

Death in childhood and adolescence: Accident!

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Abstract

In childhood and adolescence periods, individuals encounter many dangerous situations caused by not completing their biological and psychological development. Some of them are pathological deaths such as accidents, poisoning, and traumatic actions for children. Awareness of the number and causes of death is an indicator that reflects the health status of our society. It is also vital in-service planning for both preventive and therapeutic medical professions. The purpose of this article is to evaluate death cases between the ages of 0–18 in terms of forensic medicine. As a result, it has been understood that accidents are an important cause of death in childhood. In particular, developing policies to protect against common accidents will reduce the mortality rates of children.

Keywords: Autopsy, childhood, family medicine, forensic medicine

Introduction

Individuals in childhood and adolescence face many dangers as they cannot complete their biological and psychological development. The pathological deaths, accidents, poisoning, and traumatic situations could be given as default dangers. Although there are many definitions, childhood can usually be explained as a period between the ages of 0–18.^[1,2] Child mortality is inversely proportional to the development levels of countries.^[3-5] Infant mortality rates have been decreasing globally in recent years and are expected to continue this trend globally in the near future. Global infant mortality rate was calculated as 63/1000 between 1990 and 1995. However, this ratio is estimated to be 23/1000 between 2025 and 2030.^[6]

The main reason for performing a post-mortem medical examination in children is to determine the cause of death. In

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this way it is possible to determine whether children are abused.^[7] In addition, accurate and reliable information about the cause of death can be obtained by performing an autopsy. These data have also vital importance in terms of the public health planning. Male/female ratio was reported as 11:7 in a study conducted by He et al.^[8] In a different study conducted by Suominen et al. the average age of 11.347 cases were calculated as 8.6 years, and 65.4% of these cases were reported to be male.^[9] Accidental injuries are an important cause of death and illness, especially for children and adolescents.^[10-12] Traffic accidents are the most common type of accident that causes injury or death, and is the second most common cause of death in children aged 10-14 years.^[11] In Pakistan, Mirza et al. reported that individuals in childhood are involved in 18.8% of all traffic accidents.^[13] Similarly, He et al. also reported that 278 of 491 children's cases died from accidents.^[8] Yağmur et al. also concluded that 33.3% of head trauma deaths were caused by traffic accidents.^[14] The importance of developing new strategies and providing training to lower this high rate is widely accepted. As a result, relevant trainings have started to be provided in schools and similar security centers.^[15,16] However, the training provided does not seem sufficient to reduce these rates. However, the education provided does not seem sufficient to decrease these rates. Even in developed countries like Germany, the spread of traffic accidents

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is another evidence of inadequate education. In the event of a traffic accident, the children in the vehicle were reported to be in very high danger. The reasons for being in a dangerous situation are the absence of a seat belt for the child, the speed of the vehicle and the inability to control whether the driver is drinking alcohol.^[17-19] Children over 1 year who are not under family supervision are at great risk for out of vehicle traffic accidents, as they cannot predict potential hazards.^[20] In similar studies conducted in our country and in the USA reported that drowning in water is one of the most common accident types in childhood deaths.^[15,19,21]

The frequency of sudden cardiac death in young people is between 0.7 and 3.7 per 100,000 people. It is very difficult to identify the causes of sudden cardiac deaths.^[22-24] Almost half of the sudden death cases cannot be explained even after autopsy.^[25] Infection-related deaths have an important place in childhood deaths. The main causes of pathological deaths between the ages of 1–4 are infection and related complications and heart anomalies.^[2,9,26] Although suicide is relatively rare in childhood, it is a serious cause of death. However, it is more common in adolescence. The tendency of suicide rate increases in South America while decreases in Europe.^[27-29]

