Guest editorials

Prevention is the key

As a pediatrician two of the most frequent questions that I have encountered have been: ‘What is your area of concentration and concern?’ (to which I reply — injury prevention in the area of child health) and the ensuing question, ‘Why is that such a problem? Isn’t it rather strange for a person in your field to have an interest in childhood injury?’ In retrospect, I can well understand these questions, especially because I never anticipated that I would acquire such an avid interest in childhood injuries as I have today. The only real knowledge that I had about injuries was from the information I memorized to pass my medical license examinations: ‘injuries were the leading causes of death for persons aged 1–24’. It was, however, my clinical experience that forced me to seriously commit my work to injury prevention.

In September 1985 I was involved in trying to resuscitate a 14 year old girl who had drowned in a school swimming pool while playing there after her regular swimming lesson. Although pool drains are usually covered with an iron plate, while she was swimming, a boy removed the plate for fun and the water rushed into the drain, suctioning the girl into the hole. Her thigh was pulled securely into the drain, and due to the high water pressure, it took 20 minutes to free her from the drain. After this, she was brought to my emergency room but was dead on arrival. We aggressively tried to resuscitate her for nine hours but were unsuccessful. This accident strongly confirmed that the treatment was useless and that she would not have died if preventative measures against such an injury had been taken. Unfortunately, each year there are similar drowning incidents reported in nationwide newspapers.

In 1987, I summarized all the injury cases that had been admitted to my pediatric department. They included poisonings, suffocations, burns, and scalds. The results were the same as data in former reports: in other words, injuries were not decreasing and injury prevention had not increased. I submitted an article concluding that injury prevention should be a primary focus.1 In the article, I also introduced the activities of the Injury Prevention Committee of the American Academy of Pediatrics, and asked the President of the Pediatric Society to assemble a similar committee in Japan. In 1989, the Japan Pediatric Society, which consists of about 15 000 pediatricians, formed a committee for the control and prevention of injuries. Currently six members work on recommendations for injury prevention every two years. Unfortunately, there are few activities that actively implement preventative recommendations. In contrast, there are more than 1000 pediatricians analyzing DNA in Japan but fewer than 10 are involved in injury prevention! From my hospital based data covering 10 000 injury cases, 85% are treated by neurosurgeons, orthopedic surgeons or general surgeons, whose primary focus is acute care. Only 5% of these cases are handled by pediatricians. Here, in Japan, the prevention of injuries is managed by different groups such as the Ministry of Transportation, the Police Department (traffic injuries), Ministry of Education (school related injuries), the Ministry of Economic Planning (consumer safety), etc. There is no organization such as Kidsafe in Japan, but I believe that it is imperative that future steps are taken to create such a system and to foster international networking to save the lives of healthy children.

The numerous injury cases I have treated have impressed upon my mind the increasing importance for pediatricians worldwide to have a greater interest in injury prevention; to create injury prevention activities; and to submit articles that will alert other medical professionals. I believe that this journal offers positive encouragement to concerned practitioners and offers insight and advice about injury prevention to those who may be frustrated by the slow progress being made in this area.

Prevention is foremost. Prevention is more important than treatment because proper prevention eradicates the need for treatment. Although this is more easily said than done, we must work together to discover the best solutions in this demanding field. Initial steps, like baby steps, must be made at the individual level to develop and evaluate small projects in the field. These small steps will, I hope, lead to bigger ones taken by domestic groups and even larger steps by international organizations that will foster the growth of the still new field of injury prevention. This journal, successive international meetings, and information exchange helps to pave the way for an injury free path along the highway of child health.

TATSUHIRO YAMANAKA
Child Health Department Director,
National Children's Castle,
53-1, Jingumae 5-Chome,
Shibuya-ku, Tokyo, 150 Japan


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Remarks from the Haddon Memorial Plenary Session

I am delighted to be here in Melbourne to participate in the Haddon Memorial Plenary at the Third International Conference on Injury Prevention and Control.

I would like to begin by providing a little background for those of you who didn’t have the privilege of knowing and working with Bill Haddon as I did. He was one of those rare scientists who make major breakthroughs by tearing up the old rules and rewriting them. He had the ability to ask the truly insightful questions. His pioneering work led to the systematic development of countermeasures to combat the major public health problem of motor vehicle injuries. His legacy is the number of scientists throughout the world