The rules of sport define a level playing field on which athletes compete. Antidoping policies exist, in theory, to encourage fair play. However, we believe they are un-founded, dangerous, and excessively costly.

The need for rules in sports cannot be dismissed. But the anchoring of today’s antidoping regulations in the notion of fair play is misguided, since other factors that affect performance—eg, biological and environmental factors—are unchecked. Getting help from one’s genes—by being blessed with a performance-enhancing genetic predisposition—is acceptable. Use of drugs is not. Yet both types of advantage are undeserved. Prevailing sports ethics is unconcerned with this contradiction.

Another ethical foundation for antidoping concerns the athlete’s health. Antidoping control is judged necessary to prevent damage from doping. However, sport is dangerous even if no drugs are taken—playing soccer comes with high risks for knee and ankle problems, for instance, and boxing can lead to brain damage. To comprehensively assess any increase in risk afforded by the use of drugs or technology, every performance-enhancing method needs to be studied. Such work cannot be done while use of performance-enhancing drugs is illegal. We believe that rather than drive doping underground, use of drugs should be permitted under medical supervision.

Legalisation of the use of drugs in sport might even have some advantages. The boundary between the therapeutic and ergogenic—ie, performance-enhancing—use of drugs is blurred at present and poses difficult questions for the controlling bodies of antidoping practice and for sports doctors. The antidoping rules often lead to complicated and costly administrative and medical follow-up to ascertain whether drugs taken by athletes are legitimate therapeutic agents or illicit.

If doping was allowed, would there be an increase in the rate of death and chronic illness among athletes? Would athletes have a shorter lifespan than the general population? Would there be more examples like the widespread use of performance-enhancing drugs in the former East-German republic? We do not think so. Only a small proportion of the population engages in elite sports. Furthermore, legalisation of doping, we believe, would encourage more sensible, informed use of drugs in amateur sport, leading to an overall decline in the rate of health problems associated with doping. Finally, by allowing medically supervised doping, the drugs used could be assessed for a clearer view of what is dangerous and what is not.

The role of the doctor is to preserve their patients’ best interests with respect to present and future health. A sports doctor has to fulfil this role while maintaining the athlete’s performance at as high a level as possible. As such, as long as the first condition is met, any intervention proven safe, pharmacological or otherwise, should be justified, irrespective of whether or not it is ergogenic. A doctor who tries to enhance the performance of their athlete should not be punished for the use of pharmacological aids, but should be held accountable for any ill effects. Rather than speculate on antidoping test procedures, resources should be invested into protecting the integrity of doctors who make such judgments.

Acknowledging the importance of rules in sports, which might include the prohibition of doping, is, in itself, not problematic. However, a problem arises when the application of these rules is beset with diminishing returns: escalating costs and questionable effectiveness. The ethical foundation of prohibiting the use of ergogenic substances in sports is weak. As the cost of antidoping control rises year on year, ethical objections are raised that are, in our view, weightier than the ethical arguments advanced for antidoping. In the competition between increasingly sophisticated doping—eg, gene transfer (see Feature page S18)—and antidoping technology, there will never be a clear winner. Consequently, such a futile but expensive strategy is difficult to defend.