Team Sports Ethics
How to achieve justice in a professional club’s health care system

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Presented August 2014

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ISRN: LIU-CTE-AE-EX--14/05--SE
Abstract

In this paper, I made an attempt to map the decision making structure regarding injured or at risk players within professional team sports. I assumed four main stakeholders to be involved in the process: player, coach, physician and the club or national federation as an economic and social institution. It appeared that every stakeholder has different motives that drive them while making decisions concerning injured or at risk players. Starting from the problem of ‘playing hurt’, various external factors influence the attitude of the stakeholders in specific cases. These need to be analyzed since a deeper understanding of the reasoning of the stakeholders will learn/teach us to what extent the player is capable of practicing their autonomy, presuming that this principle is important within medical ethics. Furthermore, in order to protect the player’s health, they need to get the physical and emotional risks they take covered by their employer. Finally, this paper concludes with defining a sport organization’s attitude towards health. It seems that their interest is twofold; it is a matter of instrumental reasons on the one hand – fit players means an increased chance of economic successes - and the carrying of a moral obligation on the other. The latter becomes a question of justice.

Key words: sports ethics, value of sports, autonomy, justice
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1. Introduction

This paper is not about general health risks associated with sports, but rather about specific risks for specific players. And even more specifically: cases in which there are incentives for players to risk further injury when they ‘play hurt’. Since professional sports teams are profit organizations and winning plays a central role, sports teams have started to use medical care to optimize the team’s performance. In this paper, focus will be on ethical issues concerning the health of the player that arise specifically within team sports because within this area the decision making concerning injured players is ethically more challenging in a sense that different parties have a stake in the player’s health. Direct stakeholders that are involved are the players, the coach, the medical team and the club or national federation as an economic organization. External parties like sponsors or fan clubs could also put pressure on decisions that are being taken concerning the health of the players. This paper will be dealing with the investigation of to what extent a coach, physician, player or the club as an organization is responsible for the health of the player and what factors are influencing and dominating their decision-making.

First, I will try to map different decision-makers involved with the health of the athlete, how they reason and what their underlying motives are. Who should bear responsibility for the player’s health? I will look at the role of the different stakeholders that are involved when taking decisions that concern the player’s health and the incentives for every stakeholder that influence the decision making process. Is there a typical decision hierarchy in sports teams between coaches, doctors and the players themselves? If this is the case, it is important to reflect this hierarchy by questioning the roles of the different stakeholders. A suggestion would be to treat the health of the player as a shared responsibility between direct stakeholders. Direct stakeholders are those presented earlier, namely player, coach, physician and the club or national federation as an economic or social institution. Indirect stakeholders are those who are involved on a more distant level, for instance a club’s fans.
In the next section, the greater value of sports is evaluated in terms of health, success and other values that might be important like patriotism, development of individual virtues and entertainment. A deeper understanding of the values of sports is needed in order to interpret the incentives of different stakeholders that lead to the decisions as they are being taken. In this chapter focus lies in analyzing the way two main values in sport - health and success - are connected. First I will question whether health has value in itself within sports. One could also consider health merely as an instrument for success and thus success becomes the overarching value. However, when assuming that success is the overarching value this would mean that the physician would make decisions that will lead to successes for their organization instead of doing what is best for the athlete him- or herself.

The first half of the paper is concerned with observations on the decision-making system and attitudes of different stakeholders. In the second half of the paper values that influence the stakeholders are discussed. All the discussed values cannot be attained without regarding health as the overarching value. This means that the other values cannot be of moral value, if health is not respected.

Autonomy as a part of principles of biomedical ethics is discussed in the next section. The principle applies to the topic that I am discussing since autonomy is problematic in the particular case of decision-making about at risk or injured players in professional sports teams. In this particular case, the question is whether the stakeholder, often the player him- or herself or the coach, is fully able to practice his or her own autonomy. In this section I will investigate both whether the principle is sometimes disregarded without justification and whether in some cases one of the stakeholders might be unable to practice their autonomy.

The second half of the paper will be concerned with the investigation of how justice and fairness is to be approached regarding injured or at risk players within team sports. The aim of the paper was to find out what justice would look like within the health system in professional sports. In this paper, I suppose health to be an overarching value within sports and therefore it is important to
deal with players and their physical and emotional wellbeing in an ethical manner. In this section I will treat cases and situations in which the concepts of justice and fairness are playing a central role when assuming that the athlete suffers from serious health risks during and after their sports career.

In the next section I will attempt to set out the wider social value of sports with help of Rawls’ veil of ignorance (Rawls, 1971) and the concept of corporate social responsibility. This is connected to the previous sections in a sense that within this framework justice is to a certain extent dependent on the principle of autonomy. That is, the way autonomy is applied affects the justness of the decision-making within the health care system of a professional sports organization.

In the last section I will cover all the topics that this paper has dealt with and I will draw a conclusion regarding justice in terms of injured or at risk players within professional team sports. In an ideal situation democratic decision-making would be preferred which means that the health of the player is a shared responsibility between player, medical staff, coach and club. However, when in some particular circumstance the player and coach tend to make decisions based on self-interest and prove not to be competent enough to behave in an autonomous manner, the medical professional should intervene. Furthermore, the club or national federation seems to have instrumental reasons to be interested in the players’ health in terms of fit players, which leads to achievements and successes. Secondly, I concluded that a club has a certain moral obligation regarding their players’ health, which at its turn has become a question of justice.