Child Injuries and Family Doctors

Family education, development of preventive measures, and close monitoring of children are important in preventing child accidents. These follow-ups may be in the form of both knowledge determination and psychological evaluation together with the training of families during and after pregnancy.^[30] It is important for every family physician to have a basic level of knowledge in the differentiation of accident and child abuse in order to handle these cases correctly. In some countries, children are followed up by family physicians for their development after birth. It should be noted whether or not the injuries recur in accidental injuries of children, especially those who are followed by family physicians who examine the patient more frequently and in recurrent periods. The presence of recurrent traumas in children should be considered as abuse and it should be taken into consideration that this situation will become more dangerous gradually. Every physician is obliged to report the abuse he/she has noticed. When such a situation is noticed, more sensitive examinations should be made, and if necessary, work with relevant social institutions to prevent this situation from recurring. Making these notifications accurate and timely will make it easier to take precautions and reduce the frequency of deaths due to preventable accidents. Especially considering swimming pool deaths are preventable deaths, this issue should be considered in the health assessment of families and children.^[31,32]

Child deaths due to traffic accidents, which are among the preventable deaths, also have an important place. This issue should always be considered in the provision of preventive health services.^[33] Parents who have or want to have children should be informed about the use of a baby seat, seat belts, and speed

control during their follow-up. When necessary, families should be directed to professional help.

In addition, autopsy is important to access actual epidemiological data in accidental deaths and then take protective measures in the light of these data. Therefore, it is important to report suspicious situations and perform an autopsy when necessary.

Conclusions

Accidents are known to be the major cause of childhood deaths. Although the socio-economic level of some country is high and child mortality rates are low, child mortality rate due to accidents is still high. In order to reduce this ratio, it is important to develop preventive policies and to provide relevant trainings. The sensitivity of family physicians, who follow the families and children, is important in making these trainings and evaluations.

Ethical approval

This article does not contain any studies with human participants or animals performed by any of the authors.

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Conflicts of interest

There are no conflicts of interest.

References

- 1. Rosenberg ML, Rodriguez JG, Chorba TL. Childhood injuries: Where are we? Pediatrics 1990;86:1084-91.
- 2. Meel BL. Mortality of children in the Transkei region of South Africa. Am J Forensic Med Pathol 2003;24:141-7.
- 3. UN Inter-Agency Group for Mortality Estimation. Levels and Trends in Child Mortality Report 2015. New York: UNICEF, WHO, World Bank, United Nations Population Division; 2015. Available from: http://reliefweb.int/sites/reliefweb.int /files/resources/IGME_Report_Final2.pdf.
- 4. Countdown to 2015. Countdown to 2015 and beyond: Fulfilling the health agenda for women and children. Geneva: World Health Organization & UNICEF; 2014.
- 5. Pritchett L, Summers LH. Wealthier is healthier. J Hum Resour 1996;31:841-68.
- 6. Statista. Projected global infant mortality rate 1990-2100. Available from: https://www.statista.com/statistics/806915 /infant-mortality-in-germany/.
- 7. Cartlidge PH, Dawson AT, Stewart JH, Vujanic GM. Value and quality of perinatal and infant postmortem examinations: Cohort analysis of 400 consecutive deaths. BMJ 1995;310:155-8.
- He M, Fang YX, Lin JY, Ma KJ, Li BX. Unnatural deaths in Shanghai from 2000 to 2009: A retrospective study of forensic autopsy cases at the Shanghai Public Security Bureau. PLoS One 2015;10:e0131309.
- 9. Suominen P, Kivioja A, Ohman J, Korpela R, Rintala R, Olkkola KT. Severe and fatal childhood trauma. Injury 1998;29:425-30.

