10 years of wounds — progress or stagnation?

Keith Harding
*Professor of Wound Healing Research, Clinical Innovation Cardiff, Cardiff University School of Medicine, Cardiff, UK; Senior Clinical Research Director, A*STAR Singapore; Medical Director, Welsh Wound Innovation Centre, Pontyclun, UK*

There has been much activity in the area of wounds and wound healing over the past 10 years, but before self congratulating those of us involved in this sphere during this period, a critical reflection on what and how much progress has been achieved must be undertaken. Key elements of the review should include the extent and cost of the problem. There have been many presentations and papers on the epidemiology and cost of treating patients with wounds and preventing wounding during this time period, but why are we not seeing an increased profile of the problem?

Cancer, cardiovascular disease and infection are all receiving increased funding and profile, which is appropriate for such common and complex diseases, but why is the profile of wounds not increasing similarly? Diabetes is an expensive and increasingly common problem globally, but the cost of diabetic foot disease is the most expensive aspect of diabetic complications. However, investment in services for diabetic eye, heart and renal disease is more consistent and greater than that for foot disease.

The development of new therapies to both prevent and treat wound complications has increased in a dramatic fashion over the past 10 years, but we are still faced with a very limited and accepted evidence base on which to make decisions on managing individual patients. There may be many reasons for this, but one to consider is the naive way in which academics, clinicians and funding agencies have provided funding for and undertaken clinically relevant research studies. The usual conclusion for any review of evidence for wound interventions is the results are inconclusive and more research is needed.

Wounds in practice are a diverse and fragmented subject area. This can lead to disputes between and within professional groups as to who should take charge or coordinate care of specific patients. The turf wars that can develop are unhelpful and act as a deterrent to high and consistent approaches to patients with wounds. The need for a local, regional, national and international network of clinical teams who are focused on delivering best possible care for patients is urgent and likely to benefit patients enormously. Jealousy and a lack of willingness to work together as teams appropriate for each patient has been overcome in cancer services and a multidisciplinary team approach has shown to make huge differences in patient care and improved outcomes for patients with this disease. If so, what stops us applying the same approach to patients with wounds?

Another aspect that warrants attention is the level and consistency of education and training that clinicians receive to ensure they can provide patients with a consistently high level of care. Medical students receive very little training on wound healing during their undergraduate course and it is, therefore, not surprising that when they graduate they do not see wound healing as an important and rewarding aspect of clinical practice.

The potential role of therapists is not even considered for many disciplines and apart from podiatry and its role in diabetic foot disease — where such a profession exists — is something that has significant potential for development in this subject. Similarly, nurse training at both undergraduate and postgraduate level needs to include subjects other than simple dressing choice to ensure patients receive good care. The terms 'wound care', 'wound management' or 'wound dressing' should be replaced in my opinion by 'wound prevention and treatment' or even 'tissue repair and regeneration'.

The above could be seen as a frustrating moan about the lack of progress, but I would prefer to see it as a mature reflection on what is a common, complex and challenging clinical problem. There is an often quoted saying that for every complex problem there is a simple solution ... and it is always wrong! We are now at a place where we should realise what mistakes we have made and be developing more appropriate responses for this neglected and immature aspect of clinical practice. WINT

If you would like to contribute to a future issue of the journal, please contact Adam Bushby, Senior Editor, Wounds International, at: abushby@omniamed.com