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REVIEWER'S COMMENT

ESJ: Expert comment on number and cost of claims linked to minor cervical trauma (manuscript number: ESJO-D-07-00195R1, B. Soltermann et al.)

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The article of B. Soltermann et al., summarizes a report on minor cervical trauma commissioned by the Comité Européen des Assurances (CEA). These CEA data provide evidence of large differences in the incidence of minor cervical trauma and the related use of health related resources and costs across multiple European countries. Probably the most striking results from this report are the differences in the direct and indirect costs from minor cervical trauma between the three major language regions in Switzerland. These disparities are a concern for health insurers and health policy makers who must deal with expenditures and equitable management of care in societies with ever increasing health care budgets.

The findings of the report also support the hypothesis that there are social and cultural differences in coping with acute injury, in how chronification of a disease is perceived, and in how compensation benefits function as a part of social safety networks. Such perspectives and hypotheses are, however, not always shared and supported by clinicians who have different views about the etiology of pain and suffering than third party payers and policy decision makers. This controversy may at least partially be rooted in a different apprehension of causality between physicians and other actors in the health system. The major reason for

this discrepancy between physicians and other health system players is likely related to the fact that evidence based etiologic mechanisms for minor cervical trauma are still ill-defined and the available diagnostic procedures are characterized by poor accuracy. These clinical deficits make it ultimately difficult to rule out non-medical reasons of using health related resources, such as those related to the effect of different compensation systems.

The CEA report has two major implications for physicians. First, additional clinical, diagnostic and psychological research is needed to provide a better understanding of the patho-physiological mechanisms involved in the clinical presentation of minor cervical trauma. The second implication relates to the fact that physicians are not always well prepared to deal with potential social phenomena in medical decision making in a disease which is characterized by considerable clinical uncertainty. Decision making should therefore not only be a function of a biomedical model but also of cultural beliefs and social and economic incentives. As pointed out in the article of B. Soltermann et al., a productive collaboration of researches, clinicians and health insurers is therefore needed to set up case management systems that provide equitable and cost efficient care for patients with unequivocal signs of minor cervical trauma.

This comment to the original article refers to the articles:

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