

## THEME EDITORIAL

# Sports ethics: New challenges for new times

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Sports must protect athletes from physical and psychological harm, while ensuring fair competition. Sport ethics includes improving athlete safety (preventing injuries, supporting concussion management), athlete well-being (mental performance), and human rights (freedom from discrimination). Increasingly, freedom from sexism, racism, homophobia, transphobia, or questioning status of citizenship, marriage, or class are ethical objectives of all those involved in sports. Sports ethics is situated within a broader sphere of bioethics as the interdisciplinary concerns of athlete wellbeing are prioritised through addressing doping [1], the morality of fighting [2], perspectives on social justice within sports for development [3,4,5], geopolitics related to sportswashing and government corruption [6,7], aesthetic judging [8,9], sex testing [10, 11,12,13], racial abuse [14], and fraud [15] to name a few. These issues are important as sports play a significant role not only in the lives of athletes, coaches, and administrators, but for billions of other people (in)directly involved in recreational, competitive, and high-performance competition as fans, employees in the sport industry, facility developers, urban planners, those affected by sport-related climate change, and medical professionals.

The medical establishment is deeply implicated in the ethical construction of the sporting body. It is often doctors and clinicians who decide whether an athlete is legitimate, eligible, properly categorised, or healthy enough to compete. Medical professionals, also situated within a bioethical framework, have always been devoted to protecting patients from physical and psychological harm. However, those devoted to serving athletes and improving human performance are facing new dilemmas in light of the changing dynamics of sport: "[a]lthough governed by professional boards and organizational codes of ethics, sports medicine professionals are challenged by the conflicts of interest between paternalistic care for the athlete and autonomous decisions often influenced by stakeholders other than the athletes themselves" [16: p 5, 17]. For instance, a decision on whether an injured athlete can return to play is undoubtedly a medical decision, but the best interest of the athlete might become compromised by the needs of sports management and the industry. The issue of dual loyalty to the patient/ athlete and the client/organisation puts the medical professional at the centre of sport ethics [18]. Also, an athlete's changing, injured, or disabled body has to be diagnosed, categorised, and labelled by an expert medical professional for fitness to play [19]. Gender is fixed in a binary fashion by medical and sport experts, even in the face of non-binary evidence [10,11]. Martial arts and combat sport examinations, doping regulations, and weigh-ins place body measurement and professional medical expertise at the centre of sport. Understanding how sport has changed medical practice, how it has impacted healthcare delivery, and how sports medicine professionals, researchers, clinicians, and leaders can facilitate awareness of sport ethics is of critical importance in upholding the integrity of the professional social contract.

Including and beyond these specific body and medical concerns, this editorial illustratively explores ethical issues in sports, globally and in India, focusing on power and social concerns more broadly. We introduce the special theme issue articles, which offer those whose primary concern is medical ethics some points to consider, regarding how sport can be made fair and empowering, and how to protect the health of all bodies.

### Ethics in the study of sport

Sports studies is situated within the discipline of Kinesiology, the scientific study of the body in motion and the anatomical, psychological, sociological, and philosophical principles related to physical activity and sport. Kinesiology scholars have approached ethics from a variety of angles, concentrating on the "cardinal virtues" of prudence, justice, courage, and temperance [20]; on four decision-making principles, including an ethics of rules, situations, means, and ends [21]; and four frameworks for understanding ethical sport such as *agon* (conflicts), tests, contests and hobbies [22, 23]. Despite clearly framing the regulations and practices that govern good behaviour, helping others, and avoiding harm in sport and physical education, Joseph and Kriger note that "[k]inesiology ethics models have mainly remained silent on issues of colonialism," when they should instead be "acknowledg[ing] the foundational structural violences of the broader culture due to colonialism" and their impact on sports [24: p 193]. Current dominant practices derived from colonial frameworks, emphasise separation rather than interdependence of peoples and all beings. Understanding our connections and relationality is fundamental to improving how we treat one another and are therefore fundamental to sport ethics.

Ethical principles are applied in sport with athletes considering what is needed for their holistic health. Beyond traditional biomedical ethics models that emphasise individual bodies, the Decolonising Kinesiology Ethics Model [24] suggests that people working in sport must emphasise structures to improve justice. Joseph and Kriger take up the principles of autonomy,



beneficence, non-maleficence and justice, but add an emphasis on three areas: social justice, practitioner vulnerability, and context and relationships [24]. First, social justice emphasises ways "to correct the wrongs of history through transformation of laws, institutions, systems, and professional practices that distribute un-equal life chances to members of society from birth" [24: p 198]. Second, practitioner vulnerability encourages reflection on a common humanity to decrease "power differentials between practitioners and the populations they serve" and invites "the practitioner to entertain humility and not-knowing" [24: p 200]. Current practices herald the expertise of people with more power (eg, doctors, sports coaches, teachers) over those with less power (eg, patients, athletes, students) although both groups hold important knowledge about what they need, how they deserve to be treated, and what is fair. Third, an ethical model that emphasises context and relationships encourages a shift from thinking of ourselves only in the present or "as separate from each other, to understanding everything we do as part of our collective histories and relationships in context" [6: p 201] to address ethical power dynamics related to systemic injustice (not merely individual choice) that leads to creating the healthy body in sport. This framework is helpful to understand a wide range of ethical issues in sport.

