

How good are we at addressing an individual's moral, cultural and religious views when choosing animal-derived dressing products?

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The principle of consent is a fundamental aspect of medical ethics and international human rights law (NHS, 2019). Individuals are required to consent to treatment before they receive any type of intervention, test or examination. This applies equally whether a person is consenting to a surgical procedure or a wound product/dressing/device.

There are a number of studies that have examined the importance of religious beliefs and the significance this has for health professionals. For example, discussing a surgeon's duty of care Easterbrook and Madden (2008) discussed the beliefs of Jewish, Muslim, and Hindu faiths and the meanings this may have for accepting the use of animal-derived surgical implants. The authors also alluded to the potential for litigation where full informed consent was not undertaken. In addition to religious beliefs, Boyer (2013) emphasised the need for health professionals to consider an

individual's spiritual and ethical beliefs as part of an holistic approach to planning care.

Datz et al (2018) support the importance of acknowledging religious beliefs regarding the use of animal-derived products that have the potential to impact on their willingness to accept certain medical treatments. They also discussed that this requires health professionals to have a good level of knowledge of such products to facilitate an informed discussion. Yet even recently it has been argued that it is still not common practice to inform patients about the use of animal-derived constituents (Rodger and Blackshaw, 2019).

Existing studies examining religious beliefs in relation to the use of animal-derived products in wound care have tended to focus on biological products. For example, Enoch et al (2005) undertook a cross-sectional survey of religious leaders and health professionals across the UK to determine the views of religious leaders about the acceptability of tissue engineered skin, allograft and xenograft, and biological dressings. The authors also evaluated health professional's awareness about the constituents of these products. The religious leaders view was that patients must be fully informed about the products and consent obtained before use. Of specific concern to the leaders' were; transmission of viral and prion diseases, cruelty to animals, and material derived from neonates. In relation to the health professionals, Enoch and colleagues results identified that the majority were not able to name the constituents of the products. This finding raises concern

about how fully informed consent can be obtained in the absence of an adequate level of knowledge. However Eriksson et al (2013) highlighted that information on the origin of ingredients in drugs is not always available to health professionals, suggesting that there is lack of readily available information.

To understand the specific concerns regarding the use of allogenic and xenogenic mesh products Jenkins et al (2010) undertook a cross-sectional survey of religious leaders. Their sample included representatives from Judaism, Islam, Buddhism, Hinduism, Scientology, and Christianity (Baptists, Methodists, Seventh-Day Adventists, Catholics, Lutherans, Church of Jesus Christ of Latter-Day Saints, Evangelical, and Jehovah's Witnesses) as well as the American Vegan and People for the Ethical Treatment of Animals (PETA). The results indicated that dietary restrictions for individuals from the Jewish and Muslim faith did not necessarily mean tissue implantation was restricted. The survey also identified that around 50% of Seventh-day Adventists and 40% of Buddhists practice vegetarianism, so this may mean they would not want to use xenogeneic tissue. Regarding the Hindu faith there are some individual differences, some Hindus prohibit the use of human tissue and animal products; others allow the donation and receipt of human organs and tissues. These findings highlight the differences that health professionals need to be aware and the importance of communication and consent.

Health professionals also need to be mindful of moral considerations of the use of animal-derived medical therapies that

may not be based on religious beliefs. Shah (2019) discussed the example of the shift towards veganism where individuals follow a plant-based diet and may also avoid using any product derived from an animal. This has the potential to raise ethical issues for individuals who require a dressing or a medicinal wound management device that may be derived from an animal, such as honey or indeed be an animal i.e. maggots.

This debate aims to explore the views of professionals working within the field of wound care to determine the moral, cultural and religious factors encountered when choosing animal-derived dressing products.

Samantha Holloway

1. How good are we at addressing an individual's moral, cultural and religious views when choosing animal-derived dressing products??

JB According to the 'Principles of consent' document by the Royal College of Nursing (2017), consideration of informed, valid, and capacity consent by health professionals are essential. These forms of consent are particularly important in an ethical environment (Weiss et al, 2005).

Informed consent places the emphasis on the need for health professionals to present evidence-based information earlier for patients who feel compromised by their moral, cultural, and religious beliefs towards animal-derived dressing products (Jenkins et al, 2010). Valid consent is important when addressing an individual's moral, cultural and religious views on animal-derived dressing products as it removes the barrier of external pressure or undue influence by placing emphasis on the patient's right to an independent choice. Capacity consent must be considered regarding the patient's ability to make informed moral, cultural, and religious views towards animal-derived dressing products. These principles of consent collectively form a key part of addressing an individual's moral, cultural and religious views (Elwyn 2008).