2. Stakeholders

In this chapter, I will deal with the different stakeholders and treat observations on the system that apply when injuries on players occur within team sports. I will set out the factors that possibly influence the decision making process of the stakeholders concerning the health of the player. Different incentives of player,
coach, physician and the team as an economic institution will be dealt with and I will try to do this on the basis of practical examples in sport.

2.1 Player

When it comes to health, sport tends to be a mixed bag of risks and benefits for the athlete. The consequences of sport are not only beneficial for health (cardiovascular and muscular) but there is also a risk of damage to the body of the athlete. These health risks are especially relevant in professional sports. To some extent the player has chosen him- or herself to risk the health and wellbeing of his or her own body in order to make a living or to pursue other goals, but at the same time the player is used as a means to an ulterior goal set by the club or federation. Roderick et al. (1996) interviewed football players active in English professional leagues and all players said that they would want to continue playing, even when injured. It led Roderick et al. to assume that playing itself is a central value in football culture. Not playing leads to guilt, depression and frustration (Roderick et al, 1996; 177). These are emotional consequences that players try to avoid by risking their own health.

The answers of the football players interviewed by Roderick et al (1996) could be related to the view in favor of play that is being advocated by a wide range of historians, psychologists and philosophers through time. Loland summarizes arguments of Plato, Schiller, Huizinga, Sartre and Csikszentmihaly as follows:

“In play we are most truly human; play lies at the heart of culture; moments of play provide experiences of ‘deep flow; play offers existential self-realization.” (Loland, 2002; 107)

Meier emphasizes this ideological view on sports by declaring:

“…I wish to proclaim, to extol, to champion, and to celebrate the cause of frivolity, uselessness, unproductivity, inconsequentiality, nonachievement, gratuitousness, irrelevance, and irreverence. In short, I wish to offer an apology for, and an appreciation of, play.” (Meier, 1980;24)
Particularly Meier’s account on the relevance and irrelevance of play is an interesting manner to understand and herewith acknowledge the attitude of the athlete that holds that playing in itself could be regarded as a value in itself as the interviewed players in Roderick (1997) claimed. Meier summarizes in an incomparably concise way the value of play in general and on sports in particular. In my perception, Meier succeeds so well in explaining the value of play because he names the ‘bad qualities’ and decomposes play so deep until play in itself seems not to have meaning anymore. However, even if play seems so irrelevant, we still seem to appreciate it as it is. Meier’s account is plausible because all intrinsic values and things in life could be analyzed to the bottom so they become purposeless and we would still perceive it as meaningful.

As pointed out above, Meier’s view is a very ideological one and it is criticized by opponents, their arguments summarized by Loland (2002) for being somewhat too romanticizing towards the nature of sport. However, since the interviewed football players mention that they feel a strong desire to play and therefore even are willing to play hurt we can assume that, for the sake of the argument, playing in itself has value for the athletes.

Another incentive to play hurt is the financial loss that the player possibly suffers by not playing. In the Swedish national women’s football league, players who are injured do not get paid their salary by their club but instead will receive a substitution from their insurance company, which consists of 80% of their usual salary\(^1\). This means a notable decrease in income when injured. On top of this, many clubs work with bonuses and the player will miss out on these rewards when not being on the squad. Moreover, when a player is injured on a frequent basis the player’s value for a club will decrease and this might lead to for instance worsened conditions concerning contract negotiations for the future.

Roderick et al. (1996) also mentioned the degree to which a player has established him- or herself in the team as a factor that influences the attitude of


Spelarföreningen is an organisation that deals with the rights of the football player in Sweden. In Kollektivavtalet they state that the player’s insurance company takes over 80% of the salary and the club team must pay 10% in order for the player to come up to a 90% of their regular salary.
the player when it comes to decision-making on playing with an injury. A team’s top player possessing a strong and safe position within the team might be better able to take decisions that safeguards their own health than players who are in tough competition for a spot in the starting team or even in the first team squad at all. It is likely that these players would suppress considerations in favor of their health and instead take decisions that would satisfy other interests. As a consequence, they risk health problems on the long term.

Other factors that seem challenging for the athlete are the stage of the season and the significance of forthcoming matches (Roderick, 1996). An example of the challenging ethical dilemmas particularly regarding this aspect is Dutch football player Arjen Robben in FIFA World Cup 2010 (Honigstein, 2010). In a friendly game against Hungary, shortly before the start of FIFA World Cup 2010, Arjen Robben injured his hamstring. With only a few weeks left until the start of the World Cup, it was supposed very unlikely that Robben would be able to recover from this strain. Arjen Robben decided to apply for treatment from a physiotherapist in the Netherlands and somewhat miraculously he appeared to the start of the first World Cup game in South Africa. He was able to play all the games, including the final against Spain. However, when Arjen Robben returned to his club team Bayern Munich, the medical team discovered a strain in Robben’s hamstring. A remarkable discovery, since Arjen Robben had not been in training after the World Cup ended. The club doctor argued that it must have been the injury that happened before the World Cup. Bayern Munich argues that the Dutch national team should not have cleared Arjen Robben for play in the World Cup, since he had obviously not recovered fully from the hamstring injury that incurred to him in the training game against Hungary.

