Prevention of spinal cord injuries

Joint International Medical Society of Paraplegia and the World Health Organisation Symposium on the 'Prevention of Spinal Cord Injuries', Kobe, Japan, Tuesday 31 May 1994. Opening Address by Dr C J Romer MD, Chief, Injury Prevention Programme, WHO, Geneva, Switzerland.

It was excellent that this very important symposium was opened by Dr Romer, who addressed the large audience and said that he was privileged and honoured to address the participants of the 33rd Annual Scientific Meeting of IMSOP.

He noted that spinal cord injury (SCI) was one of the most devastating disorders affecting man; and that trauma along with infectious diseases were the commonest causes of premature death in the world. A recent World Bank survey had brought out new information in that about 12% of ill health results from trauma.

The symposium focused its agenda on prevention and he asked the rhetorical question 'Why?' Paraphrasing Hamlet, Dr Romer asked 'Injury prevention, does it work or doesn't it?' This is no longer a question, as it has been clearly demonstrated that it does work. This certainly also applies to SCI. We know that fast cars and even more so powerful motorcycles can be factors leading to SCI; and we know that seat belts in cars and air bags can provide real protection and should be mandatory.

In more general terms, prevention in health care is a good investment, not only financially but also regarding human suffering.

Public health achievements for at least three major diseases are a good demonstration of prevention:

- smallpox has been eradicated;
- onchocerciasis, with its consequences of blindness, has been in the process of being prevented since 1974. 30 million people have been protected and 9 million children born during this period have not contracted this terrible disease;
- in 1994, 141 countries have been declared poliomyelitis free, abolishing this disease by the year 2000.

Prevention of injury in general and SCI in particular calls for a public health strategy which in its philosophy does not differ from the prevention of more traditional diseases.

Dr Romer continued by asking: 'What is this so-called public health approach for the prevention and control of injuries?' Underlying the public health approach is the strong conviction that injuries can be prevented. The public health approach starts with defining the problem who, where, what and how and continues by identifying associated risk factors and causes. It then progresses with developing and evaluating interventions and implementing and assessing intervention programmes.

The first step of the public health approach is to define the problem: this is fundamental. Without knowing the extent and severity of SCI as well as what leads to it, in other words, without SCI surveillance as part of injury surveillance, not much can be systematically done. SCI centres and the information network they represent should seriously consider their role in surveillance.

The second step calls for an operational scenario for the prevention of SCI. Dr Romer said that on the one hand there is the science of safety and the many disciplines and government sectors working on it and, on the other hand, there is the community for which this knowledge is generated, but we should also say with which and through which this knowledge should be generated and appropriately used. The science of safety should be translated into action with the concurrence and back-up of the community.

The so-called public health approach meets with the requirements of such a scenario. In other words, public health research and science, as well as practice, brings with it a tradition

of integrative leadership, bringing together a large spectrum of scientific disciplines, organisation and communities to work in common. By doing so, public health will provide the scientific facts and instruments for policy and decision-makers, which will be more useful if not more helpful than those which separate specific disciplines and pieces of advocacy or information could bring.

Those working in SCI centres and the International Medical Society of Paraplegia, if they are committed to promote safety and SCI prevention, will certainly be sound platforms and scientific health networks and will play a basic role in this process.

Dr Romer concluded his address by saying that he wished to stress how much he appreciated being at the symposium and being associated with this IMSOP meeting. SCI calls for more attention and for more humanity. There is a social or even a humanitarian need which may not be addressed by society as it should be and much remains to be done to mitigate the psychosocial consequences of SCI particularly in many countries of the world where there are insufficient health and social resources, but we must instil prevention in people's minds and in communities because we know that it works.

It is to be noted that this extremely important and very interesting symposium was organised and chaired by Professor Alain Rossier MD, the Chairman of the Prevention Committee of IMSOP. Professor Rossier and the participants for the symposium, Dr C J Romer (WHO, Switzerland); Dr R E Carter (USA); Dr P Dollfus (France); Dr G Exner (Germany); Dr Hikosuke Shingu (Japan) and Dr J D Yeo (Australia), are to be congratulated on their delightful and illuminating presentations and also their participation in the round table discussion which followed their formal papers.

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