

Taryn Knox
Alex Gilbert
Lynley Anderson



University
of Otago

ŌTĀKOU WHAKAIHU WAKA



Taryn Knox
Alex Gilbert
Lynley Anderson



University
of Otago

ŌTĀKOU WHAKAIHU WAKA





'Football's young victims'

Hunter Foraker 1992- 2017 New York Times

<https://www.nytimes.com/interactive/2023/11/16/us/cte-youth-football.html>

Definitions

Child/adolescent

- Under 16-18
- Mature minor/Gillick competence applies

Collision sport

- Body-to-body collision sports are legal and expected e.g. rugby
- Overlap with contact sport e.g. football
- Narrow vs broad definition - broad includes collision with inanimate object e.g. rodeo

Physiological vulnerability

- Childhood & adolescence = rapidly developing brain with some poor structural integrity
- Worse symptoms, prolonged recovery
- Collision burden
 - Increasing with age and progression within sport
 - Disparities in size and strength



Social vulnerability

- Proxy decision-making / emerging capacity
- Lack of trained medical people at games
- Parental pressure to play
- Dependent on parents to access medical care



Benefits of participation in sport

- Improves physical & mental health, cognitive development
- Fun
- Socialisation
- Can be gained by playing a non-collision sport,



What principles do we use in the absence of scientific certainty?

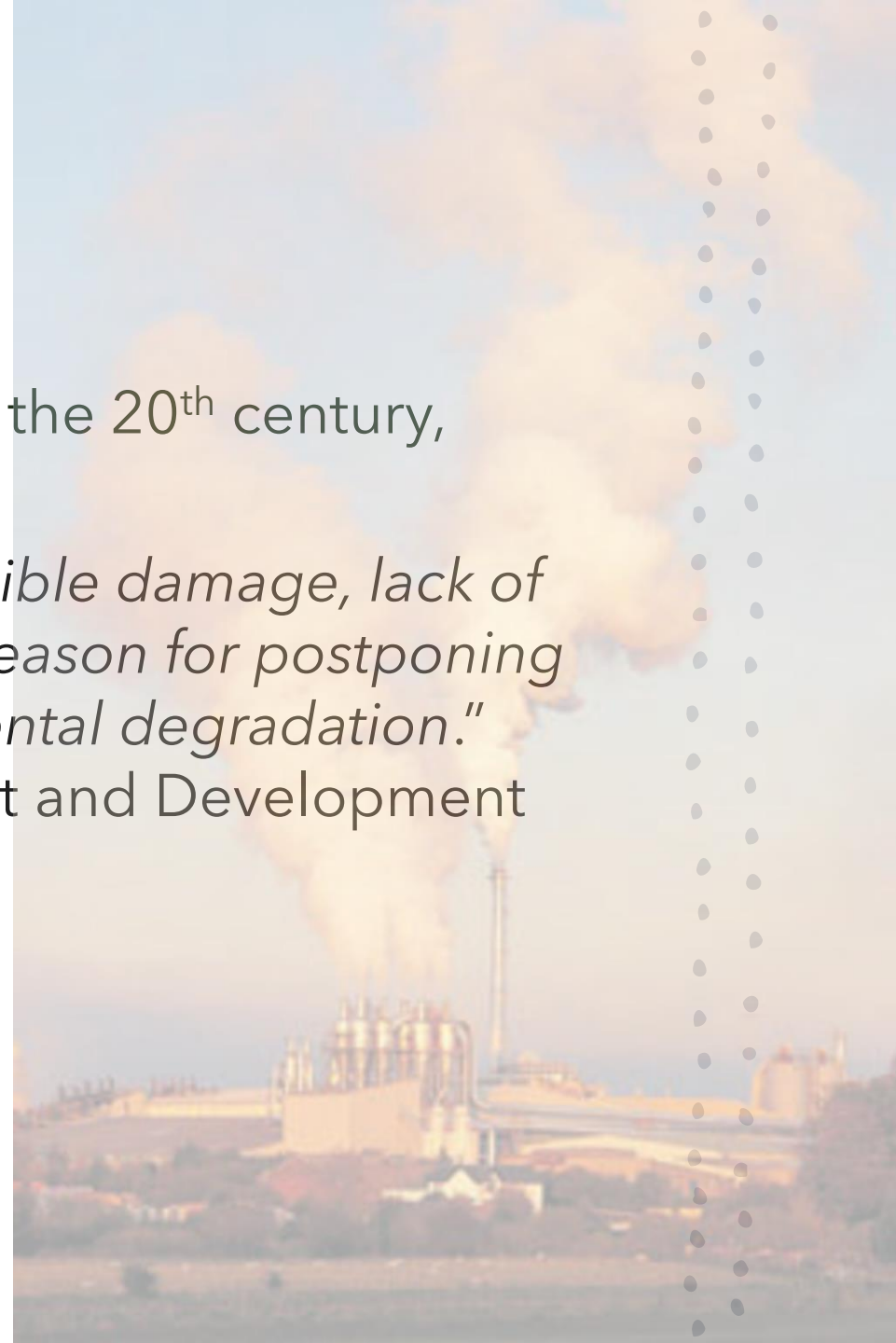
- Precautionary principle
- Risk calculations
- Best interests decision making
- Right to an open future

