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The not-so-sweet science

The not-so-sweet science: the role of the medical profession in boxing

D K Sokol

The medical profession's role should be limited to advice and information

The medical establishment's desire to interfere with the autonomous wishes of boxers seems at odds with the principle of respect for autonomy prevalent in contemporary biomedical practice. I argue that the role of the medical profession in boxing should be solely an advisory and informational one. In addition, the distinctions made between boxing and other high risk sports often rely on an insufficient knowledge of the sport. This leads to misdirected criticisms and excessive emphasis on the colourful discourse of boxing, as opposed to the practice of boxing itself. Dr Herrera's claim in his article (*see page 514*) that boxing differs from other sports in the acceptability of its acts outside the realm of sport is refuted.¹ The importance of consent as a legitimising factor is highlighted, and a number of possible solutions to improve safety within the sport are tentatively suggested.

In the United Kingdom, a competent adult may legally refuse medical treatment, irrespective of the severity of his condition or the validity of his reasons. With the pre-eminence of an autonomy based model of bioethics, respecting a patient's wishes forms an integral part of acting in his best interests. It is puzzling, then, to find that the Australian Medical Association have called for a ban on boxing on the grounds that the activity is excessively hazardous to the health of boxers. The often mentioned principle of respect for autonomy is abandoned once the person drops the privileged title of "patient". This suggests that being a patient confers certain rights which would not exist if that same patient were healthy. How, if at all, can this apparent inconsistency be justified by those in the medical community who wish to see boxing banned? I largely agree with Dr Herrera's position on the matter, which is essentially that precautionary brain scans should be performed but that boxing should not be banned. A few points, however, remain unclear.

Dr Herrera criticises the frequent comparisons made between boxing and

other high risk sports, claiming that a boxer can kill his opponent without breaking any rules whereas this is not the case in other sports. This last statement is surely false. A hard hitting rugby tackle can propel a player backwards causing him to suffer fatal spinal injuries. A cricket ball travelling at a 100 miles per hour and hitting a player's unprotected skull can cause death, although no rule is broken. The difference between boxing and those other sports does not revolve around the legitimacy of the act leading to the death but, possibly, the intent of the agent responsible for the death. A boxer intends to inflict physical damage to his opponent. A "knockout", referring to a boxer's inability to stand up after a count of 10, is the ultimate goal in the sport. Yet even this is a moot point. Many boxers will tell you that their aim is to win the contest, not to reduce their opponent's brain to a pulp. No boxer would rejoice at the severe injury of his opponent. Boxers could invoke the doctrine of double effect, claiming that death is foreseen but certainly not intended. The intention is to win the fight by outboxing the opponent, which is not the same as knocking him out. A boxer can win on points, by the surrender of his opponent or of his coach, or by the referee's stoppage during the fight. In other words, a knockout is not necessary for victory. The other justifying conditions of the doctrine of double effect could also be satisfied, although these would no doubt be contested by those who see boxing as a social evil.

As an amateur historian of boxing, I have little doubt that the sport, at least in the last 100 years, has done more good than harm, by giving hope to many young men who perhaps initially had none, and encouraging them into gyms. Boxing contests have also served to symbolise broader social and political struggles. The first African-American heavyweight world champion, Jack Johnson, who fought in the first few decades of the 20th century, was an inspiration to African-Americans across the country. Joe Louis's resounding

defeat of Max Schmelling in 1938 united Americans of all races and stifled Hitler's claim of Aryan superiority. If a consequentialist position is adopted, based on a diachronic evaluation of boxing, then boxing should be permitted.

It is tempting, for those unfamiliar with the sport, to interpret too literally the gruesome pre-fight threats of boxers. The animosity is rarely genuine; it is an essential component of the marketing plan, as well as an exercise in psychological intimidation. Dr Herrera's assertion that fighters "can even predict the killing before the fight, for the press" is irrelevant. The metaphors of boxing are indeed more bellicose than in other sports, but critics should interpret the metaphors as linguistic flourishes, not as literal expressions of intent. A boxer who threatens to "kill" his opponent in a pre-fight conference (or "eat his children", as one notorious heavyweight recently said) is no more intent on actually killing his opponent than a baseball pitcher who threatens to pierce the batter's body with a lightning throw. He primarily wants a wider audience, and perhaps a psychological advantage over his opponent. The discourse of boxing is separate from the activity itself, and an analysis of the sport should not be confused with an analysis of its discourse.