The above outlined example emphasizes the attitude of the club and medical team towards the health of the player and contains supposedly other interests and motives than just the player’s health. Nevertheless, it is a relevant example since the decision-making of the player – and possibly the medical team and coach of the Netherlands – seems to be influenced exactly by the factors mentioned by Roderick et al (1996). The FIFA World Cup is the greatest international stage for a football player to participate in and because the games
in this tournament are considered to be one of the most valuable ones in a player’s career, it is likely to assume that the stage of the season and the significance of forthcoming matches have influenced the decisions of Arjen Robben to play hurt.

2.2 Coach

It is not merely the player who faces ethical dilemmas, but the coach, or manager also has to deal with injuries that occur on his or her players. The coach functions as the leader of the team and determines tactics and playing systems that are supposed to lead to maximized performance of the team. Different factors could be relevant motivators for a coach in decision-making processes regarding injured players. Roderick et al. (1996) interviewed physicians in football teams in the English Premier League and one of them declared that the head coach directed him to ‘inconvenience’ injured players, in order to keep them from feeling comfortable in their injured situation. He asked him to treat them after training hours in order to make them having to stay longer at the training ground and to make them drive home during traffic jams. This article by Roderick et al was written in 1996 so the question is whether this attitude still exists amongst coaches and clubs nowadays. A paper written by Graeme Law (2013) gives evidence for the fact that this behavior amongst football coaches in the English Premier League still exists. Many coaches require their players to be willing to play with pain.

Another factor that might influence the decision making of the coach is the number of fit players available for the manager. Roderick et al (1996:177) named this as one of the considerations that constrain players to ‘play hurt’. Teams with smaller squads, which is most likely to be the case in clubs that have more limited resources, sometimes have no other choice than playing players who are suffering from a minor injury in order to present a decent team.

Success of the team is also important to the coaches with respect to their own career and financial future. “A team that is doing well reflects well on the coach, and may contribute to reappointment, a positive salary review, or help when
applying for other jobs. So coaches have a personal financial interest in the wellbeing of athletes” (Jackson and Anderson, 2012:247) This quote seems to contradict what I have said about coaches’ behavior earlier in the paper. However, this quote summarizes the possible benefits for a coach when being disposed of a fit team. Unfortunately, the coach is not always capable of behaving according to the reasoning presented by Jackson and Anderson (2012) and because of other incentives – for instance personal career advancement or financial future considerations - settles for working with injured or at risk players.

Moreover, Roderick et al. (1996:177) associated the stage of the season and the significance of upcoming matches with considerations for coaches to field players that are hurt. When the season is almost over and the team only has a few games left, it might lead the coach to decide to play the hurt player. The Arjen Robben case represents this consideration insomuch as not barely the player himself and the medical staff members, but also the coach was involved in the decision making process. The coach decided to make use of Robbens (bodily) services and thus apparently was concerned only with short-term goals.

In answer to the above named situation, considering paternalism as protection of the hurt player could be relevant. A coach is expected to bench an at risk player even though the player might want to play him- or herself. The coach should protect the player's health for the sake of long-term goals, which will benefit the player, the coach and also will have positive impact on the success of the team on the long-term. The player's health is to be regarded as a sustainable good. The idea of paternalism can be extended to a physician’s duties. It might be more plausible that the physician is the party that is expected to enforce this paternalism in a team structure, since the physician carries medical expertise.

2.3 Physician

When discussing the player's health as a sustainable good, assuming the physician to be playing an important role is rather self-evident. Therefore, it is meaningful to map the territory of the physician within the system. The
physician as the expert of health is employed in order to take care of the player’s physical wellbeing. The pressure of coaches and sport managers to maintain players at peak fitness (Apple, 2002) is high and might affect the physician’s performance and decision-making. The risk is that these pressures may distort the focus of sports doctors such that they identify less with the health needs of the athlete and get pulled towards the aims of other involved in the sporting network (Jackson and Anderson, 2012:246). Moreover, Jackson and Anderson (2012) mention that sports doctors work in a different environment than doctors in other medical care practices. Sports doctors have to handle the competing loyalties that they face all the time between medical care opposed to commercial aims and the desires to win in professional sports teams (Jackson and Anderson, 2012:242). In other words, this means a dilemma of maximizing performance and profit on the one hand and the duty of care on the other. An example that I witnessed myself and resulted in bad consequences was a situation in which an at risk football player got a restriction from her physician to play in a league game. However, when the coach saw his team losing, he directed the player to get warm and go on the field. During her brief time on the field she tore the anterior crucial ligament in her knee. In this case, the physician was succeeding in holding on to the duty of care principle when she was advising the player, however, when she perceived the necessity of the player to get in to the field and to contribute to a possible change of the picture of the game, she let go of the principle. She was distracted by the concept of maximizing performance and profit.

