

Harvard study on NFL player safety calls for outside doctors

A Harvard University study of player safety in the NFL calls for independent doctors to determine whether a player is fit to return after an injury

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FILE - In this Nov. 13, 2016, file photo, Minnesota Vikings offensive tackle Jake Long (72) is helped up after an injury during the second half of an NFL football game against the Washington Redskins, in Landover, Md. Another loss has triggered another round of changes for Minnesota, with new kicker Kai Forbath leading the list as the Vikings try to stop their freefall by letting the struggling Blair Walsh go. They also have another new tackle, Rashod Hill, after losing yet another one, Jake Long, for the season. (AP Photo/Mark Tenally, File) THE ASSOCIATED PRESS

By JIMMY GOLEN, AP Sports Writer

BOSTON (AP) — Doctors who decide whether an NFL player is healthy enough to go into the game shouldn't be paid by the teams that have a stake in winning and losing — an "undeniable conflict of interest."

That's what a report released on Thursday by Harvard University experts in medicine, law and ethics says.

The study by the NFL Players Association-funded Football Players Health Study also recommends a short-term injured reserve for athletes recovering from a concussion, much like the system that baseball adopted five years ago.

The 500-page report includes 76 recommendations addressed to 20 NFL stakeholders — everyone from players and teams to equipment manufacturers and government regulators. The biggest message: Player safety will never be the top priority as long as those involved have competing calls on their loyalty.

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"So long as the club doctor is chosen, paid and reviewed by the club to both care for players and advise the club, the doctor will have, at a minimum, tacit pressures or subconscious desires to please the club by doing what is in the club's best interests," the report said.

"This is not a moral judgment about them as competent professionals or devoted individuals, but rather a simple fact of the current organizational structure of their position in which they simultaneously perform at least two roles that are not necessarily compatible."

It's a conclusion that was similar to that reached in an Associated Press survey of 100 players across the league last season. Asked if they thought the league's clubs, coaches and team doctors have the athletes' best interests at heart when it comes to health and safety, only 47 said "yes."

To resolve the conflict of interest, the report recommends that the league and the union contribute to a fund used to pay doctors assigned to teams.

"It should be common sense to avoid a conflict of interest between Teams and Doctors," former San Francisco 49ers offensive lineman Anthony Davis, who retired — for the second time — at the age of 26 after repeated concussions, said on Twitter on Thursday.

Although the study called the arrangement "an undeniable conflict of interest," the league did in fact deny it.

In a 33-page response, the NFL said it was "disappointed that the report appeared to start with the premise that the health care system in the NFL suffers from an 'inherent conflict of interest.'"

"The report ultimately promotes the untenable and impractical recommendation that NFL players receive care from 'two distinct groups of medical professionals,'" the league wrote, saying that would "have unintended but extremely detrimental effects on NFL players' care."

The NFL said the report fails to note any examples where a doctor put a team's interest ahead of the player's, or establish any link between a doctor's job security and player or team performance. The league said the collective bargaining agreement establishes that team doctors' responsibility is to the player only, and that they are bound by the AMA and other professional codes of ethics.

Players also have the right to seek a second opinion from a doctor of their own choosing, the league said.

Tennessee Titans cornerback Jason McCourty said he has hasn't had a problem with the current system, but he liked the report's suggestions. As an eight-year veteran, he said, he is comfortable taking charge of his medical care, but a rookie might be intimidated.

"As players and grown men, as anyone (who) goes to a doctor, a doctor reports directly to you," he said. "And I don't think it should be any different within a team."

The NFL has already added layers of independent physicians to its concussion protocol, including unaffiliated athletic trainers and neurotrauma consultants on game day whose role is to spot players with possible concussions and, if necessary, stop play. The league says the role of these consultants is to "support the team medical staffs in the diagnosis of in-game concussions."

"I don't really know how it works right now. I assume that third-party guy has enough pull to where if he thinks somebody is bad, he's out," said Pittsburgh Steelers offensive lineman David DeCastro, who went through the process against Dallas last week after he was slow to get up following a hit to the neck.

After talking to the team doctor and the independent consultant, he was cleared to return and only missed one play.

"Obviously there's a conflict of interest (concern) with the team, and obviously getting rid of that is one thing. But for the most part I thought it was pretty fair and well done," DeCastro said. "It was really good the way it kind of worked out."

AP Pro Football Writer Teresa M. Walker and Sports Writers Eddie Pells, Janie McCauley and Will Graves contributed to this story.