EMERGENCY MEDICINE

Trauma — the malignant epidemic

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Trauma has long been described as the 'neglected epidemic'. In South Africa it has been better described as the 'malignant epidemic'. Only in South Africa are we confronted by not one, but two epidemics (trauma and HIV) at the same time — both of which are potentially preventable. Most countries can barely deal with one! More than 9 000 people are killed on the roads of our country each year, and at least one-third are pedestrians. Figures for interpersonal violence far exceed most other countries not at war. Our homicide rate has fallen from 56 per 100 000 to 48 per 100 000, still well over 20 000 deaths per year. This is unsustainable economically. Yet for every death, 15 of our citizens are severely injured, and 85 will require care for their injuries, many long term. Some die or are permanently disabled, not directly as a result of their injuries, but from a failure to diagnose the injury early enough, or from complications resulting from the delay, or inappropriate treatment.

Injury is theoretically preventable, and injury prevention is aimed at three distinct areas:

- primary prevention — preventing the injury from occurring in the first place
- secondary prevention — minimising the effects of the injuring force (e.g. seatbelts)
- tertiary prevention — if the injury has occurred, minimising the consequences.

One of the tragedies is that while strides are being made in the first two, we as medical practitioners are not always as efficient as we would like to be at the third. South Africa does not have enough trauma centres, and the majority of care falls on the shoulders of medical practitioners whose primary interest lies elsewhere. In general, medical students are under-exposed to all aspects of emergency medicine, and it only this year that registration of the specialty of emergency medicine is expected to become official, with trauma surgery to follow. There are several courses available — some 4 000 doctors have completed the Advanced Trauma Life Support (ATLS) course of the American College of Surgeons, presented by the Trauma Society of South Africa, to join the close to half a million world wide. And yet.....

One of our weaknesses (with the exception of the mining community) is to appreciate that care of the injured starts with the doctor's role in prevention (do all doctors wear seatbelts all the time — and not use their cellphones without a hands-free kit while driving?), goes through a number of stages and finishes with rehabilitation, after which the patient can rejoin and play a full role in society.

The articles in this issue of *CME* cover the problems of prevention, diagnosis, avoidance of some of the complications of trauma (and some of the pitfalls of treatment), and discuss which patients benefit most from rehabilitation.