Moreover, the team physician is concerned with the duty to provide full information and advice before conducting therapy or other interventions on the patient. This is expressed by the autonomy principle presented by Beauchamp and Childress (2009). In the example discussed in the above paragraph the concept of informed consent (Beauchamp and Childress, 2009) can be applied. The physician holds to the duty to provide full information and advice, but leaves the final decision to the player and club coach. She respects their right to autonomy. Informed consent is highly valued among many doctors, however, withholding information in some cases is supposed to be better for the patient’s
long-term wellbeing. This attitude can be justified because psychological research has shown that we tend to make better decisions when having less information (Epstein et al., 2010). In such situations, we are not distracted by other incentives or motivators. On the other hand, there is this presumption that within professional team sports the players wish to receive all possible information about their bodies and injuries. Therefore, we can argue that withholding information is never to be justified. From a Kantian perspective, having the intention to deceive or to withhold information would be ethically unacceptable, disregarding the possible positive outcome (Kant, 1785).

In contrast to applying the autonomy principle, there is another alternative in the form of paternalism. Paternalism is the interference of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm.² A paternalistic manner for the doctor to resolve the above-presented case is to decide to bench a player even though the player him- or herself and the coach would want them to play. When the doctor declares the player and coach to not being able to practice his or her own autonomy, she can intervene in a paternalistic manner and assure that the player will not be used. This shows very well the essence of the problems that arise regarding the assessment of the patient’s capability of practicing their autonomy. In brief, the doctor’s assessment of the patient’s ability to practice autonomy determines the justness of the decisions. Evaluation of the stakeholder’s capability of practicing autonomy is important because this decides how the decision-making process will continue, mostly what will be expected of different stakeholders in terms of their responsibility for the player’s health in that particular case.

In personal conversations some physicians declared to me to never regard paternalistic methods to be appropriate. The medical staff of the Dutch national women’s football team looks at their service and contribution as a mere opinion or advice that is supposed to be trusted by the coach, player and the rest of the club since they are the ones who carry the expertise. They value the autonomy principle in a very strict manner. Again, the question is whether the coach and

player are still be able to practice their autonomy when other external factors come in to play that might distract them from taking the decision that is best for their (long-term) health.

So far, in this chapter I have discussed the physician’s role within professional sports, leaving physicians and doctors in other areas out of the picture. However, there are also many similarities between the ethical dilemmas that have to be dealt with in all other fields of medical ethics. The discussed principles of autonomy and informed consent are concepts that are relevant in every field of medicine. Autonomy can become problematic in all fields and examples in literature often refer to the consent of children, adolescents and incompetent patients. An example would be an adult who in essence is expected to be capable of practicing autonomy but a case of mental or intellectual disability would change our perspective on autonomy. This example refers to everyday medicine where the intellectual disabled adult might be suffering from an illness and he or she is not capable of taking a responsible decision and therefore the doctor or an other involved party like a family member would take over the decision-making process. At the same time, this obviously shows dissimilarities between everyday medicine and professional sports medicine as well, in a sense that players who want to play are no adults with an intellectual disability. Because a player’s will to play distracts them from practicing autonomy does not infer that the player is intellectually disabled. Autonomy with athletes is a matter of degree, which means that I am not claiming that professional athletes either totally lack autonomy, or have perfect autonomy and freedom. I do acknowledge that autonomy could be regarded as a matter of degree within other work environments as well. People working in more ‘ordinary’ environments also experience external social pressure.

2.3.1 Physician’s personal career advancement

Above, informed consent as part of the principle of autonomy in medical ethics was discussed. Within professional sport teams, it might be beneficial for the doctor or physician to withhold medical information that could be relevant to the
player. An ambitious physician who has set goals that go beyond the work that he or she is doing at the moment might develop biases when taking decisions on at risk or injured players. An earlier presented example would be the pressure of coaches and sport managers to maintain players at peak fitness (Apple, 2002). A physician is often assessed based on a team’s performance and the fitness of the players. A fit and successful team often indicates a skilful medical team and this might increase their chances on the labor market. The physician’s interests take over since the factor of personal career advancement is influencing the physician’s decision on injured players. The physician withholds information and takes away the opportunity for the player or coach to decide to bench a player. The other stakeholders are not able to practice their autonomy because they are not fully informed by the expert, the physician. A player might be at risk without the coach or player knowing about it.

Furthermore, while it might be easy to assume that the doctor should put the care of the athlete first, refusing to comply with the demands of management may impact negatively on the doctor’s re-employment (Anderson & Jackson, 2012:244). When a coach or a club’s management is encouraging a physician to let one of the key players play, the physician might satisfy their wishes in order to not damage their relationship and thus increase their chance on re-employment.

3. Social value

After having discussed the different stakeholders and under what circumstances and influences they function, I will now turn to the social value of sports in order to understand the values that stakeholders are faced with. The greater social value of sports will be connected to the biomedical autonomy principle in order to provide a framework for a just health care system.

