment must not be given.

1.6 Health Care Providers

- 1.6.1 The same ethical principles that apply to the practice of medicine apply within the practice of sports medicine. The principal duties of physicians and other health care providers in sport settings include:
 - a. doing no harm;
 - b. making the health of athletes a priority.
- 1.6.2 Health care providers who care for athletes must possess the necessary education, training and experience in sports medicine, and maintain their knowledge and skills up to date through continuous professional development. They should understand the physical, psychological and emotional demands placed upon athletes during training and competition and the unique circumstances and pressures of the sport environment.
- 1.6.3 Athletes' health care providers must act in accordance with the latest medical knowledge. Any health care provider should, when possible, reflect evidence-based medicine. They must refuse to provide any intervention that is not medically indicated, even following the request of the athletes, their entourage or another health care provider. Health care providers must refuse to falsify medical certificates concerning the fitness of an athlete to participate in training or competition.
- 1.6.4 When due to their medical condition, the health or well-being of an athlete is at increased risk, health care providers must inform them accordingly. When the risk is severe, they must strongly discourage the athlete from continuing training or competition including if necessary by providing a written certificate of unfitness to practise. 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, subject to applicable legislation.
- 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. Relevant national legislation mandating that health care providers must report situations when a child is at risk must be understood and acted upon by sport medicine professionals. When advising on appropriate training and competition they must act in the best interest of the health of children, 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, competition organiser, National Olympic Committee (NOC), etc.). They must personally explain to the athletes the reasons for any examination and the significance of its outcome, as well as the nature of the information that will be provided to third parties. The athlete's physician should also be informed when such interventions occur.
- 1.6.7. There are special situations where health care providers act on behalf of a third party to assess fitness to practice a sport (or join a club or team or take part in a competition). In these situations health care providers should limit the transfer of information to what is relevant and essential. In principle, they may 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 manner compatible with their health status.
- 1.6.8. At sports venues, it is the responsibility of either the team or competition physician to determine whether an injured athlete may continue in or return to the competition according

to the rules of the competition. At all times, the overriding priority must be to safeguard the health and safety of athletes. The decision must not be influenced by the potential outcome of the competition.

1.6.9. Injured athletes must have access to medical follow-up and, when necessary, specialised care

Chapter II: 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 well-being 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.
Particular care must be taken in protecting athletes from pressures arising within their entourage (e.g. coach, management, family, etc.) and/or from other athletes, and ensuring athletes can make fully informed decisions, with particular regard for the risks associated with training or competing with a diagnosed injury or disease.
- 2.1.2 In each sports discipline, minimal safety requirements must be defined and applied with a view to protecting the health of the participants and the public during training and competition. Sport- and competition-specific rules must be developed and applied addressing sports venues, appropriate environmental conditions, permitted and prohibited sports equipment and the training and competition programmes. The specific needs of each category of athletes must be identified and respected.
- 2.1.3. Any changes to the sport-specific rules that have significant implications on the health and welfare of athletes must be evidence-based and derived from longitudinal injury and illness surveillance or other research.
- 2.1.4 For the benefit of all concerned, measures to safeguard the health of the athletes and to minimise the risks of physical injury and psychological harm must be publicised.
- 2.1.5. All signatories to the Code must recognise their responsibility to stimulate and support research in sports medicine and sports science. Such research must be conducted in accordance with the recognised principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association (last revised in Fortaleza, Brazil 2013), and the applicable law. All signatories to the Code and the health professionals working for them have a responsibility to collect and analyse injury and illness data for the assessment of risk and measurement of the effectiveness of any mitigating initiatives.
- 2.1.6. Advances in sports medicine and sports science should not be withheld, and should be published and widely disseminated.

2.2. Fitness to Practise a Sport

- 2.2.1. Except when there are symptoms, or known underlying pathological conditions, or a significant family medical history, the practice of sport for all does not ordinarily require undergoing a health examination. The recommendation for an athlete to undergo such a test is the responsibility of the athlete's personal physician. In a few specific sports, a health examination for all participants may be recommended.

- 2.2.2. For competitive sport, athletes may be required to present to undergo a pre-competition health examination confirming that there are no apparent contraindications to sport participation. Such tests must be based on the latest recognised medical evidence and performed by an appropriately trained professional. For elite athletes, such test is recommended and must be performed under the responsibility of a specially trained physician.
- 2.2.3. Athletes must be informed to whom the results of the medical test will be communicated and the potential consequences of any findings for participation (if any). Informed consent must be obtained from the athletes, which can be withdrawn at any time.
- 2.2.4. Any genetic test that attempts to gauge the capacity of a particular individual to practise a sport constitutes a medical evaluation to be performed only under the supervision of a specially trained physician with the same safeguards and conditions as for a pre-participation health examination.

2.3. Medical Support at Competitions

- 2.3.1. In every sports discipline, appropriate guidelines must be established 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.

Chapter III: Adoption, Compliance and Monitoring

3.1. Adoption

- 3.1.1 The Code is intended to guide the relevant medical activities of all members of the Olympic Movement, and in particular the IOC, International Sports Federations and NOCs as well as national sports federations and governing bodies.
- 3.1.2 The Code is first adopted by the IOC and is directly applicable at the Olympic Games and Youth Olympic Games.
The Code may be adopted by any member of the Olympic Movement. They adopt it according to their own procedural rules. Each signatory determines when such adoption takes effect and informs the IOC.
- 3.1.3 The IOC maintains a list of all signatories which is publicly available.

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 respective spheres of responsibility. They undertake to make the principles and provisions of the Code widely known, by active and appropriate means. For that purpose, they collaborate closely with the relevant physicians' and health care providers' associations and the competent authorities.
- 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 should be disciplinary consequences, within the jurisdiction of a signatory, for anyone who does not comply with the Code, such as withdrawal of accreditation, removal from a team, and the reporting of behaviour in violation of the Code to the relevant national competent health authority. Each signatory must decide on the responsible body to which any infringement of the Code must be reported, which will determine whether a violation of the Code has taken place.
- 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. In the event of any discrepancy, the most favourable rule protecting the health, the rights and the interests of the athletes must prevail.

3.3. Monitoring

- 3.3.1. The IOC 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 for proposing adaptations to the Code.
- 3.3.2. The IOC Medical Commission may issue recommendations and models of best practice with a view to facilitating the implementation of the Code.

Chapter IV: Scope, Entry into Force and Amendments

4.1. Scope

- 4.1.1. The Code applies to all 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 favourable to the protection of the health, rights and interests of the athletes.

4.2. Entry into Force

- 4.2.1. The Code enters into force for the IOC on 31 March 2016. It applies to all Olympic Games, beginning with the Olympic Games Rio 2016.
- 4.2.2. The signatories may withdraw from the Code after providing the IOC with written notice of their intent to withdraw *within a period of six months*.

4.3. Amendments

- 4.3.1. Athletes, signatories and other members of the Olympic Movement 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 IOC initiates proposed amendments to the Code and ensures a consultative process, both to receive and respond to recommendations, and to facilitate reviews and feedback from athletes, signatories and members of the Olympic Movement on proposed amendments.
- 4.3.3. After appropriate consultation, amendments to the Code are approved by the IOC 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 IOC Executive Board within one year of notification of such amendments. Failing this, a signatory may no longer claim that it complies with the Code.

Adopted by the IOC Executive Board in Lausanne on 3 March 2016