Reviewers in this volume

It is again time to thank the anonymous reviewers listed below. We extend special thanks to those whose speed and gentle firmness has made this journal scientifically respectable and eminently readable. Without referees with such high standards, the papers we publish would be of inferior quality. And without their timely and thoughtful comments, often running to pages and pages, and occasionally

involving a detailed edit of the manuscript itself, this journal would not be a pleasure to read. Sincere thanks then to each of the following who have reviewed one or more papers in the past year.

IB PLESS
Editor

Anonymous reviewers 1995–6 (Volume 2)

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Guest editorial

Not losing sight of ‘the big picture’

Laws are among the most powerful tools in public health. Throughout their long history they have helped to contain epidemics, improve water quality, and reduce work related deaths. The use of these tools in the field of injury control are more recent, at least in North America. Influenced by the work of W Haddon, Anglo-Saxon countries (the US first, then Canada, Australia, and elsewhere) began in the early 1980s to develop a taste for legislative measures which, if not restrained by principles ensuring their relevance, could become counterproductive.

There is no need to belabour the gains accomplished by legislation — they are universally recognized. Seatbelts, standards or regulations on the number of aspirin tablets in a bottle, municipal bylaws requiring fencing around family pools, are only a few examples.¹

There is, however, the risk of legislation being counter-productive. In the field of injury control and accident prevention, it is the development of new technologies that often prompts an upsurge in debate about the need for laws, regulations, or standards. If laws for injury control proliferate when they are not needed, they risk being counter-productive. In particular, they may do more harm than

good, or may produce a public backlash. This may then make it more difficult when a more suitable situation later arises that clearly requires more heavy handed solutions.

I believe there are at least two pitfalls that must be avoided. First, there are rare but still too numerous circumstances when a new technology enforced by law may have unforeseen, even harmful, effects. Several cases of children killed by the activation of airbags in low impact collisions have made us realize the limits of technology and thus require caution before legislation. Few technologies are a panacea. (In this example, airbags were fortunately not prescribed by law.) Another example is a child who cycles to a playground and, having neglected to take off his helmet, gets his head stuck in the jungle gym because the clearance space was calculated for an unhelmeted head. These examples are meant to illustrate the complexity of developing technologies adapted to a wide diversity of people and circumstances and then requiring their use by everyone under all circumstances. Another issue is the possibility that the health and safety values currently prevailing in many societies (at least in North America and northern Europe) may be lost to the individual liberty or

pro-risk taking lobby if laws prove to be harmful or foolish. Thus, public health professionals should not lose sight of the wider perspective — 'the big picture'.²

To avoid these pitfalls, the public benefits of such laws must largely outweigh the constraints they place on individuals and their benefits must be evident and accepted by those whose behaviour or liberties are affected. To do so criteria must be developed to guide the promotion of laws, regulations, and standards, so that the energy of public health lobbyists will be more productive. To be avoided are excesses like those committed during the 1960s in the field of disease detection. In that period, well meaning public health professionals thought they could use mass screening to prevent just about everything. In 1968 Wilson and Jungner formulated principles to guide mass detection.³ We need similar principles to guide us in making relevant choices concerning the utility of laws or regulations.

The broad principles guiding public health activities could serve as a starting point: the natural history of the disease must be known and the treatment must have been rigorously tested.⁴ How can these principles be transposed to the prevention of injuries? To begin with we need to know:

- Conditions of transfer of energy
- Scope of the problem (frequency and severity)
- Characteristics of those affected
- Risk factors of the accident and those of the injury.

Then, to be convinced of the effectiveness of any intervention, regulatory or otherwise, the following dimensions should also be considered:

- Effectiveness of the technology involved
- Effectiveness of the technology as it interacts with populations, that is to say, its capacity to produce the expected results (or at least not to produce negative ones) when used by a wide diversity of people in a broad variety of circumstances. This includes being used in ways unforeseen by the designer.
- Effectiveness of the law, that is to say, ensuring it does not have perverse social impact and that there are no distortions as it proceeds through the legislative process.

Laws, regulations, and standards are extremely powerful instruments, especially when combined with a relatively safety conscious state of public opinion. To ensure the continued efficacy of these means of action it is important to develop such criteria to guide their promotion.

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- 1 Towner EML. The role of health education in childhood injury promotion. *Injury Prevention* 1995; 1: 53–8.
- 2 Chapman S, Lupton D. *The fight for public health: principles and practice of media advocacy*. London: BMJ Publishing Group, 1994.
- 3 Wilson JMG, Jungner G. *Principles and practice of screening for disease*. WHO Public Health Paper 34. Geneva: World Health Organization, 1968.
- 4 Last JM. *Public health and human ecology*. Ottawa: Appleton and Lange, 1987.

Lucky skydiver

A novice skydiver whose two parachutes malfunctioned survived a 1000 metre fall. A 'flock of angels' are credited (IS).

A tough call

Parents of a teenager who broke a leg and ankle after falling 30 feet from a granite ledge at a quarry in Milton, MA, a popular 'jumping-off' spot, are suing the owners of the property to pay for the child's injuries. Interestingly, the parents claim they had warned the boy repeatedly to avoid the dangerous site (P Bell, *Patriot Ledger*, 13 June 1996) (AG).

Carbon monoxide warning

National SAFE KIDS Campaign in the US has issued a press release reminding of the dangers of carbon monoxide poisoning from common household appliances fuelled by gas, oil, kerosene or wood. Each year more than 1700 children under age 6 suffer from carbon monoxide poisoning. The main recommendations are: install a carbon monoxide detector; have the home heating system checked each winter; don't operate gas powered engines in confined spaces or charcoal grills in homes; check fuel burning appliances (AM).