



Editorial

Mentoring and momenti: on timely thanks

The original title for this editorial was “saying goodbye and thanks” but it occurred to me that some might leap to the conclusion that I have decided to retire as editor. Being uncertain whether this would be greeted with glee or gloom, I decided to change the title to the above.

In the normal course of events, when an author receives a galley, the instructions are to check it carefully, make no major changes, and return within 48 hours. One of the many benefits of being an editor is that such rules can, at times, be broken. When I received the galley of the editorial I originally wrote for this issue, my heart sank. It was a set of unrelated ideas, none developed sufficiently well to merit publication. So, at the risk of upsetting our devoted technical editor, I asked that it be replaced with this one, which I hope clearly says what I want it to say.

I wrote the first draft of this editorial some time after one of my mentors, Jack Tizard, died. Jack was a world renowned psychologist with whom I worked on the Isle of Wight study, which, parenthetically, paid no attention to injuries. Nevertheless, he played a critical role in my training and was a good friend. I deeply regretted that I had not thanked him properly for all he did for me before he died. And he was only one of many mentors about whom the same misgivings applied. Hence, this editorial.

I was reminded of this unpublished draft when I delivered an acceptance speech for the Ross Award from the Canadian Pediatric Society. As is customary on such occasions, I thanked my families—my wife and children and my metaphorical parents, siblings, and children: teachers, colleagues, and trainees. In doing so I reminded the audience of the importance of thanking all these before they die, not in posthumous eulogies. The broader point I was making was that in the world of injury prevention as in most research, little of what we do is a solo effort. Whatever we may think we have achieved reflects the influence and input of our families, and above all, that of our mentors.

For example, when I went to London as a fellow in social pediatrics in the early sixties, I was an eager-to-learn, would-be researcher. My mentor, Bob Haggerty, said I should contact, among others, Ronnie MacKeith. After we met at Guy’s Hospital, he took me to dinner at his club, the Athenaeum, the shrine of writers and artists. (MacKeith was an expert on Samuel Johnson and the editor of *Developmental Medicine and Child Neurology*.)

This was the first of his many spontaneous acts of kindness. The last was when we left London two and a half

years later. He called me the night before our ship was to sail and presented us with a case of claret. Overwhelmed by the likely difficulty of getting the case on the boat train along with two children, we compromised: I accepted one symbolic bottle and left it with my in-laws for safe keeping. They drank it on their 50th wedding anniversary!

Whenever we met he offered much wisdom and more aphorisms than I could ever remember or use in a lifetime. But he, too, died (on my birthday) before I could express my gratitude for all he had done, including encouraging my interest in writing. He influenced my development as a person and as an investigator. Saying thanks for all that is fundamentally different than saying thanks for the invitation to the Athenaeum or the case of claret.

The world of academia is a strange one, and that of research stranger still. Most who choose this path do so because they believe the benefits far outweigh the sacrifices. Few have any illusions that they will make great discoveries, but all are driven by the challenges of trying to find answers to tantalising questions. As well, the life of an academic is an opportunity to influence the lives of others by teaching and mentoring.

That’s where saying goodbye and thanks come in. I don’t suppose it really makes much difference whether we die raging “against the dying of the light” or succumb peacefully with letters of appreciation scattered around our bedside. Perhaps the letters don’t mean much at that time and only make the sender feel better. Nevertheless, I urge readers to not put this act off until it is too late. Doing so may even be good for the soul.

Banning accidents: an addendum

Vigilant readers will have noticed a *BMJ* editorial written by Ron Davis and me entitled “Banning accidents”.¹ The editorial announced that in future all *BMJ* publications would avoid the use of the word “accident”. The main arguments in support of this move need not be spelled out for readers of *Injury Prevention*, but neither Davis nor I were prepared for the storm of criticism that followed, most of which appeared on *bmj.com*. (I urge readers to visit this site and follow the “Sturm und Drang”.) When the dust finally settled, the score was about 25 against and 25 in favour. In spite of the draw, we felt obliged to offer a global reply. In summary, it reaffirmed our conviction that the “A” word is undesirable for many, many reasons beginning

with the fact that it has so many meanings, especially with respect to preventability. We acknowledged that some injuries are not preventable, and, in fact, when the editorial was being drafted (and Davis deserves all the credit for initiating it), I was prepared to concede that the primary event could in some cases be appropriately called an “accident”. On this point, however, Davis was more of a hardliner than I, and in the end we stuck to our guns. It was when the term was applied, as it so often is, to the subsequent injury, that we were equally and vigorously opposed.

