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# **Pain and Injury in Sport**

Social and ethical analysis

**Edited by Sigmund Loland,  
Berit Skirstad and Ivan Waddington**

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## 9 The intentional infliction of pain in sport

### Ethical perspectives

*Jim Parry*

#### Introduction

This chapter explores a variety of ethical issues concerning the intentional infliction of pain in sport, both in the actual playing of the game and in the overall care of the athlete. It will make special reference to the cases of boxing and systemic doping, already the subjects of chapters by Ken Sheard and Gisela Spitzer.

It begins with conceptual preliminaries, since some attention should be given to the common focus of enquiry of chapter authors. We should ask, 'The intentional infliction of . . . what?', so this section considers a range of pain-related concepts, followed by a range of violence-related concepts.

Next we focus on 'intra-contest violence' – the intentional infliction of pain or injury by one athlete on another within the contest itself – taking as examples football, rugby and boxing; and then on 'pre-contest violence' – examining the morality of the systems that surround and support the athlete in preparation for the contest, with special reference to the practice of systemic doping.

Finally, we look at the self-infliction of pain and the responsibility of the athletes themselves for the pain they undergo, asking whether sport is sado-masochistic.

#### Pain-related concepts

##### *Sport brings pain*

Consider someone on the street breaking into a run – for example, so as to be on time for an appointment. He would not run himself too hard. He would slow down or even rest awhile to recover his breath, so as indeed to arrive earlier, but without undue or unseemly distress. If the effort were so great as to begin to hurt in some way, this would normally be taken as a sign to give less effort, or even to desist. He would certainly never consider running himself to exhaustion unless motivated by some very important aim.

Or consider the person running through meadows for the sheer frolicking joy of it – gambolling like a new-born lamb. Since motivated by pleasure or delight, it would seem counterproductive to put himself through the pain or suffering of excess effort, or to risk harm or injury in the process.

Sport begins where such everyday attitudes end. For the person running for sport will indeed extend him/herself and may even run to exhaustion – all in the service of no aim other than the aim internal to the sport of winning the competition. One will accept discomfort, hurt and even quite severe pain. One will undergo training, hard and possibly even painful in itself, in order to accustom oneself to the pains of competition, the better to be able to cope with or ignore them – and one may even welcome them as signs of improving powers or of resilience. In certain sports one will freely risk harm, damage and the possibility of permanent impairment, in others the peculiar sufferings of endurance, or anguish of failure or defeat.

If we add to this picture certain external aims and motivations, such as fortune and fame, we can easily see how sport may become an arena of suffering and injury.

In the foregoing paragraphs I have employed a wide range of pain-related concepts, which are often confused, or used interchangeably. It may be useful to review and refine our usages here, since my title invites the question: 'The intentional infliction of . . . what?', and the responses to that question might suggest some important distinctions for the ways in which we express our concerns.

This section, then, considers the use of a range of pain-related concepts, with a view to arriving at a view as to what kinds of pain it might be useful to distinguish.

##### *Pain*

Pain refers to a variety of sensations, for example: a sensation felt when hurt (bodily or emotionally), a sensation accompanying physical injury, a distressing sensation (as of soreness, not injury), a chronic ache (sometimes the result of disease), the suffering and anguish of endurance, and extreme discomfort (accompanying extreme exertion, etc.).

##### *Hurt and harm*

The difference between hurt and harm is that, while hurt has to do with causing pain or anxiety, harm is centrally to do with causing bodily injury or damage. In sport, then, it may be part of the game to cause hurt, whereas intentional harm may be outlawed.

##### *Discomfort and distress*

Distress means experiencing stress, strain, pain or anguish, or the exhaustion of extreme stress, strain, pain or anguish, whereas discomfort means feeling

uncomfortable or experiencing mild distress. The pain of exertion, for example, brings hurt, discomfort or distress, rather than harm or injury.

### Anguish

Anguish is primarily an emotional pain (and there may be similar others in sporting experience). As Matti Goksøyr shows (in Chapter 5 of this book), the arctic explorer Scott's pains included those bodily pains characteristic of the peculiar sufferings of endurance, but for him there was also the acute disappointment of having been beaten to the North Pole, evoking the emotional pain of anguish. Maybe to a different degree, or in a different way, such pain may also be felt by any athletic competitor who fails – *just fails?* – to win.

### Suffering

Suffering may be seen as the bearing or undergoing of (experiencing or being subjected to) any of the above – pain, hurt, harm, discomfort, distress, injury, impairment or anguish. Suffering also has some overtone of chronicity, so it is unsurprising to find that it frequently forms part of the pain-descriptions of those in long-distance and endurance sports, or of those experiencing long-term injuries.

