

Compression in 2023 and beyond – what we really need!

Stephen Kelland

“If a tree falls in a forest and no one is around to hear it, does it make a sound?”

While this old philosophical question has been answered many times in thought experiments regarding observation and perception, it is never from the perspective of the tree. Crafting a brief but poignant analogy to segue the contrasting realities of *living* trees to *living* human afflicttees of lymphatic diseases (LD), including lymphedema (LE), the side-effect of sound is not the primary concern; the more grave reality of the situation is. For the tree, it is death – for the LD afflicttee, it is the launch of many more questions... of *who, what, where, when* and *why*, plus *how*, as the afflicttee seeks tangible, practical and lasting curative help or remedy.

For the tree, everything becomes focused on a *past* point in time; however, for the LD afflicttee, the needs of the *present*, plus compassionate comfort and care for the *future*, with a high quantity and quality of life/living, become paramount.

Important for the LD afflicttee is stripping down the situation to its most salient points, including the desperate hope for the transition from mere “afflicttee” to an attended “patient” under the credentialled, qualified care of a recognised practitioner.

Fortunately, in recent years, some advances have been made in the sought-after beneficial “X-factor” trifecta for afflicttees/patients. These X factors are:

- Dx – timely and competent diagnosis of the disease.
- Rx – prescriptive, LE-savvy care.
- Tx – appropriate, case-specific treatment on the continuum of proven modalities ranging from (intensive) conservative to (micro) surgical intervention.

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But is the progress sufficient? Is there a way to expedite, accelerate and profoundly widen and deepen the attention paid to lymphology, lymphatics plus related LDs, including LE? That is the subject of this brief patient-advocate perspective piece. To clarify, its underlying sentiment remains appreciative and very thankful for what has been achieved plus is being advanced by various medical/research disciplines and their impassioned practitioners. Consider this offering a thoughtful sequel, if you will, to the piece presented in the *Journal of Lymphoedema* in 2022, entitled “Highest Common Denominator”: is it yet time to ‘green light’ a better ‘hook’ for “the cause” ... a Perspective Anew?”

As a touchstone premise, this long-time advocate-at-large and afflicttee of LE espouses that there needs to be fostered, formed and nurtured the notion of a global *Lymph Community*. While the ideas of supposed “communities” already exist for afflicttees of LE and other lymphatic diseases, plus practitioners of lymphology, they present more as a rather defined “collectivity” or group of individuals, but without the key “unity” adhesive where interests, ideas and help are freely exchanged (and, beneficially, educationally promoted!).

Currently, there are lymphedema and/or lymphoedema organisations, associations, frameworks and the like that range from local to regional to international in terms of influence and membership. Likewise, there are lymphology groups across the continents including one that is labelled as “international”. But, to re-emphasise the earlier *collectivity* versus *community* point, there is no singular nexus or vital connection in terms of *cause identification* (including standardised spelling); *cause unity* (while there is a global day to recognise the shared lymph interest on 6 March, it needs to be strengthened and better supported); and, (sufficient) *cause communication* that is consistently clear and unifying. This needs to change.

Existence of such a unifying voice, more centred on the annual World Lymphedema/Lymphoedema Day, would have many benefits for the afflicttees and caregivers (professional and voluntary), alike, plus the growing circle of loved ones of family, friends and kind-hearted, compassionate supporters.

I believe that the world of lymphology/lymphatics/lymphatic diseases would be well-served to recall the sea-change in scientific thinking that emerged from the Copernicus theory of the Sun being the centre, hub or nexus of our universe and not the Earth. Simply, lymph is the Sun in this analogy... much like more recent years have also, in a similar situational analogy, thankfully, improved the lot in life for patients when “heliocentric”-type thinking purposefully moved patients (the Sun) to the centre of their respective medical/healthcare systems.

Perhaps lymphologists and LD/LE afflicttees alike could adjust their thinking of what the heliocentric versus the geocentric theory of the universe meant and means. Does this plotline of time-lags between important discoveries and further progress seem familiar? How many years ago did Gaspare Aselli first make his exciting lymphatic-related findings – just approximately 400 years ago!

