Education and debate

Sport medicine and the ethics of boxing

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Abstract

In the light of medical evidence of the health risks associated with boxing, a watchful agnostic position among sport physicians is no longer justifiable. The normal activity in a boxing match places the athletes at risk of head injury, some of which may be difficult to detect and impossible to repair. This suggests that sport physicians and others expert in the prevention and diagnosis of such injuries should take a public stand against boxing, as other medical associations have. Although there is a need for continuing research into the health risks, doctors can in the interim take steps to increase public awareness of these risks. Sport physicians in particular can make a strong public statement by also ending their professional involvement with boxing. This need not be interpreted as paternalism; doctors are qualified neither to make laws nor to restrict private behaviour. Sport physicians are, however, well equipped to advise those who do make laws and those who choose to engage in boxing. In the end, because this stance against boxing will probably reduce the number of brain injuries in certain athletes, autonomy will be preserved, rather than restricted.

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Overview

Against commentators who support a ban on boxing, others see the sport as an expression of individual liberty, and recommend that the medical community work towards improving safety in boxing.[1] Defenders of boxing concede, for instance, that beating the opponent's head is the standard route to victory. They may even admit that this poses health risks. Where both sides in this debate become wary is at the thought of physicians interfering in the lifestyle choices of athletes. In the light of this apprehension, the moral options for sport physicians deserve examination.

We should note at the outset that exact figures on the prevalence of boxing injuries are hard to come by, and often do not distinguish between injuries attributable to boxing and those exacerbated by the physical contact, even perhaps in training. It is also debatable whether professional boxing should be considered in the same analysis with amateur boxing.[2] Having said this, we can generally accept the survey of the health risks that Ryan[3] and Cantu[4] provide, which shows that concussion and brain damage are the most prominent dangers. Conceding that there is much research still to be done before we can know with certainty the nature of boxing injuries, it is safe to say that human anatomy is at odds with the preferred tactic in boxing, which is to strike the opponent's head.

The ethical case for physician action

PATERNALISM

This raises an obvious question of what physicians should do in response to the medical evidence. Should they continue to treat boxing injuries, and perhaps work towards reform of the rules and equipment of the sport? Or should they take a stronger stand against boxing? Some commentators worry about the latter course. They contend that doctors who try at the beginning to prevent boxing injuries can easily abuse their power and good intentions. The traditional concern, not unique to sport medicine, is paternalism—that is, "how to get people to do what is good for them without tyrannizing them" (p 26).[5] In the boxing debate, such concern focuses on whether physicians would know when to put the brakes on. "If we are to prevent young boxers from hitting each other," one critic claims, "consistency seems to demand that we should also prevent them from engaging in a variety of other activities which are as dangerous . . . as boxing" (p 59).[6] Another critic asks if the next step would be to ban birth control and "gay lifestyles."[7] To this end, critics claim that legal restrictions would unduly infringe on the boxer's autonomy. They typically cite 19th century philosopher, J S Mill, who offers a strong libertarian argument against restricting private behaviour.[8]

On the traditional interpretation, Mill would allow an individual to engage in nearly any behaviour, so long as it was freely chosen, and did not infringe on the autonomy of others. It is with this interpretation in mind that commentators argue that boxers should be, at most, advised of the risks of boxing, and left to decide for themselves whether to box. Still, a critique of boxing need not amount to physician "tyranny" or autonomy infringement. The interpretation of autonomy, and its application

to the problem of boxing, is more complicated than libertarian slogans let on. In particular, the critique of boxing can represent the fusion of medical and ethical judgment that arises from any definition of sport. That is, society relies on doctors to assist in setting limits on what constitutes permissible sport. Hence, there is nothing unusual or dangerous about them offering guidance on the health related aspects of boxing.

Indeed, Mill's theory of individual freedom actually calls the ethics of boxing (not its legal status) into question. Mill feared state intervention into private affairs because he thought that "some projects are more worthy than others, and liberty is needed precisely to find out what is valuable in life, to question, re-examine, and revise our beliefs about value."[9] The idea is that if autonomy is deemed important, it has to matter what effect the sport of boxing has on the boxer's ability to direct his or her life, including decisions about participation in boxing. Hence, on the assumption that medical evidence adequately shows that there is a risk that boxers might, through ordinary training and competition, diminish their own ability to select goals and to apply methods of attaining them, this evidence supports a strong condemnation of the sport.

