

Injury Prevention – A Surgeon’s Challenge

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Despite the fact that the WHO proclaimed injury prevention as a key issue of the Bone and Joint Decade 2000–2010 one has to realize that injury prevention has a far too little importance in minds. In fact, injuries result in more life years lost than neoplasms, cardiovascular diseases, cerebral strokes, or diabetes, and is hence considered a neglected epidemic. Education, engineering, and enforcement are the well known major pillars of prevention. As a specialist for the injured, it is the surgeons’ task to identify and develop preventive interventions, since she/he has the inevitable systematic understanding of the causes of injuries and their short and long term consequences for the patient. Although prevention promises a decrease of unintentional injuries this does not compromise the economic interests of hospitals and trauma surgeons.

Currently, more than 1.3 million people are killed annually as a result of a traffic accident, and these figures are rising [1,2]. In 2025 twice as many people are expected to die from traffic accidents as from HIV/AIDS [3]! It has been proven beyond doubt that economic growth in less developed regions is associated with an increase in motorization and urbanization [4]. This is associated with a disproportionately large increase in accidents and injuries because there are no adequate investments in health and public safety supply. The Global Burden of Disease Project sees traffic accidents currently at rank 9 of the leading causes of death. In 2030, road injury is estimated to be the fifth leading cause of death and third important causes that produce a loss of life years due to disability and death [3].

In Europe, traffic accidents are still the leading cause of death (approximately 32,000 killed in 2011) in the productive age group younger than 45 years [5,6]. This explains the immense socioeconomic loss which was calculated to be more than 130 billion euros p.a. It must not deceive the decades of steady decline in fatalities. Especially in recent years, long cold periods (preponderance of vehicle damage to bodily injury) and the economic crisis (reduction of private and commercial annual mileage/vehicle registration) had a noticeably positive effect on the official accident statistics. In May 2011, the United Nations proclaimed the “Road Safety Decade 2011-2020”. In general, many scientists believe that advanced prevention efforts could completely prevent 50% of all crashes, while the remaining 50% are

positively affected with regard to their consequences (e.g. less severe injury).

In developing and emerging countries, missing or immature trauma care systems and associated structures (e.g. education, monitoring) are a great problem. On the individual physician’s level, “immaturity” means lack of trauma care competence especially for the prehospital and early in-hospital setting like primary fracture stabilization, knowledge in trauma triage and ATLS®, or intubation skills [7]. Developing and improving such structures and competences in resource-poor settings belongs to the most challenging tasks of the future [7]. In this context, some developments from industrialized countries could serve as role models for other countries (e.g. the German Trauma Registry or Trauma Network) irrespective of the fact, that all of these instruments have to be adjusted to the local and regional requirements.

The international trauma surgery community must take global responsibility and leadership within the Decade of Action for Road Safety 2011-2020. Prevention has to become a visible component of the medical and surgical education, since it can promote health, improve quality of life, reduce costs, and thus increases the benefits for all!

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