PostScript

LETTER

Banning the word "accident"

I read the recent editorial in the *BMJ* with interest.¹ In my capacity as national manager of the former EHLASS programme and Portuguese representative on the EU committee for injury prevention, I agree that the word accident has been overused. This is especially true in southern European countries where it may lead to the fatalistic idea that "nothing can be done". We can anticipate the event in terms of risk of occurrence, but we cannot estimate the exact time of occurrence—that is, the accident. For example, if I have a wire across my floor I can anticipate that someone may trip and fall but I don't know the exact moment this will happen. This is preventable but in some cases this is not, for example, if a driver has a heart attack and the car crashes.

Also there are the consequences of the accident, determined by the energy released and how the environment and elements present (like the humans) deal with it (back to Hugh de Haven and Haddon....). I may step on the wire, fall, and not hurt myself, or I may hit my head on a hard surface and suffer head trauma.

So the word should not be banned . . . it should be used correctly. Obviously we have to avoid injuries, either by preventing accidents or by preventing their consequences.

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Reference

- 1 Davis RM, Pless B. *BMJ* bans "accidents". *BMJ* 2001;**322**:1320-1.

CALENDAR

4th Fourth International Symposium on Safety in Ice Hockey

5-6 May 2002, Pittsburgh, PA, USA. The objective of the symposium is to review the current state of the art and science of prevention of ice hockey injuries. One session will be devoted to in-line or roller hockey injuries. The meeting will cover new and old protective equipment, coaching techniques to decrease the risk for injuries, playing rule changes to decrease the risk for injuries; and awareness programs for players, parents, coaches, referees, and administrators. *Further information:* Symposium Co-Chairmen: Alan B Ashare, St Elizabeth's Medical Center, Boston, Mass, USA, tel: +1 617 789 2828, email: aashare@semc.org; and David J Pearsall, McGill University, Montreal, Quebec, Canada (tel: +1 514 398 4184, ext 0488, email: david.pearsall@mcgill.ca).

11th International Conference on Safe Communities

7-9 May 2002, Rainy River Valley, Ontario, Canada. *Further information:* Information: Jeannette Cawston, 2002 WHO Safe Communities Conference Coordinator, 400 Scott

Street, Fort Frances, Ontario, Canada P9A 1H2 (tel: (toll free) +1 800 465 8502, email: info@who2002.com. Preliminary program at: www.who2002.com).

Workshop on program evaluation

16 May 2002, Montreal, PQ, Canada. Safe Kids Canada is hosting a workshop following the 6th World Conference on Injury Prevention and Control. This meeting will link practitioners and researchers through a working session on the principles and practice of program evaluation. *Further information:* Jennifer Hall, Safe Kids Canada (tel: +1 416 813 6164, email: jennifer.hall@sickkids.ca).

XVI World Congress on Safety and Health at Work

26-31 May 2002, Vienna, Austria. *Further information:* AUVA, Kongressbüro, Adalbert-Stifter Strasse 65, A-1200 Vienna, Austria (fax: +43 1 33 111 469, email: safety2000@auva.sozvers.at, web site www.safety2002.at).

World Congress on Drowning

26-28 June 2002, Amsterdam, The Netherlands. The congress will seek to reduce drowning throughout the world by creating a forum for prevention, treatment, and rescue. *Further information:* Congress Secretariat, World Congress on Drowning 2002, Consumer Safety Institute, PO Box 75 169, 1070 Amsterdam, The Netherlands (fax: +31 20 511 4510, email: secretariat@drowning.nl, web site: www.drowning.nl).

BOOK REVIEW

45th Annual Proceedings.

Association for the Advancement of Automotive Medicine. (Pp x + 431; unpriced.) PO Box 4176, Barrington, IL 60011-4176, USA. ISSN 0892-6484.

Professional conferences, whether national or international, serve a variety of purposes: social, recreational, fulfilling an obligation to sponsoring organizations, seeking employers or employees, awarding prizes, medals or honors and, in general terms, seeing and being seen. One of the most important purposes is presenting and critiquing the professional work that serves as the reason for the conference. On the first page of the book in review the AAAM expresses this last purpose in the following terms: "... a forum for the presentation and discussion of research and issues on crash injury control".

To the best of my knowledge, our colleagues in sociology have not yet had the opportunity to evaluate the importance of this last (professional) purpose as against the other social and recreational opportunities mentioned above.

Now there is a golden opportunity for such social research: a conference proceedings for a conference that was never held. It should be possible—although perhaps not easy—for an industrious student of evaluation procedures to compare the 45th Annual Proceedings with

the 44th, perhaps even the 43rd, etc to test the professional advantage of actually sitting down together.

Leaving that task to younger and wiser heads, I will do no more than to comment on a few aspects of the 45th. There are 36 papers including 10 designated as "scientific posters". They were chosen by a distinguished Scientific Program Committee and divided into the following categories: restraint systems, injury risk studies, analyses of fatal injury, injury cost and scaling, rear impact, outcome and triage, driving behavior, crash analysis, and driver licensing. The categories, like the papers themselves deal chiefly with well known subjects. They find once again that "seat belt usage in Sweden is high", that "... risky behavior in adolescents is associated with non-use of safety devices", that "women drive smaller, lighter cars compared to men", that "during a rear end impact, the torso is thrust forward by the seat before the head begins to move", that "binge drinking is problematic behavior with respect to injury".

Special mention must be made of a paper by Ted Miller and colleagues. In it, the exact dollar cost "per highway crash survivor" is provided, classified by 30 body parts and by 10 sources of cost. With allowances for each MAIS score, this means about 3750 tabular entries. One must admire the industry and patience that would surely have gone into this massive tabulation. One must also wonder "what exactly does it all mean?". A MAIS 4 skull fracture costs US (1999) \$336 221 in monetary costs and \$609 696 in quality of life (QALY) loss, for a total cost of a bit under a million dollars.

However straightforward some of the calculations, such as lost wages, may be it is understood that they are only averages. It is the QALY estimate that has often confused people. The explanation given in these proceedings only pushes the QALY matter back to two earlier papers (1993 and 1989) by the same author. I acknowledge that Miller may have done the best humanly possible, but I also hope his team will try to answer the question that so many have asked: "Who would have the QALY money if the injury had not occurred?". Perhaps the 2002 AAAM Conference would be a good place to discuss the matter.

Two cheers for this paper!

A conference is often a byproduct of its sponsors. In the present case, we have "the usual suspects": NHTSA, CDC, State Farm, but also some less well known sources of funding: Albert Einstein Medical Center, the Riley Memorial Foundation, Société d'assurance automobile du Québec.

With a disk version and ample time, it would be interesting to search out the words "must" and "should", to see what new initiatives are being proposed by experts.

The 45th Annual Proceedings will also be valuable for the lists of publications given in several papers. Many of these are government reports and ephemeral matter. Among the archival journals, it is gratifying to me to see *Accident Analysis and Prevention* referenced 43 times.

F A Haight