3.1 Greater social value of sports

What is sport? What do we mean when we talk of sports? McPherson et al. (1989) define sport as ‘a structured, goal-oriented, competitive, contest-based,
ludic physical activity’. This definition describes sport without reference to its societal meaning. It is plausible to adopt the idea of corporate social responsibility (CSR) within sports. This means that professional sport is more than what the definition of McPherson et al. (1989) encompasses. The concept of corporate social responsibility was defined by McWilliams, Siegel and Wright (2006) as “situations where the firm goes beyond compliance and engages in actions that appear to further some social good, beyond the interests of the firm and that which is required by law”. When interpreting their definition of corporate social responsibility (CSR) and projecting it on sport, it becomes clear that CSR actually deals with the wider social value of sports.

When investigating the greater social value of sports, it is also meaningful to look at the differences between sports on a recreational level and professional sports in terms of their goal setting. Intentional goals for leisure sports are on a different level from professional athletes who have different aspirations. The distinguishing characteristic of professional sports is that the athletes are being financially rewarded for the goals they have set personally or are being set for them by their club. Although the financial rewarding system is a distinctive characteristic for professional sports, it would not be correct to reduce professional sports to merely financial incentives. In fact, professional sports organizations might have high potential to practice CSR in terms of mass media distribution and communication power, youth appeal, positive health impacts/association, social interaction, and sustainability awareness (Smith and Westerbeek, 2007).

The consideration whether the financial reward dominates all other goals that might be associated with recreational sports and becomes the only goal remains interesting. However, as named earlier in the paper, professional football players have declared in interviews that playing as such is valuable for athletes. This means that the value of play as such could bridge professional and recreational sports. Meier’s account seems to be applicable to both professional and recreational sports and could thus indicate herewith that an overarching value for all types of sports is found.
In the next chapters I will explore five values that might be relevant in order to understand the greater societal meaning of sports – heroism and patriotism, development of personal virtues, entertainment, health and success. Furthermore, these values might be relevant to the external factors that I will be discussing in the next larger section.

### 3.1.1 Patriotism and heroism

This section presents a critical, normative discussion on patriotism and heroism. The main consideration is whether players and fans ought to be motivated by patriotism and heroism. The value of patriotism (or nationalism) can be applied both when discussing professional sports ethics on a national team level and on club level. In case of the latter, patriotism refers to people in certain communities who feel belonging, involvement or passion for the local sports club. Heroism is a phenomenon that is relevant in all forms of sports.

Torbjörn Tännsjö is a Swedish ethicist who has written on patriotism and nationalism and particularly makes provocative accounts in his article *Is it fascistoid to admire sport heroes?* (Tännsjö and Tamburrini, 2000). He writes primarily on the value of heroism of a fan’s perspective. According to Tännsjö, the enthusiasm we feel for the winner of a sports contest reflects fascism. From my perspective, Tännsjö’s account is very narrow and the fact that we seem to admire sport heroes should be taken to a higher level. When reasoning from the CSR framework, it seems considerable to see heroism and patriotism as tools in order to practice social responsibility. If we offer people the chance to be patriotic we could get people to care about their health because their heroes become role models. This takes us right into the next section, which deals with the development of individual virtues.
3.1.2 Development of individual virtues

A sports organization also provides opportunities for the development of individual virtues, both for the athletes themselves and for people outside the team.

Aristotelian ethics deal with how human beings can realize their true nature and attain their *telos*, the goal to which all human beings ought to strive. For Aristotle, human flourishing means living a life of reason in which we develop and exercise all our powers and capabilities by acting in accordance with virtue. The key question is ‘what kind of person ought I to be?’ (Loland, 2002:19). For a professional athlete this means that he or she is continually developing and exercising his or her capabilities and is always striving for optimal achievement. Not only physical development is exercised, but also reason. I presuppose that virtues like discipline, cooperation, communication and fairness are being trained when operating as a professional athlete.

As discussed in the above section, the athletes and their virtues can become examples for the fans. This idea comes from the Aristotelian role modeling of virtuous agents. Heroism and patriotism lead to role modeling in other values considered meaningful in life, for instance health. The professional athlete lives a healthy life, attempts to take good care of his or her physical and emotional wellbeing and as such they function as role models for the amateur athlete.

3.1.3 Entertainment

Would professional sports be valuable when we would look at it as a form of entertainment? If it appears to be the case that professional sport has characteristics that would make it a form of entertainment, and if we agree on the idea that entertainment is valuable in life in general, this would mean that it reaches not only the athletes themselves, but also indirect stakeholders like fans.

In order to investigate whether sports can be seen as a form of entertainment, it is interesting to consider sports to be a form of drama. From this perspective, the main question is whether sport is different from other forms of drama and why
society seems to be drawn to this kind of entertainment. The answer lies in the fact that sports seem to have the ability to produce emotions and creates villains and heroes for the spectator. This is one of many motives for why fans are attracted to the sports spectacle. Zillman and Vorderer (2000) summarized and captured the essence of the notion of sports as drama as follows:

“The elements of drama-participants, ritual, plot, production, symbolism, social message – are all brilliantly choreographed in the sports spectacle” (Zillman, Vorderer, 2000: 164)

From the above information, we can conduct that entertainment seems to be related to patriotism and heroism, given the consideration that heroes and villains are created in the sports play. A sports game produces a winner and a loser and this occurs under dramatic circumstances. Moreover, entertainment can be tied back to the business aspect of a sports organization. No entertainment means no money and indirectly this infers consequences for the satisfaction of certain values for the players themselves in terms of money, successes and patriotism. No money means a proper decrease in chances of successes and this at its turn influences the way the value of patriotism can be achieved.