In our reply we also disagreed that there was a critical difference between injury predictability at the individual and population level but agreed that these could be two sides of the same coin. The argument that “most people understand that ‘accidents’ are preventable” was easily demolished; if they did, there would be no incentive to ban the term and the evidence, even from Girasek’s study,² supports this view. When accused of censorship, of being Orwellian, and totalitarian, we conceded that the use of the word “ban” may have been stronger than was intended and reminded readers that we had no intention of being draconian in its application. We also noted that language changes, and that although past attempts to change how English is spoken have failed, it does not diminish the need to challenge how it is written in a scientific context.

Will banning the “A” word reduce injuries? There is no evidence it will, nor is there evidence it will cause harm. I, for one, still maintain that part of the reason governments have been so indifferent is their failure to view injuries as they do other diseases and that this is driven, in part, by the continued use of the word “accident”.³

We strongly disagreed with one repeated criticism that in banning the use of the word “accident” we were blaming

the victim. I have often stated that the victim can only be blamed when it is clear that society has done all that is possible to prevent injuries—a condition rarely fulfilled. Finally, and most surprisingly, there was concern that much editorial effort will be needed to find a suitable substitute. The best evidence to refute this lies in the pages of this journal—rarely have we been forced to use the term “accident” and we have never, ever had difficulty finding a suitable replacement—usually (surprise! surprise!)—the word “injury”.

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Editor

- 1 Davis RM, Pless B. BMJ bans “accidents”. Accidents are not unpredictable (editorial). *BMJ* 2001;322:1320–1.
- 2 Girasek DC. How members of the public interpret the word *accident*. *Inj Prev* 1999;5:19–25.
- 3 Stone DH, Jarvis S, Pless B. The continuing global challenge of injury. *BMJ* 2001;322:1557–8.

Postscript

Accompanying this issue is a supplement sponsored by the National Institute for Occupational Safety and Health. As each of the editors (Nancy Stout, Gordon Smith, and I) note, we believe many of the papers have relevance for readers with interests other than workplace injuries. I urge readers to not only skim *Injury Prevention* from cover to cover, but to extend this practise to this and any future supplement. I rarely read a paper that does not include at least one useful lesson. Admittedly, sometimes the lesson is what not to do, but more often it includes ideas that can, with imagination, be translated from one field to another.

In this issue: the editor’s two cents

The Opinion-Dissent columns in this issue (p 176) are not quite as vitriolic as the risk compensation debate, but none the less represent sharp disagreement over the road traffic safety record in the United States. Much of the debate revolves around differing views about what denominators to use. This is not simply methodologic quibbling; it is a problem that has widespread implications for any type of injury. Ideally, a denominator should reflect those at risk. Using the entire population in this case, although conventional in public health circles, is likely to be misleading because not everyone drives, and some drive more than others. As to whether the trends in the United States are a success or a failure, solid points are made on both sides and in the end, the decision may lie in the eye of the beholder. But one way or another, as long as there are preventable deaths, no one should be satisfied. On this, I am certain both sides agree.

More fuel for the risk compensation debate comes from two reports. The first, by Macpherson (p 228) indicates that one of the objections to legislation—that it reduces cycling and thus fitness—may well be a red herring. In an admittedly limited study, they found no differences in cyclists after helmet laws were introduced in Ontario. The second, by Berg and Westerling (p 218) suggests that in the absence of such laws, helmet use declines as children grow older. They employed an unusual but powerful statistical tool, LisRel, to show that children’s helmet use is directly related to parent helmet use and parents rules.

The flames of another controversy familiar to our readers are fanned by Evans’ paper (p 172) on the use of the word “accident”. Using a clever design, the author concludes that there is no important difference in health visitor’s (nurses) responses when the evil “A” word is replaced by the word “injury”. Clearly, this finding informs the debate but it is equally clear that it does not end it because, as Evans acknowledges, the pernicious effects may only apply to the general public, and, perhaps, policymakers.

The supplement to this issue is a breakthrough for the journal. Until now, the world of occupational safety has remained foreign territory. It is essential that readers appreciate the large land occupied by injuries in the workplace. In most countries, the costs associated with these are enormous, approaching in some cases those estimated for the big killer, car crashes. As well as the supplement, however, we have the paper by Lipscomb and Li (p 205) that focuses attention on teens who work in the homebuilding industry. Not surprising perhaps is the main finding that these injuries are less serious than those involving adults working the same jobs. This is the good news; the bad news is that the potential for more serious injury remains because there continues to be violations of child labor laws and I suspect this is true not only in the United States but equally—or more so—in many other countries.

