

Rugby, risk and rhetoric: the trivialisation of injury data must end.

Immediate change is needed to injury risk reporting in the sport of rugby union. Players, potential participants and the public are currently subjected to a wide range of inaccurate and misleading claims about risk in rugby which fall unacceptably short of rugby organisations' ethical and legal obligations.

Rugby has recently had a successful reintroduction to the Olympic Games in both the men's and women's game and is experiencing significant growth around the world. Concurrently, the sport's governing body, World Rugby, claims that player welfare is of paramount importance and are also making rule changes to the sport, such as with a 'zero-tolerance approach to reckless and accidental head contact' (1).

Unfortunately, pronouncements about the likelihood of injury in rugby are influenced too much by expansionist visions and too little by the actual data on injury risk. Numerous recent and ongoing instances show that rugby organisations inappropriately downplay the risk of injury in rugby.

First, after World Rugby was alerted to their own press release's erroneous claims of a relatively low injury risk, they acknowledged this and retracted the claims (2). However, their retraction was incomplete. To date, the press release still claims that the 'benefits of the game far outweigh *the relatively low risk of injury*', despite this claim being erroneous (3).

Second, in a video linked on World Rugby's site entitled 'The Medical View', a physician claims that *'It's really difficult comparing rugby with other sports, and to be honest from a paediatric end I don't think we have the data. Clearly rugby does generate a different sort of set of injuries to horse riding or to water polo but there are still injuries in all sports ... and I think to compare these is really hard'* (4). This is very troubling because there are many data available (5). World Rugby had cited from a report which stated rugby has a 'high participation-based [hospitalisation] rate' (5).

Third, the opaqueness surrounding articulations of risk is also present in England Rugby's so-called 'Rugby Safe' booklet (6). This booklet, ostensibly written for parents and players, is particularly troubling due to its distinct downplaying and false representation of injury rates in rugby. The booklet states *'One of the reasons players love rugby is that it is a physical sport. That does not mean that we accept that injuries are inevitable'* (6). On the contrary, an array of studies on rugby injury rates shows that at a population level, *injuries are inevitable*. Another quote on the same page attributed to CW Fuller from the Centre for Sports Medicine, University of Nottingham states that *'There is no evidence to show that rugby poses a specifically greater risk than other sports'* (6). However, Fuller's own research contradicts this claim. In 2008 CW Fuller wrote that *'Rugby union is a full contact sport with a relatively high overall risk of injury ...'* (7). Also, in 2005 Brooks, Fuller, Kemp and Reddin found that *'Rugby union is one of the most popular professional team sports*

in the world, but it also has one of the highest reported incidences of injury, irrespective of the injury definition used' (8). As such, it is pertinent that Fuller's misleading quote in the England Rugby booklet is retracted and corrected.

Fourth, England Rugby's current policies are inhibiting the collection of even more comprehensive injury data. Currently England Rugby does not mandate the collation of injury data by clubs and schools, and instead only recommends it. England Rugby only requires that injuries are reported when a player is kept in hospital (9). Therefore, concussions where a player does not attend hospital are not necessarily recorded anywhere.

It is simply unacceptable that high impact collision sports do not clearly articulate injury risk on their websites. While pronouncements about lowering injury rates are useful, participants and potential participants deserve to understand the specific risks of playing the sport. For example, recent research in New Zealand indicates that community and elite former rugby union players reported a substantially higher number of concussions (76.8% and 84.5% respectively) than non-contact-sport players (23.1%) (10).

Removing misleading official claims about the lack of injury data and replacing these with existing data about the risk of injury is both ethically and legally pertinent. These data should be displayed prominently in the 'Injuries' section of the sports' websites. England Rugby CEO Ian Ritchie recently claimed *'It's about the proportionality of risk. There's still a risk if you try and cross the road or go on a car trip up the M1 [motorway]; that's another important message we need to get out'* (11). Proportionality of risk is indeed important, but the public must have access to such information instead of dismissive remarks that 'there are no data' or that 'all sports have risk'. The obfuscation of actual injury rates by rugby organisations must end now.

References

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