### Pain and injury

To 'be injured' is ambiguous. It might mean either to *incur* (to suffer) an injury or to *have* an injury (to be in an injured state – to be 'carrying' an injury). This distinction helps us to see how the connection sometimes held to obtain between pain and injury (see Howe, in Chapter 13 of this book) does not necessarily hold.

In the first case (to *incur* an injury), pain may or may not be an accompaniment. Often, of course – even usually – injuries cause pain. But I may become injured without present pain. For example, I might be anaesthetized – possibly by some analgesic agent, or by extremely cold conditions, or because of the physiology of traumatic impairment.

In the second case (to *have* an injury), similarly, pain may or may not be an accompaniment. I may of course be in agony for weeks while my broken leg heals. But I may be carrying a hamstring tear without present pain, even though it prevents me from competing in my sport.

The question might be asked: If there is no present pain, then how do I know that I am injured? The suggestion here is that the pain is what makes me notice my injury, and that, without pain, no injury is noticeable. The former is of course often true, but the latter is not necessarily so: I may know that I am injured because of immediate and apparent impairment, or lack of function – with or without pain. Alternatively, I may entertain a legitimate suspicion of

likelihood of breakdown under activity – I feel that I dare not maintain or prolong my effort, perhaps because I feel a certain tension or tightness in the muscle. I feel that, if I persist, then I *will* feel pain, or do myself a further injury.

In both cases, attention to the idea of 'being injured' has led us to deny the necessary relation between injury and pain.

### Kinds of pain

In the sports setting, then, it might be useful to distinguish a number of different kinds of pain (see also Roessler, in Chapter 2 of this book): pain of hurt (not necessarily harm, or at least not lasting harm), pain of harm (or damage, or injury), pain of exertion (including discomfort and distress), pain of suffering (and endurance), and pain of anguish (including fear of annihilation).

All of these may be either positive or negative, they may all be expressive (of relationship, of self-realization, etc.), and they may all be accepted by-products of sporting participation.

### Intentional infliction of pain (intra-contest)

Extra-contest violence (for example, spectator violence, or post-match fights between players) is violence which occurs 'on the occasion of the contest' but not 'as part of the contest'. This section focuses on intra-contest violence – the intentional infliction of harm, pain or injury by one athlete on another within the contest itself.

Elsewhere (Parry 1998) I have sought to distinguish assertion, aggression and violence. Let us begin with these basic concepts, and see if some informed conceptual stipulation might be useful.

### Assertion and aggression

Some see the biological organism as active, positive, and see 'aggression' as a basic biological drive, or a pre-condition of existence, or human flourishing, or excellence. However, I prefer to call this capacity 'assertiveness' or 'self-assertion', because there is no suggestion here of a necessary forcefulness. Rather, there is the sense of affirming or insisting upon one's rights; protecting or vindicating oneself; maintaining or defending a cause.

Aggression, however, is forceful. Some see a possibility of defensive as well as offensive aggression, but both are served by force. Aggression is *vigorous* (trying to gain advantage by sheer force), *offensive* (in the sport context: battling for the ball) and *proactive* (striking first).

Such features may all be morally exceptionable or unexceptionable, according to context, in everyday life, but all are usually permitted according to the rules of team sports.

### Violence

Just as it is possible to be assertive without being aggressive, it is quite possible to be aggressive without being violent. A player can be both forceful and vigorous without seeking to hurt or harm anyone. And we should distinguish between 'hurt' and 'harm'. 'Hurt' here means 'give pain to', 'knock, strike, give a blow to' and 'harm' means 'injure, damage'.

Violence, then, is centrally to do with intentional harm or injury to others, as well as attempts to harm, recklessness as to harm, and negligence. Since such injury is very often seen as illegitimate, legitimacy has often been seen as an important ethical issue in sport. Accordingly, violence in a sport might be seen as (i) harm or injury to others (or attempted harm) or (ii) something which is against the rules.

But there is a difficulty here. If the above account were to hold for 'combat sports', this would require the counter-intuitive notion that very hard punches aimed at knocking someone out do not constitute 'violence' so long as they are delivered legally. In this case, we might delete the criterion: 'which is against the rules'. Let us simply insist that violence is centrally to do with intentional harm or injury to others, as well as attempts to harm, recklessness as to harm, and negligence. It also suggests that we need one more category: illegitimate violence. For, sometimes, violence may be justifiable (in war, or revolution; or in boxing, where 'violence' within bounds is legitimate). Illegitimate violence must be characterized as the attempt to harm by the use of illegitimate force (e.g., in boxing, the rabbit punch).

