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

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/outraged; 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)