GD: While As part of the an initial holistic

assessment I would anticipate patients being verbally asked if they have any objections using wound care products known to be derived from animals. Their personal preferences would be documented in their patient records. It would be important for the clinician to have a good knowledge of products that may contain animal derivatives and suitable alternatives.

I would also expect patients to voluntarily offer the information particularly if they have any objections to using animal derived products. They could do this on initial assessment and at each discussion of possible new dressings.

It would be important to make sure patients are fully aware of the implications and possible pros and cons to help make their decisions as they may choose to consent and override any beliefs if felt to be important for wound healing.

2. How can we improve health professionals understanding of religious beliefs to ensure these are taken into consideration when deciding on a wound management plan?

JB: With increasing public awareness of diversity in religious and personal beliefs, the mantle is firmly in the palms of health professionals to respond accordingly (Eriksson et al, 2013). We can improve health professionals understanding of religious/personal beliefs by including content earlier in BSc (Hons) programmes and workplace mandatory training for Allied Healthcare Professions as part of inclusivity and diversity training. Standardisation of this training will ensure that animal-derived dressing products are taken into consideration when deciding on a wound management plan. An example of this would be through educating health professionals on how the use of gelatine — from animal-derived collagen in hydrocolloid dressings — is used to aid tissue repair by forming gels on wound surfaces. This ingredient may conflict with religious beliefs such as in Islam, Hinduism and Buddhism that omit the use of certain

animal-derived products, such as gelatine, in their daily practices. Awareness of these religious practices is important in providing greater transparency to healthcare and promotes greater moral, cultural, and religious inclusivity (Jenkins et al, 2010).

GD: Education and training. I'm not sure I've ever seen advertised or attended a session about this topic in any wound care conferences or study events. I have also not read reading material in journals covering this topic. Maybe the production of literature and or a quick reference guide to highlight some of the main themes and topics would be helpful for practitioners to use as an aide memoire.

Online teaching packages or reference tools highlighting different religious beliefs and the common impacts of these on wound management would be really helpful.

Campaigns and literature led by people of different cultures and religious background would help give a deeper understanding of why rather than just what.

I would expect this is something very few people have ever given much thought or consideration and only if questioned by the person with a particular

I have only experienced this once in my career and admit I needed to read the IFU sheet and do some investigations to be able to answer the question. I do however anticipate this to become more prevalent over time and it is also more likely already more prevalent in areas with more diverse cultural and religious demographics.

It would be helpful to be provided with a key list of questions that would help identify people who may be worried about products containing animal derivatives.

3. Are manufacturers providing sufficient, readily available information about the constituents of animal-derived wound management products to improve health professional's knowledge and to facilitate good communication with patients

JB: While manufacturers are providing readily available information for health

professionals about the constituents of animal-derived wound management products in the ‘small print’ of packaging, more needs to be done to aesthetically emphasise this for the benefit of patients and clinicians (Eriksson et al, 2013).

In a world of increasing public awareness towards animal welfare standards and quality of life, the onus is on manufacturers of wound care products to provide further transparency of product origins to the growing contingent

of ethically conscious consumers (Rodger and Blackshaw, 2019). Simply recognising animal-derived contents in wound care products is insufficient. By displaying visual logos containing legible captions on the front of product packaging, consumers have greater access to immediate information about the constituents of animal-derived wound management products. Therefore, this early intervention improves faster access to information for both health professionals and patients from diverse moral, cultural and belief systems. Furthermore, this can be achieved through dynamic innovation between wound care product manufacturers and pioneered initiatives, with the shared goal of greater transparency and inclusivity.

GD: I do not think so. To my knowledge I have never had any literature from any company regarding this topic.

Although the information is likely available, I would question how easy it is to obtain and if clinicians have time to get it particularly if they need it from multiple manufacturers. **WUK**

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Box 1. Key points

- Informed consent is key for individuals to make choices
- Individuals should be asked whether there is any reason that an animal-derived wound care product could not be used
- Education for all health professionals is important, this should begin early on in the undergraduate curriculum and should raise awareness of the moral, cultural and religious beliefs in relation to managing an individual with a wound, including discussing dressing choice with patients.
- Manufacturers of wound care products have a role in providing transparent information about whether a product is derived from animal products.