3.1.4 Success

Another value that supposedly is relevant in sports is the value of success. But how should we understand the concept of success within sports? Santayana (1979) clarifies this as follows:

“Sport’s contest is for the honor of success. Success is not meant here as it is in the everyday business of the world. What is meant is an excellent achievement, not a mere acquisition of necessities.”

Predominantly, the relationship between the values of success and health seems to be very strong. Research has shown that health and success hang together in a sense that teams with fewest injuries have most successes (Hägglund et al., 2013).
It seems quite fairly obvious to assume that success for a sport’s organization is the overarching value. An essential part of a sports game is the concept of winning and losing and all sports teams strive for winning a game - extraordinary cases excluded, like for instance the influence of betting scandals where a club or a specific player might receive money for purposely losing a game. The latter is ethically problematic, because losing on purpose seems to go against the internal morality of sport. Moreover, since a sport’s club is a business organization success seems valuable in economic terms. Sports clubs happen to have strong incentives to sell their best players in order to ensure the financial sustainability of the club. However, when assuming success to be the overarching value, then it would be justified for a physician to do what is best for the club and not for the player. This could possibly lead to physicians and other stakeholders other than the athlete him- or herself to abuse a player’s body in order to win. A player might not be fully informed about risks or might be forced to play when being at risk. In this scenario, the player’s health would be regarded as barely an instrumental value that would lead to a bigger goal – success. This presumption seems to contradict our moral intuitions on health and respect for the human body.

3.1.5 Health

Health is commonly regarded as a primary good in life, but what exactly is its value within professional sports? Is health just an instrument for success? Is success the overarching value in professional sports? In the above section, the idea of success as the dominant value was rejected, especially because success seems to clash with the value of health within sports. When extending this idea it might supposedly be plausible to regard health as a value that clashes with all other discussed values. When linking entertainment and health, there are situations in which people see injuries as entertainment. An example would be boxing or American football. However, I would want to disapprove this view. It is a mistake to get entertained by athletes getting hurt. From my point of view, it is morally wrong to find pleasure out of situations where human beings are being
purposely hurt. When thinking of heroism and health, it leads us to the same
morally arguable situation, namely, athletes who are seen as heroes because they
are willing to risk their health. Again, I want to disapprove this attitude. In
accordance with my argument on the clash between health and entertainment,
again, I would want to question the moral justifiability of experiencing pleasure
from attending other people risking their health. It should be noted that the
other values in the discussed cases are taken to the extreme which makes them
conflict with health.

In order to set this straight, it might be necessary to regard health as the
overarching value; otherwise other discussed values cannot be attained. On the
other hand however, it seems implausible to see health as a goal of a sports
organization. A sports organization is concerned with the athlete's health but
does not aim at insuring long-term health for their employees. It seems more
convincing that the health of the player functions as an asset within the
organization. The health of the player is an exhaustible resource, rather than a
value in itself.

3.2 Autonomy and justice

In the previous sections I have been discussing incentives for stakeholders and
the values of sport. All of these influence the framework of health care systems in
professional sports organizations, which I will be discussing in this chapter.

3.2.1 Sports medicine and autonomy

As demands for success grow, so too does the pressure intensify on the sports
doctor to deviate from accepted medical practice and ethical values (Anderson
and Jackson, 2012). Next, I will discuss how medical practice is related to sport
and the importance of the principle of autonomy.

Anderson and Jackson (2012) argued that club medical practice differs from
other medical ethics. Medical professionals in sports act in a different
environment. According to Anderson and Jackson (2012), when working in a professional sports environment, particularly in team sports, a physician gets to deal with external pressures like a coach, the athlete him- or herself, management, media, and a club’s financial interests. Where a doctor in regular medicine is concerned merely with the health of the patient, a professional club’s team doctor might have a more direct connection to alternative motives, as expressed earlier.

Moreover, club medical practice can be distinguished from other medical practice by implying the assumption that the health of the player is an exhaustible resource, rather than a value in itself. Since an athletes’s career does not last a lifetime because the body itself is the most important instrument, goals in club medical practice are on a shorter term. This difference might lead to the conclusion that the biomedical principles need to be implemented and safeguarded in a slightly different manner within the field of sports. The principle of Nonmaleficence contains that one ought not to inflict evil or harm (Beauchamps and Childress, 2009). The principle of Beneficence is identified by Beauchamp and Childress (2009) by three rules, namely: One ought to prevent evil or harm, one ought to remove evil or harm, and one ought to do or promote good. These principles might need extra emphasis within the field of sports, since they seem to be perceived as flexible. For instance in the Arjen Robben-case, the physician seems to have been aware of the risk of a more severe injury and therefore we can question to what extent he or she has taken serious their duty of preventing evil or harm and whose ‘good’ she was promoting.

