Canadian Journal of Surgery | Journal canadien de chirurgie

Editor's view

Trauma care continues to be of paramount importance to surgeons, and the papers in this issue reflect our growing recognition of trauma's multifaceted aspects in Canada. Often referred to as the "hidden epidemic," trauma is the leading cause of death among Canadians under age 40 and the leading cause of disability in Canadians under age 65. Funding for trauma research tends to lag far behind funding for other major causes of death and disability. I am not suggesting that funding for research and treatment of significant illnesses should be diminished but, rather, that funding for research into trauma prevention, acute trauma care and trauma rehabilitation should be expanded.

Increasingly, national and international organizations have come to realize not only trauma's significant impact on individual patients and their families but also its significant socioeconomic effect on world economies.

In the United States and Canada, trauma resuscitation and the care of the acute trauma patient has been immeasurably improved by the widespread adoption of the Advanced Trauma Life Support guidelines for care of the trauma victim. To allow exemplary care for trauma patients, these guidelines presuppose an environment rich in both human and material resources. They also describe the ideal setting for providing medical education in trauma care. In contrast, the situation in emerging countries reveals vast and, at first glance, unbridgeable differences. Consequently, several national and international organizations have begun to focus on providing appropriate education and infrastructure support to improve care of trauma patients worldwide. Organizations such as the American Association for the Surgery of Trauma, the Orthopaedic Trauma Association, the Association for the Rational Treatment of Fractures and the Société Internationale de Chirurgie Orthopédique et de Traumatologie have launched comprehensive international programs to assist surgeons and other care providers in countries outside North America and Europe to provide improved trauma care for patients.

These are admirable goals, but they do not address the root cause of the problem in many countries, including our own. Such elemental steps as the separation of pedestrian and vehicular traffic are routine in developed countries but uncommon in emerging societies. As emerging countries become wealthier, the number of motor vehicles will expand exponentially, leading to an inevitable increase in road traffic injury and death if vigorous steps are not taken to improve roads, walkways, traffic controls and laws controlling the behaviour of motor vehicle operators.

Motor vehicle collisions in Canada still kill thousands of people every year and injure tens of thousands more. The enforcement of laws to modify drivers' behaviour is imperative to reduce these numbers. Seatbelt legislation, identification of impaired drivers, speed controls and deterrents to reckless driving depend on enforcement to be effective. Stringent enforcement of these regulations will result in reduced death and injury rates in this country.

The papers in this issue demonstrate that our ability to care for trauma patients and to educate others in their care is good, but there remains substantial room for improvement. While we strive to improve the outcome of trauma care in Canada, we should not neglect the equally or more important issue of trauma prevention.

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Competing interests: None declared.