Dr Herrera's belief that boxing differs from other sports by involving acts that would be frowned upon and, indeed, punishable outside the sport is, to my mind, incorrect. It is usually unacceptable to run towards a person on the street, wrap your arms tightly around his legs and push him over with your shoulders, as occurs in rugby. Similarly, it would be equally objectionable to punch someone in the head while queuing in the supermarket. What would render these acts acceptable, however, is consent. Society allows two consenting people to indulge in certain activities, however morally repulsive to others, that would be unlawful if performed without mutual consent. If boxing is to be banned, then good reasons need to be given to show that boxing differs sufficiently from other "dangerous" or "immoral" activities that even informed consent is inadequate to justify it. I am so far unconvinced by the reasons given by opponents of boxing.

My own view is that the medical profession should inform boxers and those involved in the sport (coaches, referees, and so on) of the potential dangers of boxing, as well as suggesting ways to minimise the risks. The obligation stops there. The role of the profession should be no more than advisory

and informational—the changes need to be made within the sport itself. Perhaps fights can be reduced from 12 rounds to 10 or eight rounds, just as it was reduced from 15 to 12 a few years ago. Intervals between the rounds can be extended to allow greater time for recovery. Headgear can be improved to cushion blows further. Referees can stop fights earlier if the contest is unevenly matched, or if a fighter has suffered some particularly punishing blows. More generally, the world of boxing is in need of a radical change of ethic. Too

often, boxing managers pitch their boxer against evidently better or inferior boxers to keep flawless records or to acquire a significant one-off pay cheque. More than discrediting the sport generally, it heightens the risk of serious injury for the sacrificial lamb whose chances of winning are next to none. Boxing is indeed in need of reform, but the medical profession's role in this should be limited to advice and information. The principle of respect for autonomy should prevail for boxers and patients alike.

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the boxers. They take the risks, but are listened to least. Is this because they have the fewest initials after their names, or because some boxers seem less interested in debate without fists? Either way, it is unfortunate that boxers, who might have something meaningful to add, are drowned out in the debate over their sport.

This debate finds Joyce Carol Oates cited more often than the BMA

In this context, sorting through the comparisons is not easy, and that is what needs to be done. Take the inevitable comparison to sports like hockey, where the health risks include death. What those who compare this way will not concede is that a boxer can be killed even if no rules are broken. Fighters can even predict the killing before the fight, for the press. In hockey, soccer, or tennis, a threat to “destroy” the opponent is brushed aside as metaphorical.

For some in the medical community, this places boxing outside the threshold for acceptable risk. Waiving clinical evidence, the Australian Medical Association and others call for restrictions, some want a ban, and they do this on comparative grounds. Boxing is portrayed as a public hazard—like dirty drinking water—that the public must be protected from.

It is tempting to let doctors recommend safety equipment, thank them for their research, and politely ask them to stop interfering in boxing. Boxing is like mountain climbing, the argument might go: it is risky, but adults should be allowed to climb as long as they do not endanger others. Healthcare workers seem hesitant to accept this, possibly because their profession is itself hard to compare. In most professions, the person who provides a service is free to decline, on moral and economic grounds. If I continue to splash through wet paint, you will tell me you are no

The search for meaningful comparisons in boxing and medical ethics

C D Herrera

Boxers and healthcare workers alike should be able to exercise their rights

Although there are calls elsewhere to ban boxing, the Australian Medical Association advocates a less restrictive rule. Professional boxers would submit to brain scans and MRIs—but what to do with the results of such tests? Critics say that boxers should decide which risks they take, but boxers are not the only ones in the debate. Healthcare workers understandably want some say in which risks people take, because the hospital is where boxers go when injuries occur (assuming they live). These issues of ethics and obligation are not made easier to resolve by the many disputed comparisons in this debate. Is boxing like other risk taking behaviour? Are physicians like other public employees? Until such questions are answered, a compromise would have check ups made mandatory, without forcing boxers to act on any knowledge gained.

