and the risk information provided by a positive result, will we realise the promise of high-sensitivity troponin testing.

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considered as possible maltreatment. The lack of clear, legible, concise and complete documentation is likely to result in underestimates of the true magnitude of maltreatment. Nevertheless, a study in the United States linking hospital morbidity data with child protection service data found that 12% more cases of maltreatment were identified using data from emergency departments and admissions compared with child protection service data alone. The value of linking data from multiple sources has also been highlighted in Western Australia, where data showed rises in both hospital morbidity rates and child protection notification rates over the same period.

One way in which documentation in medical records might be improved, enabling coding to achieve higher sensitivity, would be the use of agreed protocols for recording histories and the results of examinations and investigations in suspected cases of child maltreatment. A SCAN (suspected child abuse and neglect) medical protocol has recently been launched in NSW public hospitals for use by paediatric consultants and junior staff involved in assessing suspected cases of child maltreatment referred to them by other staff (emergency department, inpatient) or by the statutory agency, which has the legislative authority to request that carers present their child for a medical examination.

Another way of improving the capture of possible cases of child maltreatment would be to broaden the coding rules to enable cases to be assigned definitive codes in suspected cases where there is undetermined intent or adverse social circumstances related to the injury.

However, the challenges facing the development of more broadly based surveillance systems are considerable. For example, a review analysing the steps needed to develop a measurement system for inflicted brain injury concluded that the ideal system will need to link data from different sources — medical, legal and social service — and be maintained over time. This challenge reaffirms the growing recognition that “wicked” problems like child maltreatment inevitably require high-level strategic leadership and the good will of many to devise a collective solution.

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Provenance: Commissioned; externally peer reviewed.

10 Arie S. WHO takes up the issue of child abuse. BMJ 2005; 331: 129.