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Editorial Éditorial

Editor's view

I want to continue the theme of my last editorial,¹ focusing on trauma. I was recently able to attend the Brighton Workshop on Road Traffic Trauma in Low and Middle Income Countries. This workshop was held through the generosity of the Association of Bone and Joint Surgeons and the journal *Clinical Orthopaedics and Related Research*. The purpose of this meeting was to bring together people with an interest in road traffic injury from Africa, the Middle East and Asia to discuss problems both common and unique to these countries.

Over 4 days of discussion, breakout sessions and plenary presentations, the problems faced by our colleagues in low and middle income countries became starkly apparent as we gained a renewed understanding of them. Basic issues such as first responders and their knowledge of first aid, ambulance transport, appropriately equipped and staffed emergency departments in district hospitals and, finally, the availability of appropriate specialist care are problems that we rarely, if ever, face working in the Canadian health care system. Our international colleagues, on the other hand, daily face tremendous problems when trying to deliver appropriate care to victims of road traffic trauma.

The magnitude of the problem itself is staggering. It is estimated that 1.2 million lives are lost each year to road traffic injury, and it is anticipated that by the year 2020 this figure will double if there is no change in current traffic management and if the number of motor vehicles increases at the anticipated rate, particularly in Asia.

Over the meeting's course, we were able to hear from surgeons working in various circumstances in many of the countries affected by the problems enumerated above. Although the problems seemed almost insurmountable to those of us attending from North America, surgeons from the

affected countries saw relatively simple solutions to many of the most pressing problems. Simple measures, such as teaching truck drivers and taxi drivers the rudiments of first aid and ensuring that they understood the principles by giving them an examination on first aid at the time of driver license renewal, have greatly improved the outcome for patients suffering road traffic injury. With the introduction of basic ambulance services, transportation of the injured is improving in many countries. Training of physicians and paramedical personnel to provide adequate and effective resuscitative measures to the injured when they are delivered to the district hospital has been successful in many countries, and finally, better training and better resources at tertiary care hospitals have improved the outcome for many patients.

We in Canada can do our part as surgeons to promote better outcomes for road traffic trauma victims outside our country. By continuing to support publication in the *Canadian Journal of Surgery* of articles by surgeons working in these emerging countries, we keep our readers involved in the issues faced by those surgeons. Further, by supporting significant educational activities in these countries and regions through such organizations as Health Volunteers Overseas, Orthopaedics Overseas and various university-sponsored learning initiatives, we bring to our colleagues our experience and knowledge, which will be to their benefit.

I ask all the readers of the journal to take every opportunity to support international initiatives that will reduce the impact of road traffic injury, both for the patient and for the society in which he or she lives.

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Reference

1. Waddell JP. Editor's view. *Can J Surg* 2007;50:429-30.

Competing interests: None declared.