For research that involves human participants or animals to be published in the International Journal of Sports Medicine (IJSM), it must have been conducted in accordance with recognised ethical standards and national/international laws. Authors are required to confirm that these standards and laws have been adhered to by formally citing this editorial within the methods section of their own manuscript. In this editorial, we synthesise the standards and laws into one source for convenience to authors of IJSM submissions. We outline the principles of the World Medical Association Declaration of Helsinki [1] and the Institute for Laboratory Animal Research of the National Research Council’s Guide for the Care and Use of Laboratory Animals [2]. We highlight ethical issues included in national/international law and provide guidance on ethical issues common to Sport and Exercise Science.

Authors who cite this editorial confirm that research using human participants has been conducted ethically according to the principles of the Declaration of Helsinki. The Declaration is intended to be read as a whole and every principle is equally important, but those points most commonly considered by sport and exercise scientists are summarised below.

1. **Basic principles.** Respect the rights and welfare of participants which must take precedence over all other interests.
2. **Ethical review.** Before research begins and before amendments are applied, research must be reviewed and approved by an appropriate ethics committee.
3. **The research protocol.** The study, research design and statistical analysis must be clearly described, justifiable and appropriate. In drawing up the research protocol, the researcher must:
   a) consider ethical issues in accordance with the Declaration of Helsinki,
   b) provide information regarding funding, sponsors, institutional affiliations, other potential conflicts of interest,
   c) consider the contribution to new knowledge and consider the environment,
   d) include details of any incentives for participants and provisions for treating and/or compensating participants who are harmed as a consequence of participation in the research study,
   e) describe the arrangements for post-study access by all participants to interventions identified as beneficial in the study or access to other appropriate care or benefits.

4. **Consent.** Informed consent/assent should be provided freely by the participant and should ideally be in writing. If written consent/assent cannot be obtained, or is not appropriate, then oral consent/assent should be formally documented and witnessed. Research that involves children or other populations that cannot consent (e.g. vulnerable populations) should seek consent from an appropriate person and assent from the participant. Research involving participants who are physically or mentally incapable of giving consent may be undertaken only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research population. Informed consent/assent must include the:
   a) aims of the research,
   b) methods,
   c) sources of funding,
   d) conflicts of interest,
   e) institutional affiliations,
   f) anticipated benefits and potential risks,
   g) potential discomfort and
   h) right to refuse to participate or withdraw consent without reprisal.

5. **Conduct.** Research must be conducted;
   a) in accordance with appropriate risk management
   b) by appropriately qualified researchers and support staff
   c) with skill and care
   d) in an appropriate setting
   e) in order to protect the privacy of participants and confidentiality of their personal information
   f) in accordance with laws and regulations of the country or countries in which the research is to be performed as well as international norms and standards. Specific laws relevant to research ethical may regulate the collection, use and/or storage of human tissue; the protection of individuals that lack the capacity to consent; data protection; and the use of drugs in research.

6. **Governance.** Serious adverse events occurring during the study must be reported to the ethics committee that ethically reviewed and approved the research. Authors who cite this editorial confirm that research involving animals has been conducted ethically according to the principles of the Guide for the Care and Use of Laboratory Animals of the Institute for Laboratory Animal Research [2]. Again, the guide is intended to be read as a whole,
but the basic obligations on the researcher are summarised
below. The researcher must;
1. Ensure the appropriateness of experimental methods.
2. Legally acquire animals.
3. Ensure that animals are properly housed and fed to ensure
   safe, hygienic and comfortable living conditions.
5. Ensure that animal maintenance and research are carried out
   by qualified personnel, following all legal statutes and regula-
   tions.
6. Administer appropriate pain management to minimize suf-
   fering, discomfort and pain.

Specific issues relevant to Sports Medicine:

1. **Retrospective ethics.** Data are routinely collected from indi-
   viduals for various purposes. For example, sport scientists
   may monitor physiological function of an athlete in order for
   him or her to gain an edge over their rivals. Data collected
   exclusively for one purpose cannot be used for another pur-
   pose (research) unless consent for the use in research is sub-
   sequently given and the research ethically approved. An
   exception to this would be where the data collected for the
   primary purpose is anonymised prior to use in a research
   study (second purpose) which has ethical approval. Retro-
   spective ethical approval cannot be granted for any research
   study.

2. **The use of placebo.** The inclusion of a placebo group in a
   research study may challenge the principle of equipoise. Ide-
   ally, participants should be randomly assigned to experimen-
   tals or placebo groups. In healthy volunteers, where possible,
   the type of treatment should be blinded, for example, compa-
   rator (control) participants could be given a fitness or lifestyle
   information sheet. After a finite length of time those partici-
   pants in the comparator group could be offered the experi-
   mental condition, or an experiment could be halted if at any
   point it became clear that the placebo group was fairing more
   poorly [4]. In more medical research where participants are
   patients or clients extreme care must be taken to avoid the
   abuse of placebo. In this type of research, the use of placebo is
   acceptable when no current proven intervention exists, or
   when the participant will not be at risk of serious or irrevers-
   ible harm.

3. **Deception.** The use of deception in research (e.g. in a pacing
   strategy study in which time trial distance is deceived) must
   be merited such that there are no reasonable alternatives for
   obtaining the data, as long as there is no reasonable expecta-
   tion to cause pain or severe emotional distress. If deception is
   to be used, then the participants must be accurately informed
   of the risks and be debriefed at the conclusion of the study
   with the option to withdraw their data [5].

4. **Good research practice.** The UK Medical Research Council
   has outlined some basic principles of good research practice
   which may help to ensure that research is conducted ethi-
   cally. These include planning, conduct, recording data, report-
   ing results, applying the results [3]. Relevant issues not
   specifically raised in the Declaration of Helsinki include the
   use, calibration and maintenance of equipment, COSHH, doc-
   umentation of standard operating procedures, retention of
   data, publication policy, authorship, correction of errors and
   retraction of published findings and intellectual property
   rights.

**References**
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