- 10. Public Health England. Reducing unintentional injuries on the roads among children and young people under 25 years. London: Public Health England; 2014.
- 11. WHO. World report on child injury prevention. Geneva: WHO/Unicef; 2008.
- 12. Towner E, Dowswell T, Errington G, Burkes M, Towner J. Injuries in children aged 0–14 years and inequalities. London: NHS/Health Development Agency; 2005.
- 13. Mirza FH, Hassan Q, Jajja N. An autopsy-based study of death due to road traffic accidents in metropolis of Karachi. J Pak Med Assoc 2013;63:156-60.
- 14. Yagmur F, Celik S, Yener Z, Koral F, Yaman T, Sezer Y, *et al.* Head trauma-related deaths among preschool children in Istanbul, Turkey. Am J Forensic Med Pathol 2016;37:35-9.
- 15. Schwebel DC, Combs T, Rodriguez D, Severson J, Sisiopiku V. Community-based pedestrian safety training in virtual reality: A pragmatic trial. Accid Anal Prevent 2016;86:9-15.
- 16. Schwebel DC, Davis AL, O'Neal EE. Child pedestrian injury: A review of behavioral risks and preventive strategies. Am J Lifestyle Med 2012;6:292-302.
- 17. Bass D, Albertyn R, Melis J. Child pedestrian injuries in the Cape metropolitan area: Final results of a hospital based study. S Afr Med J 1995;85:96-9.
- 18. Derlet RW, Silva J Jr, Holcroft J. Pedestrian accidents: Adults and pediatric injuries. J Emerg Med 1989;7:5-8.
- 19. Tanz RR, Christoffel KK. Pedestrian injury: The next motor vehicle injury challenge. Am J Dis Child 1985;139:1187-90.
- 20. Cantor RM, James ML. Evaluation and management of pediatric major trauma. Emerg Med Clin North Am 1998;16:229-56.
- 21. Ballesteros MF, Schieber RA, Gilchrist J, Holmgreen P, Annest JL. Differential ranking of causes of fatal versus non-fatal injuries among US children. Inj Prev 2003;9:173-6.
- 22. Corrado D, Basso C, Rizzoli G, Schiavon M, Thiene G. Does sports activity enhance the risk of sudden death in adolescents and young adults? J Am Coll Cardiol 2003;42:1959-63.
- 23. Winkel BG, Holst AG, Theilade J, Kristensen IB, Thomsen JL,

Ottesen GL, *et al.* Nationwide study of sudden cardiac death in persons aged 1–35 years. Eur Heart J 2011;32:983-90.

- 24. Winkel BG, Risgaard B, Sadjadieh G, Bundgaard H, Haunso S, Tfelt-Hansen J. Sudden cardiac death in children (1– 18 years): Symptoms and causes of death in a nationwide setting. Eur Heart J 2014;35:868-75.
- 25. Mazzanti A, O'Rourke S, Ng K, Miceli C, Borio G, Curcio A, *et al.* The usual suspects in sudden cardiac death of the young: A focus on inherited arrhythmogenic diseases. Expert Rev Cardiovasc Ther 2014;12:499-519.
- 26. Canturk N, Es Iyok B, Ozkara E, Canturk G, Bulent Ozata A, Fatih Yavuz M. Medico-legal child deaths in Istanbul: Data from the Morgue Department. Pediatr Int 2007;49:88-93.
- 27. Kolves K, De Leo D. Suicide rates in children aged 10 to 14 years worldwide: Changes in the last two decades. Br J Psychiatry 2014;205:283-5.
- Kolves K, De Leo D. Adolescent suicide rates in 1990–2009: Analysis of age group 15 to 19 years worldwide. J Adolesc Health 2016;58:69-77.
- 29. World Health Organization. Preventing suicide: A global imperative. Geneva: WHO; 2014.
- 30. Nevriana A, Pierce M, Dalman C, Wicks S, Hasselberg M, Hope H, *et al.* Association between maternal and paternal mental illness and risk of injuries in children and adolescents: Nationwide register based cohort study in Sweden. BMJ 2020;369:m853.
- 31. Fridman L, Fraser-Thomas J, Pike I, Macpherson AK. An interprovincial comparison of unintentional childhood injury rates in Canada for the period 2006-2012. Can J Public Health 2018;109:573-80.
- 32. Davey M, Callinan S, Nertney L. Identifying risk factors associated with fatal drowning accidents in the paediatric population: A review of international evidence. Cureus 2019;11:e6201.
- 33. Shafiq S, Dahal S, Siddiquee NKA, Dhimal M, Jha AK. Existing laws to combat road traffic injury in Nepal and Bangladesh: A review on cross country perspective. J Nepal Health Res Counc 2020;17:416-23.