## Systemic injustice in Indian sport

The current expansion of the sports ecosystem in India requires the construct of an ethical framework that can evaluate developments, changes and needs [25]. The structures and functions of the ecosystem of sport contribute to the way ethical structures and practices are constructed and operationalised in sport. In India, sports governance and the lax ethical norms in its functioning are an area of major concern [26], and others, who critically examine the functioning of the Board of Control of Cricket for instance, have shown how its ethical conduct has been compromised by systematic disruptions linked to a larger neoliberal political economy. The shrinking space between Indian capital and sports is further evidenced by studies that show how sensitive sports investors are presenting an ethical sporting image [27] while at the same time, corruption in sport grows alarmingly. The United Nations Office on Drugs and Crimes (UNDOC) published the *Global Report on Corruption in Sport*, a first-ever document on the subject that lays bare the extent of corruption, including those acts leading to violation of Indian citizens' rights [28]. Released at the time of the biennial UN conference on corruption, it suggested several measures that governments could take to control maltreatment, match manipulation, and abuse of athletes [28].

Protecting the livelihood of athletes from arbitrary dismissal, mandating fair and transparent selection of Olympic team members, and ensuring the health of athletes free from sports authority negligence have been argued in case law, developing Indian ethical standards in sport [25]. Indeed, Indian sport is rife with "unfavorable incidents ... such as scandals, corruption in sports, betting, pre-fixing matches and sexual harassment of women players. Not only does this hamper the national pride of India but also act as a deterrent to future generations who want to choose sports as a career" [25: p 537]. Critical inquiry in the field of sports requires "formulating and rationally evaluating standards as well as testing them by seeing how they apply to concrete issues in sport and athletics" [29: p 5]. Whoever is involved in sport must agree on the standards by which the performance and competition are to be judged. This has become particularly relevant with respect to issues of gender, caste, and race in sport.

## Gender, caste, and race issues within sport ethics

In 2018, heavily relying on a narrow group of medical and scientific experts, the International Association of Athletics Federations (IAAF) issued a new regulation: they placed a ceiling on testosterone levels for participation only in the women's category. This constituted another limit in a long list of regulations and practices that govern women's participation in gendered sport, demanding women to either "lower their testosterone, [or] women may compete in the male category, in an intersex category, at the national level, or in unrestricted events" all of which present impossible choices for an elite runner to make [10:p 579]. These new regulations represented a new response from the IAAF and other authorities after the previous regulations had been challenged in court by India's runner, Dutee Chand. In 2015, the Court of Arbitration for Sport (CAS) suspended the previous regulations for multiple years to support fair competition among female athletes and reduce discrimination against women with higher natural testosterone [11].

In the name of creating "fair" women's sport, both the old and new regulations rest on two false ideas propagated by some members of the medical establishment: (i) that gender is a binary with men's sport being inherently superior to, and necessarily separated from women's [12, 30], and (ii) that there is sufficient scientific evidence to suggest that higher testosterone levels inevitably make for an unfair competitive advantage [10]. These regulations continue a long history of exclusion in the women's category and the policing of women's bodies. Unethical nude gender parades in front of doctors and chromosome tests by medical scientists preceded testosterone evaluations by endocrinologists, all as a supposed way to categorise sex and gender.

Gender regulations disproportionately target women from the Global South, queer women, and athletically talented women who are more likely to be put under suspicion for failure to adhere to Western feminine beauty standards [12, 30]. There is little literature on the ethics of caste discrimination, but the poor representation of Dalit and underprivileged castes in all areas of



sport tells a tale of widely prevalent unfair recruitment practices, unequal structural opportunities, limited facility access, and beauty-related gender suspicion. The public battle of the South African Olympic athlete, Caster Semenya, was a landmark case in demonstrating rights violations in sex testing [31, 32]. Furthermore, the regulations contribute to discrimination against and violence towards trans women [30], over-value biomedical research over socio-cultural findings [11], and ignore other bodily, financial, and material differences between athletes such as limb length, access to infrastructure, nutrition, time to train, geography, or salary, which are not subjected to regulations to ensure fairness [12]. Policing gender creates a toxic culture of "scarcity and scrutiny for women in elite sport" [33: p 36] and fails to uphold the dignity of all women athletes, thereby obstructing ethical treatment of all athletes. Significantly, the 120-page Human Rights Watch report [34] details how sex testing violates international legal obligations including the right to health, right to informed consent, and protection from unnecessary medical interventions. The Report has made extensive recommendations to national ministries of health and sports towards ensuring "Safe Sports" [34].

