## The language of non-healing wounds



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ounds are generally referred to as acute and chronic and while the term 'acute' does not usually generate much debate the name 'chronic' often does. The categorisation of acute and chronic is often used in relation to how long it takes for a wound to heal i.e. 4 to 6 weeks for an acute wound. However in terms of a leg ulcer the recent Lower Limb Recommendations define a leg ulcer as, 'an open lesion between the knee and ankle joint that remains unhealed for at least two to four weeks' (National Wound Care Strategy Programme [NWCSP], 2020). Chronic infers long-term, yet with the appropriate management the majority of wounds should heal. Hence it may be time to review the notion of how we use the terms acute and chronic in relation to wounds. Alternative terms such as hard-to-heal, complex, delayed, recalcitrant and stalled have been suggested as has 'wounds in remission' but there is yet to be an agreed consensus. I would encourage you to reflect on how you refer to non-healing wounds and consider whether terminology matters.

On a related topic, in June Cochrane UK ran a social media campaign on Twitter highlighting the experience of living with long-term conditions (Ryan-Vig and Chapman, 2021). As part of this conversation Cochrane encouraged people to think about why the language we use matters. In a related Blog, Cooper and Swindell (2021) discussed that using phrases such as non-compliant and poorly controlled can have an impact on people living with long-term conditions, as these can be stigmatising, which in turn can influence the perceptions of subsequent health professionals who may be involved with their care. Consequently, a cycle of prejudice can be perpetuated which can also incite an individual to become disengaged with their care (Cooper and Swindell, 2021).

This led me to reflect on the 'language of wounds' and consider whether we need to revisit our discourse to encourage a more person-centred approach to interacting with individuals with wounds. As an example, moving away from using the term 'chronic' or referring to 'chronic wound patients.' Instead let's talk about 'an individual with a wound' rather than, 'a diabetic patient' or a 'venous leg ulcer/diabetic foot ulcer patient' as these only serve to label individuals as their disease.

If this has piqued your interest in the importance of the language and long-term conditions, I would encourage you to read the document Language Matters: Language and diabetes (NHS England, 2018). While the focus is on diabetes care the principles and practice sections provide very useful recommendations and examples that can be applied to any individual with a wound. Why not start the conversation with your colleagues and push for a shift in the language related to individuals with wounds.

In other news I'm excited about the forthcoming face-to-face Wounds UK conference in Harrogate, which will take place from the 8-10th November. The goal of the conference is to provide a welcome opportunity to connect, collaborate and learn in person, something which many of us haven't had the chance to do in the last 18 months. The programme is diverse and includes an update form the National Wound Care Strategy Programme as well as the Made Easy interactive sessions which have evaluated very well in previous conferences. I'm looking forward to exploring new topics such as sustainability in wound care and also improving inclusivity by exploring how well we are doing in terms of assessing darker skin tones not just in relation to pressure ulcers. It's also good to see that one of the sessions will examine the role of the paramedic in wound management, highlighting the importance of wider interprofessional working. The free paper sessions and e-posters will also provide great opportunities to learn from and interact with colleagues. No Harrogate conference would be complete without the Gala Dinner so don't forget your glad rags for the Wounds UK dinner where the award of excellence will also be presented. Wuk

## REFERENCE

Cooper A, Swindell B (2021) The impact of language on people living with long-term conditions: having the rug pulled out from underneath you. https://tinyurl.com/2nne9tz7 (accessed5 August 2021)

Ryan-Vig S, Chapman S (2021). Living with long-term conditions: a Cochrane UK special series. https://tinyurl.com/f3n5pc4v (accessed 5 August 2021)

National Wound Care Strategy Programme (2020) Recommendations for Lower Limb Ulcers. https://www.ahsnnetwork.com/app/ uploads/2021/02/Lower-Limb-Recommendations-WEB-25Feb21.pdf (accessed5 August 2021)

NHS England (2018) Language Matters. Language and diabetes https://www.diabetes.org.uk/resources-s3/2018-09/language-matters\_language%20and%20diabetes.pdf(accessed5August2021)