There are further interesting problems arising from injuries which are caused instrumentally, but not through full-blown intention. Reckless challenges are those whose intent may be to gain advantage, but whose means are taken in the knowledge of risk or foresight of probable injury. Negligent challenges are those undertaken without appropriate due care for others. We need to rely not just on the concept of intention, but also on such wider concepts of culpability and responsibility. We should ask questions not just about intention, but also about the acts and omissions for which we should be held responsible, and for which we are culpable. A reckless or careless (negligent) driver may have no intent to injure someone, but is held to be to some degree culpable nevertheless. The same should apply in sport – a reckless or negligent challenge may maim as well as an intentionally injurious one.

### Violent acts and acts of violence

Not all acts of violence are violent acts, and not all violent acts are acts of violence (see Harris 1982: Ch. 1). Almost any human act may be performed in a more or less violent manner – vigorously, forcefully, strongly, energetically, vehemently, furiously, etc. However, an act of violence is identified not by the manner of its execution, but by the human consequences flowing from it, such as harm, injury, distress, suffering, and so on.

We should also posit a parallel distinction between aggressive acts and acts of aggression. Aggressive acts are those acts marked by vigour, offensiveness and proactivity. Acts of aggression, however, are attacks or assaults on others – and these may be performed vigorously or not.

### Examples

Let us look at a few practical applications of the above thoughts, and see how they fare when tested against examples.

#### Football

At every instant in the game of football, possession of the ball is being contested. Assertion is necessary at all times, and aggression is permitted in pursuit of legitimate ends. Games such as soccer are essentially exercises in controlled aggression. However, violent and dangerous play is strictly against the rules, so the case against acts of violence is simply that they are illegitimate.

#### Rugby

Here is a game which many see as violent, for part of the game seems to be to overcome others simply by violent force. One way of expressing this thought is to argue that, although rugby might be a violent sport, it is not a sport of violence. People may get hurt in the course of the game due to the extreme nature of honourable physical combat, but the aim of the game (and the way to win it) is to score points, not to hurt people.

Having said that, I am of course referring to what official sets of rules appear to say, as distinct from what 'custom and practice' appears to be. Among players, for example, there may exist a 'code of silence' which prohibits the reporting of acts of violence witnessed. If this is true, then hard questions must be asked about the moral basis of custom and practice. If the rules prohibit acts of violence, then any such collusion risks bringing the game into disrepute, to the disadvantage of all. If the rules actually *don't*, then perhaps they will require revision.

#### The special case of boxing

Nigel Benn ('The Dark Destroyer') beat Gerard McClellan by a tenth-round knock-out on 26 February 1995. McClellan was counted out while not unconscious, but down on one knee, obviously distressed and blinking heavily. As soon as he reached his corner it became clear that something was badly wrong, and he was rushed to hospital, where he had a blood clot removed from his brain shortly after arrival. His condition was critical.

British Boxing Board of Control (BBBC) officials were very quick on the night to explain the detailed precautions taken, including the presence of four

doctors, one an anaesthetist (although the very necessity for such precautions is itself evidence of foreknowledge of risk to life). On BBC1 News the next night (1995a) a promoter, Frank Warren, and a BBBC official mounted a spirited defence of the sport, in the following terms (supplemented by later discussion on BBC1 Sportsnight, 1995b).

*Boxing is a skilled sport, whose aim is to score points, etc.*

This is true, but boxing also not only permits, but rewards ultimately the causing of grievous or actual bodily harm. If it were possible with one blow to decapitate one's opponent (let us call this move the 'knock-off'), this would not be against the rules or the spirit of the rules. A knock-out is a final knock-down. The knock-off would simply be a more final and spectacular way of ending the fight than a simple knock-out.

If the knock-off were possible, why should it not be permitted? You must say either that it is permissible, which dramatically exposes the sport's rationale, I think; or that it is impermissible for some reason – which reason would, I think, also provide a criterion for banning head punching at all.

*Boxing should be treated the same as any other risk sport. Many other sports are as dangerous as boxing, and people die every year in many different sports.*

The actual facts of the matter are in some dispute. Sports medics argue over the precise nature, degree, effects and probabilities of injury. The statistics given on the Sportsnight programme were that over the previous nine years in Britain there were 94 deaths in horse riding, four in cricket, and only two in boxing. Leave aside for the moment the fact that these are not properly weighted statistics (ignoring as they do participation rates, time spent during periods of activity, etc.), for they are simply irrelevant to the point. The argument is not about the facts of injury levels – but it is a moral argument about the aim of the activity. John might hurt someone in cricket, but he won't get runs or wickets for that. In boxing, he might *win* just by doing that. Indeed, hurting or harming someone so badly that he cannot continue the contest is a *sufficient* condition of victory – and surely this feature of the sport exposes its false appeal to the skill argument, as in the previous example. It is not as if there is no skill in boxing; but rather that a boxer might rationally aim at inflicting a simple debilitating injury as a *means* of winning.

