

WMA STATEMENT ON INJURY CONTROL

*Adopted by the 42nd World Medical Assembly, Rancho Mirage, CA., USA, October 1990
and revised by the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006
and by the 67th WMA General Assembly, Taipei, Taiwan, October 2016*

Injuries are the leading cause of death and disability in children and young adults, destroying the health, livelihoods and lives of millions of people each year. Causes of injury include, among others, acts of violence against oneself or others, traffic crashes, falls, poisonings, drowning, and burns. Yet many injuries are preventable. Injury control should be recognized as a public health priority requiring coordination among health, transportation and social service agencies in each country. Physician participation and leadership through medicine, education and advocacy is necessary to ensure the success of such injury control programmes.

As the World Health Organization states in *Injuries and Violence: The Facts*, the rate of injury is far from uniform around the world. Indeed, about 90% of injury-related deaths occur in low- and middle-income countries. Within countries, injury rates vary by social class as well. The impoverished face more dangerous living and working conditions than the more affluent. For example, buildings in poorer communities are more likely to be older and in need of repair. Poor communities are also plagued by much higher rates of homicide. What's more, people living in poverty also have less access to quality emergency care and rehabilitation services. Greater attention must be given to these root causes of injuries.

The World Medical Association urges National Medical Associations to work with appropriate public and private agencies to develop and implement programmes to prevent and treat injuries. Included in the programmes must be efforts to improve medical treatment and rehabilitation of injured patients. Research and education on injury control must be increased, and international cooperation is a vital and necessary component of successful programmes.

National Medical Associations should recommend that the following basic elements be incorporated in their countries' programmes:

EPIDEMIOLOGY

The initial activity of such programmes must be the acquisition of more adequate data on which to base priorities, interventions and research. An effective injury surveillance system should be implemented in each country to gather and integrate information. A consistent and accurate system for coding injuries must be implemented by hospitals and health agencies. There should also be international uniformity in the coding of injury severity.

PREVENTION

Injury prevention requires education and training to teach and persuade people to alter their behaviour in order to reduce their risk of injury. Laws and regulations based on scientifically sound methods of preventing injuries may be appropriate for effecting changes in behaviour (for example, the use of seatbelts and protective helmets). These laws must in turn be strictly enforced. An effective injury surveillance system as mentioned above will help determine how to target further preventive efforts. Urban and traffic planning should support safe environments for the residents.

BIOMECHANICS

A better understanding of the biomechanics of injury and disability could inform the development of improved safety standards and regulations of products and their designs.

TREATMENT

Injury management at the scene of the occurrence must be enhanced by an effective system of communication between first responders and health professionals at hospitals to facilitate decision-making. Rapid and safe transportation to the hospital should be provided. An experienced team of trauma practitioners should be available at the hospital. There should also be adequate equipment and supplies available for the care of the

injured patient, including immediate access to a blood bank. Education and training of medical practitioners in trauma care must be encouraged to assure optimal technique by an adequate number of physicians at all times.

REHABILITATION

Trauma victims need continuity of care emphasizing not only survival but also the identification and preservation of residual functions. Rehabilitation to restore biological, psychological and social functions must be undertaken in an effort to allow the injured person to achieve maximal personal autonomy and an independent lifestyle. Where feasible, community integration is a desirable goal for people chronically disabled by injury. Rehabilitation may also require changes in the patient's physical and social environment.