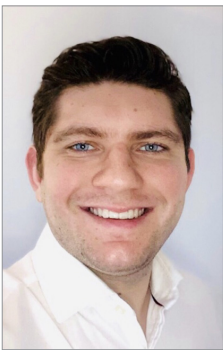


How good are we at addressing people's moral, cultural and religious views on animal-derived wound care products?



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Animal-derived wound care products are common-place in healthcare. An example is the inclusion of gelatine as an ingredient in select adhesive wound dressing products (Ndlovu et al, 2021). In many cases, these products are accepted as standard in the treatment of a variety of wounds, including with micro and macro vascular complications associated, such as diabetic foot ulcers (DFU) (Kavitha, 2014). Recent research suggests this practice is increasingly at odds with some moral, cultural and religious views on animal-derived wound care products. At the crux of this issue lies one essential point. Informed consent. The way we interact as health professionals determines the weight of our impact on an individual (Vikas et al, 2021). Furthermore, it catalyses the extent to which an individual can comprehend the holistic care being provided to them for their own benefit. Informed consent is the solidification of this interaction by the individual themselves (Nijhawan et al, 2013). This requires careful and cautious consideration for the individual's overall lifestyle, preferences, and values (Corbett and Ennis, 2014). As health professionals we can apply this approach towards people's moral, cultural and religious views on animal-derived wound care products.

CONTROVERSY

Since George Winter's work in 1962, which advocated moist wound healing (Bryan, 2004), most clinical approaches to wound care have revolved around the functionality of treatment modalities such as dressings, rather than the ethicality of the ingredients themselves. This provokes the question. Why? The broadening of patient demographics across the UK increases the onus on healthcare providers to reassure service users of greater inclusivity to individual moral,

cultural and religious beliefs. The controversy occurs when the patient is preconceived by the health professional as merely a 'recipient of' rather than a 'participant in' their own treatment. This is particularly relevant in wound care and management. Results from a study by Eriksson et al (2013) showed that participants from religions such as Hinduism, Islam and Sikhism opposed the use of porcine-derived products in healthcare treatment plans. The diversity of the religions represented in the results contribute compellingly to the case for consideration of these religious views in wound care plans. Therefore, the recent use of pigs in some clinical trials (Acevedo et al, 2019), for the purposes of producing wound care dressings containing gelatine, may cause offence if applied in a clinical setting without explicit consent. Thus, the individual's preferences towards product use in wound healing can become unnecessarily compromised if the nature of the treatment itself is juxtaposed with their religious beliefs and yet concealed from them either knowingly or unknowingly (Corbett and Ennis, 2014).

HUMANS RIGHTS ACT 1998

Under article 9 of the Human Rights Act 1998, the freedom to hold and manifest religious beliefs is protected. Therefore, as health professionals it is our duty of care and ethical obligation to uphold an individual's freedoms under the Human Rights Act through gaining explicit consent (Satyanarayana, 2008). Specifically, by disclosing known animal-derived ingredients to individuals, health professionals can maintain transparency at the very least, and empower the individual to make a moral, cultural, or religious-based decision at the very most. For more information please use the following link online: <https://www.>

citizensadvice.org.uk/law-and-courts/civil-rights/human-rights/what-rights-are-protected-under-the-human-rights-act/your-right-to-freedom-of-religion-and-belief/

TIME FOR A CHANGE

In addition to our legal and professional responsibilities to ensure transparency and empowerment of individuals, businesses shoulder an important burden too. Wound care product packaging is a key area for attention when addressing people's moral, cultural and religious views towards animal-derived ingredients. By displaying animal-derived ingredients on the front of packaging, both the health professional and individual are knowledgeably informed before agreeing on a treatment plan. This could be achieved with a commonly used prefix: "Contains...". In a December 2021 poll, created on the Facebook 'UK Podiatry group', made up of the Health and Care Professions Council registered Allied Health Professionals and students, 103 members responded to the question "Should healthcare products display the names of animal-derived ingredients on the front of packaging (i.e., contains gelatine)?" The results showed 84 participants choosing "Yes", 17 "No", and 2 "Undecideds". Therefore, the 82% majority indicates a potentially wider support from health professionals, thereby indicating a case for long-term change to the status quo. This requires an appropriate amendment to existing laws pertaining to healthcare product information. The legal basis for change lies within current government regulations: "*The Consumer Protection from Unfair Trading Regulations 2008*". Businesses cannot mislead consumers by leaving out important information. This is paramount to championing the rights of consumers to access information about animal-derived ingredients with moral, cultural, or religious relevance at its nucleus.

For more information on 'The Consumer Protection from Unfair Trading Regulations 2008' please use the following link online: <https://www.legislation.gov.uk/uksi/2008/1277/2020-12-31>

LISTENING TO EMPOWER.