Surely other sports take care not only to provide for casualties, but also to *avoid* those casualties as far as possible. So why not take the head out of the target area in boxing?

*Answer: you can't have boxing without the head as a target. That's like having rugby without scrums; or the steeplechase without jumps.*

Well, these are interestingly different cases: it is quite possible to envisage rugby without scrums, just as we can envisage rugby without line-outs. A steeplechase, however, is *defined* in terms of jumps. It means 'formerly, a race having a church steeple in view as goal, in which all intervening obstacles had to be cleared'

(SOED 1972). So: you could have rugby without scrums; but you could not have a steeplechase without jumps.

Now, what shall we say about boxing? That boxing without the head as target is a logical nonsense? Or that we could easily envisage a simple rule change that would preserve all that is good about the skill, fitness, endurance, etc. of boxing *except* for that proportion of those things relating to the intentional permanent damage of another human being? I vote for the latter. If boxing is about skill, endurance, etc., then it can survive such a rule change. But if it is really about the thrill and chill of the ultimate snuff sport, then shouldn't we do away with it, and with the promoters who profit from it?

*One thought: most boxers are (in legal terms) reckless, and this is especially true of one who calls himself 'The Dark Destroyer'. One account of recklessness describes it as 'conscious risk-taking'. A professional boxer knows from the outset that it is entirely possible that he will 'destroy' his opponent; and perhaps he even hopes that he will. That is to say: it is almost certain that Benn fully appreciated the risk that he might kill his next opponent, and yet he went willingly and enthusiastically into battle after careful and serious preparation. This is not true of sportspeople in any other sport.*

This means that there is a clear moral argument against professional boxing – the simple moral imperative against an activity of which not only the outcome but also the object is too often the injury, incapacitation or even death of a human being.

And yet I also acknowledge the particular virtues of boxing, which seem to differ only in degree from the virtues of many other sports: the courage involved in putting oneself on the line (think of individual compared with team sports); in putting one's entire *self* on the line (think of boxing *as opposed to* other individual sports); the facing of pain, injury, danger and risk; the absolute reliance on one's personal resources; the discipline involved in attaining and maintaining extremely high levels of fitness and endurance, and so on.

### Conclusion

The intra-sport intentional infliction of pain in sport has many facets. Tactical hurt infliction is permissible in many sports. Its aim is to debilitate, or degrade the performance of the opposition, within the rules. Tactical harm infliction, however, will disqualify in most sports, whose rules prohibit 'personal' fouls. The very toleration of a sport such as boxing, which is at least reckless as to harm, and permits intentional infliction of injury, calls into question our moral sensitivities.

### Intentional infliction of pain (pre-contest)

The previous section distinguished intra-contest from extra-contest pain infliction. This section examines the idea of pre-contest pain infliction, and in

particular the systems that surround and support the athlete in preparation for the contest (even if this is just a trainer, or coach).

In Chapter 7 of this book Giseler Spitzer documents the systematic, state-sponsored doping system in the GDR, and the suffering which this inflicted on athletes who continue to suffer the side-effects of what was often 'compulsory' doping. Of course, our knee-jerk reaction is to see such practices as wrong, but this section seeks to provide some explication of just *why* it might be wrong.

The strategy here is to suggest a set of broadly acceptable considerations of principle, and then apply them to sport-related cases and examples of pre-contest pain infliction, with special reference to Spitzer's chapter. The idea is both to interrogate the particular cases and examples and also to test the principles for their adequacy and illuminative power.

### *Principles of biomedical ethics*

In a standard medical ethics textbook Beauchamp and Childress (2001) offer a number of 'fundamental principles' as an integrated framework through which diverse moral problems may be handled. They see the cases they offer not only as illustrations, but also as explications and tests of the principles, since hard cases can sometimes lead to a rethinking or modification of principles.

They see ethics as the systematic examination of the moral life, designed to illuminate what we ought to do by asking us to consider and reconsider our ordinary actions, judgements and justifications. Although we rarely find knock-down arguments in debates about applied ethics, such debates are nonetheless subject to rational analysis. However – to paraphrase Aristotle – we can only expect such precision and degree of certainty as is appropriate to the subject matter. Sometimes the answers cannot be as tidy as we might wish, but the application of principles is one way of trying to be systematically rational about moral issues.