## Human rights and abuse in sports

Ethical cognisance in sport is inextricably linked to the issue of civil and human rights, which are complicated by the intersection of gender, class, caste, age, and community. The silence of women athletes who are subjected to harassment and sexual abuse and exclusion is secured with threats of losing what few privileges, access, and community they have [35]. The emotional and sexual abuse of child athletes is only recently beginning to attract attention. A narrative review of existing literature on abuse of child athletes points out the dangers of gradual routinisation and normalisation of the unethical coaching, training, and care practices [36].

In western countries, documentation of the discrimination, harm, and harassment experienced by Black athletes [14] and team sports with cultures of abuse and cover-up that perpetuate unethical treatment of women and racialised people, have revealed the need for changes in the sport system. In 2022, in response to Hockey Canada settling a case of group sexual assault out of court, a parliamentary committee generated a report that called "for sweeping changes to better protect athletes from sexual and physical abuse" — including mandatory criminal record checks for all officials, coaches and volunteers and a new database to search past complaints, arrests and convictions" [37: para 1] in Canadian sport. The two-year study suggests competition and winning, among many Canadian teams, was fostered in an environment where athletes were afraid to report abuse. In India, the public protest of Olympic medallist women wrestlers drew the attention of the country to the systematic and largely hidden abuse regularly meted out to women in sports [35].

#### Special issue themes

It is in the spirit of recognising the broad range of ethical issues athletes face, and the significant role that medical science and practice play in the construction of the body in motion, that we have taken the opportunity to develop this theme issue: "Fair play: Fostering ethics and integrity in sports". The collection touches upon current sporting moments and issues that have underlined the urgency of critically interrogating sports and its ethical moorings in India and elsewhere. Simon Darnell's essay [38] in this special issue takes a close look at how sports is constructed as a means to further developmental goals. The dominant discourse often reinforces neo-liberal principles and embracing the "power of sport," which may also mean reinforcing the capitalist logic of sport. Darnell argues that unless we construct a critical, ethical and moral framework for work in this field, there is a danger that we may contribute to and enhance existing unethical systems. This focus on structures and systems that determine the practice of ethics is discussed through a detailed analysis of the functioning of the ICC by Souvik Naha [39], who looks at what determines the practice of ethics in sports. Naha examines in detail the decisions of the ICC's interference with a country's domestic issues and prompts questions on the ethical limits of an international sporting body's actions.

The practice of ethics in sports is also determined by the community features of the social web of gender, caste, class, community, sexuality, region, and other social attributes within which the issue of ethics must be located. Meena Gopal [40] elaborates on this point using a theoretical framework of sports as socially reproductive labour and shows how ethical practices are constrained by social, cultural and political forces. These forces often block the availability of opportunities to certain sections. Illustrating this, Sabah Khan's case study [41] describes the complex issues that determine women's access, particularly for women from a minority community in a suburb of Mumbai. In another article in this issue, the urgency of establishing safe practices in sports has been brought home with the exposure of the underbelly of Olympic wrestling. How women had been subjected to systematic abuse over many years became known to the public when the women decided to publicly demonstrate and demand the dismissal of the head of the Federation. The tangled lines of abuse of political power and its implications for the functioning of a safe, just and ethical system came to light. Gayatri Singh and Shreya Mohapatra's legal narrative [42] of the case and its outcome shows how the state, legal processes, political power and the sports establishment act in collusion by exercising their legal and ethical dominance over sport.



This collection represents a first attempt by *IJME* at drawing attention to the immediacy and the criticality of recognising and addressing ethical issues in sports that crosscut the ethical practice of medicine when one considers the health and wellbeing of athletes, particularly those oppressed based on their gender, caste, race, and class.

#### Conclusion

Many social, economic and cultural differences, individual choices, and structural issues play a role in the way ethics is handled in sports. While some of these issues have a direct or obvious connection to physical and mental health, we argue that medical ethics — with its objective of preventing disease, infirmity and unequal life chances, and its role in deciding which athletes are eligible to play — must also be concerned with sports ethics. Ethical concepts are rooted in equality, human rights, and social justice [24]. The 2013 global forum for Ministers of Physical Education and Sport framed sports ethics as an issue of the integrity of sport with three fundamental global aims:

(i) access to sport as a fundamental right for all (including access for women and girls and the inclusion of persons with disabilities); (ii) promoting investment in sports and physical education (including promoting quality physical education and the sustainability agenda for mega sport events); and (iii) preserving the integrity of sports (committing to sports values against match-fixing, illegal betting, doping and corruption in sports) [34:p3].

This trinity has since been expanded to include everything from denouncing discrimination based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation to sport management and coaching malpractices, transparency and accountability issues in procurement, inappropriate sponsorship and funding, and corruption via organised crime [43]. The longer list may be conceptually helpful, but as the authors point out, practically speaking, policies must be implemented, organisation members must be educated, cultures must shift, and people must be held accountable if an ethical issue is to be resolved, the integrity of sport upheld, and the health of athletes protected. So far as medical professionals remain part of the sports ecosystem, they must be committed to expanding their understanding of ethics in/and sport and to how best to maintain athlete health.

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