

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

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## 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minimises transfer of good practice; medical staff draw on day-job skills/training, which may be inadequate/outdated; **wide disparity in standards** of care result; hiring of unqualified or fraudulent 'medics'; attempts at establishing standards lack regulatory power and are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](mailto: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.

