

# Conference 'Rehabilitation Road Victims'

## NAH Zorg and European Federation of Road Traffic Victims (FEVR)

22 September 2017 Leeuwarden

### Notes on the central thread of the program and the speakers

#### OPENING

Road victims with traumatic brain injury (TBI) are entitled to a quick, fair legal settlement of the personal injury and a correct medical diagnosis and treatment. Key priority is the restoration of human dignity (rehabilitation).

On 22 September the conference 'Rehabilitation Road Victims' will be organised by NAH Zorg, as a prelude to the subsequent annual meeting of the European Federation of Road Traffic Victims (FEVR) in Leeuwarden. The FEVR (22 member organisations in 17 EU-countries) is committed to improving care for 'seriously injured victims': road victims with TBI, and has placed the issue high on the agenda in Europe. In 2013 the European Parliament passed a resolution saying that road victims are entitled to the necessary and appropriate care. This commitment must be fulfilled. The conference would like to contribute to this. During the conference there will be a musical performance by a young fellow-sufferer with TBI. She will play 'The New World' (Antonin Dvorak) on the oboe.

**Kitty Jurrius** is the chairperson. She is associate lector at Windesheim Flevoland and coordinator of the NAH-knowledge network in the Netherlands.

**Sietske Poepjes**, Deputy for Traffic and Transport, Province of Fryslân, has made a financial contribution to make this conference possible.

**Wiebe the Boer** is chairman of NAH Zorg and organiser of this conference. Over the past few years he organised seven regional remembrance days for road victims, and he was closely involved in the television series *Teken fan libben* ('Sign of Life'). Now he is committed to the project Road Victims Rehabilitation: rehabilitation of road victims. He will explain why restoration of human dignity is of vital importance for road victims with TBI.

**Jeannot Mersch**, president of the FEVR, looks at the theme from an international perspective. In 1997 the FEVR published a report with international facts and figures about the 'Impact of road accidents'. 20 years later these facts and figures have not really improved, especially for TBI victims, as another survey (*MyLac, My Life After the Crash*, a.k.a. *The Blue Book*, realised together with the BRSI (Belgian Road Safety Institute)) found out. He also presents FEVR activities related to injured victims.

#### LEGAL ASPECTS (truth seeking, diagnosis of injury)

After a long declining trend the number of road accidents has been increasing again since 2015. In 2016 629 people were killed in the Netherlands. As a result, the government's ambition that the number of road casualties must have decreased to 500 in 2020, came under pressure. The numbers of road accidents in which people are injured, are not registered properly, but it is estimated that each year about 85,000 patients suffer from TBI as a result of car accidents. 20 percent has a serious brain injury (short- or long-term coma), 80 percent has a mild cerebral contusion, with sometimes lasting consequences/impairments. Personal injury can only legally be settled if a clear diagnosis has been made.

**Peter van der Knaap**, director of the Swov, presents the latest figures on road accidents and road victims, and interprets the developments from a scientific perspective.

**Deborah Lauria**, director of the Letselschade Raad, illustrates the progress of the *Handreiking traumatisch hersenletsel en letselschadebehandeling* ('Guide on Traumatic Brain Injury and Claim Settlement') that is being developed on the initiative of the Federatie Slachtofferorganisaties in cooperation with the Letselschade Raad. The goal is to make agreements about a better approach of TBI. The guide is intended for personal injury professionals, medical advisors, employment experts, and other experts. The guide will be presented next autumn.

### **MEDICAL ASPECTS (diagnosis and treatment)**

Patients who suffer from mild brain injury as a result of car crashes, sometimes receive a CT scan. Most of the time there are no visible abnormalities. However, research from the UMCG shows that one out of three persons with mild brain injury have not been able to resume work and other activities at their former level after six months, due to headaches and concentration and memory impairments. So the accident's consequences are serious. Because there is often no clear diagnosis, people are in a medical and legal no man's land. They have problems because they do not get recognition, appropriate guidance or fair claim settlements. The medical and technical possibilities to make a clear diagnosis should and could be made better use of. Furthermore, dialogue-driven guidance and complementary treatments could encourage recovery and functioning.

**Kitty Jurrius**, associate lector at Windesheim Flevoland, carries out research into the care and support of patients with TBI after hospitalization and rehabilitation period. It often takes a long time before patients get a diagnosis and recognition of their conditions. The questions that she investigates are: How can we shape diagnostics and good support? How can we boost the social changes that are necessary to realise an inclusive society, also for and with patients with TBI?

**Jelte Hoving**, internist and nuclear physician, is medical advisor of NAH Zorg. He feels nuclear imaging tools (PET, SPECT) deserve a place in the diagnostics of TBI, because this nuclear technology makes brain damage visible that cannot be seen on a CT scan or MRI.

