



Olympic Movement Medical Code
In force as from March 2024

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PREAMBLE

“Fundamental Principles of Olympism

1. *Olympism is a philosophy of life, exalting and combining in a balanced whole the qualities of body, will and mind. Blending sport with culture and education, Olympism seeks to create a way of life based on the joy of effort, the educational value of good example, social responsibility and respect for internationally recognised human rights and universal fundamental ethical principles within the remit of the Olympic Movement.*
2. *The goal of Olympism is to place sport at the service of the harmonious development of humankind, with a view to promoting a peaceful society concerned with the preservation of human dignity.”*

Olympic Charter, 15 October 2023

1. To accomplish its mission, the Olympic Movement encourages all stakeholders to take measures to ensure that sport is practiced to minimise harm to the health of the athletes and with respect for fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants by minimising the risks of physical injury, illness and psychological harm. It also encourages measures that will protect athletes in their relationships with physicians and other healthcare providers.
2. The principal objective of protecting the health of athletes necessitates ongoing education based on the ethical values of sport and the recognition of everyone's responsibility to protect their health and that of others.
3. The Olympic Movement Medical Code (hereafter the “**Code**”) recognises the primacy of the athletes’ health, and mandates best medical practice in the provision of care to the athletes, and the protection of their rights as patients. It reflects the universal principles enshrined in international codes of medical ethics. It supports and encourages the adoption of specific measures to achieve those objectives, recognises the principles of fair play and sports ethics and embodies the tenets of the World Anti-Doping Code.
4. The Code applies at the Olympic Games and other IOC led events as decided by the IOC Executive Board. The Code has potential application to all sports, whether in training or in competition, including championships and competitions of the International Federations.

Chapter I: Relationships between Athletes and Healthcare Providers

1.1 General Principles

- 1.1.1 Athletes enjoy the same fundamental rights as all patients in their relationships with physicians and healthcare providers, in particular, respect for:
- a. their human dignity;
 - b. their physical and psychological well-being;
 - c. the protection of their health and safety;
 - d. their self-determination; and
 - e. their right to privacy and confidentiality.
- 1.1.2 The relationship between athletes, their personal physician, team physician and other healthcare providers must be protected and subject to mutual respect. The health and the welfare of athletes are pre-eminent and prevail over competitive, economic, legal or political considerations.
- 1.1.3 Unless otherwise specified, healthcare providers include physicians (e.g., personal, team or event physicians), nurses, physiotherapists, dentists, dieticians and paramedics.

1.2 Information

- 1.2.1 Athletes must be informed, in a clear and appropriate way, regarding their health status and any specific 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; the progress of treatment and rehabilitation measures and their ultimate prognosis.

1.3 Consent

- 1.3.1 The voluntary and informed consent of the athletes is required for any medical intervention.
- 1.3.2 Athletes may refuse or interrupt a medical intervention. The consequences of such a decision should be carefully explained to them by the treating physician or healthcare provider.
- 1.3.3 Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity as defined by the relevant national legislation. They may also define in writing the way they wish to be treated and give any other instruction they deem necessary (advanced directives).
- 1.3.4 When athletes are unable to consent personally to a medical intervention, their legal representative or the person designated by the athletes for this purpose will be asked to give their authorisation when required by applicable laws, after they have received the necessary information, except for in emergency situations. The wishes of an athlete, whether child, youth or adult, should always be taken into account to the extent possible even when the legal representative has to provide authorisation.
- 1.3.5 The collection, preservation, analysis and use of any biological sample, as well as the anonymisation of biological samples to be used for research or other purposes, must be based on the athletes' consent and/or as otherwise permitted by law.

1.4 Confidentiality and Privacy – Personal Health Data

- 1.4.1. Athletes' personal data concerning health include all data pertaining to the health status of a data subject which reveals information relating to the past, current or future physical or mental health status of the data subject. "Personal data" is defined by data protection laws as any data relating to an identified or identifiable individual.
- 1.4.2. All athletes' personal data must be kept confidential. The applicable legislation and data protection laws (including, where applicable, the General Data Protection Regulation "GDPR") concerning the confidentiality and security of personal health data must be respected at all times.

- 1.4.3. Confidential information regarding the health of athletes can be disclosed to third parties only as permitted by law or under the provisions of the World Anti-Doping Code, or with athletes' explicit consent when required by law.

Where such information is shared with third parties on the basis of consent, athletes may withdraw their consent for the sharing of relevant medical information with other healthcare providers involved in their care at any time. The implications of withholding relevant medical information from other healthcare providers involved in their care must be carefully explained to any such athletes.

