



Response to commentary

Enhancing autonomy through the 'Enhanced Games'

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1. Introduction

Richardson's (2024) commentary introduces 'The Enhanced Games' (TEG), a proposed event allowing athletes to use image and performance enhancing drugs (IPEDs). While the concept resembles the medically supervised doping model by Savulescu et al. (2004), Richardson's paper is the first to discuss TEG within social science literature. Scheduled for late 2024, TEG has garnered significant media attention (Henderson, 2024; Hyde, 2024) and aims to challenge the Olympic Games by reframing IPEDs from 'doping' and 'cheating' to a matter of autonomy and choice (D'Souza, 2023). Unlike the World Anti-Doping Agency's (WADA) paternalistic approach (Loland & McNamee, 2016), TEG will not impose doping tests or sanctions, addressing concerns about privacy, dignity (Elbe & Overby, 2014), and the psychological impact of anti-doping sanctions (Hong et al., 2020). This approach contrasts sharply with the current anti-doping regime and highlights a fundamental shift towards athlete autonomy. TEG plans to test athletes' health markers instead of IPEDs, a measure Richardson supports with improvements. These recommendations build on public health and harm reduction initiatives proposed for more broadly IPED consumers (Bates et al., 2021), including drug quality testing (Piatkowski et al., 2023), IPED literacy (Piatkowski, Cox et al., 2024), enhanced healthcare provision (Dunn et al., 2023), and needle and syringe services (Dunn et al., 2014).

However, the introduction of TEG prompts a deeper consideration of the broader sociostructural influences shaping athlete decisions. We recognise the sociostructural drivers in sports participation, such as financial incentives and status, which complicate decisions regarding

IPED use (Bloodworth & McNamee, 2010). Nevertheless, TEG presents a distinct approach that could empower athletes to make informed choices about their bodies, health, and overall wellbeing amidst external pressures. This raises a central question: Should athletes' agency regarding IPEDs be supported? Drawing on ethical frameworks from nursing practice (Edwards & Hewitt, 2011), namely prevention, permission, and supervision, we analyse TEG's proposal in response to Richardson's commentary.

2. To prevent it?

The first response we consider is to prevent TEG, an approach defensible on paternalistic grounds, akin to current anti-doping policies (Loland & McNamee, 2016). The use of IPEDs, particularly anabolic androgenic steroids (AAS), is linked to diverse health harms, including cardiovascular issues, hypertension, and liver abnormalities (Horwitz et al., 2019), especially when unsupervised (Dunn et al., 2024). Thus, prohibiting IPEDs is often justified on public health grounds (Ahmadi et al., 2016), although some argue these harms are exaggerated (Mulrooney et al., 2019). Preventing TEG could protect athletes' health and deter young people from using IPEDs, supporting a paternalistic approach that prioritises wellbeing over autonomy. Intervening is reasonable when some individuals lack the capacity to make informed decisions about IPED use.

3. To allow it?

The second response is to allow TEG to proceed without changes,

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which would facilitate athlete autonomy but risk their health due to a lack of education and IPED literacy (Piatkowski, Vigorous et al., 2024). Athletes initiating or continuing IPED use may not be knowledgeable about these drugs, raising concerns. Richardson suggests IPED coaches (see Gibbs et al., 2022) could mitigate some health harms through lived experience (Piatkowski, Cox et al., 2024), but athletes might still experiment with high dosages and combinations, increasing risks. TEG might also drive IPED use underground due to the nature of competition, exacerbating stigma (Cox et al., 2024) despite its aim to normalise use (D'Souza, 2023). The quality of IPEDs, including the prevalence of counterfeit drugs (Coomber et al., 2014; Piatkowski et al., 2023; Magnolini et al., 2022), further highlights the risks. In its current format, therefore, TEG may expose athletes to health harms associated with IPEDs themselves (Dunn et al., 2024; Horwitz et al., 2019), as well as the risks which come from counterfeit drugs (Frude et al., 2020; Piatkowski et al., 2023). Upon these grounds, and in its current format, the TEG exposes athletes to unnecessary and unjustifiable risk.

4. To supervise it?

The third and final response is to revise the TEG proposal and offer greater supervision for athletes using IPEDs. Richardson supports this approach, recommending ways to enhance supervision. This response balances athlete autonomy with health maintenance, aiming to reduce harms. Richardson asks an important question, 'how will they [TEG organisers] ensure what drugs are safe'. Various avenues ought to be sought here alongside the proposed medical oversight, but drug checking – specifically steroid checking – appears (Piatkowski et al., 2023) to offer one innovative development within the field. This would facilitate athletes being able to 'check' their IPEDs prior to use and have confidence in the compounds they are self-administering. Expanding on this approach, a supervisory model could adopt a 'safe supply' framework, akin to those in other illicit drug contexts (Kalicum et al., 2024) as healthcare providers are generally reticent to prescribe IPEDs (Dunn et al., 2023). This intervention would offer regulated, pharmaceutical-grade IPEDs. However, it is crucial to acknowledge ongoing concerns such as high-dosage use and sourcing IPEDs from illicit markets, which this model may not fully mitigate.

5. Conclusion

TEG parallels earlier scholarly arguments for medically supervised doping (Savulescu et al., 2004), with Aron D'Souza pioneering its implementation. TEG supports the agency of people who use IPEDs, contrasting sharply with 'clean sport' approaches rooted in paternalism. This dichotomy sets the stage for significant debate. Richardson's commentary cautiously supports TEG but advocates for additional safeguards. We endorse these recommendations and propose considering a more radical approach—supervision and checking or safe supply—to safeguard athlete health. While TEG empowers athletes, comprehensive education on IPED risks is crucial, especially where information gaps exist. Prior to TEG, comprehensive measures like thorough risk assessments, care packages, and social science research on athlete and spectator perspectives are essential. Similar to bodybuilding's division into tested and untested events, TEG could coexist with the Olympic Games, each embodying distinct ideals and identities.

CRediT authorship contribution statement

Luke Thomas Joseph Cox: Conceptualization, Writing – original draft, Writing – review & editing. **Timothy Piatkowski:** Conceptualization, Writing – review & editing, Writing – original draft.

Declaration of competing interest

None to declare.

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