Attempts to apply Mill's account of autonomy to matters of personal health are problematic, because his views on political liberty are somewhat opposed by his views on personal responsibility for health.[10] It is clear, nonetheless, that the libertarian cannot have it both ways. Once we allow respect for autonomy into the calculation, regardless of which definition of autonomy we adopt, we must cater as well to the pre-conditions for that autonomy. It is significant therefore that the libertarian advocates personal freedom because it enables citizens to refine their goals. A condemnation of boxing is consistent with this. So long as physicians restrict themselves to medical advocacy, there is little risk of autonomy infringement. It is also worth noting that aside from what sport physicians say about boxing, ultimate control over paternalism resides with elected officials and legislators, who, unlike doctors, make and enforce laws.

OBLIGATIONS AND EXPERTISE

Physicians of other specialties attempt to influence public attitudes about such things as smoking, handguns, and improper diet. Admittedly, this creates an ambiguous public role, and the history of physician activism is a chequered one. One historian notes, for instance, that the same medical associations that successfully campaigned against women's corsets, as being unhealthy for respiration, helped convince the public of a "link" between female masturbation and insanity.[11] The lesson from episodes like this is that sport physicians must combine the courage to be wrong with the conscience to amend a position as evidence accumulates. As always, doctors will have to make decisions about boxing amid shifting clinical and social contexts.[12] But neither the difficulty in knowing the optimum level of physician responsibility nor the problem in achieving certainty about boxing's risks should preclude action.

After all, physicians routinely take risks of their own when they decide to put their efforts towards the repair or the prevention of injuries in boxers and other athletes. Here too, a critical stance against boxing is a logical extension of this process. We suggest a stance against boxing that requires not omniscience, but a presumption of greater knowledge of the specific risks involved.[13] In a similar way, the existence of prescription drug laws does not indicate that doctors always know more than patients, only that they know more about specific drugs and their effects. We advocate an approach to the boxing issue based on what Hauerwas[14] labels "fallible medicine," whereby physician and patient assume incomplete knowledge at the outset. This has both partners recognising the possibility of minor oversight.[14] Under this physician-patient model, the sport physician would strive to educate patients as well as treat them, under the assumption that "to be autonomous, one must be informed" (p 330).[15]

In this light, the doctor who lets the patient reason in what amounts to a state of ignorance or misinformation is as irresponsible as the one who would try to impose idiosyncratic values on the lifestyle choices of the patient. Where they know of avoidable health risks, such as those associated with boxing, sport physicians have to do more than present facts. They must present conclusions based on those facts, even if this would sometimes cast a negative light on certain behaviours.

Problems with the reformist position

This returns us to the issue of what, precisely, sport physicians ought to do. All sports represent a compromise in safety and personal freedom, between the need to pursue enjoyable activities and the need to avoid injury. By convention, physicians join society in drawing the line where it comes to how injuries may occur and how to reduce the risk. In hockey and football, research into the nature and prevention of head injuries has led to rule and equipment changes.[16] These changes, the result in part of physician intervention and advice, have made it possible to retain the essential nature of these contact sports without endangering players' heads.[17]

Should sport physicians therefore work to reform boxing? This is a hard question to answer, as it is doubtful that reform will solve the medical and moral problems in boxing.[18] Past efforts have ranged from prohibiting punches below the belt (the so called Broughton rule of 1743), to more sweeping rule changes against holding, butting, gouging, kicking, and the wearing of spiked shoes. In 1866 the Marquis of Queensbury rules called for gloves in all bouts, a 10 second count after a knockdown, and fighters to be matched within weight categories. Later reformers limited the number and length of rounds, and awarded broader discretionary power to referees. With additional reform, medical evalua-

tions and the wearing of mouthpieces became standard, and some states, such as New York, have taken steps to reduce injuries further.[19 20]

Unfortunately, refinement of diagnostics and improved education of boxers, trainers, and ringside doctors will only take us so far. What will persist is the boxer's underlying goal: the contest very often goes to the boxer who can punch the opponent into submission or unconsciousness. In matches based on points, the decision often goes to the boxer who excels in aggressiveness, which tends to result in injury or knockdown of the opponent as the result of head punches. In professional boxing the incentive is direct: the scoring and ranking system gives priority to the fighter who is able to knock the opponent out. (The differences between amateur and professional boxing vary by country. For the official versions of the scoring and rule differences in Canadian boxing, readers can refer to the websites of The Canadian Amateur Boxing Association (www.boxing.ca) or The United States Amateur Boxing Association (www.usaboxing.org).) Even in amateur boxing, where the knockout is less common, there is still a risk of concussion from blows to the head. Hence, in amateur or professional boxing, what would reform ultimately involve, stopping the fight after each punch to administer a diagnostic?