From the thinking articulated in this piece, one can gather it is no coincidence that this advocate-at-large employs a very military-style approach in his perspectives of food for thought, decision-making and action-taking. The fight against LD/LE is not a brief skirmish or battle, but rather a *war* versus a formidable enemy to which one cannot surrender, plus for which *reinforcements* are best drawn from the ranks of a supportive “community”. As such, stronger approaches must be employed. Ideally, these should involve the three-tiered cascading levels *strategic, operational, and tactical*... with ongoing (re)evaluation and course-correcting. From the big-picture vantage point, strategic planning lays out

the long-term, broad goals that one seeks to achieve; tactical planning outlines the short-term steps and actions that should be taken to achieve the goals described in the strategic plan; while operations lie in between the strategy and the tactics. All levels are aligned to successful attainment of the goal. The best historical descriptor of the importance of these levels comes from the Chinese military strategist, Sun Tzu, in the *Art of War*: “Strategy without tactics is the slowest route to victory... tactics without strategy are the noise before defeat.”

Circling back to the title of this piece, “Compression in 2023 and beyond – what we really need!”, I offer a paraphrased commentary observation relayed on-air during an Ottawa Senators–Florida Panthers National Hockey League broadcast in Ottawa in winter 2022/23, describing why the play of the Florida team had become so insurmountable. The backdrop idea, here, is that in sporting pursuits, like wars, success is also at a premium. The on-air analyst remarked that it was because of “*Compression* – when you have the top player complementing the lower-tier players you have *compression*... great team chemistry, coherence and unity... leading to success.” Ideally there must be cohesive *compression* among anyone/everyone involved. We ALL matter and with appropriate *compression*, i.e. UNITY for the cause, WE will succeed.

The *compression* of this piece, as in the embodiment of “what we really need” is the compression of ideas, actions, and unity (common unity or “community”), especially where active engagement for education and true understanding is concerned. And, key, this engagement would seek *compression* in terms of capturing the attention of a target audience of humankind instead of the collective of various LD/LE and lymphology communities, which number far fewer (approximately 300+ million). While the traditional and accepted shared awareness of what is “compression” remains helpful, i.e. bandaging, garments, durable therapeutic devices and/or water therapy, this piece articulates a much higher-level notion of what another beneficial *compression* should mean for OUR cause, OURselves and OUR community.

As a paladin for the cause, OUR “united” cause, I thank YOU for your



Figure 1. As Advocate-at-Large for “the cause” of the fight versus lymphedema, active, engaged, pursuits are undertaken online plus in-person. Pictured is Lymphedema - Guerrilla Warrior General (LymphoGWG) knocking on the door of the Mayor of Genoa, Italy, in the “Cradle of Lymphology”.

passion, dedication, and involvement. Lymphologists, we need your *gravitas*, afflictives, we need your *veritas* – with *unitas*, WE will succeed... together. Of course, in modern, plain English, for 2023 plus beyond, WE also need *compression*... of *cause identification*, *cause unity* and *cause communication*. Prime examples of these three are: a unified community with *lymph* as the nexus; re-branding of an annual global day of attention, recognition and understanding; plus distillation or *compression* of our world to attract the engaged interest of greater humankind, estimated at approximately 8 billion (and growing) as of late 2022.

After all, while compromised, absent and/or damaged lymphatics are of significant interest to those living with LD/LE, plus their caregivers and loved ones including other supporters, an understanding of fully, properly functioning lymphatics would be of considerable interest to all.

To close, as a reminder of this appeal to

those gathering in Genoa, Italy (the “Cradle of Lymphology”) for the World Congress of Lymphology, 11–15 September 2023, here is an apt phrase from Latin: *ex nihilo nihil fit* (“nothing comes from nothing”). Surely, *nothing* is not what we need or deserve. We must do something – *compression* comes to mind, for 2023 (and beyond)!

Leonardo da Vinci puts it ever so poignantly and succinctly: “I have been impressed with the urgency of doing. Knowing is not enough; we must apply. Being willing is not enough; we must do.”

- Please note that the author chose to use “lymphedema” to show the problem of standardisation of English-language spelling.
- Lymphedema - Guerrilla Warrior General (LymphoGWG) welcomes comments at Facebook ‘Lymph Nexus Canada’ where the mission tag line remains: “Shrinking the Lymphedema World, while Strengthening the Lymphedema Community... upside & down under!”