

Trauma - Striving for Change

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Trauma and injury may be one of the most neglected of health issues globally. It is considered to be the second leading cause of demise before the age of 40, following only cardiovascular disease¹. The current estimated toll for deaths secondary to injury exceeds the cumulative mortalities from those of HIV/AIDS, malaria and tuberculosis². Yet, despite this 'universal' burden upon the healthcare infrastructure, sadly, trauma lacks the supportive developmental assistance and funding currently allotted to high-profile conditions, as mentioned above³. In order to combat this pandemic situation, various authorities have proposed organized trauma care initiatives to ensure the injured receive adequate multidisciplinary attention to not only address the inciting issue but also its resultant morbidity. This incorporates the entire pathway of management, from the pre-hospital setting, to acute resuscitation and definitive management, all the way up until the patient's eventual rehabilitation⁴.

The care for trauma begins before the hospital, often in the absence of any trained professional. This is also the golden period to minimize further insult to the patient's well-being. Thus, members of the community must be brought front and center, and provisions of proper training for such 'first-responders' must be taken into consideration. A good example of this is the American College of Surgeons (ACS)'s 'Stop the Bleed' initiative, which as of September 2019 has trained over a million individual as 'immediate responders' to assist patient care, until professional help can arrive⁵.

When discussing the expanse of trauma, one cannot avoid mentioning the utility of its multimodal nature, and the variety of personnel involved in its care. An oft overlooked aspect of injury is the matter of rehabilitation and psychological health of the victims. This is especially true in cases of 'life-changing' injuries, as those of the spine causing paraplegia, for example. Adapting to such disabilities and compromises in the quality of life requires immense efforts on the part of the victim and the caregiver. Rehabilitation in such cases can be cumbersome and require more intricate and dedicated protocols and programmes in order to aid in their recuperation.

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In low- and middle-income nations, as our own, the major issues faced by the community which lead to increases in morbidity and mortality post injury include lack of proper primary care, delays in transportation, and a limited number of accessible specialized centers to address such circumstances. In a nutshell, management of such cases, especially post mass casualty is often on an 'ad hoc', and feasibility basis, rather than following proper protocols. Keeping in mind the shortcomings of such healthcare systems, measures may be taken in prevention of potential injury in the first place. Yet, the true issue in this setting revolves around the lack of specialized expertise and available basic resources. Aside from basic medical resources, the contemplation of dedicated trauma training and response initiatives and developmental assistances would thus be vital to improve the status quo. Finally, by improving the road map to trauma management, an additional advantage can be reaped in the form of achieving newer models for more effective and economical means in terms of follow-up and surveillance for other health conditions as well³.

Considering that we've come so far in terms of medical care on a global scale, our progress in terms of trauma management has been rather stunted. The way forward is to keep the community and stakeholders involved and educate not just the caretakers but also empower the masses to be able to help each other.

References

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