- Accountability for reasonableness



Precautionary principle

- Emerged in formal policy towards the end of the 20th century, typically regarding environmental hazards;
- *"Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation."*
-Principle 15: Rio Declaration on Environment and Development (1992)



Precautionary principle

- **Opposition to the precautionary principle**

- PP is incoherent & inefficient

- **Our position**

- Evidence of concussion risk among young athletes remains uncertain.

- Efforts to increase player safety reflect adherence to the precautionary principle if these allow for dynamic changes in our understanding of concussion risk.

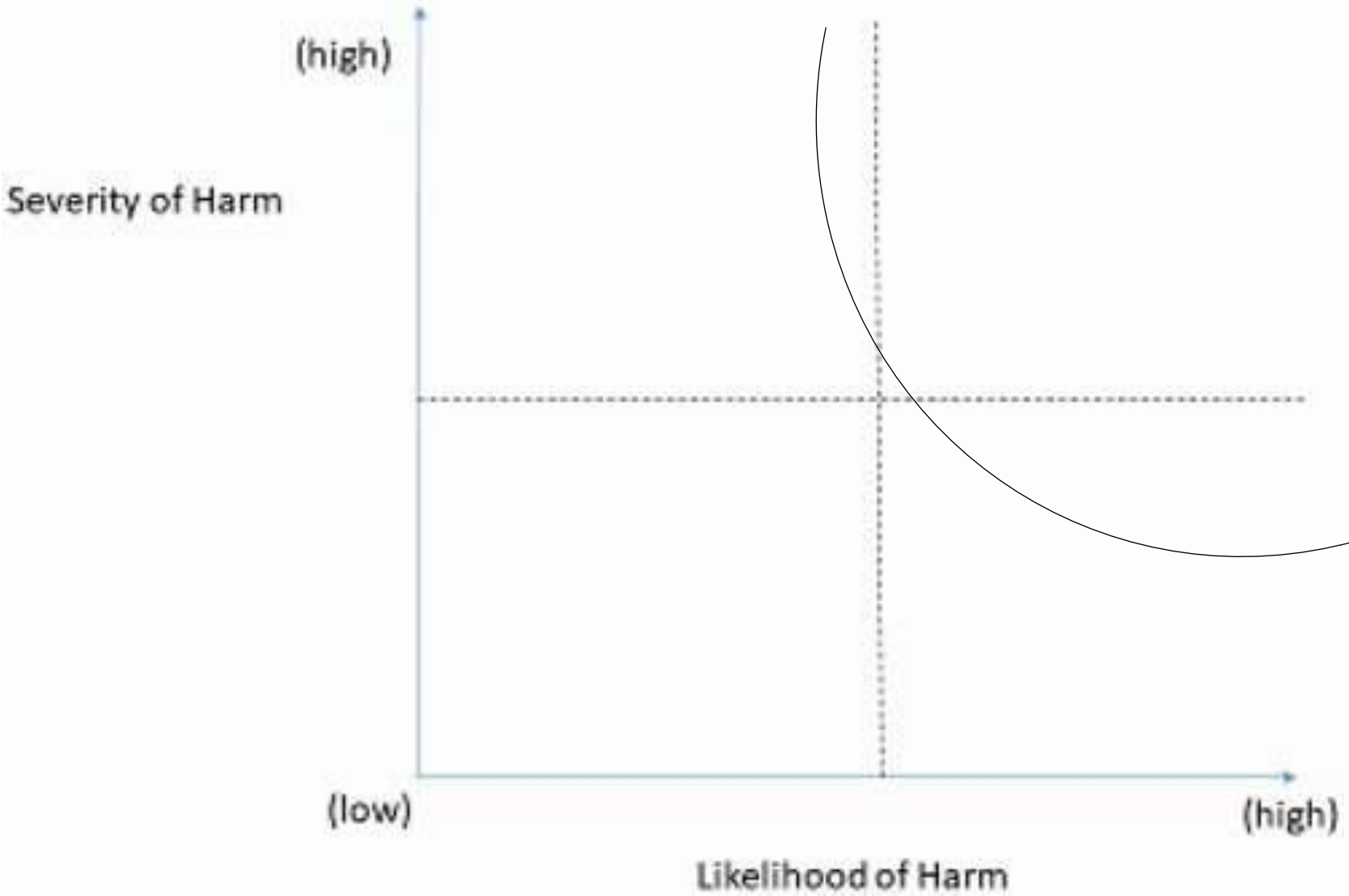


Risk



Axis of severity and likelihood of harm (Anderson, 2007., Knox and Anderson, 2022)

