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Letter to the Editor

Dear Editor,

We have read the article on “An epidemiological study of road traffic accident (RTA) cases admitted in a tertiary care hospital” by Pathak et al. published in MJAFI 2014; 70(1):32–35 with great interest. The work of the author is laudable and in current interest. Road traffic injuries rank second to HIV/AIDS as the leading cause of ill-health and premature death for adult men aged 15–44 years.¹

Our senior doctors in their administrative capacities as SEMOs/Advisors to the military leadership, are well aware of the public health implications of RTAs resulting from faulty road design, layout and maintenance defects, besides the ills of speed and ‘drunk driving’.

We would like to highlight that in conjunction with sustained public education and deterrent policing, engineering solutions may also be required. Attention to measures as simple as professional speed breaker design, placement and construction² with adequate sign posting, can have a potential impact on prevention of accidents especially those affecting vulnerable road users such as pedestrians and cyclists.

With the lack of a cogent policy on road safety,³ we may have to resort to locally implemented civic measures (at the cantonment level) which may aim to either reduce or restrict the number of vehicles using residential colony roads, by improving crossing facilities on main roads, by closing off roads i.e. prioritising pedestrian routes, using one-way systems; or reducing traffic speed by ‘traffic calming’ measures such as humped pelican crossings, narrowing of roads and mini-roundabouts.

The World Health Day 2004 slogan was ‘Road safety is no accident’. Road safety results from deliberate efforts by governance systems, either national or local, and requires policies and programs to be developed to support and maintain it.

Road safety is often treated as a transportation issue, not a public health issue, and road traffic injuries are called ‘accidents’, though most could be prevented.¹ Civic planners need to address issues of speed and alcohol consumption; promoting of helmets and seat belts; improving the design of roads; enforcing road safety laws; and improving emergency medical response services (e.g. the 108 Ambulance service).

Researchers put far more effort into understanding and preventing diseases that do less harm than into understanding and preventing road traffic injuries. Our commitment as

concerned doctors (and opinion makers) is key to mitigation of this epidemic of RTAs, which takes the lives of lakhs of people in India every year, disables thousands, and affects their families and communities. Thus a clear message is that road traffic injuries can be prevented, and their consequences can be alleviated. Strong leadership commitment is key to prevention efforts,¹ and in garrisons, an enabling environment for road safety can be created. Road safety can be considered to be a collective responsibility; with partnerships bridging the various stakeholders such as the Military Police, the station units, hospitals and administrative staff, to promote and facilitate efforts to prevent road traffic injuries.

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Contributed by

Maj Vipra Mangla*

DADH, HQ 12 Rapid, C/O 56 APO, India

Col M.P. Cariappa

Associate Professor, Dept of Community Medicine, Armed Forces Medical College, Pune 40, India

Maj Ratnesh Shukla

Graded Specialist (Anaesthesia), Military Hospital Jodhpur, C/O 56 APO, India

*Corresponding author.

E-mail address: vipramangla@yahoo.com

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