

Cost of pediatric trauma

With respect to the article "Cost factors in Canadian pediatric trauma" by Dueck and associates (*Can J Surg* 2001; 44[2]: 117-21), I would first like to compliment the authors on their efforts to place a financial cost on what is truly the number one mechanism of death among our youth. This is essential, and more work such as this is needed. It is primarily financial burdens that governments respond to best, and it is government support that is needed to institute more comprehensive and widespread injury-prevention programs and related legislation in this country. The current government contribution to the prevention of illness and injury (i.e., maintenance of "health") compared to work-up and treatment of "unhealth" is extremely poor. In 1998, only 4.4% of the total health care expenditures in Canada went toward public health, a small pot that injury prevention must share with the prevention of other health problems and communicable diseases.¹ Until it becomes more clear to governments that maintenance of health is cheaper than the costs of treating injuries resulting in unnecessary disability and death, little may change.

Second, I would like to correct a term used by Dueck and colleagues throughout their paper: that is, "motor vehicle accidents" or "MVAs." An accident, as defined by *Stedman's Medical Dictionary*, is "a sudden unexpected event or injury occurring without omen or forewarning..."² However, most injuries and deaths resulting from motor vehicles are preventable. It has been well demonstrated that factors such as promoting the use of appropriate vehicle restraints, reducing highway speeds, improving road conditions and eliminating im-

paired driving can result in marked decreases in trauma. A car being hit by lightning may be an accident, but a van being hit by a drunk driver, causing the death of its occupants, is not. I would, therefore, propose that the term motor vehicle accident no longer be used by this and other reputable medical journals, as its continued inappropriate use merely propagates the sense that these events are unavoidable. I would suggest that the terms motor vehicle collision or motor vehicle crash (MVC) be used in its place, terms that more accurately describe these incidents. This is the route recently taken by the BMJ with its recent ban on the word accident³ and is a practice that should be adopted by the entire medical profession.

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References

1. Canada's Health Care System. Available: www.hc-sc.gc.ca/datapcb/datahesa/E_sys.htm (accessed June 21, 2001).
2. *Stedman's medical dictionary*. 24th ed. Baltimore: Williams & Wilkins; 1982. p. 9.
3. Davis RM, Pless B. *BMJ* bans "accidents" [editorial]. *BMJ* 2001;322:1320-1.

(Dr. Poenaru replies on behalf of his coauthors)

I thank Dr. Yanchar for her comments regarding our recent article. We do agree that current health care expenditures in Canada are strongly geared toward disease treatment rather than prevention. It can only be hoped that future governments will increasingly place emphasis on disease prevention and health maintenance.

We also agree that the term acci-

dent when used for motor vehicle injuries is a misnomer. Although several alternatives have been proposed, at the time of writing we had not opted for any one term in particular and hence used the traditional term motor vehicle accident (MVA). Use of the term motor vehicle collision (MVC) seems reasonable, and we will adopt this nomenclature, which supports the nonaccidental nature of the majority of such injuries.

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Evidence-based practice

I read with interest the August 2001 Editor's View (*Can J Surg* 2001;44:247-8) that emphasizes the importance of evidence-based practice in regard to new techniques and technology. The need to introduce the concept of evidence-based practice in teaching and training must be underlined. Some surgical innovations are characterized by the desire to attempt and demonstrate the new method. But one can easily understand that the learning curve for these new surgical approaches may be very steep. In this context there is a gap in training and teaching that must be filled by the concept of "ethics in practice": that new surgical methods should be applied to humans only after strong experience in the experimental setting.

For example, the spread of video-assisted surgery in the management of diseases involving organs or anatomical structures in these "potential" spaces has rendered the surgical anatomy of these spaces (in the neck, retroperitoneum, subfascia of the leg) less abstract. But the

anatomical notions of these spaces are still an important part of the learning curve spent to acquire skill in video-assisted surgical approaches. The minimally invasive surgical approaches to these spaces represent a perfect opportunity for the development of animal models with experimental and teaching-training aims. Furthermore, new software is contin-

uously proposed for the purpose of developing virtual reality surgical models. In the future they may represent a valid alternative to animal models or phantoms. This field of research should be strongly encouraged and financed.

In conclusion, I share the opinion that the 2 new areas of surgical teaching are acquisition of skill

required by new technologies, and evidence-based surgical practice.

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Notices Avis

Management of the clinically inapparent adrenal mass

The National Institute of Child Health and Human Development, the National Cancer Institute and the NIH Office of Medical Applications of Research are presenting an NIH state-of-the-science conference, entitled "The management of the clinically inapparent adrenal mass ('Incidentaloma')," from Feb. 4 to 6, 2002, at the Natcher Conference Center, National Institutes of Health, Bethesda, Md. The conference has been convened to examine the current state of knowledge regarding the management of the clinically inapparent adrenal mass. To register for this conference or to obtain further information visit the NIH Consensus Development Program Web site (<http://consensus.nih.gov>) or contact Channet Williams, Prospect Associates, 10720 Columbia Pike, Silver Spring, MD 20901, USA; fax 301 593-5791, adrenalmass@prospectassoc.com

Interactive surgery symposium

The Mayo Clinic Interactive Surgery Symposium will be held from Feb. 24 to Mar. 1, 2002. This course is sponsored by the Mayo Clinic Scottsdale and will be held at the

Marriott's Renaissance Wailea Beach Resort, 3550 Wailea Alanui Dr., Wailea, Maui, HI. The course directors are Drs. William Stone and John Donohue. Credit: 26.5 hours in AMA Category 1. The registration fee for the course is US\$895. For further information contact Sarah Dorste, Mayo School of CME, Mayo Clinic Scottsdale, 13400 East Shea Blvd., Scottsdale AZ 85259; tel 480 301-4661, fax 480 301-8323.

The pediatric thorax

An interdisciplinary symposium, entitled "The pediatric thorax," will be held from Apr. 10 to 12, 2002, in Izmir, Turkey. Further information is available online at www.med.ege.edu.tr/~pedsurg/congress2.htm or write to Professor Oktay Mutaf, Ege University Faculty of Medicine, Pediatric Surgery Department, Bornover 35100, Izmir, Turkey; fax 90 232 375 12 88, omutaf@med.ege.edu.tr

Urogynecology course

The Mayo Clinic Scottsdale is sponsoring the 11th annual course entitled "Urogynecology and disorders of the female pelvic floor." The course will be held from Apr. 18 to 20, 2002 at the Fairmont Scottsdale

Princess Resort, 7575 East Princess Dr., Scottsdale AZ. The course, which will update physicians in the newest treatment options and surgical modalities of pelvic floor disorders, is directed by Dr. Jeffrey L. Cornella. For further information contact Sarah Dorste, Mayo School of CME, Mayo Clinic Scottsdale, 13400 East Shea Blvd., Scottsdale AZ 85259; tel 480 301-4661, fax 480 301-8323.

Foot and ankle symposium

Continuing Education, Faculty of Medicine, University of Toronto, will host the Fifth Biennial Foot & Ankle Symposium to be held on Apr. 20 and 21, 2002, in the Medical Sciences Building - Auditorium, University of Toronto, 1 King's College Circle, Toronto. Credits: Royal College of Physicians & Surgeons of Canada, Maintenance of Certification Program and Category 1 of the Physician's Recognition Award of the AMA. For further information contact Continuing Education, Faculty of Medicine, University of Toronto, Ste. 650, 500 University Ave., Toronto ON M5G 1V7; tel 416 978-2719, fax 416-971-2200, ce.med@utoronto.ca, www.cme.utoronto.ca

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