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Professor Mike McNamee
Department of Philosophy, History and Law in Healthcare
School of Health Science
Swansea University, Wales, UK
m.j.mcnamee@swansea.ac.uk

Beyond consent: sports medicine ethics and pediatric doping

The issue of doping is a matter of intense controversy within the philosophy of sport and is increasingly being framed as an issue of public health (Laure *et al.*, 2003; WADA, 2007). A substantial body of international research provides evidence of pediatric doping that is both considerable and increasing (Calfee and Fadale 2006; Laure and Binsinger, 2007; Yesalis and Bahrke, 2000), though other studies have challenged the reliability and validity of the methods that have procured this data (Backhouse *et al.*, 2007; Kanayama *et al.*, 2007). While this trend disturbs sports lovers as much as public health officials, one might think that it was philosophically uninteresting. Surely, our ethical and sporting intuitions tell us, there can be little *philosophical* dispute about the wrongness of doping in children's and adolescent's sports milieus.

One potential challenge to the wrongness of pediatric doping emerges in the context of informed consent in the physician:athlete/patient relationship in sports medicine ethics. To critically explore the heuristic value of the medical model of informed consent I contrast pediatric doping with a landmark legal ruling in the UK. In *Gillick v West Norfolk and Wisbech Area Health Authority* (1983; 1985) it was held that a teenage girl could lawfully consent to an abortion without the knowledge or permission of a parent/guardian under conditions of autonomous choice. Upon appeal by the mother of the child, the decision was upheld by the Law Lords, who are the final court of appeal in the UK. Now if a child can autonomously elect for abortive surgery, it may well be argued, why can they not also consent to doping? The request seems reasonable when we consider that the professions of sports medicine seem, wrongly to my mind, to consider human enhancement as a legitimate medical goal (Edwards and McNamee, 2006).

In contrast, I argue that respect for pediatric autonomy must be bounded by context-specific ethical concerns. First, I challenge the extent to which pediatric sportspersons have the capability to autonomously consent to doping. Secondly, I set out serious grounds for concern with respect to the potential exploitation of the vulnerability of elite pediatric sportspersons by coaches, sports physicians and parents which, I argue, justifies paternalistic intervention.

References

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