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## **AMA Submission to Finance and Administration Committee Inquiry into how to improve health and safety outcomes for combat sports contestants in high risk professional and amateur contests in Queensland**

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**Research Director**  
**Finance and Administration Committee**  
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The Australian Medical Association (AMA) welcomes the opportunity to provide input to the *Inquiry into how to improve health and safety outcomes for combat sports contestants in high risk professional and amateur contests in Queensland*. This submission is supported by AMA Queensland.

In September 2015, the Federal AMA released its revised position statement on Combat Sports. This position statement, which is attached, is the basis of our submission.

The AMA has previously released a position statement on Boxing. The Boxing position statement reaffirmed the AMA's long standing opposition to boxing. In reviewing that position statement, the Federal Council of the AMA agreed that the policy should be expanded to include reference to combat sports which have become increasingly popular.

The definition used in the revised position statement is taken from definitions contained in WA's Combat Sports Act 1987 and NSW's Combat Sports Act 2013, as they best articulated the nature and intent of combat sports.

As medical practitioners, the AMA continues to be concerned by any sports that involve displays of interpersonal violence and where the goal is to injure the opponent to the point that they are unable to continue.

In combat sports, fighters typically aim to hit their opponent in the head to cause a 'knock out'. This is inherently dangerous and sometimes the results are fatal. Even when someone is not knocked unconscious, sustaining repeated blows to the head is intrinsically dangerous.

Head injuries are essentially invisible, and can evolve over time. Even the most minor head injuries can turn serious very quickly.

Along with head injuries, combat sports are associated with a range of other, often severe injuries, including dislocations and fractures (particularly in the hands, shoulders and wrists), spine and neck injuries, as well as maxillofacial injuries.

Combat sports appear to be growing in popularity, in terms of participation, as well as viewing (television and online) audiences. The AMA believes that is important that we do not normalise violence. Children and young people may be particularly vulnerable to the promotion of 'sports' that encourage interpersonal violence.

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## Combat Sport

### 2015

Combat sport includes any sport, martial art or activity in which the primary objective of participants is to strike, kick, hit, grapple with, throw or punch one or more participants. These sports are a public demonstration of interpersonal violence which is unique among sporting activities. Victory is obtained by inflicting on the opponent such a measure of physical injury that the opponent is unable to continue, or which at least can be seen to be significantly greater than is received in return. The AMA position on combat sports is based on those sports and activities where 'scoring' points or achieving victory is derived from blows or attacks to the head, demonstrations of interpersonal violence and inflicting physical injuries on an opponent such that they cannot continue. This Position Statement does not apply to self-defence training, Olympic wrestling and those martial arts practices where these activities do not occur as part of the sport.

1. The AMA opposes all forms of combat sport.
2. The AMA recommends to the International Olympic Committee and the Australian Commonwealth Games Association that boxing be banned from both the Olympic and Commonwealth Games.
3. The AMA recommends the prohibition of all forms of combat sport for people under the age of 18.
4. The AMA recommends that media coverage of combat sport should be subject to control codes similar to those which apply to television screening of violence.
5. Until such time as combat sport is banned, the AMA supports the following steps designed to minimise harm to amateur and professional participants:
  - 5.1 At all contests and exhibitions, a medical practitioner should be present and responsible for the medical supervision of that contest. The medical practitioner must be adequately trained to perform ringside resuscitation, including endotracheal tube insertion;
  - 5.2 All combat sport jurisdictions should ensure that medical practitioners overseeing any contest are authorised to stop the contest at any time to examine a participant and, if necessary, terminate the bout;
  - 5.3 Combat sport jurisdictions should conduct on-going health education and first-aid training for all ringside personnel; and
  - 5.4 The AMA recommends to all combat sport jurisdictions that no amateur or professional contest or exhibition be permitted unless:
    - 5.4.1 the contest or exhibition occurs where there are readily available adequate neurosurgical and resuscitative facilities for the emergency treatment of an injured participant;
    - 5.4.2 current resuscitation equipment is available at the ringside; and
    - 5.4.3 there is a comprehensive evacuation procedure for the removal of any injured participant to medical facilities. This procedure should be rehearsed prior to each event.
  - 5.5 All combat sport jurisdictions must extend all recommended safety measures to sparring partners.

6. Until such time as combat sports are banned, the AMA believes that, to reduce the morbidity and mortality rates associated with combat sport, the following modifications to equipment and rules should be undertaken:
  - 6.1 increase the time interval between the weigh-in and the bout to at least 72 hours, to allow the participants to rehydrate;
  - 6.2 increase the size of the gloves used in both amateur and professional bouts;
  - 6.3 introduce the compulsory use of standardised and correctly fitted mouthguards for sparring, exhibition and competition;
  - 6.4 decrease the emphasis on scoring blows to the head and awarding points instead for defensive manoeuvres; and
  - 6.5 introduce graded exclusion periods for participants who have been knocked out or have sustained significant blows to the head. Information relating to a knock out history should be recorded in order to inform future decisions.