

## Road traffic accidents in Libya: An undeclared War

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To The Editor: In his outstanding article regarding Road Traffic Accidents (RTAs) in Libya [1], Dr Abdulmajid Ali has raised awareness and started a debate about this extremely important issue. Before responding to some points in Dr Ali's article, I would like to tell a real story of a tragic accident that happened last week, which highlights several issues related to RTAs in Libya.

A 55 year old driver left after Fajr prayer to the vegetable market to buy a few things for his daughter's wedding lunch. While trying to avoid a big pothole in the middle of the road, he was hit by a truck without headlights coming from the opposite direction. The truck driver continued driving as if nothing had happened. None of the road users cared to help the victim but he was able to contact his son by mobile phone to come and help him out of the wreckage. His son took him to the main Trauma Hospital in Tripoli. The patient had no external injuries. He was admitted for observation only. A few hours later the patient died as a result of major internal hemorrhage. Further information revealed that the truck driver had no driving license and the truck was not road worthy.

This story is not unique However; it highlights the complex and intermingled issues that need to be addressed to have any real impact on this disastrous problem in Libya.

The specific points I would like to add to Dr Ali's article are:

1. There is no doubt that RTAs are a major killer in Libya especially in the young age group. The annual reporting of road casualties is considered to be the yard stick to measure the effectiveness of any national traffic policy; in the UK for example the target is to reduce fatalities from RTAs by 50% by 2010 [2]. It is a disgrace not to have accurate official statistics published at least annually of fatalities, injuries, disabilities and the economic consequences of this undeclared war in Libya. There is evidence to support that there could be a positive impact when national health challenges are tackled systematically [3-5]. It is perplexing not to have a Libyan National Traffic Policy to deal with this very serious issue comprehensively.

2. The majority of serious accidents in Libya occur on motorways. Internationally, motorways are organised in such a way that traffic can only leave or join the motorway through specified junctions. In contrast, in Libyan motorways, other vehicles can join the motorway unpredictably at any point, left or right and sometimes from above or below! Personally I think that the lack of a

Highway Code or its implementation is a major contributing cause for serious RTAs.

3. The Libyan Traffic Police Force needs a shakeup to root out the few corrupt officers who brought what used to be a highly regarded force into disrepute because of their indiscipline. The force needs support, respect and incentives, one of which is to link their pay rise to the national reduction of RTAs.

4. To be slightly provocative, I would like to call for a public inquiry into the issue of RTAs in Libya. This is a very robust way to learn lessons and implement corrective changes (please see [www.hse.gov.uk](http://www.hse.gov.uk) Railway Public inquiries).

5. Dr Ali touched on the importance of ATLS. As we can learn from the above story the issue is not as simple as we think. I will not scratch the issue of the role of Blood transfusion Service in this situation. Suffice it to say this is a colossal national challenge and deserves equal resources.

6. I would like to express my disagreement with Dr Ali's suggestion to exert our pressure on the Libyan Ministry of Health. I do not believe that we have any power to exert over the politicians!

### References:

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