



# Injuries— neglected, orphaned and voiceless

**By Louis Hugo Francescutti, MD, PhD, MPH, FRCPC, FACPM**

We hear about them on nearly every newscast. We read about them on the front pages of our daily newspapers. Hardly a minute goes by in Canada without one of our Fellows being actively involved in the treatment or rehabilitation of someone who has been injured. Every year injuries kill 13,000 Canadians of all ages. Injuries are commonly referred to as “accidents,” but they are not accidents. Injuries should be treated like a disease no different from heart disease or diabetes. Just as there is no such thing as a “freak heart attack,” there is no such thing as a “freak accident.”

The word injury has its roots in two Latin words: *in* meaning “not” and *juria* or *jus* meaning “right.” Injury therefore means “not right.” It is not right that injuries continue to kill

and maim at an alarming rate. It is not right that we as healthcare professionals have been so silent on this issue. We know what causes injuries, and we know that they are predictable and preventable. Something must be done to address this serious problem.

## **Injury—the scope of the problem**

The World Health Organization reports that 3.5 million people die from injuries around the world each year. Injuries are the leading cause of death for those under age 44, they cost the healthcare system billions of dollars annually in treatment and rehabilitation costs and they result in billions of dollars in losses from absence at work and lost wages. In fact, a recent Health Canada report indicated that injuries, as the third largest illness burden, repre-

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sent greater direct and indirect costs to the system than cancer. The National Trauma Registry reports that injured Canadians spend close to 2.2 million days in acute care hospitals each year. Yet, because they are so many, we have become used to their presence. We have come to accept the deaths or disabilities resulting from injury as a normal part of life. Nothing could be further from the truth.

Injuries come in two main varieties: intentional and unintentional. Intentional injuries result from suicide attempts and acts of violence such as rape, homicide, assaults, family violence and child and elder-abuse. Unintentional injuries can happen in the home or can be related to transportation, recreation or occupation. It is unfortunate that injuries are not caused by a virus or bacterium. If they were, we would be much better prepared to respond to them. Injuries continue to be caused by a breakdown or lack of legislation, a breakdown in the enforcement of safety guidelines, a breakdown of relevant contractual provisions and a breakdown in common sense.

### Investigating and preventing injuries

Effective injury control systems combine injury prevention with emergency medical services, acute care and injury rehabilitation. Primary prevention refers to contractual provisions, legislation, engineering or educational efforts that try to prevent injuries from occurring in the first place—fences around swimming pools, smoke detectors, speed limits and mandatory helmets for cyclists are a few examples. Secondary prevention means having adequately trained and available emergency medical services and acute care systems in place to further limit the consequences of injury. And finally, tertiary prevention refers to starting the

### Quick facts on injury

- Motor vehicle related injuries are the leading cause of death for Canadians under age 34.
- Injuries kill more Canadian children than all other childhood diseases combined.
- An estimated 78 million people are disabled each year as a result of injuries.
- In Canada, 50 per cent of fatally injured individuals die at the scene—no trauma surgeon, nurse or paramedic would have made a difference.
- Injuries account for more potential years of Canadian lives lost than cancer or heart disease.
- Thirty years ago, Sweden's injury rates were the equivalent of North America's, but they now have one of the world's lowest childhood injury mortality rates.

rehabilitation process as soon as possible in an effort to return the individual as close as possible to pre-injury status. A good example of an effective injury control system is the Haddon matrix. Dr. William Haddon's matrix assists health professionals and others to identify, consider and select possible injury control strategies. It is a powerful tool that allows any injury event to be reviewed and dissected into its most basic components, and it has been used successfully in identifying trends in injury patterns.

In recent years, every healthcare report in the country has identified injuries as a neglected area needing attention, yet little action has been taken to reduce the unacceptable carnage on our roadways and in our workplaces, homes and recreational areas. The majority of our municipal and provincial governments have been silent on the issue of injuries, and there has been embarrassingly scant meaningful federal leadership in this area.

### **A role for the Royal College**

Fellows of The Royal College of Physicians and Surgeons of Canada are affected by injuries on a daily basis. Regardless of what specialty they practise, all Fellows from anesthesiologists to general surgeons to medical officers of health are touched and impacted by the needless deaths and disabilities associated with injuries. The treatment of injuries is demanding, disruptive and places great strain on healthcare facilities, healthcare workers, patients and their families. If we can reduce injuries we will directly improve the working conditions and lifestyles of Fellows.

Canadian society, for a variety of reasons, is rather ambivalent regarding injuries. While organizations such as the Red Cross and The War Amps have initiated injury prevention programs, no agency has provided attention and direction to injury as aggressively as the Canadian Cancer Society has to cancer, or as the Heart and Stroke Foundation of Canada has to heart disease.

In recent years the Royal College provided national and international leadership in identifying patient safety as a major unrecognized health issue. This ultimately led to the development of a plan of action and a national Canadian Patient Safety Institute. In a similar vein, I propose that the College should now focus its efforts on making Canadians more aware of injuries as an unrecognized public health issue.

The College is well-positioned to bring together Fellows with an interest in trauma and develop a strategy to highlight the injury problem for Canadians, politicians and policy-makers. The powerful voice of the College is essential to adding credibility to the issue and to providing

workable solutions. Perhaps the College could convene one of its Annual Conferences around the theme of “Injuries in Canada: working towards solutions” or develop a travelling road show with its Regional Advisory Committees to bring the issue to various communities coast to coast.

There are many compelling reasons to move forward with an injury awareness initiative at this time, the most obvious being that few others in society care about this issue. As mentioned, all recent healthcare reviews across Canada have identified injury as a major public health issue—yet few jurisdictions have moved beyond the rhetoric. The Royal College President, Dr. Stewart Hamilton, however, is a general surgeon and has a keen interest in this topic, and both the Regional Advisory Committee for Region 1 (British Columbia, Alberta, Yukon Territory and Northwest Territories) and the College’s Fellowship Affairs Committee have identified injury as an important issue.

We need to make the media aware of the injury problem; we need to let our politicians and policy-makers know that injuries are placing great demands on the healthcare system. We need to become better advocates for injury survivors and their families. The Royal College can make sure that the educational training requirements of Fellows emphasize injury as a key component. Canada now more than ever needs the Royal College to provide an effective health advocacy role to eliminating the most preventable of all health threats—injuries. Otherwise, a year from now another 13,000 of our friends, neighbours, colleagues or family members will not be around.

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