An elegant study from Japan by Nakahara and Wakai (p 242) is a reminder that even seemingly authoritative sources of data may be misleading. In this instance, they

show that police reports alone greatly underestimate the incidence of child vehicle occupant injuries. The importance of this report is not only this finding (one that I reported many years ago!) but the method they used to reach the conclusion.

Cryer and his colleagues take this several steps further (p 234). One widely advocated solution to the reliance on a single source of data such as police, is to link the data with another dataset. The question arises whether such linked data are less biased than the single source. (Some readers may need to be reminded that bias in this context does not imply prejudice or cheating: it refers to “any effect that tends to produce results that depart systematically from the true values”.) Cryer *et al* show that when police reports are linked to hospital admission data, and using the latter as the “gold standard”, the combined dataset is much less biased than police reports alone.

Still on the subject of traffic, Liberatti, Andrade, and Soares, in our first paper from Brazil, describe the encouraging results that followed the enactment of a new traffic code in 1998 (p 190). Although a before-after study is less than ideal, the investigators took pains to make up for its deficiencies. Accordingly the results are persuasive—and encouraging. Seat belt and helmet use rose considerably and both car occupant and motorcyclist injuries fell. It is difficult to disagree with the authors’ conclusion that “stricter legislation may be effective in the reduction of risk behavior”.

Another “first” is the report by Chatsantiprapa and colleagues from Thailand (p 214), addressing factors for exposure to poisons among children. Apart from the key findings implicating “medicine eating” behaviour and the danger of leaving used containers lying about, is the useful reminder this paper provides of how important cultural factors are in injury prevention. In this instance it appears that poverty, illiteracy, and family structures each played an important part.

The paper by Ezenkewele and Holder (p 245) describes the real life problems of establishing an injury surveillance system in a setting that differs markedly from what those writing the CDC guidelines are likely to have had in mind when they set about this task. This is a reality check and the sobering results are important for well intentioned investigators in many other countries. The question to be addressed is, in conditions that are often less than ideal, how good is good enough? What corners can be cut so that the process is feasible and still acceptable?

Coyne-Beasley and Johnson (p 200) also address a phenomenon that may well have implications well beyond

the specific topic, in this case gun safety. Their novel study asked law enforcement officers for their opinion about gun locks as a means for enhancing gun safety. Wisely, they did so after offering these locks to the officers and among other important findings, discovered that 65% were not using the lock they were given. One lesson from this study is that we should not assume that public officials—police, firepersons, judges, or whomever—necessarily share the views and convictions of the safety community. One step may be to bring them onside from the outset.

Further on the subject of guns, Webster, Vernick, and Hepburn (p 184) show that states that both require licensing and mandatory registration of guns have a lower percentage of crime guns than other states with only one of these requirements. In other words, the more permissive a state is, the more likely it is for guns to find their way into the hands of criminals. Makes sense, doesn’t it: so foreigners wonder why all states don’t take these sensible steps.

It may be self evident that drowsiness poses a risk for safe driving, but to my surprise (and that of our reviewers) this had not been well documented and more importantly, factors that counteract drowsiness were more mythology than fact. Thus the study by Cummings *et al* (p 194), a model of scientific elegance, offers some conclusive answers not only about risk factors but about effective countermeasures as well. The latter include stopping driving, rest stops, drinking coffee, the radio, and getting adequate sleep beforehand.

I am increasingly convinced that there is a place for case reports, even in a journal that prides itself on high quality science. These are starting points and a good example is the report by Le and Macnab on cloth towel strangulations (p 231). This account of four deaths and one near-death by a previously unrecognized hazard should serve as a heads-up and prompt further studies, especially as the authors propose some preventive measures.

Although not a methodologic paper as such, Rivara *et al* (p 210) remind us that focus groups can provide information of a different kind than surveys. Using this approach the authors gained, and share with readers, a number of insights into how to resolve many of the difficulties in getting booster seats used properly.

Parents persist in using baby walkers, even some who apparently know better. DiLillo and colleagues (p 223), while documenting favorable trends, point to the need to focus on the hard core users, possibly by emphasizing that safer alternatives are readily available.