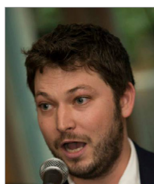
A rose by any other name ...



Adam Bushby
Senior Editor,
Wounds International

When Juliet Capulet turns to Romeo Montague and exclaims "that which we call a rose by any other word would smell as sweet", she could well have been referring to the National Pressure Ulcer Advisory Panel (NPUAP)'s decision to amend its terminology from "pressure ulcer" to "pressure injury". Although William Shakespeare's play was not, as we know, a social commentary on the whys and wherefores of clinical terminology, the analogy holds up in relation to the ongoing debate over the amendment.

In April 2016, the NPUAP announced a change in the lexicon, with "pressure ulcer" being amended to "pressure injury" and, as such, the new definition states: "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device [...] The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear." NPUAP's justification for the change in terminology was that it "more accurately describes pressure injuries to both intact and ulcerated skin".

The new terminology has not been without its critics, however, and it also appears that the European Pressure Ulcer Advisory Panel (EPUAP) is in no rush to adopt it. Meanwhile, both the American College of Clinical Wound Specialists (ACCWS) and the Association for the Advancement of Wound Care have urged NPUAP to rethink its decision, with the ACCWS stating that the new classification "creates confusion and, frankly, is unnecessary and incorrect". Then there is the not insignificant belief of some clinicians that "injury" implies acuity which, to some, conjurs up an image of trauma, rather than chronicity.

Bearing in mind that pressure ulcers have also been labelled "bed sores", "pressure sores" and "decubitus ulcers" in the past, and that we have writings dating back to Hippocrates in 460–370BC describing sores developing in association with paraplegia with bladder and bowel dysfunction, will a change in terminology regarding wounds that have seemingly always been around really make a difference? Is it merely a question of semantics? While there is still fervent debate over what to call pressure ulcers/pressure injuries, a more pressing question would be "how far has this actually aided in the prevention and management the problem?" The time and effort involved in implementing the change would surely be better served in preventing pressure ulcers, would it not?

Many clinicians subscribe to the view that one common term would be beneficial for the sake of clarity, from a clinical and patient perspective, but it is whether a term extends as far as a hospital, a country or, indeed, the world, where the waters get somewhat muddied.

And if we were going to have a phrase that encapsulated the full range of pressure ulcer/injury causes, we would perhaps have to call it a "force-mediated tissue ulcer/injury/damage" which, although more accurate, does not quite roll off the tongue.

All of which begs the question "are we approaching this from the wrong angle to begin with", for what is in a word anyway? In essence, if changing the terminology does not help staff in the clinical field recognise the potential for pressure ulcer development or, indeed, help them effectively manage one when it occurs, then words alone are useless.

For reasons of clarity, specific terms are clearly needed. But at the end of the day, words mean nothing if pressure ulcer/injury prevalence rates do not reduce and, as long as this is central to any debate, we won't go far wrong. WINT

Adam Bushby
Senior Editor, Wounds International

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