

so on — all have decisive disadvantages. Moreover, a regulatory approach that has been intensely frustrating in the US might well work substantially better in countries with different legal cultures and structural arrangements. In short, the lessons of the American experience with automobile safety regulation should not be overlearned. Exploring what should be learned, however, requires detailed analysis that goes much beyond the space available in this annotation. For a more extended discussion of these and other issues the reader is referred to Jerry L Mashaw

and David Harfst, *The Struggle for Auto Safety* (Harvard University Press, 1990).

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Injury prevention: an uphill battle

Injuries are the most common cause of death in the first four decades of life and reduce life expectancy almost as much as diseases predominantly affecting older people, such as cancer and coronary heart disease.¹ In the USA during 1992, deaths from injuries outnumbered those from AIDS by more than four to one,² those from air pollution by more than five to one,³ and those from passive smoking by more than 100 to one.⁴ By virtually any criterion, therefore, injuries should represent a leading public health priority.^{5,6} Yet, research efforts and community mobilization aiming at injury prevention fade in comparison to those targeting AIDS, air pollution, or environmental tobacco smoke. This is a paradox that must be recognized, explained, and rectified if control of the injury epidemic is to have a reasonable chance of success. The critical question is: Why has injury prevention failed to generate the enthusiasm and marshal the community support that other public health issues have achieved?

People can be easily energized when they believe that a problem can be rapidly and completely resolved. Governments, public health professionals, institutions, and individual scientists are fighting AIDS in the belief that a breakthrough will sooner or later eliminate the problem. Molecular aspects of carcinogenesis have attracted some of the best scientific minds around the world struggling to resolve once and for all the mystery of cancer. The hopes of the scientists working in the fields of AIDS and cancer, as well as those of lay people, are not unreasonable. Following important discoveries, immense health problems have suddenly become milestones in the history of medicine; several infectious diseases, some conditions of occupational origin, and numerous nutritional deficiency disorders, represent striking examples of science in complete triumph. But the fight to prevent injuries and control their consequences presents no such hope for a sudden, complete victory. Reduction in the frequency of occurrence of injuries or control of their impact depends little on intellectual vision and scientific breakthroughs. They depend on incremental progress, contributed to by a vast group of health and other professionals committed to a remote and elusive objective. Prevention of injuries requires the successful convergence of efforts made by medical doctors, public health nurses, social scientists, teachers, health educators, legislators, law enforcement officers, and many others. Their task is rarely glamorous and their work is not surrounded by the aura of scientific excitement associated with studies addressing many other health problems.

What then needs to be done in the area of injury prevention? All of us working in the field realize that even though the problem we are confronting is as serious as any, injury prevention has not received the academic recognition and the research support that is urgently required. We should change that attitude by fostering attention to excellent research currently undertaken in the biological,

behavioral, and other aspects of injury prevention. We should disseminate the basic concept that injuries have causes and are therefore preventable, despite the fact that the multitude of the causes and their complex nature makes prevention daunting.⁵ We must try to develop an interdisciplinary infrastructure, to create informative databases, and launch far reaching research undertakings.⁷⁻⁹ Finally, we should remind ourselves as well as policy makers, that although there is a hope for ultimate biotechnological victory in the fields of AIDS, cancer, or cardiovascular diseases—one that depends on molecular research—most of the actual progress that has been achieved in these areas has been accomplished through measures similar to those needed for the control of the injury epidemic. These measures require visionary health leadership, wide community participation, and research on injury prevention and control undertaken in a variety of fields and involving a broad spectrum of health professionals.

Injuries affect all ages, but in most of us they invoke images of despair brought about by the accidents affecting the young. The tragedy of these accidents is epitomized by the contrast of youth and happiness shattered by events that could have been anticipated and prevented. Effective injury prevention among the young can prolong life expectancy more than the successful treatment of cancer or cardiovascular diseases of the adult: it can improve the population weighted quality of life more than any intervention focusing on nutritional and other aspects of personal behavior; can form the core of additional injury prevention activities throughout our life span; and can relieve our lives of the nightmare brought about by the violation of youthful life and hope through violence and death.

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