Decolonising knowledge production: our experience researching tranexamic acid for trauma victims

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In 2010, the CRASH-2 collaboration, after working for five years, on four continents, completed the largest ever randomised trial in trauma and found the first lifesaving treatment—tranexamic acid (TXA). 1 The research team were elated.

Eight weeks later our paper was published in the Lancet. All team members were named. Together we had achieved what none of us could have achieved alone. Our research found that TXA use could save over 100 000 lives each year. 2 In 2011, the CRASH-2 trial was named Research Paper of the Year in the BMJ Group Awards. In 2012, TXA was added to the WHO list of essential medicines. We were well on our way to improving trauma care worldwide, but then something strange happened.

Some academics started to question the quality of care in the participating hospitals in our research study. Australian authors wrote: “because substantial differences are likely between advanced and less developed trauma systems, hypotheses about TXA should be reinvestigated.” 3 TXA may work in poor countries but perhaps not in Australia, they suggested. The charges levelled against the CRASH-2 trial were vague: “Only 51% of patients were transfused” 4 “…the mortality rate was 16%, which is higher than that in advanced trauma centres in Australia.” 5 Baseline mortality and transfusion rates do vary by country, but the mortality reduction with TXA does not, so why does this matter?

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Why is it acceptable to criticise the health systems of non-western countries, disparage their contribution to knowledge, and deprive patients of effective treatments? Would it have been as easy to disparage the CRASH-2 trial had all of the researchers been white? Emilie Koum Besson argues that “within academic institutions, whiteness has asserted its normalcy through the systematic marking of other groups’ “differences” and depictions of cultural superiority of western societies over others.” 7 Decolonising global health will only be possible she writes, when “everyone—especially white people—can “free” ourselves from the idea of the innate superiority of western culture and research paradigms.”

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