

Medical Care within Unregulated Combat Sports in the UK: A Study of Medical Practice, Power and Risk Management

Alex Channon (University of Brighton)
Christopher R. Matthews (Nottingham Trent University)
Mathew Hillier (Independent Scholar)

Background

Sociological research on sports medicine within performance sport contexts highlights:

- *Competing priorities: sport performance vs. health*
- *Ethical conflicts for medical staff*
- *Medics often lack autonomy/power*
- *Limited professional standards*
- *Lack of formal qualifications and poor hiring procedures*

But – no prior research on medics in combat sports; limited research on any sport below elite, professional level...

RQ: how do medical staff execute their duties within unregulated, high-risk, lower-level sport?

Methods

Observational fieldwork – 200 hours @ fight events: BJJ, boxing, kickboxing, MMA, mixed shows – mostly 'regional' level

Formal, semi-structured interviews – 25 medics, 9 promoters, 7 referees

Numerous informal field interviews during observations

Findings (NB – for illustrative data excerpts please see publications below)

Medical Practice – no set procedures for practitioners or organisers to follow; limited intra-professional communication minimises transfer of good practice; medical staff draw on day-job skills/training, which may be inadequate/outdated; **wide disparity in standards** of care result; hiring of unqualified or fraudulent 'medics'; attempts at establishing standards lack regulatory power and are **mostly ignored** on the ground

Power – medical authority/autonomy is not protected; medics seen as low priority, and may be **overruled or ignored** by event organisers or athletes when advice contradicts performance or commercial goals; medics rely on their ability to win influence *in situ*, drawing on skills that have **nothing to do with medical expertise** to do so; medics' authority is tenuous, being only ever as good as others' willingness to accept it

Risk Management – fragmented responsibility among organisers, referees, medics, coaches and fighters; risks to health, event finances, sports' public image, personal reputation, medical registration, etc.; if **perceptions of risks diverge**, strategies for their management may produce conflict; when risks are **seen to converge** (e.g. serious injury to fighter begets bad PR for promoter), parties work more harmoniously

Conclusions

- **Lack of governance** invites numerous clinical, ethical and managerial failures, resulting in excessive risks to athletes' health
- Medics currently rely on acquiescence of athletes/etc. within sports where **risk is normalised** and largely accepted/celebrated
- **Enforceable regulatory standards** and workable models of best practice are needed to protect athletes – and medics

Publications (NB – please email a.channon@brighton.ac.uk for access if needed)

Channon A, Matthews CR and Hillier M (2020a) Medical care in unlicensed combat sports: A need for standardised regulatory frameworks. *Journal of Science and Medicine in Sport* 23(3): 237-240.

Channon A, Matthews CR and Hillier M (2020b) The intersubjective accomplishment of power by medical professionals within unregulated combat sports. *International Review for the Sociology of Sport*, online first, DOI: 10.1177/1012690220927338

Channon A, Matthews CR and Hillier M (in press) 'This must be done right, so we don't lose the income': Medical care and commercial imperatives in mixed martial arts. In: Wagg S and Pollock A (Eds.) *The Palgrave Handbook of Sport, Politics and Harm*. Basingstoke: Palgrave Macmillan.