There is no shortage of comparisons in the debate over boxing. Boxing, we hear, is like fast food: dangerous yes, but it does offer some benefits. No, the opposing side contends, boxing is like a pistol duel: once considered sophisticated, it is now just a ritualistic violence. Perhaps boxing is like smoking: inform boxers of the risks and let them at it. Then again, if boxing is like smoking, people who do not realise how dangerous it is need protection from it. Depending on who you listen to, boxing

is an expression of individualism and personal sacrifice—the next best thing to running your own country—or it illustrates the danger in letting concern for autonomy overstretch the social fabric. And so the comparisons continue, without really convincing anyone. Not surprisingly, reformist proposals that could include mandatory brain scans for boxers are viewed as intrusive by some and insufficient by others.

Turf consciousness enters into the debate too. Journalists snub academics in the field of sport philosophy. Academics, with the exception of some historians, repay the favour by ignoring boxing's pop culture aspects. Social scientists gather empirical data (in psychology of sport, and sociology of sport) relevant to boxing. Yet because others find key terms like “violence” unclear, or the application of the data to boxing arbitrary, the scientists typically get little notice outside of their field. Doctors have the straightest path to mainstream media, and clearly understand the health risks and the prospects for treatment, but that does not mean anyone listens. This debate finds Joyce Carol Oates cited more often than the British Medical Association. It is also a debate where those who collect empirical data offer judgments well beyond the evidence, whereas those more suited to abstract speculation offer empirical generalisations instead. Lastly, there are

longer interested in shining my shoes, no matter what I pay. Society does not give healthcare workers this option; society expects healthcare workers to treat even those who repeatedly disregard their warnings. It would be an interesting show of frustration and solidarity if doctors were to decline any association with boxing, even refusing to go near the ring (but do not expect this to happen).

Given this social expectation, doctors naturally want a say in which risks people take. Are they being reasonable? I am wary of healthcare workers who make pronouncements about the social merits of boxing or any other pursuit. However, their remarks are not always far fetched. Boxing does differ from skydiving or American football, for example, sports that defenders routinely compare it to. Boxing involves acts that are frowned upon outside the sport. Parents do not tell their children not to jump out of airplanes or tackle each other—they don't have to. They tell kids not to hit each other, and many a parent (rightly) suffers guilt at having hit a child.

Does consent matter? Maybe, but consent does not end the debate. Imagine a game where two opponents try to push each other off a rooftop. The risks would include serious injury and death, but would not affect non-athletes. Would it be extreme to force those athletes to undergo mandatory brain scans? Perhaps it would be considered irrelevant whether they consented to the risks. Whatever else might be said about it, boxing is more

like hunting than football or track and field events. It involves behaviour that is punished wherever it is identified outside the ring. The elimination of the opponent in boxing also sets it apart from most other sports, insofar as the elimination can, within the rules, be final. This contrasts with, for example, baseball—the “elimination” that the batter suffers when his or her shot is caught is only for the duration of that inning.

Society is probably not ready for rooftop Sumo, but boxing is already here. As people can avoid being affected by boxing, why not let boxers consent to this special risk taking, and make sure that they fight within varying restrictions? Defenders like to note that boxing has a legacy that few activities can match. They are right, and that may be where the key to resolution lies. Despite claims about history being on the side of boxing, this sport has withstood many changes over the centuries. In ancient times, fights with no weight limits lasted until a boxer could no longer stand (this sometimes meant hours of pummelling, culminating in death). Today we have weight categories, time keepers, and restrictions on which areas of the body are acceptable targets. Boxing has changed along with most things in society. If society concludes that there should be additional restraints on what two people can consent to, it could indicate a change in attitudes about punching, not a move towards authoritarianism and paternalism.