Another way of trying to be rational about moral issues is to apply the language of rights, but there is much controversy over the meaning, scope and possession of rights. Some see rights as *prima facie* claims – as making strong moral demands that nevertheless are defeasible, and may justifiably be overridden by a stronger claim, or by other considerations. Rights are also sometimes unjustifiably overridden – they may be violated or infringed. Others, however, have criticized the language of 'rights', because rights are often presented without justification as a set of claims or demands.

Yet another systematic approach recognizes that it is also possible to express our concerns through the language of welfare, and the duties and responsibilities we owe to others. Beauchamp and Childress believe that rights (and the correlative obligations and duties that they sometimes beget) are anyway to be analysed in terms of more basic principles and rules, and so we must turn to a consideration of those principles.

### *The principle of autonomy*

Morality requires autonomous (self-governing) persons, who determine a course of action in accordance with a plan chosen by themselves – who think about and choose plans and are capable of acting on them. The principle of autonomy requires us to respect people's rights to self-governance – that is, to act without constraint by others. We should do this in order to recognize and respect an individual's personhood – for no other reason than that he or she is another person, having the same right to self-governance as myself.

A counter-example is the World Anti-Doping Agency legislation, where governments and the IOC intervene in order to secure their own ends against the autonomous choices of athletes who wish to take dope of various kinds. But here justifying reasons are part of the process of authoritative command. This is what distinguishes such legislation from simple *Parentalism*, which is the overriding of someone's autonomy (and also their non-autonomous decisions) for beneficent reasons.

### *The principle of informed consent*

The principle of informed consent exists to protect persons from (risk of) harm, and to protect their autonomy. The main elements of informed consent relate to information and consent. Information should first be disclosed, according to standards set by a professional community (where medical care standards operate), or by a legal rule set according to a 'reasonable person' standard (where patient rights operate). Second, information should be comprehensible and care should be taken to ensure that it is comprehended. Consent should be voluntary, and a presupposition of consent is competence to consent (for example, minors may be deemed non-competent).

### *The principle of non-maleficence*

The Hippocratic oath expresses the principles of beneficence and non-maleficence: 'I will use treatment to help the sick according to my ability and judgement, but I will never use it to injure or wrong them.'

Let us begin with the principle of non-maleficence, which expresses the duty of '*primum non nocere*' – first do no harm. This is a strong duty – the duty not to injure is distinct from and more stringent than the duty to take steps to benefit. It is a duty as to actual harm, but also as to risks. It therefore imposes a duty of due care – to be thoughtful and to act carefully. In this context we must consider intention, recklessness, negligence, and legal and professional standards.

We should also mention here the *Principle of double effect*, where there are both good and bad consequences of an action. In order to be non-maleficent the action must be good, and the agent must intend only the good effect – the bad effect is foreseen, but not intended. In addition, the bad effect must not



be a means to the good, and there must be a proportionality in the balance of good and bad effects.

So, in the sporting situation in general, and bearing in mind the provisions of autonomy and informed consent, we should take care not to harm athletes by avoiding undue physiological stress or damage, overtraining as a risk to health, well-being and the development of sporting potential, harmful nutritional regimes, food supplements and drug misuse, psychological pressure, stress and burn-out, over-specialization in sport to the detriment of other aspects of life, over-specialization in one sport and unreasonable lifestyle requirements (such as the denial of childhood – the 'Michael Jackson syndrome').

#### *The principle of beneficence*

The principle of beneficence should be seen as a duty to others, not as a virtue. (Benevolence is a virtue of persons, whereas beneficence is a quality of action.) It tells us not only 'do no harm', but also 'contribute to welfare', for example, by the prevention of harm, the removal of harmful conditions and the provision of benefits.

So, in the sporting situation in general, we should seek to contribute to the athlete's physical well-being, satisfaction and self-esteem in participation and achievement, confidence in facing challenge and in risk-taking, peer acceptance and peer relationships, and personal identity and role definition.

There can be no sharp distinction between the two principles of non-maleficence and benevolence. For example, risk/benefit analysis requires a balance of possible harms and benefits – a version of the principle of utility. And there is a genuine difficulty in ascertaining just what is the positive duty of beneficence (as opposed to supererogatory action). However, a failure to benefit others while in a position to do so violates social or professional duty, and this is one way of promoting preventive medicine, active public health interventions, etc.

#### **Application to the case of systematic doping**

Now we shall try to apply some of this to the particular case of the systemic doping regime operative in the former GDR, as described by Giseler Spitzer in Chapter 7.

#### *The principle of informed consent*

One of the chief criticisms of the regime lies in breaches of the principle of informed consent – failure to inform athletes of what was being done to them, failure to take steps to secure their understanding of what was being done to them, and failure to secure their consent. For this principle imposes duties and standards in respect of various elements.