Furthermore, the idea of autonomy is relevant within professional club medical practice, because when making decisions on injured or at risk players, the autonomy of both the player him- or herself - and in some cases also the autonomy of other involved stakeholders, like the coach - are at stake.

The autonomy principle is built upon moral views of Immanuel Kant and John Stuart Mill. Kant and Mill have rather different moral outlooks, although both place high value on liberty and autonomy. Furthermore, they both recognize that
all persons have unconditional worth, each having the capacity to determine their own moral destiny (Beauchamp & Childress, 2009:103).

According to Beauchamp and Childress we have to respect the principle of autonomy, but in some particular situations we are justified in restricting another’s autonomy. When it endangers public health, when it potentially harms innocent others and when it requires a scarce resource we can renounce the right of autonomy. Moreover, Beauchamp and Childress (2009:105) mention that “...our obligations to respect autonomy do not extend to persons who cannot act in a sufficiently autonomous matter”. The health professional has to determine whether the subject is capable of adequate decision-making. Beauchamp and Childress (2009:113) state that “...a competent person who usually can select appropriate means to reach goals will act incompetently in a particular circumstance”. When adapting this principle to the specific situation that the at risk or injured player finds herself in, it might occur that the player who in regular circumstances is very well capable of practicing their autonomy is not able to do so when finding themselves injured or at risk in a professional sports team. This would occur due to other external factors that influence the player’s decision, possibly consisting of success, money, patriotism or peer pressure.

The concept of informed consent is inherently connected to the principle of autonomy. The focus of informed consent recently shifted from a doctor’s obligation to disclose information to the quality of a patient’s or subject’s understanding and consent (Beauchamp and Childress, 2009:117). However, the idea of a doctor’s obligation to disclose information seems to be a relevant moral question when applying it on the Arjen Robben-case. If we suppose that the Dutch team doctor knew that Robben was still hurt or at risk, can we also assume that Robben knew the full extent of the health risk? In other words, can we assume that the team doctor told him everything he needed to know in order to make an autonomous decision? When assuming this hypothetically, Arjen Robben’s opportunity to make a fully autonomous decision was removed by the Dutch doctor. This does not merely have to do with the actual capabilities of the patient and the determination of the medical professional on whether the patient
is capable of practicing their autonomy, but with the attitude of the team doctor. When assuming that the Dutch team doctor told Arjen Robben everything he needed to know to make an autonomous decision, can we suppose that Robben’s understanding and consent is at stake in this case? In other words, the quality of the player’s understanding of the injury might not have been to the utmost.

As mentioned earlier, this discussion is rather hypothetical and is not based on actual facts. However, for the sake of the discussion, it was worth presenting it since it captures well the problems that could arise regarding informed consent.

3.2.2 Health risks

In this chapter, I will discuss the particular health risks that professional athletes seem to be exposed to. I will now be discussing long-term health risks and the health of the athletes after their career is over since ‘playing hurt’ increases the risk of long-term physiological and emotional stress. Schwenk et al. (2007) investigated depressions and pain in retired professional football players. Their research showed that “retired professional football players experience levels of depressive symptoms similar to those of the general population, but the impact of these symptoms is compounded by high levels of difficulty with pain”. The same is even more extreme in American football.

Should a club or national federation not at least cover these health risks that are taken by the athlete? This leads to a question of justice; who covers the health risks? If not the club, who from my point of view should take responsibility, then governments might need to pass sports specific labor safety laws for professional sport organizations. Sports organizations would be sanctioned when not covering the health risks of the professional athlete.

3.2.3 Justice

All the things discussed above lead us to the main question, which has to do with justice within the health system in professional sports. How do we need to set up
health care in professional sport teams in order to make it just? Organizations that promote certain values like health seem to not structurally take responsibility for the health risks that their players take in order to lead the club to successes. Organizations present health as an important value and use it for marketing goals, but it contradicts the treatment that their own employees receive, aiming at the professional athlete. The justice question is in essence a question of fairness as well. What is asked the players to do and what is asked them to risk? Is it actually in proportion? As named earlier, in particular cases this seems to be out of balance and organizations do not cover the risks that the athletes take.

3.2.4 John Rawls and corporate social responsibility

A professional sports team is seen as an economic institution; however, they are more than just a for-profit organization. In order to break away from the business side of professional sports I will attempt to set out the wider social value of sports with help of Rawls’ veil of ignorance (Rawls, 1971) and the concept of corporate social responsibility. This is connected to the previous sections in the sense that within this framework justice is to a certain extent dependent on the principle of autonomy. That is, the way autonomy is applied affects the justness of the decision-making within the health care system of a professional sports organization.