Risk



Axis of severity and likelihood of harm (Anderson, 2007., Knox and Anderson, 2022)



Risk



Axis of severity and likelihood of harm (Anderson, 2007., Knox and Anderson, 2022)

Best interests

- Best interests - Maximise child/adolescents interests
 - Dependent on values inc social context
 - Best v adequate decisions



Right to an Open Future (RTOF)

Feinberg 1980

- Decisions made should not limit child's future options
- Rights of adults held in trust for children - protects future autonomy
- Collision sports risks limiting RTOF ∴ some intervention justified
- Mills' (2003) famous objection - RTOF conceptually incoherent because every option has an opportunity cost

But future options don't have to be completely open

- Likelihood of major neurological defects low, but could have catastrophic impact
 - Therefore, RTOF supports some intervention

Accountability for Reasonableness

Value	Actions associated with this value	Related to Paediatric SRC
Transparency	<p>Include stakeholders affected</p> <p>Taking contributions seriously.</p> <p>Being seen to be fair.</p> <p>Including cultural perspectives.</p> <p>Keeping stakeholders informed.</p> <p>Striving for acceptance of policy.</p>	<p>Parents, children, clinicians, researchers, and coaches are consulted and kept informed.</p> <p>Working with stakeholders to ensure policy/decisions are accepted.</p>
Reasonableness	<p>Having clear reasons for decisions based on best evidence and shared values. Being able to justify positions.</p> <p>Working with alternative options and ways of thinking.</p>	<p>Utilizing:</p> <ul style="list-style-type: none"> - best available evidence - shared values frameworks (RTOF and PP) - international standards on rights of the child (UNCRC) (1989).
Responsiveness	<p>Having mechanisms to ensure decision-making is robust and sustainable.</p> <p>Enabling others to contribute, challenge decisions and actions.</p> <p>Making changes to policy as more evidence comes to light.</p>	<p>Allowing for challenges to policy and decisions.</p> <p>Being able to formally assess new evidence and adapt in a timely manner to protect young injured athletes</p>
Enforcement	<p>Having structures in place to ensure the above values are being met.</p>	<p>Mandatory education and support to ensure the child is protected in sport</p>

Adapted from Accountability for Reasonableness framework (Daniels and Sabin 1998; and Hamilton et al. 2021).

Discussion

- In the absence of evidence and considering the PP and RTOF
- Restrict exposure until the age of 12
- Intervention justified where we know that there is a high likelihood and a high severity
- Challenges
 - balancing benefits and harms
 - Effective risk management requires a nuanced response
 - Sport-by-sport - plausible option - Rippa rugby
 - Monitor effectiveness

Conclusion

Risk is inevitable facet of sport

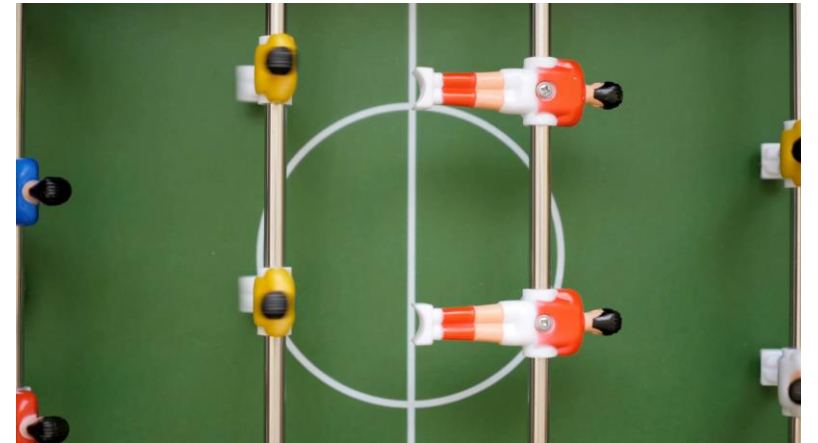
Obligation to reduce where possible especially where harms are a threat to a child's future.

Banning is premature

“There is a line between the love of a game and the dangers it presents, and even those who have lost a child cannot agree where it is,”

“But as we learn more about what contact sports can do to the brain, it may be harder to justify letting children play.”

[Kassie Bracken, John Branch, Ben Laffin, Rebecca Lieberman and Joe Ward; NYT journalists]



Thank you & Questions

- Taryn.knox@otago.ac.nz
- Gilal110@student.Otago.ac.nz
- Lynley.Anderson@otago.ac.nz

T Knox, A Gilbert, L Anderson (2024), [Concussion management in pediatric patients—ethical concerns](#) Sport, Ethics and Philosophy, 1-15