#### DISCLOSURE OF INFORMATION

In this case, procedures were sometimes carried out without the knowledge of the athletes.

#### COMPREHENSION OF INFORMATION

Mere disclosure of information is insufficient, since this may not secure the comprehension of the athlete as to what procedures will actually take place, why they are being conducted, what are the possible effects and side effects, etc. In this case, too, athletes seem to have been used as guinea-pigs, i.e. used as experimental subjects in order to gain further comprehension for researchers. But, if the researchers do not yet have comprehension in the required sense, how could their subjects be in a position to comprehend?

#### VOLUNTARY CONSENT

This is possibly the most important element of informed consent. Subjects must give their fully informed and voluntary consent. In this case, athletes were exposed to compulsory doping, sometimes without their knowledge, which is a clear and obvious breach of the principle.

#### COMPETENCE TO CONSENT

A further important element is competence. For informed consent, researchers must be assured that subjects are competent. In this case, juniors (i.e. legal minors) were doped in gymnastics, weight-lifting, swimming, and other sports, without adequate ethical and legal safeguards having been obtained.

#### *The principle of autonomy*

As we have seen above, the principle of informed consent exists to protect persons from harm, and to protect their autonomy. Parentalism is intrusion into the sphere of autonomous choices and decisions of the subject. Justified parentalism may be seen as intrusion for the supposed best interests of the subject. In this case, there was intrusion, and it was not necessarily in the interests of the subject. To be sure, some of them might thereby have benefited, for example by achieving athletic success, but the systemic nature of the intrusion suggests that it was motivated by a concern for the best interests of the system, not of the individual. System success depends on the success of some individual – but not necessarily *this* one.

This kind of concern may be broadened by asking whether there is a potential conflict of interest for all sports medics. Do doctors belong to (or anyway do they share the aims of) the organization that employs them and gives them benefits of identification, collaboration, etc.? To whom are their loyalties – to club or



to player – and is there a tension or conflict here? Do the medics facilitate autonomous decision-making by the athletes? Should they?

Such questions suggest why, from the point of view of athlete autonomy, a fully professionalized (and to that extent stronger and more independent) medical service for athletes is an urgent priority. Here the ethical and economic arguments often coincide. Isn't it simply prudent to do the ethically correct thing? Why exploit the talents of a £30 million asset in a way that fails to maximize the benefits those talents bring? One per cent of the player value of one of the top football teams would buy the best specialist sports medicine facility in England. One per cent of all transfer fees to be paid to the Professional Footballers' Association (PFA) for just this purpose would produce an even better and independent facility. We could ask, for example, why this is not top of the agenda for the PFA, since football is one of the few sports that could afford it.

#### *The principle of non-maleficence*

*Primum non nocere* – first, do no harm. Remember: this is a duty as to actual harm, but also as to risks. Can the GDR system pass this test of principle? No, for the procedures described by Spitzer carry with them great actual harms and risks of harm. Particularly damning is the allegation that, post-career, health data were falsified, and victims were given no information about damage and future risk. In this way, many preventable harms have not been averted.

We should ask about the medics involved – how did they, as medics, justify such practices to themselves, when they were clearly against the first principle of medical ethics since medicine was invented? What could have been their self-understandings?

It seems that many left for ethical reasons, even in the difficult conditions of dictatorship, when refusal to comply carried with it potentially very severe penalties. Of those who stayed, we might hypothesize that their rationale could have been one of the following: *identification* (belonging to – sharing the aims of – the system), *self-interest* (benefit from association with the authority; economic and social disbenefits of non-compliance) and *fear* (what will happen to me, my career, my family if I do not collaborate?).

#### *The principle of double effect*

But the principle of double effect might be invoked: we foresaw some of the possible harms, especially of experimentation, but the expected harms were relatively minor compared with the glory achieved for the motherland by these soldier-athletes. No one wants to lose soldiers in a war. But we foresee the possibility that they might die in combat – justifiably sacrificed in the defence of the motherland. So what price a few athletes?

#### *The principle of beneficence*

As we have seen, it is difficult to draw the line between non-maleficence and benevolence. But let us take Dominic Malcolm's evidence about the practices of professional rugby clubs (Chapter 10 of this book), and ask whether they are in a position to contribute to the welfare of their players, for example by the prevention of harm, removal of harmful conditions and the provision of benefits.

It seems to me beyond dispute that clubs pay inadequate attention to issues of corporate liability, managerial responsibility, duty of care, negligence and provision of developmental opportunities for their players. Clubs should, under the principle of beneficence, seriously consider some of the simple possibilities open to them to provide a harm-reduction and player-development environment. As we have already seen above, there is both an ethical and an economic justification for such a general policy.

