



International
Paralympic
Committee

International Paralympic Committee **Medical Code**

December 2011





This version of the IPC Medical Code has been approved by the IPC General Assembly –
December 2011.



Preamble

1. The Paralympic Movement, in accomplishing its mission, should encourage all stakeholders to take measures to ensure that sport is practiced in a manner that protects the health of the athlete and respects fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants and to minimize the risks of physical injury and psychological harm. It also encourages measures that will protect athletes in their relationships with health care professionals.
2. This objective can be achieved mainly 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 supports 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 those objectives. It complements and reinforces the World Anti-Doping Code as well as the general principles recognized in international codes of medical ethics.
4. The IPC Medical Code is directed toward the Paralympic Games and to all Events and Competitions sanctioned by the IPC or any member organization (i.e., International Federations (IFs), International Organizations of Sport for the Disabled (IOSDs), Regional Councils, National Paralympic Committees (NPCs)) (hereafter 'Signatories'). The IPC Medical Code applies to all sports activities practiced within the context of the Paralympic Movement, in competition as well as out of competition.
5. The Signatories are free to grant wider protection to their athletes.

Relationships Between Athletes and Health Care Professionals

6. Athletes shall enjoy the same fundamental rights as all patients in their relationships with health care professionals, in particular, respect for:
 - their human dignity;
 - their physical and mental integrity;
 - the protection of their health and safety;
 - their self-determination; and
 - their privacy and confidentiality.
7. The relationship between athletes, their personal physician, the team physician and other health care providers shall be protected and be subject to mutual trust and respect. The health and the welfare of athletes must prevail over the sole interest of competition performance and other economic, legal or political considerations.



Right of Information

8. Athletes must be fully 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.

Consent

9. The voluntary and informed consent of the athletes is required for any medical intervention (save where it is impossible to achieve due to the circumstances of the athlete, see 13 below).
10. Particular care must be taken to avoid pressure from the athlete's entourage (e.g., coach, management, family) and other athletes, so that athletes can make fully informed decisions, taking into account the risks associated with practicing a sport with a diagnosed injury or disease.
11. Athletes may refuse or interrupt a medical intervention. The consequences of such a decision should be carefully explained to them.
12. Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity. They may also define in writing the way they wish to be treated and give any other instruction they deem necessary.
13. With the exception of emergency situations, when athletes are unable to consent personally to a medical intervention, the authorization of their legal representative or of the person designated by the athlete for this purpose should be required wherever possible, after they have received the necessary information.
14. When the legal representative has to give authorization, athletes, whether minors or adults, should nevertheless assent to the medical intervention to the fullest extent of their capacity.
15. Consent of the athlete is required for the collection, preservation, analysis and use of any biological sample.

Confidentiality and Privacy

16. All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information shall be kept confidential,



even after the death of the athlete, and all applicable legislation and professional regulations and codes of practice must be respected.

17. 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 professionals directly involved in his or her health care.
18. All identifiable medical data on athletes must be protected. The requirement of protection of the data will determine the appropriate manner of its storage and the steps (technical and practical) required to maintain such protection over time. Likewise, biological samples from which identifiable data can be derived must be protected from improper disclosure.
19. Athletes have the right of access to, and a copy of, their complete medical record.
20. Athletes have the right to demand the rectification of any erroneous medical data in their files or to have concise notes made on the file where it appears to the athlete that some form of explanation is required.
21. Intrusion into the private life of an athlete will be permissible only if necessary for diagnosis, treatment and care, with the consent of the athlete, or if it is legally required. Such intrusion is also permissible pursuant to the provisions of the World Anti-Doping Code.
22. Any medical intervention must respect privacy and be carried out in the presence of only those persons necessary for the intervention, unless the athlete expressly consents or requests otherwise.

Care and Treatment

23. Athletes must 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, accessible to all equitably, without discrimination and according to the financial, human and material resources available for such purpose.
24. Athletes shall have a quality of care marked both by high technical standards and by the professional and respectful attitude of health care providers. This includes continuity of care, including cooperation between all health care providers and establishments involved in their diagnosis, treatment and care.



25. During training and competition abroad, athletes must receive the necessary health care, which if possible should be provided by their personal or team health care professional. They must also receive appropriate emergency care prior to returning home.
26. Athletes should be able to choose and change their own health care professional 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.
27. Athletes will be treated with dignity in relation to their diagnosis, treatment, care and rehabilitation, in accordance with their culture, tradition and values. They should be permitted to enjoy support from family, relatives and friends during the course of care and treatment, and to receive spiritual support and guidance.
28. Athletes must enjoy 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.
29. Procedures that are solely for the purpose of masking pain or other protective symptoms in order to enable the athlete to practice a sport with an injury or illness must not be administered if, in the absence of such procedures, his or her participation would be medically inadvisable or impossible.

Health Care Providers

30. The same ethical principles that apply to the current practice of medicine must apply equally to sports medicine. The principal duties of physicians and other health care providers include:
 - making the health of the athletes a priority;
 - doing no harm.
31. Health care providers who care for athletes must have the necessary education, training and experience in sports medicine, and keep their knowledge up to date. They should 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. Health care professionals must understand how an athlete's impairment may affect injury and illness symptom patterns and affect rehabilitation from injury.



32. Athletes' health care professionals must act in accordance with the latest recognized 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 other health care professionals.

