



## POST-EVENT SUMMARY OF OPENING PLENARY SESSION AT ARSC2015 (As at 22 October 2015)

**Friday 15 October: 8:30am – 10:00am**

Arena 1B

**Plenary Session**

**Professor Brian Owler**

**Professor Gerry Fitzgerald**

**Professor James Harrison**

Summary (Prepared by Therese Back, ACRS):

The Friday morning Plenary was opened by Lauchlan McIntosh, President of the Australasian College of Road Safety.

After acknowledging the traditional land owners, ARSC2015 sponsors, exhibitors and supporters, Lauchlan welcomed Keynote Speaker, **Professor Brian Owler**, President of the Australian Medical Association. Professor Owler's presentation, "Reduce the speed, reduce the trauma" outlined his personal and professional commitment to improving driver safety and helping to prevent trauma on our roads.

- We all share a commitment to improving driver behaviour, improving road safety, and reducing road trauma
- We all want to save lives. We all want to stop horrific avoidable injuries. We all want to stop families being shattered by recklessness, tiredness, carelessness, or error on our roads
- A split second decision – fatal consequences for some; lifelong disability and anguish for others
  - good people making bad decisions
- Many pivotal changes in road safety were changes advocated for by the medical profession – particularly surgeons
  - doctors, and other health care workers, see the tragic results when road safety is ignored or when terrible avoidable accidents occur
- I decided to act as a result of my experiences and took my ideas to the NSW Government
  - the result was the Don't Rush road safety campaign in NSW
  - I wanted to make the public aware of the consequences of driver behaviour – in particular speeding and fatigue
- The campaign worked because it came through my experience as a doctor and, similarly, other doctors are motivated by their experiences
- The horrific statistics of road deaths and accidents need to be repeated over and over so the public understands the extent the tragedy

- since 1925, there have been more than 185,000 deaths on Australia’s roads
- While preventive measures such as random breath tests, seat belts, and improved automobile technology have substantially reduce road trauma, on average, three people still die on Australia's roads every day, and 90 are seriously injured
  - approximately 33,900 adults and children every year.
- We know the numbers of people that are killed on our roads but how do we count serious injuries
  - currently a number of options but consensus on an approach to this issue, working together, will be needed soon
- The cost of road trauma to the Australian community is enormous
  - estimated at \$27 billion per annum, or \$70 million a day.
  - impact is not just on those in the vehicle, but ripples throughout the community
  - surgery, blood transfusions, recovery and the rehabilitation, permanent impairment, disability, neurological damage, grief, Post Traumatic Stress Disorder affecting survivors, witnesses, emergency workers and tow-truck operators etc
- Don’t Rush message is simple - it asks drivers to choose wisely and encourages change to the cultural acceptance of risky behaviour
- Changing driver behaviour and culture is very difficult and needs a combination of education, awareness, and enforcement
- The AMA and ANCAP joined forces to launch the Avoid the crash, Avoid the Trauma campaign
  - want to see the introduction of Autonomous Emergency Braking, or AEB, in all new cars sold in Australia
- Technology is a driver of health prevention - improving vehicle safety will improve driver (and passenger) safety
  - the more we can alleviate driver mistakes the more we reduce road accidents
  - it is the game changer that mitigates our human faults, the tool we have to truly move towards zero fatalities and serious injuries on our roads
- Governments, at all levels, have a vital role to play in injury prevention - and perhaps no more so than in road safety
  - major reductions in road trauma have all come through government intervention, some of which were unpopular at the time
  - the introduction of seat belts, speed limits, random breath testing, and other initiatives have all resulted in major reductions in road trauma and saved thousands and thousands of lives
- Government has a role in regulating and modifying the behaviour of individuals so that the rest of us can be confident that we won't be run over by someone distracted by talking on their mobile phone, or run off the road by a drink driver
- There are many families affected by road trauma, who have found ways to use their tragedy to make a difference and help others. They are all an inspiration
- Doctors see the impact of tragedy every day, it is why we are unashamed champions for public health
- Events like this are so important. It is why you are so important. To fight harmful ideology with common-sense, with evidence, with research, and with your professional knowledge and passion
  - our State Roads Ministers share you passion and commitment

“Towards zero is not an aspirational target. Zero fatalities and zero serious injuries is the correct answer. The difference now is that we have the ability to do this. You, in this room, have the answers. You, here now, have the technology.”

Lauchlan then asked **Professor Gerry FitzGerald** of the Queensland University of Technology and **Professor James Harrison** of Flinders University to join Professor Owler on stage for a Panel Session titled “Injury, Rehabilitation and Risk”.

Professor Fitzgerald gave a presentation on implications on the health care system.

- Professor Fitzgerald worked in the Emergency Department for 10 years
  - reiterated that it is personal experiences that influence our actions
    - wonder how we can do better
- Road trauma has health system implications
- Some years ago, QLD developed a trauma plan which gave rise to the establishment of Trauma Centres
  - resulted in a coordinated approach
- How does the health care system continue?
  - there are a number of challenges
    - economic – the prevailing view is we can afford quality health care in the future
      - Australia is not going to go broke by spending more on health
      - who should pay – individuals or the community
    - demographics – people over 65 are heavy users of health care
      - the system needs to be more efficient because of demographic changes in society – an aging population and declining workforce
    - changing patterns of trauma
      - increasing specialisation of medicine
      - challenging the way we treat health care
    - politics – federal, state, local
    - Internal politics of medicine within the profession
- Lack of agreed and publically accepted plan for change to health care
  - we need to work cooperatively, strategically

Professor James Harrison of Flinders University gave a presentation “Measuring Non-fatal Road Injury”.

- We should measure and monitor non-fatal road injury
- Think carefully about exactly what information is needed
  - design information systems accordingly
- Technical basis
  - follow-up registers for outcome measurement
    - combine data on crashes with health service data to get benefits of both
    - refine indicators (e.g. to minimise under- and over-counting)
    - improve understanding of the extent to which post-injury disability reflects pre-injury state
- Monitoring
  - survival - suitable for comparisons (national, international) - no available method is perfect
  - disability - apply periodically-updated weights to latest set of case-data to estimate future disability
- Case for measuring non-fatal road injury has become compelling
  - what do we measure and how do we best do so
    - three themes
      - decide exactly what we need to know and what we are willing to pay for
      - count the cases
      - determine consequences e.g. burden, disability, cost