How do sports medicine doctors perceive their ethical responsibilities in prescribing local anaesthetic injections to athletes?
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ABSTRACT

Introduction: In this study, I aimed to investigate how sports medicine doctors perceive their ethical responsibilities in prescribing local anaesthetic injections (LAI) to athletes. Currently little is known about doctors’ decision-making process in this area, and the use of LAI is considered controversial.

Methodology: I conducted 12 semi-structured qualitative interviews with sports medicine doctors listed on a Sports Medicine Australia website as currently practising in Victoria. The interviews were 25-50 minutes in duration with the majority of doctors (9) treating AFL athletes. Data was analysed thematically, by identifying common themes and drawing links between them.

Results and discussion: All doctors performed a risk assessment first to determine the likelihood and consequences of risk arising from LAI. From this risk assessment, doctors identified injuries they would routinely inject, injuries they would definitely not inject and a grey zone where it was not clear whether or not to use LAI. If the risk of harm was too high, doctors drew a line without considering athletes’ wishes, because of their perceived roles and responsibilities, and for litigation reasons. In the grey area of decision-making, players’ wishes and overall best interest became more important and non-medical benefits (e.g. participating in important matches and employment aspects) were factored into risk-benefit assessments. Doctors drew attention to barriers to achieving informed consent in the ‘heat of battle’ and strategies used to reduce risk of litigation in this situation.

Conclusion: Most doctors’ descriptions of actual practice illustrate complexities in where they drew the line on acceptable level of risk to take in the grey-zone of decision-making, which was often moved according to doctors’ risk-benefit assessments.