Concluding recommendations

The obvious and more practical solution would seem to be something along the lines of rule changes that may penalise these punches to the head. This would no doubt reduce some health risks.[21] The rule changes would at the same time create a substantially different sport, and leave open the question of whether the new boxing would be an athletic activity that sport physicians should welcome as "reformed." Would there, for example, be an ethical improvement if some other body part were the target area for scoring in boxing? This matter aside, it seems that the prudent option is for sport physicians to work with athletes and society, to re-evaluate the idea that sport should involve people battering each other until one of them can no longer go on, or until the body is damaged.

The reformist view holds that there are other practical steps that the sport medicine community can take in this direction. What of trying to improve the consent forms used with boxers? This idea too has merit, but there will still be questions about what it is that boxers would consent to. In medicine and law, the consent form usually reflects non-maleficence, protecting the patient from unanticipated risks. The best consent form would perhaps waive the boxer's entitlement to non-maleficence, even to protection from self imposed harm. Nevertheless, at risk is not only the boxer's own body, but the opponent's. It is no simple matter to clarify the idea of a person consenting to harm another person and be harmed in the process. But this complexity only shows that, as is usually true, a signed consent form is never the same as ethical closure.

For their part, the major medical associations appeal to legislative authority to ban boxing. We can, for a number of reasons, offer only qualified support for these efforts. Firstly, talk of a ban should be accompanied by a willingness in the sport medicine community to reform or reinstate boxing if new evidence supports this. Secondly, the community needs to work towards broad changes in public attitudes about boxing, and equally important, the sport physician's role in it. We maintain therefore that the sport physician should assume a greater role in educating the public, not simply boxers, of the risks involved. This should include repeated consistent scrutiny of the preventive measures that have been proposed thus far, such as protective equipment and even routine medical screenings.

But we also urge a more overt step: for sport physicians to refuse direct participation in boxing. The mere presence of a sport physician at a boxing match lends an air of legitimacy to behaviour that is medically and ethically unacceptable. The absence of the "fight doctor" ringside will send a strong clear message to those affiliated with boxing. Physicians of any specialty should continue to treat those who are injured. And in those efforts, the distinction between direct and indirect participation will probably prove difficult to establish.[22] Nevertheless, we suggest that there are ways to discharge the therapeutic obligation without going near the boxing ring.

A discontinuation of open participation with boxing would be an expression of the physician's right to act on values or interests that are important for the profession and the preservation of physician autonomy. One physician who felt reservations when a patient asked for medical certification to box describes the essence of this right. "The human cranium is not designed to have repeated blows directed at it," he explains, "and is likely to be damaged by a sport where this is the main aim" (p 69). In the end, he decided that

> "doctors have rights too, and why should I spend the weekend worrying about his cauliflower ears and sub-dural hemorrhage? So like Pontius Pilate I washed my hands (a well-known medical ploy to gain time) and in the eleventh minute told him that I had no intention of signing his form, and that if he insisted on damaging his, or someone else's brain, then he must find another medical accomplice. (p 69)[23]"

There is precedent for the avoidance of any connection with boxing in the near unanimous position against physician involvement in capital punishment.[24 25] There, doctors who have significant moral objections to state sponsored executions have made a visible stand against any association that the practice may have with the medical community. Clearly, there are differences in severity between these two cases, but the principle is the same: physicians are entitled to obey their own consciences, which may include taking unpopular stands for the good of the profession and their patients. In particular, sport physicians and others in health care who understand the mechanism for

boxing injury best can end their direct involvement with boxing, on the grounds that participation is contrary to the goal of improved public health and their need for personal integrity.

Contributors: C H co-authored the paper. S L co-authored the paper, and presented a version of it to a McGill University seminar on Bioethics Theory.

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Take home message

Sport physicians are uniquely situated to assess and act on the evidence of health risks to boxers. Given the apparent risk of permanent brain damage, sport physicians should take a public stand against this sport, to the extent that therapeutic obligation permits. This should include efforts to educate the public and an open disassociation from the sport.

Commentary

From the time of the Ancient Olympics, the issue of boxing and its uneasy relationship with medicine has provoked strong feelings on both sides of the debate. One of the difficulties is the paucity of scientific studies on the problems of boxing. Much of what has been published dates from the 1950s and 1960s and does not reflect the current situation. There is some light on the horizon with several prospective studies about to be published in America. Preliminary results suggest that the magnitude of the health risk from boxing may not be as high as previously thought. There is also strong evidence that the long term sequelae of boxing may have a genetic basis rather than the simplistic concept of repeated head trauma being the sole determinant. Where then does this leave the sports doctor struggling with the ethical issues of supervising boxing contests and caring for the contestants? This paper presents an ethical and moral argument suggesting that doctors become part of the reformist process, increasing the safety of this sport. Although such aims are noble, the extrapolation of this concept to banning this sport on ethical rather than scientific grounds may not sit easily in the minds of many doctors. *Quidquid id est, timeo Danaos et dona ferentis*.

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