Editorial

Doctors should not try to ban boxing - but boxing's own ethics suggests reform

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The British Medical Association is wrong to argue that boxing should be criminalised argues Dr Nigel Warburton in this issue of the journal.¹ His discussion points to an enduring tension between two moral concerns for medicine - the ancient Hippocratic desire to improve and or maintain people's health on the one hand and the more recent concern to respect people's liberty in the sense of respecting their autonomy or self-determination on the other.

What are the arguments? The arguments from the medical profession - in the form of one of its main professional organisations, the British Medical Association (BMA) - urging the criminalisation of boxing are essentially that boxing is an uncivilised and immoral cause of intentional, deliberate, undesirable and unnecessary damage to people, especially to their brains, and therefore should be legally banned.

Dr Warburton, a philosopher, examines each of the arguments for criminalising boxing offered by the BMA in one of its publications² and finds each argument unsuccessful. He agrees that boxing entails risk, both acute and chronic, of brain damage and even death, but points out that many other sports and personal activities entail greater risk, and yet the BMA is not proposing to criminalise these. Thus motor sports, air sports, mountaineering, ball games and horse riding all result in considerably more deaths each year than boxing, as do smoking and the consumption of alcohol - yet while the BMA may advise and educate on how to reduce health risks in all these activities, and in the case of smoking urges that its advertising should be banned, it does not propose that any of them should be criminalised. He considers the counterargument that it is the long term chronic brain damage that is so especially objectionable and rebuts it by pointing out that heavy drinking also produces long term brain damage yet is not being proposed for criminalisation. To the argument that relatively few people participate in boxing (and that therefore the risk is proportionately higher for boxing) Dr Warburton counters by arguing that in that case, if the BMA

is serious about trying to reduce ill health and save lives, it should be concentrating its efforts on these other activities that cause more death, disease and disability rather than singling out boxing for banning. And to the BMA argument that boxing is, for every second of actual boxing activity, one of the most dangerous sports, Dr Warburton responds that the relevant criterion should be the level of risk for "a typical participant rather than the absolute risk per second".

What about the argument that any sport in which *the intent* is to damage the opponent, including, and often especially, by damaging that opponent's brain, is immoral and therefore should be banned. Dr Warburton responds first by pointing out that many boxers dispute the claim that they intentionally harm the brains of their opponents - their intention is to win, and often they win on points rather than knockouts. But even if it is conceded that causing brain damage is the intention of the boxer, as being the surest way to win (by knocking the opponent out), and even if it is conceded that this is immoral, it does not follow that the sport should be made illegal. Many activities are immoral but not illegal. And he argues that there are three ways of justifying the criminalisation of acts - by arguing that the acts cause significant harm to non-consenting others; by arguing paternalistically that people need to be protected from harming themselves - and from consenting to being harmed; and by arguing that certain immoral acts ought to be criminalised simply because they are immoral.

On each count Dr Warburton rejects the arguments in favour of criminalising boxing. With the exception of children boxers can be assumed to have given consent. And in the case of children, if they are to be legally prevented from boxing they should be legally prevented from doing all the other more dangerous things listed above. Yet even in the cases of smoking and drinking alcohol children are not legally banned from carrying out these activities (though they are banned from purchasing the materials and from certain associated activities). As for boxing by consenting adults, Dr

Warburton rejects the paternalistic argument on standard liberal grounds. "Coercion of adults is never acceptable when it is done purely for the good of the individuals concerned rather than to avert the risk of harm to others. The law should not be used to force people to become good or happy or healthy." To the paternalistic arguments of the BMA Dr Warburton responds by pointing out that these are inconsistently and without justification discriminatory against boxing. If the BMA wishes to protect people's health by legally banning them from boxing, and wishes to be consistent, then it ought also to urge that a whole range of other popular activities should also be legally banned. To the argument that boxing is immoral Dr Warburton simply responds that from an admission of the immorality of an activity it does not follow that the activity should be criminalised. If this is the argument on which the case for criminalising boxing relies then it should be argued in detail, explaining why boxing is so immoral that it should be singled out for criminalisation when many other admittedly immoral activities are not.

Dr Warburton challenges all of us who find the activity of boxing somewhat repellent and uncivilised to consider whether, either as individuals or collectively as a profession we are justified in recommending that it should be banned by law. The argument is particularly acute for medical ethics, for medicine as a profession has considerable social power and it is important that it uses that power responsibly, for purposes and in ways that are morally justified.

Two arguments suggest themselves in supporting the intuition that boxing as currently practised includes peculiarly undesirable practices which should not be permitted even amongst consenting adults. The first is taken from the ethics of boxing itself, which forbids certain sorts of punching. Most notable is the punch "below the belt" - ie the punch aimed at the genitalia. Presumably the rationale is that attacks against an opponent's genitalia are too potentially damaging and/or otherwise objectionable to be tolerated within the sport of boxing. But if punches to a man's balls are too damaging and/or otherwise repellent to be tolerated by boxing itself, how can the sport tolerate punches to his brain? Leaving aside the feminist riposte explaining where a man's brains are really to be found, the logic of foul if below the belt seems to apply *at least* as strongly to above the shoulders.

A second argument against allowing boxing to continue as currently practised is that it encourages actual as distinct from ritualised, sanitised, symbolic fighting. By making socially acceptable

the actual and intentional infliction of harm by fighting - especially actual and intentional harm to the brain - for purposes of entertainment (whether of participants or viewers) the sport as currently practised encourages widespread acceptance of harmful fighting, for no particular socially desirable purpose, other than entertainment, especially amongst young men - though recently women too have demanded to be allowed to box.

These additional arguments do not justify legally banning the entire sport of boxing. But they do seem to justify changing some of its practices. Duelling with swords was outlawed, presumably because such fighting even between consenting adults was considered too socially harmful to be tolerated. But the sport of fencing, with suitable protections such as padding, face masks, and the tipping of swords with rounded ends has endured, permitting the skills of sword fighting to be maintained and developed while discouraging its use to cause personal damage. And the sport of boxing has already undergone some similar restrictions by its own aficionados, with practices such as bare knuckle punching and punching of genitalia already outlawed.

Perhaps a reasonable way forward for the medical profession in relation to boxing is to cease to urge the legal banning of the entire sport, and instead to argue for its continued conversion from what is currently a blend of skilled sport and savage fighting, into skilled sport without the savagery. Fights would become bouts to be won or lost in points. Blows to the brain would be outlawed as blows to the balls are already outlawed. Or, alternatively, perhaps protective headgear should be worn, and *light* punches that successfully penetrated the opponent's guard would be awarded appropriate points - similar to the scoring principle in fencing. In such a way the sport and the skill of boxing could be maintained and developed while its socially harmful and morally objectionable encouragement of the deliberate infliction of actual - and potentially major - physical harm, especially to the brain, would be prevented. Such an approach would enable the medical profession to advocate the reduction of deliberately inflicted physical harm and disability, the reduction of what to many seems savage brutality inflicted merely for the sake of entertainment, and yet to continue to accept people's right to pursue a sport of their choosing.

References

- 1 Warburton N. Freedom to box. *Journal of Medical Ethics* 1998; 24:56-60.
- 2 British Medical Association. *The boxing debate*. London: British Medical Association, 1993.