



## Knowledge, Prevention Strategies, and Intervention Tactics: Traumas and Motor Vehicle Accidents

Syed Tajuddin Syed Hassan<sup>1\*</sup>, Husna Jamaludin<sup>2</sup>, Rosna Abdul Raman<sup>1</sup>, Latiffah A. Latiff<sup>3</sup>, Haliza Mohd Riji<sup>3</sup>

<sup>1</sup>Department of Medicine, Nursing Unit, Universiti Putra Malaysia, Selangor, Malaysia.

<sup>2</sup>Ex Department of Computing Science, University of Teknologi MARA, Selangor, Malaysia.

<sup>3</sup>Department of Community Health, Universiti Putra Malaysia, Selangor, Malaysia.

**Corresponding author:** Syed Tajuddin Syed Hassan

Address: Department of Medicine, Nursing Unit, Universiti Putra Malaysia, Selangor, Malaysia.

Tel: +60-3-89472412 Fax: +60-3-89472759

e-mail: tajuddin@medic.upm.edu.my

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God creates, man generates. This divine axiom is central to understanding the role that man plays, through knowledge generation and utilisation, with man as the guardian but not the sole authoritarian-domination of life and its functions on planet earth. It seems like an inevitable excuse that as society progresses, dysfunctions and malfunctions of life's normalness and order emerge. Maintaining optimal health and wellbeing are at the forefront of everyday living challenges, dilemmas and quagmires. Worldwide, authorities and the powers-that-be, offer endless rhetoric and ostentatious pronouncements espousing the merits of advanced science and technology for human health. Such advancement is seen as the ultimate core strategy to pursue in tackling man's woes. Is this perceived tactical saviour a paradigm reflecting the absolute right? The mandatory and perceived role of man has somehow been subdued.

The Quran clearly sanctions the completeness and wholeness of mankind as God's creation. With this special attribute of wholeness, man is deemed able and capable of learning hence accretion of knowledge. Acquiring and discovery of knowledge hence learning are mandated as sacrosanct obligations. Learnt knowledge enables judicious

planning of strategies and tactics to solve problems and complex issues. Man's acquired knowledge can subsequently be translated into utilitarian functional accessories, drivers, devices, equipment, machines, robotics, sensors, and tools. With knowledge man's brain has been gifted to initiate planning for long-term mission and vision. Thus in the domain of health and medicine, with the present sophistication of advanced knowledge and complex tools, man, as the major stakeholder, should now be able to identify appropriate intervention strategies and promulgate prevention tactics through well-formulated health promotions, in protecting, saving, and enhancing-healing of human lives [1]. This is especially warranted for substantial and alarming events structuring human health and wellbeing... calamities such as traumas and motor vehicle accidents (MVA), with traumatic brain injury (TBI) as an increasingly prominent world health problem [2]. But, has this been successfully or adequately done in any country, especially in developing and poor countries? To this day, the answer is still oblivious and not forthcoming soon.

It is an undeniable fact that the growing disparity between developed, developing, and poor countries led to glaring gaps in health and wellbeing standards

of the people. Moreover discovery of knowledge to enable prevention and intervention are mostly done in the developed countries. Yet the needs are more urgent and substantial in the developing and poor countries. Despite the so called transfer-of-knowledge and translation-adaption-adoption-of-technology and aid given by developed countries, the status-quo remains and worsens. It is sad and horrible to realise that relative to arms and weapons sale to the third world (especially poor countries), the amount of money spent for research in third world countries is like a drop of water in a vast ocean. The total world arms and weapons sale to mostly-third-world-countries has been estimated at a whopping USD 500 billion. In such a scenario, regretfully and with chagrin, empathy and sympathy relating the haves to the have-nots seem so distant.

Nevertheless, it is generally widely admitted that MVA and its downstream impacts as evidenced by traumas and brain injuries are fast becoming a world number one "silent epidemic". It is widely acknowledged too that by 2020, trauma due to MVA may become the third largest global-health burden. The special niche of man as the purveyor and researcher of knowledge for long-term panacea of trauma and MVA warrants special emphasis and focus. Perhaps the most important knowledge is to understand man himself/herself as the central-most stakeholder in the event comprising traumas and MVA. In simple terms, more research is needed to understand man's allusion, illusion, thinking, thought processes, behaviour, compulsion, and compunction. Qualitative research

delving into experiences, interpretations, and renditions solicits augmentation through education and health promotion. Complementing knowledge and its dynamics as the long-term strategy, the short-term tactics comprise prevention practices and intervention tactics execution. Thus it is undeniable... the overriding significance of health promotion strategies in planning and implementing of strategies and tactics to manage traumas and MVA events, issues and their shortcomings. The ubiquitous epidemic of traumas and MVA enticed and prompted the United Nations General Assembly to devote an entire day session, some years ago, in deliberating, attempting-soliciting-agreement and urging member countries to initiate reforms and transformation to reduce and manage this MVA-initiated carnage and mayhem of civilisation. How many developing and poor countries have successfully performed the preliminary actions and followed-up with necessary policies, regulations, implementation and enforcement? Continual compulsive audits similar to that done for the Millennium Development Goals are highly wanting.

While admiring, deliberating and giving accolades to designed advanced applications, tools and devices, the role of man as the innovative, reflective and knowledge-skill-adaptive human being should not be neglected. Thus man's role as the problem solver, incipient protector, and caregiver [3] deserve rightful accolade, acknowledgement, and gratification.

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