



Commercial Determinants of Health and its influence on trauma care

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Editorial

Commercial determinants of health (CDoH) are the private sector activities that affect people's health, directly or indirectly, positively or negatively. The private sector influences the social, physical, and cultural environments through business actions and societal engagements. CDoH includes all products and services provided by private entities to gain a financial profit, market strategies, research funding, working conditions, production externalities, and political activities, such as misinformation, lobbying, and donations. Some parts of the private sector also use instrumental, structural, and discursive power to undermine public health policies that threaten profits. Therefore, CDoH impact a wide range of health outcomes, such as non-communicable diseases, communicable diseases and epidemics, injuries on roads and from weapons, violence, and mental health conditions^{1,2}

“Many of the most significant risk factors for disease and injury – tobacco, alcohol and unhealthy diet – are major industries and profit-drivers for some of the world's biggest companies.”-wrote WHO Director-General Dr Tedros Adhanom Ghebreyesus in his commentary in the Lancet Series on Commercial Determinants of Health³. It was found that four industry sectors (ie, tobacco, ultra-processed food, fossil fuel, and alcohol) already account for at least a third of global deaths⁴.

In recent years, the landscape of trauma has evolved beyond the traditional boundaries of physical injury and psychological distress. We find a complex interplay of factors, where the commercial determinants wield significant influence on trauma. As the term “commercial determinants of health” has gained traction in public health discourse, acknowledging the profound impact of commercial entities on health outcomes. Similarly, we propose the concept of “commercial determinants of trauma,” recognizing the multifaceted ways in which commercial interests intersect with the experience and management of trauma, both positively and negatively

From road traffic accidents fueled by aggressive marketing of automobiles to workplace injuries exacerbated by profit-driven production targets, the influence of commercial forces on trauma is undeniable. Moreover, the proliferation of harmful use of alcohol, tobacco (and substance abuse) contributes significantly to the burden of trauma through accidents, violence etc.

Furthermore, industry's marketing strategies shape the trajectory of trauma care, often prioritizing profit over

people and planet. This commodification not only influences treatment modalities but also creates stigma and inequities in access to care.

Commercial determinants even have an impact on accessing and sharing knowledge. The study published by LaGrone et al examines the financial barriers faced by low/middle-income countries (LMICs) in the form of article processing charges (APCs) to publish into, and pay walls to read and access, major surgical journals. According to the study, the mean APC for a fully open access surgical journal was US\$1574 and for a hybrid surgical journal was US\$3338. The average costs for a 1-year subscription in a hybrid surgical journal were US\$434 and US\$1878 for an individual and institution, respectively. The subscription fee may be a barrier to access and share latest knowledge in trauma care.^{5,6} Simultaneously, the private sector is an indispensable partner for development by, for example, creating vaccines, medicines and assistive products, financing research & development, building infrastructure and delivering health services towards Universal Health Coverage¹.

Some of the safety measures used today are from the private sector. The modern three-point safety belt was perfected by Volvo engineer Nils Bohlin in 1959 and its patent given for free to the world. The invention has been credited with saving at least a million lives worldwide⁷. The continuous competition to produce safer and greener vehicles has contributed to save people and the planet while fostering innovation and increasing profits. There are many other examples.

In Sri Lanka, as in many other countries, the commercial determinants of trauma intersect with broader social, economic, and political dynamics. Understanding these intersections is crucial for developing comprehensive strategies to prevent and address trauma effectively.

For scholars and practitioners in the field of trauma, it is important to critically examine and confront the commercial determinants that shape trauma care. This requires interdisciplinary collaboration, rigorous research, and advocacy efforts aimed at challenging the status quo and promoting health equity.

To advance the trauma care in Sri Lanka, it is important to recognize and address its commercial determinants with the urgency and diligence it demand. Only then can

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DOI:
<https://doi.org/10.62474/SLJT-GOWR4144>

we truly fulfill our commitment to alleviating suffering and promoting resilience in our communities.

Funding : None.

Competing interests : None

Patient consent for publication : Not applicable.

Ethics approval : Not applicable.

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How to Cite this article;

Gunawardena, A. (2024). Commercial Determinants of Health and its influence on trauma care. *Sri Lanka Journal of Trauma*, 1(1).

<https://doi.org/10.62474/SLJT-GOWR4144>

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