Fatal numbers

Single Vehicle Rollover Accidents: Trauma in Central Australia

There are growing concerns about the incidence and consequences of single vehicle rollovers (SVRO) in Central Australia. Between 2000 and 2010, there were a total of 208 deaths due to motor vehicle accidents (MVA's); of these, 116 were due to SVROs. Unfortunately at 58 per cent, Indigenous individuals constitute the majority of the fatalities.

Excessive speed, unsealed and unfenced roads, narrow shoulders, animals crossing roads, vast distances and the high use of alcohol makes the spectrum of SVRO's in the Northern Territory unique.

In the seven-year period (from 2004-2010) the Alice Springs hospital recorded an astounding 1,872 patients involved in MVA's, of which 382 were due to SVRO's. Indigenous casualties contribute significantly to SVRO statistics, 43.7 per cent (n=167).

Interestingly, since the introduction of the speed limit in 2007 by the Northern Territory Government and the instrumental work of the College in this process, there has been a stepwise reduction in the total casualties since 2007 (**Figure 1**).

This good news is short lived as, even though this reduction is significant, this mainly applies to non-Indigenous casualties while Indigenous casualties remain constant (**Figure 2**).

Another issue that has arisen is the decreased effectiveness of road transport safety awareness in Indigenous communities, which is manifested in drink driving and unrestrained passengers. Indigenous Australians have been involved in higher rates of SVRO's under the influence of alcohol (**Figure 3**).

A total of 142 individuals were unbelted in the 382 SVRO's from 2004 to 2010, and of this, 101 persons were of Indigenous descent.

Interestingly, that those who were intoxicated were far more likely to be unrestrained. And those who were belted fared much better than those that were not belted, with those being belted at an average injury severity score (ISS) of nine compared with an ISS of 21 for those who were unbelted.

Single vehicle rollovers and motor vehicle accidents are still a cause for worry in Central Australia and much more targeted primary prevention strategies need to involve remote communities to address alcohol and seatbelt use.

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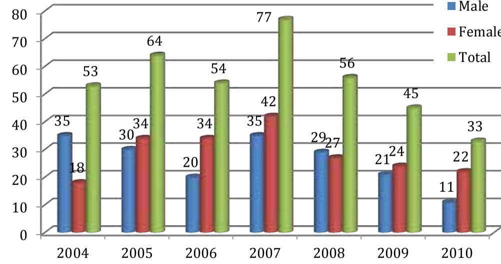

Figure 1. Total number of single vehicle roll over (SVRO) casualties in Central Australia from 2004 to 2010. Since 2007 there has been a step-wise reduction in the incidence of SVRO's, which can be directly attributed to the actions of the College and the Northern Territory Government.

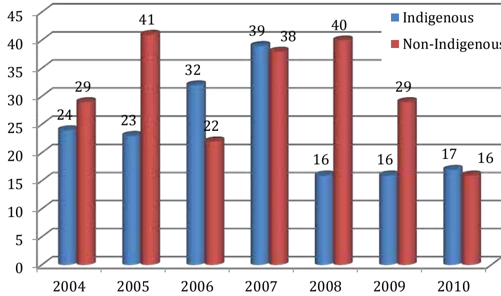

Figure 2. Indigenous as compared to non-Indigenous casualties involved in SVRO's from 2004 to 2010. Indigenous casualties have remained constant since the introduction of the speed limit in 2007..

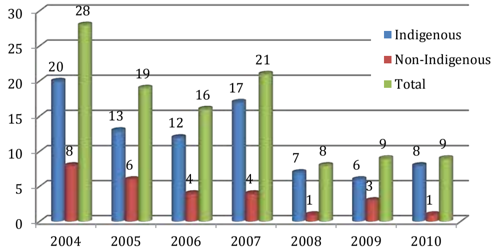

Figure 3. Indigenous Australians are much more likely to be involved in SVRO's under the influence of alcohol compared to non-Indigenous. There has been a slight reduction since 2007 due to much more strict enforcement; however the rate of accidents under the influence remains constant.

Indigenous Medical Specialists

Medical colleges have come together to encourage Indigenous specialists

In a bid to close the gap in health status between Indigenous and other Australians, the National Aboriginal and Torres Strait Islander Medical Specialist Framework Project (NATSIMSFP) has been implementing the framework recommendations endorsed by the Committee of Presidents of Medical Colleges (CPMC) since July 2012.

The project is housed in and facilitated by the Royal Australasian College of Surgeons.

The main focus of the framework recommendations endorsed by the CPMC in 2010 was to increase the number of Aboriginal and Torres Strait Islander medical specialists in Australia to help improve speciality skills particularly needed to address the poor status of Indigenous health.

The core aim of the project is to encourage pathways for Indigenous doctors wishing to pursue specialist training.

In February 2012, the project surveyed 15 medical specialist Colleges in Australia to identify the scope to implement the framework recommendations. The survey analysis revealed that the majority of Colleges were already engaged in Indigenous health-related learning module development, including cultural competency training. Some Colleges also reported the recognition of Indigenous knowledge and culture in their curriculum development.

The survey also revealed opportunities for improved data collection, and information about training programs for prospective Trainees.

Currently, the project is conducting a second round questionnaire survey to better inform the project implementation process.

As an early achievement, the project has recently developed a standard guideline for Colleges to ask about Indigineity for data collection purposes. It is anticipated that this guideline will be distributed to all Colleges by early September 2012.

The project aims to launch web pages within the CPMC domain so that the general public and prospective medical Trainees can access project resources.

It is hoped that the web pages will be instrumental in providing information on medical specialist training programs for Aboriginal and Torres Strait Islander doctors hoping to become specialists.

For further information about the project please contact Dr Netra Khadka at Netra.Khadka@surgeons.org.

Kelvin Kong
Chair, Indigenous Health Committee

Law unto themselves

Lawyers, hmmphf

There is one thing that really annoys me and that is lawyers, well not all lawyers, but some lawyers. I will even admit that I have some friends who are lawyers. They were friends first and then became lawyers and I never quite got round to cutting them off. We curmudgeons are very short with people who waste time by unnecessary questions and chat. Lawyers have no idea of the value of time – my time.

Have you noticed that when you are asked to go to court to give evidence the times available are from 10.30 to noon and 2.30 to 4 pm? Now that is a total of 3 hours per day. What on earth do they do for the rest of the day? In between these hours the legal profession go to their "chambers".

That word in itself is suspicious – it is not their "office", which sounds like a good honest working place. It is not their "consulting rooms", which implies some sort of value for money in exchange for advice. It is not an "operating theatre", which suggests that something really is achieved there.

And then there is the "Judge's Associate". Why is he or she necessary – perhaps someone with whom to play backgammon or whist or whatever the legal fraternity get up to in the hours spent in their "chambers"? And as to giving evidence – they ask your name and address and qualifications. Can't they read the letterhead?

Then the questions go on and on and at one minute to noon they decide to adjourn for lunch. It sounds like a game of cricket. However, the time-sensitive statement to be most feared from a lawyer in court is what I call the great legal lie: "I won't be very long with you, doctor". However, there is a sting in the tail. When we get them in our care we can retaliate with the great surgical lie: "This won't hurt a bit".