#### **Self-infliction of pain**

This section focuses on the responsibility of the athletes themselves for the pain they undergo.

#### **Acceptance of risk: consent and 'volenti non fit injuria'**

In the ordinary course of the normal game, any participant might expect to face certain hazards and risks as 'all part of the game'. The operative legal principle here is '*volenti non fit injuria*' (no injury is done to a willing person). So long as a participant is fully informed of the inherent risks of playing that sport, and voluntarily incurs the risk of harm, then he/she cannot complain of any injury that befalls him/her. To that extent, all participants consent to accept a range of pains that might be expected by an aware and reasonable person, and are therefore partly responsible for their own pains.

#### **Acceptance of injury: Stingers and burners**

Over the course of an average career, an athlete must accept the experience of the pain of injury, either as something inflicted on him/her by another, or as simply an occurrence. One example of such routinely experienced pain is the stinger.

The stinger syndrome, or 'burner', represents one of the most common injuries seen in tackle football. It is thought to be caused by trauma to the brachial plexus and/or nerve roots. The injury most typically is characterized by muscle weakness involving the biceps, deltoid, and spinatus muscles. Because the pain, paresthesias, and weakness typically last only a few seconds or minutes, these injuries often go unreported to medical staff. (Shannon and Klimkiewicz 2002)

The most famous British sufferer of the stinger is rugby World Cup hero Johnny Wilkinson, who had a series of neck injuries. 'Another year, another injury . . . The bigger picture for me is that I won't let the injuries change the way I play my game' he says (Wilkinson 2004). He just takes a week or two off to recover.

I've actually been dealing with [this type of neck injury] for six or seven years now, maybe more. The hit – or the sensation – is known as a 'stinger'; it comes when you take a hit on your shoulder, neck or head which sends a nerve pain down your arm, it makes your arm very hot and heavy and difficult to move. Stingers don't tend to last that long – you get pins and needles down your arm as the heaviness goes away. Sometimes it's ten seconds . . . sometimes maybe a minute . . . I've suffered stingers all my career . . . I had six stingers in one game.

(Wilkinson 2004)

Wilkinson uses a range of terms in this article to refer to his experiences: pain, discomfort, distress and weak[ness]. When asked about the long-term effects, he says, 'I want to make sure it does not end my career early and . . . that I'll be in decent shape when my career's over'.

A month later, Steve Bale reflects on Wilkinson's recent injury trail – the World Cup Final injury in November 2003, then the disappointing breakdown in the 'come-back' match for Newcastle – and reports that he would not be fit for the Six Nations opener against Italy in February 2004. The title question of Bale's article: 'So just what is wrong with Johnny Wilkinson?' goes unanswered – instead we hear that he has undergone tests, and that an operation is unlikely. England head coach Clive Woodward says: 'At this stage I don't believe it needs more than rest and gym work' (Bale 2004).

But it did in fact require an operation, with many months on the sidelines, and a further injury shortly after returning to competition resulted in an opportunity for Charlie Hodgson to stake his claim to Wilkinson's England place with a man-of-the-match performance in the 25–14 win over South Africa in November 2004.

This example illustrates the way in which pain experience and pain acceptance are part of athletes' engagement in sport. It also demonstrates the importance of injury avoidance and injury management, and the motivation for athletes to recover quickly and return to competition as early as possible.

### *Acceptance of training pain*

'Sport brings pain.' The examples at the beginning of this chapter show how engagement in sport at any level requires us to exceed 'normal' levels of pain expectation and pain acceptance, and to adjust our attitudes accordingly. There follow three examples of pain acceptance from elite sport.

Sebastian Coe's father and coach, Peter, uses the term 'bodywashing' to bring out just how mentally tough an elite athlete must be, and how he must be able to accept pain levels beyond the experience of most of us:

In the same way that you can brainwash somebody, you must bodywash an athlete so that even when the body is screaming out to stop, the messages to the brain are not so severe.

(Quoted in Hughes 1987)

In the same article Steve Ovett likens pain to 'an old friend' to capture the attitude of someone who knows what it is to push themselves towards greater effort and achievement, and who goes beyond acceptance, even as far as welcoming the pain as a motivator, or as an indicator or marker of achievement:

When you are training intensely, maybe three times a day through physical pain, you are constantly tired. You go through a retarded physical and mental condition where physical pain becomes like an old friend. When it starts to hurt you know you are doing what you should do.

(Quoted in Hughes 1987)

These examples reveal the athlete as not necessarily the simple recipient of pain, but also as interacting with pain experiences in ways that are fundamental to sports engagement. One step further than this is the as-yet-undeveloped (but entrancing) idea suggested by Sigmund Loland (Chapter 3 of this book) of the empowered athlete who is the cultural operator and system manipulator – the Pain Artist, who conspicuously carries responsibility for his own pain and suffering, and their management.