In this chapter, I will apply Rawls’ veil of ignorance (Rawls, 1971) to the social structure in a professional sports organization. The veil of ignorance is part of a thought experiment presented by Rawls, where parties in a society do not know anything about their particular abilities, tastes, intelligence, strength and position within the social order of society. In this paper, I will use Rawls’ theory in order to show which rules and structures regarding health care for players the different stakeholders would agree on, if behind a veil of ignorance. The veil of ignorance in this context would mean for the stakeholders to be ignorant about the status and acclaim of their team. They could for example be struggling against relegation in a lower division league or one of the world’s best teams, like
football club Bayern Munich is today. There might be differences in attitudes between high and low status teams regarding decisions in the team’s health care system. High status teams are likely to have star players that might have a different meaning to the team than the others. Star players are regarded to be more valuable and coaches and physicians are likely to let other incentives in when taking decisions in case of injuries. Furthermore, star players are important for the team as an economic institution since they make an essential contribution to a club’s marketing and advertising. This might put extra pressure on these players. Under a veil of ignorance, this problem is eliminated because the stakeholders have no information about the specific players and under a veil of ignorance they all are equally valuable for the team.

Presumably, there exists also a difference of expectations between high and low status teams. Expectations of direct stakeholders, but also expectations of involved parties like fans and sponsors. The external pressure that is exercised on high status teams is often stronger and larger simply because they have more supporters and more sponsors. The external factors that seem to affect the decision-making might disappear if behind a veil of ignorance. As earlier discussed in this paper the pressures for high- and low-status teams are different. In this case, it is relevant to look at factors that are problematic on top of the fact that professional sports are businesses. Furthermore, the capability of the stakeholders to practice their autonomy would not be damaged when behind a veil of ignorance since the agent is not distracted by other motives or incentives that sometimes lead to decisions that do not protect the player’s health optimally. Behind a veil of ignorance, a player would prioritize the value of play and their long-term physical and psychological well being, both in equal measure. This would mean a perfected balance between the will to play and the load of training and matches that the body manages to take.

Above, I mentioned the relevance of Rawls’ veil of ignorance when discussing the wider social value of sports. This could be connected to corporate social responsibility. The concept of corporate social responsibility was defined by McWilliams, Siegel and Wright (2006) as “situations where the firm goes beyond compliance and engages in actions that appear to further some social good,
beyond the interests of the firm and that which is required by law”. When interpreting their definition of corporate social responsibility (CSR) and projecting it on sport, it becomes clear that CSR actually deals with the wider social value of sports.

However, CSR is also morally suspect as a tool for economic goals in professional sports. Sheth and Babiak (2009) suggest that professional sport executives view CSR as a strategic imperative for their business. In order to figure out whether it is ethically justifiable to utilize CSR for economic reasons, we need to take a better look at the actual goals that sports teams have when considering them to be business institutions. Is a professional sports team merely an economic institution, or should we regard them to be organizations that are supposed to reach goals that are part of the greater social value of sports? From my point of view, every sports institution is responsible for bigger social items in life and is supposed to stand up for social issues in society. So even if Sheth and Babiak (2009) suggest that CSR in some cases strategically is used for economic reasons, those incomes will not only benefit the financial health of the club but also create opportunities for executing other CSR goals. I believe that every organization has an actual interest in CSR. This implies that CSR, even if used strategically, is always genuine. This makes a relevant connection to Rawls, because with help of Rawls’ ideas, an explication can be made of what genuine or good CSR looks like.

Smith and Westerbeek (2007) claimed that sport, broadly defined, has a number of unique factors that may positively affect the nature and scope of CSR efforts including: mass media distribution and communication power, youth appeal, positive health impacts/association, social interaction, and sustainability awareness. This refers to values – heroism and patriotism, development of personal virtues, entertainment, success and health - that in this paper are regarded to be important values, which all seem to have to do with social communication. However, if we look closely at the list of values discussed in this paper, we see that all of them are about how a sport or a team is perceived, and none of them is about actual social efforts directly.
When looking at the factor of positive health impacts, it is interesting to put this in a frame with the risks that professional athletes take when serving a team or federation. On the one hand, a club or federation is promoting positive health impacts, but at the same time one could say that this contradicts the health problems that professional athletes are risking. Professional sport requires an extraordinary physical and psychological impact on the athlete’s body, since the body is the main instrument to lead to achievements and successes. Research by Schwenk et al. (2007) showed that the co-occurrence of depressive symptoms and pain puts retired football players at the highest risk of significant difficulties in retirement. Somatic pain symptoms – most commonly back pain, chronic abdominal or pelvic pain, or headache – are likely to lead to depression.

**Conclusion**

In this paper I tried to map the different factors that influence the decision-making process regarding injured or at risk players in club teams. In an ideal situation democratic decision-making would be preferred which means that the health of the player is a shared responsibility between player, medical staff, coach and club. However, when in some particular circumstance the player and coach tend to make decisions based on self-interest and prove not to be competent enough to behave in an autonomous matter, the medical professional should intervene. This requires the physician to reason from a ‘medical’ veil of ignorance (Rawls, 1971) and dismiss other incentives that distract him or her from putting the health of the player first.

Furthermore, a solution was found concerning the problems that seem to occur with regards to the set up of health care in professional sports. I would like to conclude by defining the health care system and the club’s interest in the health of the player. The club seems to have instrumental reasons to be interested in the players’ health in terms of fit players, which leads to achievements and successes. Secondly, I concluded that a club has a certain moral obligation regarding their players’ health, which at its turn has become a question of justice. Organizations
that promote values like health need to take responsibility for the risks that occur to the player.
Bibliography


