Editorial

It is fitting that the last issue of *Paraplegia* for 1988 should be Australian. In this, our Bicentennial year, we were privileged to host the Annual Scientific Meeting of the International Medical Society of Paraplegia, appropriately in Perth, where the first Australian spinal unit was established by Sir George Bedbrook in 1953. Since that beginning, a total of 6 spinal cord injury units have been established in the 5 larger state capital cities. Despite vast distances and a relatively small population of 16 million, the management of acute spinal cord injury has reached a high standard. Retrieval of the acutely injured is rapid and they are managed thereafter, almost without exception, in these units. Management programmes are comprehensive, covering acute medical management, rehabilitation and aftercare. The location of these units in university teaching hospitals provides an environment where basic and clinical research as well as undergraduate and postgraduate teaching are the norm.

The centralisation of spinal cord services and the co-ordinated system of management makes case follow-up and data collection relatively easy. It is significant that the two meetings sponsored by the Menzies Foundation have set us on the path towards the collection of data into a national spinal cord injury register, which will facilitate epidemiological research on a national scale. It is hoped that this research will lead to better prevention programmes. It is to be anticipated that following the extension of this database to include long term follow-up, rehabilitation programmes will become more community oriented. This will involve greater emphasis upon psychological rehabilitation and the development of social skills, leading to more successful community reintegration after discharge from hospital. Such programmes will focus more strongly on self-confidence, self-image, self-esteem and human relationships. Acquisition of physical skills will become more community oriented and better integrated with the acquisition of psychosocial skills, both of which are essential for successful rehabilitation.

Recent government campaigns to prevent morbidity have concentrated on smoking and drug abuse, whereas previous efforts were directed towards the reduction of the number of injuries due to motor vehicle accidents. Personal health care is being increasingly seen as the responsibility of the individual. A similar approach will be needed in the development of programmes for the prevention of spinal cord injuries, if they are to be successful. Emphasis on self-interested self-care is more likely to be successful than any approach which is seen as placing the responsibility upon others.

The Australian Government has recently given increased attention to rehabilitation as a means of returning disabled people to the work force, and has initiated a limited national attendant care scheme to encourage disabled people to move from institutions into community living. Although both these are motivated by economic considerations, they must be considered to be positive developments with respect to the disabled individual. It is important that spinal cord injury units and their clients support such trends strongly, to increase the per-

ceived value of disabled people to the community. This will help to gain increased independence and opportunity within the community for paraplegics and quadriplegics, as well as for people with other disabilities.

While the medical care and rehabilitation of patients with spinal cord injuries is well developed in Australia, some aspects of reintegration into the community and the work force are still developing. In some countries, the reverse holds true. It is to be hoped that the efforts of international bodies such as the International Medical Society of Paraplegia will be instrumental in the achievement of standards which are equally high in all respects, in all countries.

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