- 1.4.4. All identifiable health data on athletes must be protected. The protection of the data will normally be appropriate to the manner of their storage. Likewise, biological samples from which identifiable data can be derived must be protected from improper disclosure.
- 1.4.5. Any medical intervention must respect privacy. This means that a medical intervention may be carried out in the presence of only those people who are necessary for the intervention, unless the athlete expressly consents or requests otherwise.
- 1.4.6. Appropriate information regarding the data processing must be given to the athletes in the form of a data protection notice. Such notice must be comprehensive, and clear, and provide specific and explicit details of the purposes for which the data will be used. The notice must include, without limitation, details of what data will be processed, the means and types of processing, and the legal grounds for the processing (e.g., consent, legal obligation, etc.).
- 1.4.7. The use of personal data such as athletes' biometric data for medical reasons may be subject to an increased level of justification under GDPR and/or other applicable regulations.
- 1.4.8. Athletes have the right to access their personal data concerning health, and to request rectifications and erasure of their data. Where appropriate, those rights may be limited in compliance with applicable law.
- 1.4.9. Sport organisations must implement appropriate, sufficient and effective technical and organisational measures to protect the athletes' personal data they process.

1.5 Care and Treatment

- 1.5.1. Healthcare providers must provide athletes with such healthcare as is appropriate to their needs, including activities aimed at health promotion, preventive care, treatment and rehabilitation programmes. Healthcare providers should provide healthcare to all athletes equitably, without discrimination and in line with the financial, human and material resources available for such purpose within the relevant healthcare system.
- 1.5.2. Athletes must receive a quality of care marked both by high technical standards, evidence-based medical practice and by the professional and respectful attitude of healthcare providers. This includes ensuring continuity of care and cooperation between all relevant healthcare providers and the institutions or organisations involved in the athletes' diagnosis, treatment and care.
- 1.5.3. During training and competition abroad, athletes have the right to the necessary healthcare, which if reasonably possible, should be provided by their personal physician or team physician.
- 1.5.4. Athletes have the right to choose and change their own physician, healthcare provider or healthcare establishment, provided that this is compatible with the practices of the relevant healthcare system. They also have the right to request a second medical opinion.
- 1.5.5. Athletes have the right to be treated with dignity in accordance with their culture, tradition and values. Whenever reasonably possible, the support from family, relatives and friends as well as spiritual support should be facilitated.
- 1.5.6. Athletes have the right to relieve any suffering in a manner consistent with evidence-based practice. Treatments with an analgesic effect, which allow an athlete to practise a sport with an injury or illness, must be carried out only after careful consideration of the associated risks and appropriate consultation with the athlete and other healthcare providers. When there is a severe long-term risk to the athlete's health, such treatment must not be given.

1.6 Healthcare Providers

- 1.6.1 The same ethical principles that apply to the practice of medicine apply to the practice of sports medicine. The principal duties of physicians and other healthcare providers in sport settings include:
 - a. doing no harm; and
 - b. making the health of athletes a priority.
- 1.6.2 Healthcare providers who care for athletes must possess the necessary education, training and experience in sports medicine, and keep their knowledge and skills up to date through continuous professional development. They should understand the physical, psychological and emotional demands placed upon athletes during training and competition and the unique circumstances and pressures of the sports environment.
- 1.6.3 Athletes' healthcare providers must act in accordance with the latest medical knowledge. Any healthcare provider should, when possible, practise evidence-based medicine. They must refuse to provide any intervention that is not medically indicated, even following if requested to do so by the athletes, their entourage or another healthcare provider. Healthcare providers must refuse to falsify medical certificates concerning the fitness of an athlete to participate in training or competition.
- 1.6.4 When due to their medical condition, the health or well-being of an athlete is at increased risk, healthcare providers must inform them accordingly. When the risk is severe, they must strongly discourage the athlete from continuing training or competition, including if necessary, by providing a written certificate of unfitness to practise.

When there is a risk to third parties (players of the same team, opponents, family, the public, etc.), healthcare providers may also inform the competent persons or authorities, even against the will of the athletes, about their unfitness to participate in training or competition, subject to and provided it is permitted under the applicable laws and regulations.