Proposed rule modifications and medical testing could be viewed as moves to

align boxing with changing social standards. When given a fair hearing by all concerned, including the athletes, these proposals deserve consideration. Boxers might receive advisories about health risks, purchase mandatory health insurance, know that medical care might be selective (the way that pregnant women know that some hospitals will not provide abortion), sign waivers to release anyone from lawsuits, and so on. Why not envision a boxer's union, with required membership and officials who look after the wealth and health of boxers? At the same time, relieve the medical community of its social obligation towards athletes who play Russian roulette with their health and there should be less need for intervention. We do not prevent someone with a heart condition from entering the local marathon. Force boxers to undergo brain scans and other tests as a condition of employment, but leave them free to fight, until we are willing to radically alter our thinking about risk and personal liberty. For now, it seems best to engage in straight talk about boxing, to understand how it compares with other high risk activities, and create conditions where boxers as well as healthcare workers can exercise their autonomy.

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Compulsory brain scans and genetic tests for boxers—or should boxing be banned?

M Spriggs

Compulsory genetic tests which reveal a predisposition to brain damage could be of more use in preventing harm than brain scans which show that damage has already occurred

Amid calls for a ban on boxing the Victorian government in Australia introduced compulsory brain scans for professional boxers in June 2001. Some people think the introduction of this new law is a “tough”

measure. Others think the law is of limited value because the damage has already occurred by the time something shows up on a brain scan. The Victorian government is also considering the introduction of compulsory genetic tests

that indicate a predisposition to brain damage.

Nathan Croucher, a 24 year old construction worker and champion amateur boxer has been banned from professional boxing after a compulsory brain scan showed an abnormality which makes him susceptible to brain injury. About the ban, he said “I am very disappointed but I'm just focussing on my family and my work now”.¹ Croucher is the third boxer in the last 12 months found to have a brain abnormality and to be banned from professional fighting.^{1–4} The other two boxers were already fighting professionally. One is reported to be upset by the ban, while the other “understood the potential dangers and did not object to his licence being revoked”.⁵

The State Government introduced compulsory brain scans after the death of boxer Ahmad Popal in April 2001. Popal was the third boxer since 1974

“to die from blows sustained in the ring”.⁵ Since June 2001, Victoria’s professional boxers must undergo a magnetic resonance imaging (MRI) brain scan when they register as professional, every three years when they renew their registration, and at the discretion of the Professional Boxing and Martial Arts Board during the three year period.⁶ The scans detect existing brain damage—particularly “structural weaknesses in the brain” that “might be worsened during a professional fight”.⁷

Many in the boxing industry support the compulsory scans. According to the director of the Australian Academy of Boxing: “[B]oxers, under pressure from promoters, trainers and their own ambition needed to be protected.”⁷

Both the national and the state branch of the Australian Medical Association (AMA) have called for boxing to be banned altogether.⁵⁻⁷ The Victorian state president of the AMA claims that brain scans may be useful but they are limited because the damage detected has already occurred.⁵

The Victorian government is considering the introduction of compulsory genetic testing for boxers.^{5 8 9} There is a genetic test which indicates a predisposition to brain damage. It screens for a genetic variation called apolipoprotein

E (ApoE) 4 that makes people more susceptible to brain damage from head injuries or “punch-drunk syndrome”. A doctor on the panel advising the Victorian government’s boxing regulator said: “There is no policy at the moment of whether [people with the gene] would or would not be allowed to box. I’d support the board if it wanted to prevent them boxing”.⁹

Since Croucher’s ban from boxing was reported, Pedro Alcazar, a Panamanian boxer, collapsed and died in his Las Vegas hotel room 36 hours after taking part in a world title fight. A boxing doctor said “Alcazar had shown no symptoms of being hurt until he fell”.¹⁰

There were more calls for a ban on boxing in the lead up to a bout between Anthony Mundine and Lester Ellis in Melbourne. The fight was described as “one of the most farcical mis-matches in Australian boxing history”. The AMA claimed Ellis, who is 10 years older and had not fought since being “brutally knocked out” in a fight six years ago, was “a soft target who shouldn’t be allowed to risk being badly hurt”.¹¹ According to Ellis however: “All this talk that I could get hurt or killed is rubbish. Hardly anyone gets hurt seriously in boxing, crossing the road is more dangerous”.¹²

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