

Long-term survival no different among those severely injured by violence vs. accident

February 4 2014

People seriously injured by violence are no more likely to die in the years after they are shot, stabbed or beaten than those who are seriously injured in accidents, Johns Hopkins researchers have found.

In a report on research published online Jan. 30 in the *Annals of Surgery*, the Johns Hopkins scientists say that lifesaving [trauma care](#) is succeeding in extending the lives of many of the most severely injured, regardless of cause. The investigators say they hope their research will put to rest questions about whether it's worth extraordinary medical effort to save those embedded in lives of violent crime.

"Given the expensive and resource-intensive nature of trauma care and the fact that many people who are shot or stabbed come back with similar injuries, we have been asked whether all this effort is worth it. Are we saving lives only to lose them in the near future to more violence?" says study leader Adil H. Haider, M.D., M.P.H., a trauma surgeon at The Johns Hopkins Hospital. "But this study shows that these patients live as long as anyone who has survived a serious injury. Saving a life is always worth it and should never be seen as an exercise in futility."

Haider and his colleagues studied the cases of 2,062 adult [trauma patients](#) who were discharged alive from The Johns Hopkins Hospital between Jan. 1, 1998, and Dec. 31, 2000. Of those, 56.4 percent were injured by violence and 43.6 percent in falls, car crashes and other accidents. Then the researchers carefully matched the patients to the

National Death Index, a registry of those who have died. After seven to nine years, roughly 15 percent of patients in both groups had died. Patients in each group died at a much higher rate than average for a similarly aged, healthy population, most likely because of the trauma done to their bodies.

Still, Haider notes, the cause of eventual death was significantly different in each group. Violently injured patients were much more likely to die of an external cause than accidentally injured patients (55.6 percent vs. 24.4 percent), when researchers adjusted for such factors as injury severity. Nearly one-third of violently injured patients who died within seven to nine years after their initial injury were killed by gunshot wounds, as opposed to 5 percent of accidentally injured patients. In sharp contrast, accidentally [injured patients](#) more often died of circulatory problems (30.6 percent vs. 7.8 percent).

Patients with incomes of less than \$25,000 a year were significantly more likely to have died within seven to nine years, as were men and those with other chronic health conditions.

The recurrence of violence in cases of previous violent injury is what truly bothers Haider, an associate professor of surgery at the Johns Hopkins University School of Medicine and director of Johns Hopkins' Center for Surgical Trials and Outcomes Research. He says medical providers should start thinking differently about violence.

"In some places, it's kind of like a disease that kills you, not all that different than hypertension or diabetes," he says. "One treatment could be a larger number of improved violence prevention programs—finding ways to change a culture that can be deadly. We need to help people, especially those who are injured, get out of this cycle."

Haider says he hopes a violent incident can be a turning point for some:

"Potentially, it's a teachable moment."

He has received a grant from the Urban Health Institute to develop a program to "help people injured by violence figure out how to keep from returning to where the [violence](#) happens."

Provided by Johns Hopkins University School of Medicine

Citation: Long-term survival no different among those severely injured by violence vs. accident (2014, February 4) retrieved 26 June 2024 from <https://medicalxpress.com/news/2014-02-long-term-survival-severely-violence-accident.html>

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