House of Commons Standing Committee on Justice and Human Rights

Bill S-209, An Act to Amend the Criminal Code (prize fights)

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Check against delivery
Good morning. I am very pleased to have the opportunity to appear before this committee today.

Before proceeding, I would like to remind the committee that I am not a lawyer, nor am I an expert on mixed martial arts fighting.

My expertise lies neither in the Criminal Code, nor in the particulars of sanctioned versus non-sanctioned fights.

My expertise lies in emergency and family medicine. As an emergency physician in Yellowknife, I often treat patients who have received severe head injuries as a result of risky behavior or not wearing helmets and I feel frustrated because these are completely avoidable situations.

As a family physician, I see the longer-term impact of these injuries – lives that are forever changed and more difficult.

I also see patients with much more subtle injuries that are almost just as devastating. Soft tissue brain injury cannot always be detected, but can lead to memory loss, depression and family problems.

In all of these cases, I worry about my patients’ futures.

I am also here representing the more than 78,000 Canadian physicians who belong to the CMA. Let me note that CMA policy is based on the decisions made by physician delegates to our annual General Council which this year, will take place in Calgary.

At General Council in 2010, a decisive 84 per cent of delegates voted in favour of a motion calling for the CMA to advocate for a ban on mixed martial arts, or what is also known as cage fighting. This is consistent with CMA policy set in 1986 that called for a ban on boxing.

The reasons are not difficult to understand. One of the primary responsibilities of a physician is to promote good health, and to this end we are strongly in favour of physical activity, including martial arts such as judo and karate.
However, cage fighting, like boxing, is distinct from many other sports, in that the basic intent of the fighter is to cause harm in order to incapacitate his or her opponent.

And an activity in which the overriding goal is to pummel one’s opponent into submission does not promote good health.

MMA fighting, as it is currently practised, consists largely of punches to the head which, we know, lead to injuries to the head, which in turn can cause brain damage.

A study carried out in 1998 at Kingston General Hospital found that in almost 30 per cent of cases of blunt head injury from a variety of causes, the patients showed signs consistent with brain injury.

There are long-term outcomes associated with brain injuries:

Up to 40 per cent of patients with mild traumatic brain injuries remain impaired for at least one year and all individuals who survive these injuries require clinical assessment and follow up.

I acknowledge there is a lack of evidence on the nature and rate of severe brain injuries resulting from MMA fighting, as well as an absence of longitudinal studies on the long-term health implications of this type of combat.

However, an extensive review in 2010 in the German Medical Journal (Deutsches Ärzteblatt) of the health implications of boxing found that it poses a high risk of acute injuries to the heart, bones and head.

It also found that 10 to 20 per cent of professional boxers suffer from persistent neuropsychiatric complications. In boxers with longer careers, the consequences of repetitive brain trauma can include:

Parkinson’s disease, tremor, memory disorders, depression, aggression, addiction and a boxer’s dementia with neurobiological similarities to Alzheimer’s disease.
The studies that do exist on mixed martial arts fighting indicate that, for every 100 participations in a fight, there are anywhere from 23 to 28 injuries including, but not limited to, many types of head injury.

They include ocular injuries, such as rupture of the eye socket or of the eye itself; facial injuries including fractures; rupture of the eardrum; concussion; and spine injuries.

We also know that deaths linked to MMA are not uncommon.

An MMA fighter making his professional debut in South Carolina last summer died from brain haemorrhaging after receiving repeated blows to the head during his fight.

Following an event in June 2010 in Vancouver, a number of professional fighters had to be taken to emergency care at Vancouver General Hospital for cuts, fractured limbs, and severe facial injuries.

And just nine days ago, an Ontario man died shortly after losing an unsanctioned cage fight in Michigan.

The argument goes that unsanctioned fights are different. Is the key to winning any different? Are the injuries that are inflicted any different? These are questions I leave to you to answer.

Of course, cage fighting is not just a physical activity taken up by people as a pastime and a route to fitness. It is also a commercial enterprise.

For Parliamentarians, and for society, the question of whether to legalize MMA under the Criminal Code therefore comes down to a choice:

A choice between money and health.

Again, I am not a lawyer. It is my duty to protect the health of patients and to promote non-harmful activities, and it is the mandate of the CMA to advocate for the highest standards of health and health care.

For me, as a physician, it is about putting health first. I cannot condone punches to the head.
I have seen too often the debilitating effects of head injuries on individuals and been saddened to see the limitations imposed on their lives and those of their families in the aftermath – limitations that in many cases will last a lifetime.

We therefore urge committee members and all Members of Parliament to think long and hard before deciding whether it would be prudent to vote in favour of legalizing prize fights under Canada’s Criminal Code.

Thank you.