



## Acquired Brain Injury; Do We Need to Care?

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To care or not to care. This axiom is an oxymoron to the caring philosophy of a civil society with an endearing canopy of a healthcare system. This is especially so for acquired brain injury (ABI), a silent epidemic with its attending trauma. Two significant ABI conditions are traumatic brain injury (TBI) and stroke. The caregiving and rehabilitation burden costs are known to be astronomical. Notwithstanding the economics and material burden, the consequent trauma and pressure on caregivers can be overwhelming and substantial [1,2]. It is now a common knowledge that the incidence of motor vehicle accidents (MVA), the highest contributor to TBI, is high especially in the low and middle income countries. The subsequent trauma to both the caregivers and care-receivers were never fully evaluated. Here, we situate the nonchalant attitude of society towards ABI trauma within a knowledge-deficient setting, and posit the need for definitional and societal reforms or transformation. Despite some worldwide efforts in health campaigns, enforcement, and institutionalising of strategies, tactics and research, the incidence of trauma due to MVA and stroke continues to increase, especially in the low and middle income countries. Bad driving attitude, behaviour, habit and practice are the major risk factors for MVA. Interventions are needed from

both “top-down” and “bottom-up” stakeholders at national and international levels. Similar campaigns are needed for stroke reduction. Drastic measures are warranted since young adults contribute significantly to the total counts of victims. Apart from mortality, impairments and disability, the cost to society of disfranchised or marginalised disabled young adults [3] has never been assessed. The loss of economic and productive potential must be enormous. Uncontrolled societal nonchalant attitude, apathy and malaise prevail due largely to ignorance towards the invisible trauma of ABI. An index of well-being of ABI victims and their caregivers [4], has never been formulated and is thus warranted.

With chagrin societal malaise resonates into the larger public response towards the disabled and impaired. In low and middle income countries, civilities, courtesies and the sense of obligation are dismally lacking. People do not even respect facilities reserved for the disabled. Thus ABI trauma victims, especially those with polytrauma [5], suffer perpetually. In time too, the societal nonchalant penchant exacerbated, especially with ineffective enforcement, budget constraint and low priority allocation. Efficient I intervention, such as employing critical threshold rehabilitation concept [6], and long term solutions remain distant hopes

for the victims and their caregivers. Given the widely known 1.5 million new cases of TBI in the USA alone, the world yearly incidence of TBI and stroke trauma would be staggering.

Hence society, especially in low and middle income countries, should urgently be energised, to acculturate humane conscience. When promotion and ostentatious deliberation are effectively done by governments and authorities, society would follow suit act accordingly. Hence, bridges (info-structures, infrastructures) should be rolled out to society by authorities to materialize action. Programs, support systems, and novel initiatives would then ensue. The ABI survivors and their families can become the nuclei of initiative concerns. An excellent example is the National Stroke Association of Malaysia (NASAM), which has effectively expedited rehabilitation of many stroke patients. TBI trauma community urgently requires taking similar optimal measures. This

requires updating information [7] and innovation through appropriate research [8]. Perhaps ABI should be legally and medically classified as a disease to enhance world attention and action.

What is most needed now is transformation of the mind that can entice an awareness and empathy for brain injury victims and caregivers. This needs a medical, legal and cultural redefinition of ABI that as a pathologic condition, it would then deserve due medical attention. As a legal case, it gets the mandatory limelight and rightful treatment. Lastly as a cultural entity it awakens society.

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