Recent research by Lundahl et al (2013) suggests

that the way in which we listen to an individual can influence the extent to which key lifestyle information can be elicited. This is particularly important when addressing an individual's moral, cultural or religious views on animal-derived wound care products. In situations where an individual has a religious belief and does not speak English as their first language, it is imperative to ensure appropriate measures are taken to understand the individual's views towards animal-derived wound care products. This could avoid any potential confusion in communication. According to Rollnick et al (2010), motivational interviewing (MI) is an important technique to achieving successful communication with an individual who may show signs of resistance or ambivalence to an initial treatment plan. The four intertwining elements of MI comprise engaging with a person to understand their situation or views, focusing on a goal, evoking a desire for change and planning a course for change (Frost et al, 2018). The process of MI enables a patient to come to their own reasoned conclusion and empower them to engage in civil dialogue with health professionals about the foundation of their views (Hettema et al, 2005).

CONCLUSION

It is important to address people's attitudes to animal-derived wound care products than the current day. Significant increases in diverse religious populations in UK healthcare systems are testament to the further need for inclusivity within healthcare treatments, particularly wound care. The vulnerability of an individual presenting with a wound should be coupled seamlessly with sensitivity to elements of religious views on animal-derived wound care products. Therefore, the use of counselling techniques such as MI are key to addressing this in a clinical setting. In a wider context, addressing these issues can be achieved through cooperation between individuals, health professionals and businesses to achieve universal transparency when addressing animal-derived ingredients in wound care products. The legal basis for this cooperation is enshrined in the Human Rights Act 1998 and 'The Consumer Protection from Unfair Trading Regulations 2008'. With all these points

considered, the case for change to the status quo is inevitable. **WUK**

REFERENCES

- Acevedo CA, Sánchez E, Orellana N et al (2019) Re-epithelialization appraisal of skin wound in a porcine model using a salmon-gelatin based biomaterial as wound dressing. *Pharmaceutics* 11(5):196. <https://doi.org/10.3390/pharmaceutics11050196>
- Bryan J (2004) Moist wound healing: a concept that changed our practice. *J Wound Care* 13(6):227–8. <https://doi.org/10.12968/jowc.2004.13.6.26625>
- Citizens Advice (2022) Your right to freedom of religion and belief. <https://tinyurl.com/bdfsv2jh> (accessed 4 March 2022)
- Corbett LQ, Ennis WJ (2014) What do patients want? patient preference in wound care. *Adv Wound Care (New Rochelle)* 3(8):537–43. <https://dx.doi.org/10.1089/wound.2013.0458>
- Eriksson A, Burcharth J, Rosenberg J (2013) Animal derived products may conflict with religious patients' beliefs. *BMC Med Ethics* 14(1):48. Available at: <https://dx.doi.org/10.1186/1472-6939-14-48>.
- Frost H, Campbell P, Maxwell M et al (2018) Effectiveness of motivational interviewing on adult behaviour change in health and social care settings: A systematic review of reviews. *PLoS One* 13(10):e0204890. <https://dx.doi.org/10.1371/journal.pone.0204890>.
- Hettema J, Steele J, Miller WR (2005) Motivational Interviewing. *Annual Review of Clinical Psychology* 1(1):91–111. <https://doi.org/10.1146/annurev.clinpsy.1.102803.143833>
- Kavitha KV, Tiwari S, Purandare VB et al (2014) Choice of wound care in diabetic foot ulcer: A practical approach. *World J Diabetes* 5(4):546–56. <https://dx.doi.org/10.4239/wjdv5.i4.546>.
- legislation.gov.uk (2008) The Consumer Protection from Unfair Trading Regulations 2008. <https://www.legislation.gov.uk/ukxi/2008/1277/2020-12-31> (accessed 5 March 2022)
- Lundahl B, Moleni T, Burke BL et al (2013) Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials. *Patient Educ Couns* 93(2):157–68. <https://doi.org/10.1016/j.jpec.2013.07.012>
- Ndlovu SP, Ngece K, Alven S, Aderibigbe BA (2021) Gelatin-based hybrid scaffolds: promising wound dressings. *Polymers (Basel)* 13(17):2959. <https://dx.doi.org/10.3390/2Fpolym13172959>
- Nijhawan LP, Janodia MD, Muddukrishna BS et al (2013) Informed consent: Issues and challenges. *J Adv Pharm Technol Res* 4(3):134–40. <https://doi.org/10.4103/2231-4040.116779>
- Rollnick S, Butler CC, Kinnarsley P et al (2010) Motivational interviewing. *BMJ* 340:c1900. <https://doi.org/10.1136/bmj.c1900>
- Satyanarayana Rao KH (2008) Informed consent: an ethical obligation or legal compulsion? *J Cutan Aesthet Surg* 1(1):33–5. <https://doi.org/10.4103/0974-2077.41159>
- Vikas H, Kini A, Sharma N et al (2021). How informed is the informed consent? *J Family Med Prim Care* 10(6), 2299–2303. https://doi.org/10.4103/jfmpc.jfmpc_2393_20

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