- 1.6.5. Healthcare providers must disclose when they are acting on behalf of third parties (e.g., club, federation, competition organiser, National Olympic Committee (NOC), etc.). They must personally explain to the athletes the reasons for any examination and the significance of its outcome, together with the nature of the information that will be provided to third parties. The athlete's physician should also be informed when such interventions occur.
- 1.6.6. There are special situations where healthcare providers act on behalf of a third party to assess fitness to practice a sport (or join a club or team or take part in a competition) within the context of applicable laws. In these situations, healthcare providers should limit the transfer of information to what is relevant and essential in accordance with the applicable laws. In principle, they may indicate only the athlete's fitness or unfitness to participate in training or competition. With the athlete's consent and subject to the applicable laws, the healthcare providers may provide other information concerning the athlete's participation in sport in a manner compatible with their health status.
- 1.6.7. At sports venues, it is the responsibility of either the team physician or competition physician to determine whether an injured athlete may continue in or return to the competition according to the rules of the competition. At all times, the overriding priority must be to safeguard the health and safety of athletes. The decision must not be influenced by the potential outcome of the competition.
- 1.6.8. Injured athletes must have access to medical follow-up and, when necessary, specialised care.

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

2.1. General Principles

2.1.1 Healthcare providers shall promote and support training and competition conditions and environments that are conducive to the physical and psychological well-being of athletes. In every setting, concerns for the safety and well-being of athletes must be paramount. The risks of injury or illness must be minimised and healthcare providers should be involved in ensuring the safety of the training and competition environments and conditions.

Particular care must be taken in protecting athletes from pressures arising within their entourage (e.g., coach, management, family, etc.) and/or from other athletes, and ensuring athletes can make fully informed decisions, with particular regard for the risks associated with training or competing with a diagnosed injury or disease.

2.1.2 For each sports discipline, healthcare providers should promote and support the definition and application of minimum safety requirements be defined and applied with a view to protecting the health of the participants and the public during training and competition. Sport- and competition-specific rules must be developed and applied for sports venues, appropriate environmental conditions, permitted and prohibited sports equipment and the training and competition programmes. The specific needs of each category of athletes must be identified and respected.

2.1.3. Healthcare providers should work with sports organisations to ensure that any changes to the sport-specific rules, that have significant implications on the health and welfare of athletes, are evidence-based and are derived from longitudinal injury and illness surveillance or other research.

2.1.4 For the benefit of all concerned, healthcare providers must publicise measures to safeguard the health of the athletes and to minimise the risks of physical injury and psychological harm to them.

2.1.5. Healthcare providers have a responsibility to stimulate and support research in sports medicine and sports science. Such research must be conducted in accordance with the recognised principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association (last revised in Fortaleza, Brazil 2013), and the applicable laws. Within the scope of applicable laws, healthcare providers working with athletes have a responsibility to collect and analyse injury and illness data, in compliance with the applicable laws, for the assessment of risk and measurement of the effectiveness of any mitigating initiatives.

2.1.6. Advances in sports medicine and sports science should not be withheld and should be published and widely disseminated.

2.2. Fitness to Practice a Sport

2.2.1. Except when there are symptoms, or known underlying pathological conditions, or a significant family medical history, the practice of sport for all does not ordinarily require undergoing a health examination. The recommendation for an athlete to undergo such a test is the responsibility of the athlete's personal physician. In a few specific sports, a health examination for all participants may be recommended.

2.2.2. For competitive sport, athletes may be required to undergo a pre-competition health examination confirming that there are no apparent contraindications to sports participation. Such tests must be based on the latest recognised medical evidence and performed by an appropriately trained professional. For elite athletes, such tests are recommended and must be performed under the responsibility of a specially trained physician.

2.2.3. Athletes must be informed to whom the results of the medical test will be communicated and the potential consequences of any findings for participation (if any). Informed consent must be obtained from the athletes, which can be withdrawn at any time.

2.2.4. Any genetic test that attempts to gauge the capacity of a particular individual to practice a sport constitutes a medical evaluation to be performed only under the supervision of a specially trained physician with the same safeguards and conditions as for a pre-participation health

examination.

2.3. Safeguarding

- 2.3.1 Healthcare providers play an important role in the prevention and recognition of, and response to harassment and abuse in sport and should:
- Know how to recognise the signs and indicators of harassment and abuse;
 - Ensure access to a multi-disciplinary professional support team prior to initiating any treatment plan for athletes who are victims or survivors of harassment and abuse;
 - Know how to effectively and appropriately respond to disclosures of harassment and abuse;
 - Know where and how to refer disclosures or suspicions, including to the IOC Safeguarding Team during the Olympic Games;
 - Implement and monitor best practices for prevention of harassment and abuse in their sport.
- 2.3.2 Healthcare providers must uphold their responsibilities with regard to the prevention of harassment and abuse in sport.

2.4. Mental Health

- 2.4.1 Healthcare providers should incorporate into their medical practice the early identification and intervention for mental health concerns to prevent these from escalating.
- 2.4.2 Healthcare providers should work to optimise the environments in which all elite athletes train, sleep and compete, in order to manage potential stressors.

