So What?

"Health policy requires a closer and more deliberately designed relationship with epidemiology."[1]

The field of injury prevention is populated principally by pragmatists. This must be a matter of self-selection. Those who choose injury prevention as a profession seem to have an attraction to go beyond the basic research, to attempt to solve problems with political and technological difficulties. This is the real challenge of injury prevention—the implementation of strategies more so than the discovery of the etiology of injuries. Many aspects of injury etiology are obvious: a car strikes the pedestrian, and the pedestrian is then noted to have a fractured femur. There are no arcane biochemical pathways that must be uncovered to understand that the transfer of kinetic energy from the moving vehicle to the pedestrian was instrumental in causing the fracture. The challenge is how to prevent the next pedestrian injury, and that may involve product and environment modification, legal intervention, and behavior change.

This orientation toward the pragmatic, this eye to the bottom line of reducing the incidence and severity of injuries, leads to the often heard refrain of "So what?" at the conclusion of the presentation of injury research findings. The thirst of injury prevention practitioners for concrete suggestions as to how to address the injury problem is compelling. Research that does not conclude with a roadmap for implementation of prevention strategies is sometimes seen as incomplete.

The research reported by Grossman *et al*[2] in this issue of the journal raises the "So what?" question. They examine whether adolescents and young adults who have been in motor vehicle crashes or who have been hospitalized for injuries are at greater risk for suicide. They are. So what? Does this mean that young people involved in crashes or hospitalized for injury should all receive suicide prevention counseling? The authors do not suggest this, and such a policy would be problematic. The proportion of those who are hospitalized for injury who later commit suicide is small. Also, of those persons identified in the Grossman *et al* study as suicide victims, only 5% were previously hospitalized for an injury. Thus, 95% of the suicide victims would have escaped early detection by focusing on injury hospitalizations as a marker for later suicide.

But perhaps it is an unfair burden on researchers to always have to ask and answer in their manuscripts the "So what?" question. Knowledge has value for its own sake, and the application of new knowledge need not be readily apparent for us to recognize its importance. Also, some researchers are not comfortable and not trained in developing policy arguments that flow from their research findings. Certainly, they should not be obliged to reflect on policy implications if such is not their choice. Let us then relieve the authors of any requirement to justify their findings by describing the policy ramifications of their results.

But dismissing any *obligation* to discuss policy implications is quite different from *prohibiting* authors from discussing policy implications. Should authors be prevented from addressing the "So what?" question if they believe that there are clear policy implications of their research findings?

This journal's guidelines for contributors of original articles instruct that "Opinions or recommendations about public-health policy should be reserved for editorials, letters or commentaries, and not presented as the conclusions of scientific research."[3] This position is in keeping with earlier admonitions of the Editor and his colleagues that "Having focused on a research area, . . . scientists should ignore policy questions to persevere in pursuit of their objective, which is knowledge. . . . The time for a scientist to be a political and social mover is after hours."[4] This enforced schism between science and policy violates the history and obstructs the mission of epidemiology and public health.

In his introduction to Rosen's *A History of Public Health*, the medical historian Félix Martí-Ibáñez states that "although medicine applies the scientific method of the natural sciences, its ultimate aim is eminently social."[5] This is equally true for public health and for epidemiology. The knowledge created by the use of the scientific method in epidemiology is for the pur-

pose of enhancing the public's health. The application of that knowledge often is through the formulation of policy which is influenced by the scientific findings. Health science that does not influence policy, and policy that is not cognizant of that science, is less effective in achieving the goal of enhancing and protecting the public's health.

Certainly, the scientist will want to maintain to the greatest extent possible the objectivity that is the hallmark of scientific investigation. But objectivity in the process of science should not be confused with refusal to comment on the product of the scientific investigation. If the scientist feels equipped to state the policy implications of his or her work, then why prohibit the creation of that most important bridge between research and policy?

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Policy Recommendations in Epidemiology Research Papers

Stephen Teret questions our editorial policy that discourages public health policy recommendations in research reports.[1] He asserts that this policy poses a "schism between science and policy [that] violates the history and obstructs the mission of epidemiology and public health."[1] I am not sure how one can violate history, but in any event I doubt that this editorial policy has the dreadful ramifications that Professor Teret is concerned about.

First of all, we do not discourage epidemiologists, or anyone else, from making public health policy recommendations or engaging in discussions about health policy in our pages; we only suggest that such recommendations not be mingled with or presented as conclusions flowing directly from epidemiologic research studies. Instead, we ask authors who wish to discuss public health policy or to make policy recommendations to do so in editorials, commentaries, or letters. Our policy relates to format rather than substance.

Why do we ask scientists to keep their policy recommendations separate from their research findings? Two concerns prompt our recommendation.[2,3] One is that it is simply too facile to toss off a policy recommendation in the closing paragraph of a scientific paper without giving the implicit decision analysis the due consideration it deserves. Making good health policy is complicated. It involves weighing individual rights, liberties, and economic issues along with epidemiologic findings. Harmful exposures often supply benefits that may offset the harm; the loss of these benefits, and other costs, must be weighed against the benefit of reducing the disease burden, while addressing the interests of a diverse public. Good public health policy also depends on politics, in the best sense of the term. Seldom can all of these considerations be addressed appropriately in the short space that might be devoted to policy recommendations at the end of a scientific research report. Our editorial policy is intended to avoid trivializing a complex process and to increase the likelihood that policy discussions are treated with the seriousness and depth of understanding that they deserve.

The other concern is that authors who become policy advocates based on their own research may be