**Klaas Koopmans**, nuclear physician at the Martiniziekenhuis Groningen, reports on this diagnostic method, which has been used in the Martiniziekenhuis since this summer. Patients whose symptoms have not improved three months after an accident that caused brain damage, are referred to the Martiniziekenhuis for neuropsychological examination and a PET/CT scan combined with functional MRI. This scan makes brain damage visible that cannot be seen on traditional MRI. The method that is used in the Martiniziekenhuis is based on scientific research and a protocol that was presented by Japanese scientists in Tokyo in April 2017.

**Arno Prinsen**, psychologist and teacher, is specialised in the guidance of patients with TBI. From his knowledge and experience he pleads for *dialogue-driven* guidance. Through the dialogue the professional learns how he can contribute to better care for patients with TBI and their systems. The aim is that patients receive care that improves social reintegration. This means that professionals should look critically at their procedures: Which procedure is preferable for this person with brain damage? What is quality of life for this person?

**Albert Zwart** is director of U-Diagnostics, the Utrecht laboratory that provides diagnostics for general practitioners (Het Huisartslab). Zwart illustrates a blood test method to find out what the effects of foods are on the recovery and functioning of TBI-patients. This method shows whether or not someone benefits from certain foods. By leaving out adverse foods, the person will become more energetic and vital. With this approach considerable improvements occurred in partly paralyzed patients in England. The blood test can also be used to support TBI-patients in their recovery and functioning.

## REHABILITATION AS A GOAL

Key priority is the restoration of human dignity, which is often seriously affected by the road traffic collisions and the subsequent problems. A clear diagnosis, dialogue-driven guidance, and a fair legal settlement promote the restoration of human dignity. As a result, the person concerned can resume his life, despite his limitations.

**John Stoop**, professor accident analysis & road safety and forensic scientist, is specialised in investigating the causality between internal injury and collisions. He answers the question to what extent it could be possible to determine the causality between collisions and personal injury based on the available research methods and the protocol that was presented by Japanese scientists in the spring of 2017. And whether this protocol is a valid method to assess personal injury.

**Siewert Lindenbergh**, professor private law at the Erasmus School of Law, Erasmus University Rotterdam, views from a private law perspective what is necessary and possible to treat road victims with TBI with dignity. It is inhumane to let patients live in uncertainty for years and to have them tested over and over again. They must receive what they are entitled to in their specific cases and circumstances as soon as possible.

## CONCLUSION (implementation of better practice)

Patients with TBI are entitled to restoration of their human dignity. To achieve this the walls of 'professional spaces' must be torn down, in order to establish a dialogue. Besides a clear diagnosis (if necessary using nuclear technology) and a fair determination of injury, this also means specific guidance aimed at the recovery of the person and his dignity. This *better practice* approach, *Victim Package 2.0*, has been raised by FEVR with the European Commissioner for Transport & Commissioner for Health. The aim is to refine and give concrete expression to the EU-resolution from 2013 (Victim Package 1.0).

**Jeannot Mersch**, president of the FEVR, summarises the day in a proposition for a new, European approach. In 2013 the European Parliament passed a resolution saying that all EU-countries should establish regional support centres where patients with TBI can get information and specific professional care to improve their quality of life as soon as possible. That was Victim Package 1.0. Now it is time for Victim Package 2.0. The FEVR will enter a dialogue with Violeta Bulc, EU-commissioner Transport, Justice and Health.

**Wiebe the Boer**, chairman of NAH Zorg, summarises the day focused on the North Netherlands. He also presents the helpdesk Hoofdletsel.nl, where patients with TBI can get information and guidance on referral. The helpdesk has emerged from the daily practice of NAH Zorg, where many patients with head injury and lasting symptoms (but without diagnosis) ask for help.

NAH Zorg cooperates with, among others, Medisch Centrum Leeuwarden in the project 'Zorg rondom hoofdletsel' ('Care around head injury'). With their consent, the names of patients who have been discharged from hospital and are suspected to have medium or mild head injury will be disclosed. The helpdesk Hoofdletsel.nl will then contact them. After a comprehensive anamnesis patients with TBI will, if necessary, be referred to the Martiniziekenhuis in Groningen for a neuropsychological screening. In consultation with the neurologist a PET/CT scan combined with a functional MRI can be made to identify possible brain damage. If required the patient can also get a guidance advice (dialogue-driven) or a nutritional advice (supplements) based on complementary blood tests. With this approach NAH Zorg pleads for *better practice*, looking cross-disciplinary at patients with TBI and allowing for synergy in the treatment. The Letselschade Raad is currently working on the *Handreiking traumatisch hersenletsel en letselschade-behandeling*. It is quite possible that implementation of this better practice could contribute to the solution of bottlenecks and a prompt settlement of insurance claims.