2.5. Youth Athletes

- 2.5.1 Healthcare providers should foster a viable, evidence-informed and inclusive framework of athlete development that is flexible (using best practice for each developmental level), while embracing individual athlete progression and appropriately responding to the athlete's perspective and needs.
- 2.5.2 Healthcare providers should support the psychological development of resilient and adaptable athletes characterised by mental capability and robustness, high self-regulation and enduring personal excellence qualities.
- 2.5.3 Across the entire athletic development pathway, healthcare providers assist each athlete in effectively managing sport-life balance to help them be better prepared for life after sport.
- 2.5.4 Healthcare providers should seek interdisciplinary support and guidance in managing a youth athlete's athletic development, fitness and health, and mental and social challenges and needs.
- 2.5.5 Healthcare providers should oppose any sports or physical activity that is not appropriate to the stage of growth, development, general condition of health, and level of training of children. Relevant national legislation mandating that healthcare providers must report situations when a child is at risk must be understood and acted upon by sports medicine professionals. When advising on appropriate training and competition they must act in the best interests of the health of children, without regard to any other interests or pressures from the entourage (e.g., coach, management, family, etc.) or other athletes.

2.6. Medical Support at Competitions

- 2.6.1. In every sports discipline, healthcare providers should promote and support that Sports organisations adopt appropriate guidelines reflecting the nature of the sports activities and level of competition, regarding the medical support necessary to ensure the safety of the competition and competitors.

These guidelines must address, but not be limited to, the following points:

- a. the level and scope of medical care to be provided at training and competition venues;
- b. the necessary resources, facilities, equipment and services (supplies, premises, vehicles, etc.);
- c. the development of a site- and sport-specific emergency plan, including the development of protocols and procedures for the evacuation of seriously ill or injured competitors, and

- provisions for the delivery of emergency health services to spectators;
- d. the information for teams, coaches and athletes on the processes and procedures in place in competition and training settings; and
- e. the system of communication between and among the medical support services, the organisers, the relevant health authorities and local and regional healthcare facilities.

Chapter III: Adoption, Compliance and Monitoring

3.1. Adoption

- 3.1.1 The Code is intended to guide the relevant medical activities of healthcare providers for all members of the Olympic Movement, and in particular the IOC, International Sports Federations and NOCs as well as national sports federations and governing bodies.
- 3.1.2 The Code is adopted by the IOC and may be adopted by any member of the Olympic Movement. They adopt it according to their own procedural rules.

3.2. Compliance with the Code

- 3.2.1. The IOC implements the Code provisions according to its authority and within its respective spheres of responsibility. The IOC and other sports organisations may make the principles and provisions of the Code widely known, by active and appropriate means. For this purpose, they collaborate closely with the relevant associations of physicians and healthcare providers and the competent authorities.
- 3.2.2. The IOC encourages and expects physicians and other healthcare providers caring for athletes within their spheres of responsibility to act in accordance with this Code.

Violations of this Code may lead to potential disciplinary consequences, within the IOC's jurisdiction, such as, without limitation, withdrawal of accreditation, removal from a team, and the reporting of behavior in violation of the Code to the relevant national competent health authority.

- 3.2.3. Physicians and other healthcare providers remain bound to respect their own ethical and professional rules in addition to the applicable Code provisions. In the event of any discrepancy, the most favourable rule protecting the health, the rights and the interests of the athletes must prevail.

3.3. Monitoring

- 3.3.1. The IOC Medical and Scientific Commission receives feedback relating to the Code and is responsible for monitoring changes in the field of ethics and best medical practice and for proposing adaptations to the Code.
- 3.3.2. The IOC Medical and Scientific Commission may issue recommendations and models of best practice with a view to facilitating the implementation of the Code.

Chapter IV: Scope, Entry into Force and Amendments

4.1. Scope

- 4.1.1. The Code applies to all participants in the events as per Preamble 4, in particular the Olympic Games.
- 4.1.2. The Code applies without prejudice to the national and international ethical, legal and regulatory requirements that are more favourable to the protection of the health, rights and interests of the athletes.

4.2. Entry into Force

- 4.2.1. This version of the Code enters into force on .

4.3. Amendments

- 4.3.1. Athletes and other members of the Olympic Movement are invited to participate in improving and modifying the Code. They may propose amendments.
- 4.3.2. Upon the recommendation of its Medical and Scientific Commission, the IOC initiates proposed amendments to the Code and ensures a consultative process, both to receive and respond to recommendations, and to facilitate reviews and feedback from athletes, and members of the Olympic Movement on proposed amendments.
- 4.3.3. After appropriate consultation, amendments to the Code are approved by the IOC Executive Board.

Adopted by the IOC Executive Board in Lausanne on