Health care professionals must also refuse to provide a false medical certificate concerning the fitness of an athlete to participate in training or competition.
33. When the health of an athlete is at risk, health care providers should strongly discourage them from continuing training or competition and must inform them of the risks.
34. 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 professionals may also inform the competent persons or authorities, even against the will of the athlete, about their unfitness to participate in training or competition. Such disclosure will be based on the professional judgment of the health care professional, applicable regulatory codes and applicable legislation.
35. In the case of children, health care professionals must oppose any physical activity, sport practices or training activities that are not appropriate to the stage of growth, development, general condition of health, type of impairment of the child. They must act in the best interest of the health of children or adolescents, without regard to any other interests or pressures from the entourage (e.g., coach, management, family, etc.) or other athletes.
36. Health care professionals must disclose when they are acting on behalf of third parties (e.g., club, federation, organizer, NPC, etc.). They must 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.
37. When acting on behalf of third parties, health care professionals 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 professionals may provide other information concerning the athlete's participation in sport in a manner compatible with his or her health status.
38. At sports venues, it is the responsibility of the team, competition or IF physician to determine whether an injured athlete may continue in or return to the competition as stipulated in the applicable sport rules. This decision should not be delegated to other professionals or personnel. In the absence of the competent physician, other professionals or personnel must adhere strictly to the instructions that he or she has provided. At all times, the overriding priority should be to safeguard the health and



safety of athletes. The outcome of the competition should never influence such decisions.

39. When necessary, the team, competition or IF physician should ensure that injured athletes have access to specialized care, by organizing medical follow-up by recognized specialists.

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

40. No practice constituting any form of physical injury or psychological harm to athletes is acceptable. Members of the Paralympic Movement must ensure that the athletes' conditions of safety, well-being and medical care are favorable 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 health care professionals that are familiar with the specific considerations of Paralympic athletes is desirable in the drafting of such measures.
41. In each sports discipline, minimal safety requirements should be defined in the sport rules and applied with a view to protecting the health of the participants and the public during training and competition. Depending on the sport and the level of competition, specific rules should be adopted regarding sports venues, safe environmental conditions, sports equipment authorized or prohibited, and the training and competition programs. The specific needs of each athlete category should be identified and respected.
42. For the benefit of all concerned, measures to safeguard the health of the athletes and to minimize the risks of physical injury and psychological harm should be publicized.
43. Measures for the protection and the promotion of the athletes' health should be based on the latest recognized medical knowledge.
44. Research in sports medicine and sports sciences is encouraged and should be conducted in accordance with the recognized principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association, and the applicable law. It must never be conducted in a manner which could harm an athlete's health or jeopardize his or her performance. The voluntary and informed consent of the athletes to participate in such research is essential.
45. Advances in sports medicine and sports science should not be withheld, and should be published and widely disseminated.



Fitness to Practice a Sport

46. Prior to engaging in competitive sport, and preferably with regular intervals throughout their athletic career, athletes should undergo pre-participation evaluation. The fitness test should be based on the latest recognized medical knowledge, and should be performed by a health care provider that possesses specific experience with the care and treatment of Paralympic athletes.
47. Any genetic test that attempts to gauge a particular capacity to practice a sport constitutes a medical evaluation that reflects the special issues related to the sport the athlete will participate in, and is performed under the responsibility of a specialist health care professional who possesses specific experience with the care and treatment of Paralympic athletes.

Medical Support

48. In each sports discipline, appropriate guidelines should 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:

- medical insurance policies;
 - medical coverage of training and competition venues and how this is organized;
 - necessary resources (supplies, premises, vehicles, etc.);
 - procedures in case of emergencies and natural disasters;
 - system of communication between the medical support services, the organizers and the competent health authorities.
49. In case of a serious incident occurring during training or competition, there must 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 shall be informed of those procedures and receive the necessary training for their implementation.
 50. To reinforce safety in the practice of sports, a mechanism should be established 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 in accordance with the recognized ethical principles of research.

Adoption, Compliance and Monitoring

51. All Signatories shall accept the Code by signing a declaration of acceptance upon approval by each of their respective governing bodies, but no later than the date of the Opening Ceremony of the London 2012 Paralympic Games.



52. Major Competition Organizers and other sport organizations that may not be under the control of a Signatory may, upon invitation by IPC, also accept the Code.
53. Each Signatory shall implement the applicable Code provisions through policies, statutes, rules or regulations according to their authority and within their respective spheres of responsibility immediately upon acceptance. The Signatory undertakes to make the principles and provisions of the Code widely known, by active and appropriate means. For that purpose, the Signatory collaborates closely with health care professionals' associations and the competent authorities.
54. Each Signatory requires health care professionals caring for athletes within their spheres of responsibility to act in accordance with this Code.
55. Health care professionals remain bound to respect their own ethical and professional rules in addition to the applicable Code provisions. In the case of any discrepancy, the Health care professionals shall be required to comply with their own ethics and professional standards to be interpreted, as far as may be possible, in a way that is consistent with this Code.
56. The Code applies without prejudice to the national and international ethical, legal and regulatory requirements that are more favorable to the protection of the health of the athletes.

Entry into Force

57. The Code enters into force on 1st January 2013.

Amendments

58. Athletes, Signatories and other parties are invited to participate in improving and modifying the Code. They may propose amendments to the IPC Governing Board.
59. After appropriate consultation, amendments to the Code are approved by the IPC General Assembly with simple majority. Unless provided otherwise, they become effective three months after such approval.

Administration

60. The IPC Medical Committee oversees the implementation of the Code and receives feedback relating to it on behalf of the IPC Governing Board. It is also responsible for monitoring changes in the field of ethics and best medical practice and for proposing adaptations to the Code.



The IPC Medical & Scientific Director is responsible for the administration of the provisions of the Code.



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