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Role of Team Physicians

Avinesh Agarwalla

On Sunday, December 21st, 2014, the Chicago Bears and Detroit Lions played each other for the 170th time. In what was a rather unremarkable game, one play stood out to me for all the wrong reasons. With just over two minutes left in the game, Chicago Bears' quarterback Jimmy Clausen ran the football and slid to avoid contact. In the National Football League (NFL), if a quarterback slides on a run, he is in essence "giving himself up", or in other words, defenseless and cannot be touched. However, at this point, the Detroit Lions defensive end, Ezekiel Ansah, unnecessarily delivered a jarring hit directly to Clausen's helmet. We do not need to do the math to figure out the impact of a 270-pound individual hitting another person squarely in the head.

While the hit was flagrant and unnecessary, the most concerning part of the play was what did not happen. No medical personnel rushed onto the field to examine Jimmy Clausen. Although Clausen somehow immediately got back up from the hit, he was later diagnosed with a concussion after experiencing "delayed symptoms". Since there is a lot of ambiguity surrounding concussions, the development of "delayed symptoms" is not medically unfathomable. Five years ago, the inaction of care would have been acceptable, but with the long-term ramifications of mistreating concussions coming forth, policies have been instituted to ensure player safety. In 2011, former NFL player Dave Duerson committed suicide and his autopsy revealed that he had Chronic Traumatic Encephalopathy (CTE). Studies conducted at the University of Rochester and the Cleveland Clinic revealed a link between CTE and concussions. These studies along with anecdotes of players losing fine motor function throughout their career prompted the NFL to make changes. As a result, each team has a certified athletic trainer that monitors concussion-related injuries and in 2013, neurologists have been assigned to each team to assist with concussions.

Looking beyond the policies instituted by the NFL, the American Academy of Orthopedic Surgeons (AAOS) states that a team physician (and by extension, athletic trainers) have the ethical obligation to ensure player safety (otherwise known as beneficence). Additionally, Marquette Law Review claimed that physicians have the legal obligation to ensure player safety. With the new policies of the NFL and the ethical and legal responsibilities of team physicians, why did no one press Jimmy Clausen to go through the concussion protocol?

The answers to these questions are not easily discernable. In my mind, it comes down to two potential situations. Either the medical personnel were satisfied with Clausen's reaction to the hit, or the medical team was under pressure not to stop the game unnecessarily at critical junctions (as the Bears versus Lions game was at that moment). Without being a part of the Chicago Bears medical staff, no one will ever know why

Clausen was not examined. Nonetheless, when considering the facts of the incident, the Chicago Bears medical team failed to keep Clausen's well-being their chief concern.

In the event that the team had decided that Clausen was not injured, how were they able to make that decision when Clausen was on the field where he was a minimum of 20 yards away from any athletic trainer or physician? The official NFL concussion document states that a concussion may or may not result in a loss of consciousness (Clausen exhibited the latter). The document also states that following a concussion, a player may be slow to get up, may have impaired motor function, or a blank stare.

In Clausen's case, he immediately got up and got into a heated exchange with a Detroit player. Neither action indicated a brain injury, but when the film of the hit was slowed down, I thought I noticed Clausen's blank stare. Even with the use of technology and ample time to watch and re-watch the tape, I could not make a clear distinction. How were medical personnel able to do so from so far away?

The medical team failed to make the correct decision for Jimmy Clausen's beneficence. Whether they were satisfied with what they observed from a distance, the medical team did not perform their role. As physicians, we have a responsibility to hold our patient's well-being in the highest regard. Institutional pressure or other limitations should not interfere with that. It shouldn't matter that athletes who make more in one year than physicians will in their lifetime do not care about their opinion or that athletes need to keep playing to secure their next contract. In fact, it should not matter that our employer pressures us to medically clear an athlete so that their multi-million dollar investment plays in the game.

As physicians, our role is the same, we should do no harm and the patient's well-being should be of the highest regard. It can be argued that it's even more important as a team physician than it is when treating the layman. Patients have autonomy. As physicians, we can only recommend treatments to our patients. In the end, it is the patient's decision whether or not they decide to accept the treatment. More often than not, patients listen to their doctor because of the age-old adage that "the doctor knows best". Athletes are different. Athletes are extremely competitive and they want to play. If an athlete has an injury and claims to be "fine", but are at an increased risk for a major injury, should a physician stand aside and let the athlete play? If the medical team had attempted to examine Jimmy Clausen only to be waved off, should they have obeyed his wishes?

The answer to that question will vary. In my opinion, the answer is no. Physicians should not allow the athlete to play. The

athlete's health should not be neglected for a game. Jimmy Clausen's story received very little press aside from the fact that Clausen would not play the following week. Maybe I am looking at this through a different lens and I am seeing a let-down on behalf of the medical staff or maybe I am making a big deal out of nothing. That is not the point. Physicians must protect an athlete's health just like a player protects the football. As revenues increase and the stakes get higher, the responsibility of the physician should not change. Whether it is a meaningless game in the middle of the season or the Super Bowl, the athlete's health is paramount.



Michael Shen