



FÉDÉRATION
INTERNATIONALE
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FINA MEDICAL RULES

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PREAMBULE

1. FINA, in accomplishing its mission, should take care that sport is practised without danger to the health of the athletes and with respect for fair play and sports ethics. To that end, it takes the measures necessary to preserve the health of athletes and to minimise the risks of physical injury and psychological harm. It also protects the athletes in their relationships with physicians and other health care providers.

2. This objective can be achieved only 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 present Code recalls the basic rules regarding best medical practices in the domain of sport and the safeguarding of the rights and health of the athletes. It supports and encourages the adoption of specific measures to achieve that objective. It complements and reinforces the World Anti-Doping Code and reflects the general principles recognised in the international codes of medical ethics.

Scope

4.1 The Code applies to all athletes in the sports activities governed by FINA, in competition as well as out of competition.

4.2 FINA is free to grant wider protection to their athletes.

4.3 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.

Chapter I: Relations between Athletes and Health Care Providers

1. General Principles

1.1 Athletes are entitled to the same fundamental rights as all patients in their relationships with physicians and health care providers, in particular 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

1.2 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.

2. Information

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.

3. Consent

3.1 The voluntary and informed consent of the athletes is required for any medical intervention. This consent can be made verbally or by a written document.

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, taking into account the risks associated with practising a sport with a diagnosed injury or disease.

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.

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.

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. When the legal representative has to give authorisation, athletes, whether minors or adults, must nevertheless assent to the medical intervention to the fullest extent of their capacity.

3.6 The consent of the athletes is required for the collection, preservation, analysis and use of any biological sample.

3.7 Refusal to consent to provide a biological sample for doping control purposes is a doping offence subject to punishment in accordance with the FINA Rule DC 2.3 and DC 10.3.1.

4. Confidentiality and Privacy

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.

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 health care providers directly involved in his or her health care.

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.

4.4 Athletes have the right of access to, and a copy of, their complete medical record. Such access should normally exclude data concerning or provided by third parties.

4.5 Athletes have the right to demand the rectification of erroneous medical data.

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 pursuant to the provisions of the World Anti-Doping Code.

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.

5. Care and Treatment

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.

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 which are involved in their diagnosis, treatment and care.

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.

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.

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 receive spiritual support and guidance.

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 or illness, should be carried out only after careful consideration and consultation with the athlete and other health care providers. If there is a long-term 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 practise 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.

6. Rights and Duties of Health Care Providers

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 health care providers include:

- a) making the health of the athletes a priority;
- b) doing no harm.

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. They have a duty to understand the physical 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.

6.3 Athletes' health care providers must act in accordance with the latest recognised 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.

6.4 When the health of athletes is at risk, 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, subject to applicable legislation.

6.5 Health care providers should 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 should 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.

6.6 Health care providers should disclose when they are acting on behalf of third parties (e.g. club, federation, organiser, NOC, etc.). They should 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.

6.7 When acting on behalf of third parties, health care providers should limit the transfer of information to what is 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 way compatible with his or her health status.

6.8 At sports venues, it is the responsibility of the team or competition physician to determine whether an injured athlete may continue in or return to the competition. This decision should not be delegated to other professionals or personnel. In the absence of the competent physician, these individuals should 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 athletes. The outcome of the competition must never influence such decisions.

6.9 When necessary, the team or competition physician must ensure that injured athletes have access to specialised care, by organising medical follow-up by recognised specialists.

Chapter II: Protection and Promotion of the Athlete's Health during Training and Competition

7. General Principles

7.1 No practice constituting any form of physical injury or psychological harm to athletes should be acceptable. The members of the Olympic Movement ensure that the athletes' conditions of safety, well-being and medical care are favourable to their physical and mental equilibrium. They must adopt the necessary measures to achieve this end and to minimize the risk of injuries and illness. The participation of sports physicians is desirable in the drafting of such measures.

7.2 In each sports discipline, minimal safety requirements must be defined and applied with a view to protecting the health of the athletes and the public during training and competition. Depending on the sport and the level of competition, specific rules should be adopted regarding the sports 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.

7.3 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 should be publicised in order to benefit all those concerned.

7.4 The measures for the protection and the promotion of the athletes' health should be based on the latest recognised medical knowledge.

7.5 Research in sports medicine and sports sciences is encouraged. It should be conducted in accordance with the recognised principles of research ethics, in particular the Helsinki Declaration adopted by the World Medical Association (last revised in Seoul, 2008), and the applicable law. It must never be conducted in a manner which could harm an athlete's health or jeopardise his or her performance. The voluntary and informed consent of the athletes to participate in such research is required.

7.6 Advances in sports medicine and sports science must not be withheld, and should be published and widely disseminated.

8. Fitness to Practise a Sport

8.1 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.

8.2 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 recognised medical knowledge and performed by a specially trained physician.

8.3 A pre-participation medical test is recommended for high level athletes. It should be performed under the responsibility of a specially trained physician.

8.4 Any genetic test that attempts to gauge a particular capacity to practise a sport constitutes a medical evaluation to be performed solely under the responsibility of a specially trained physician.

9. Medical Support

9.1 In each sports discipline, guidelines must be established regarding the necessary medical support depending on the nature of the sports activities and the level of competition.

These guidelines should address, but not be limited to, the following points:

- the medical coverage of training and competition venues and how this is organised;
- the necessary resources (supplies, premises, vehicles, etc.);
- the procedures in case of emergencies;
- the system of communication between the medical support services, the organisers and the competent health authorities.

9.2 In the case of a serious incident occurring during training or competition, there should 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 should be informed of those procedures and receive the necessary training for their implementation.

9.3 To reinforce safety in the practice of sports, a mechanism should exist to allow for data collection with regard to injuries sustained during training or competition. When identifiable, such data should be collected with the consent of those concerned, and be treated confidentially and in accordance with the recognised ethical principles of research.