### *Acceptance of pain culture*

There is a genuine issue as to the extent to which the cultures that we inhabit control us, as opposed to our choosing them (or using them) as modes of expression for our selves. For each of us, doubtless, there is an element of both. We would not stay long in a habitus that we found uncomfortable or lacking in opportunities for self-expression, unless heavily constrained – and sport is (mainly) for volunteers. However, once on the inside, the powerful forces of practice culture and the expectations of significant others act so as to influence our choices and decisions.

Thus, Malcolm and Waddington (Chapters 10 and 11 of this book) refer to Nixon's idea of the 'conspiratorial alliance' that rationalizes risk and normalizes pain and injury, and the 'sportsnet' that entraps athletes into a culture of risk, insulating them and inhibiting them from seeking care.

Charlesworth and Young (Chapter 6 of this book) suggest that women are as affected as men by the dominant sports culture. They are as willing as men to

take risks with their bodies, and adopt the usual strategies of concealing, denying and normalizing pain and injury. They, too, make sense of compromised health in terms of team membership and identity, avoiding being benched, risk acceptance and others' evaluations of their courage and character.

These examples show the power of pain cultures to affect our behaviour. But, despite the power over us of its very existence, we must all take responsibility for the formation, preservation and development of the practice culture of our sport. We all contribute to our sport's culture and ethos, which acts as a back-drop and a constraint for ourselves and for other athletes.

This applies, too, to its media representations. In *Nike Culture*, Goldman and Papson (1998) provide a number of excellent examples of carefully constructed and presented images and epithets from Nike advertisements, relating to receiving and inflicting pain:

'If you don't lose consciousness at the end, you could have run faster.'  
 'Some people quit when they reach their threshold of pain, some don't.'  
 'There are two sides to a sprinter. The side that wants to crush his opponents and leave them blue and lifeless by the side of the track, (pause) and the other, darker, side.'  
 'There's a time and place for mercy. And it isn't here and it isn't now.'

One of Nike's adverts uses the theme of 'sport as war' and Iggy Pop's song 'Search and Destroy', featuring close-ups of falling hurdlers, blood-spattered boxers and vomiting runners.<sup>1</sup>

We all need to ask to what extent we rejoice in these images, collude in these representations, and bear contributory liability in their effects.

#### 'No pain, no gain!': A note on sport and sado-masochism

The Marquis de Sade was famous for his crimes, which were characterized by sexual perversion marked by a love of cruelty and a delight in or indifference to another's pain and injury. Leopold von Sacher-Masoch was famous for his descriptions of its partner perversion, that of finding pleasure in receiving abuse and cruelty from another. In popular usage, however, the terms sadism and masochism have lost their necessary implication with sexual activity, and the notion of masochism has been extended to include finding pleasure in (or at least a marked toleration of) one's self-imposed pain.

Applied to our present topic, we can see how sport might be seen as a rich field for studies of sado-masochism. We have seen how athletes may accept and even welcome pain. We observe the power and dependency of certain coaching relationships, involving abuse and domination of athletes over training and lifestyle, and the use of pain and excessive exercise as punishments. We observe the incidence of actual pain to athletes, and managers who do not care – who become (and maybe need to become) hardened in order to make the right decisions and to be effective.

So: is sport sado-masochistic? One answer is no, because sport is not a sexual perversion – but this is possibly too easy a route, which does not recognize the extended popular usage. Another answer is no, because in sport we are not taking pleasure in the pain itself, or in cruelty for its own sake. The pain is instrumental: no pain, no gain. It is pain and cruelty (if and when that exists) in the interest of winning, or of a better performance. It is acceptance (maybe even welcoming) of pain as an indicator or motivator of one's body doing well, and performing at its best.

That is to say: if coaches take satisfaction and delight simply in the discomfort, hurt, pain or suffering of their athletes, there is something amiss. They are sadistic perverts, because they take intrinsic pleasure in others' suffering. But if they are willing to inflict pains in the interest of getting results, the issues are different. Rights and wrongs now depend on levels of consent, pain, necessity and reward. A tough coach need not be oppressive, and the pains imposed by even the most oppressive coach need not be sadistic pains – but just because they are not sadistic does not mean that they are not wrong.

Where athletes are masochists, there seems to be little harm done, so long as no-one else is harmed. If athletes see pain as an inevitable or enjoyable part of (or accompaniment to) their greatest pleasure, they help us to see that simple pleasure is not all there is to life.

#### Note

1 I am grateful to Chris Kennet for the reference to *Nike Culture*.

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