



## 20. Certificates of fitness issued by a physician

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### Background

Physicians, through their practice and training, understand the human body and its proper function, as well as sickness and its effects on patients and their physical and mental capabilities. Therefore, it seems natural that the physician should be assigned the duty of “certifying” the competence of an individual to perform various tasks.

The Ethics Board was presented with requirements for competence certificates in various fields, some anchored in legislation. For example, the Fitness Club Law stipulates in section 4.a.1: “A fitness club will accept permanent members only after they submit a medical document certifying their medical competence to work out in a fitness club and which was issued within 90 days prior to the application to join the fitness club as a regular member.” Another example is the Youth Work Law, which states in section 11.a: “A youth will not be employed unless he is medically examined, and the family physician who performed the examination gives medical authorization for his employment.”

Other examples include various physical, and occasionally mental, competence forms required of slaughterhouse workers, adoptive parents, educators, medical school applicants, participants in sporting events, divers and more. Another category of competence certificates entails authorizing arrest or detention, which are inherently problematic.

During the Ethics Board’s discussion, we distinguished between the professionalism of the physician in determining a patient’s health condition, and the physician’s ability to predict the outcome of performing various tasks or participating in certain events.

In order to issue a competence certificate, a physician is required not only to evaluate the patient’s health condition at the time of the examination and any medical-related limitations that could exacerbate his or her condition; the physician must also be familiar with the physical and mental demands entailed in performing the particular activity relevant to the request.

These things are not simple and require an appropriate level of professionalism.

For example: a competence certificate for a fitness club requires the physician to examine the patient’s current medical condition, but also requires knowing what the patient will do in the fitness club. There is quite a difference between walking two kilometers at a steady pace and running ten kilometers on an incline. Does the family physician really know the differences between the various activities available at the fitness club, or might this require a physician with specific training in sports medicine?

Many experts in the field claim that medical risks related to exercising should be divided into life-threatening risks - mainly acute cardiac events such as myocardial infarction or cardiac arrest (during stress or following it), and non-life-threatening risks – mainly



orthopedic issues in the muscle system and skeleton. Various organizations around the world have different opinions on pre-exercise screening examinations required for fitness club memberships. The American Heart Association recommends a stress test before issuing a competence certificate for men over 45, women over 55 and people with diabetes, while the American College of Sports Medicine recommends a stress test for anyone planning to engage in mid- or high-intensity physical activity, regardless of age or medical condition.

This is only one of many examples of the different kinds of certificates needed and the problems that may arise.

Regarding the broad subject of “competence certificates” for arrest or detention, there are further limitations stemming from the commitment of physicians to their patients and the basic rule stating that a physician will do no harm to a patient. In a position paper published in the past, the Ethics Board stated that a physician should not provide any medical authorization for the seclusion or isolation of a prisoner intended for punitive purposes. The physician’s role is to examine the prisoners and determine their health condition, while maintaining professional independence and responsibility for the patient’s well-being.

### **The position paper:**

1. Competence certificates issued by physicians should be based on medical discretion and a professional analysis of the medical requirements, if any, pertaining to the particular certification the patient requires.
2. When signing a competence certificate, the physician has the same responsibility as in treatment of any other medical issue.
3. A distinction should be made between a health certificate, which describes the health condition of the patient at the time of the examination, and certification of the patient’s competence to perform/participate in particular tasks.
4. The physician will only be involved in certificates concerning medical issues and which require a medical examination and/or a description of the patient’s health condition. It is not the role of the physician to confirm the patient’s statements in issues beyond his medical condition.
5. As a rule, the wording of certificates should be as uniform as possible and focus on certifying and describing the current health condition. Certificates should not focus on the future condition or on approving a specific activity of various characteristics.
6. When certifying competence, the physician should have professional knowledge of the physical and mental requirements for participating in the activity addressed in the certificate.
7. The physician should acknowledge the limits of his professional knowledge and refer the patient to an expert in the field whenever he is unfamiliar with the medical



- requirements for performing the task.
8. Physicians will not automatically certify competence when they lack the required professional knowledge on the issue.
  9. Physicians may refuse to issue a competence certificate for an activity that is contrary to their professional position, conscience or beliefs.
  10. A physician's examination to determine competence will be conducted according to the rules of ethics and under appropriate conditions, including protection of privacy and patient consent.
  11. Physicians will treat or refer a patient for suitable medical treatment if they discover a medical issue during the examination for a competence certificate.