

The wound healing field can learn from related specialties

David Gray

The field of wound healing continues to mature and develop and many of the ideas and innovations required to maintain our momentum will come from within the field itself. Its pioneering spirit has served the speciality well in the past 25 years and will be an essential part of its future.

The strategies employed to prevent and manage wounds a quarter of a century ago bear little relation to those we employ today and much of the advancements we enjoy have been the result of a willingness to innovate and embrace change. However, as wound healing and tissue viability evolve we can learn from the successes and failures of other related specialities.

Some specialties have been in decline for many years and it could be said that those that have succeeded are those that have been able to embrace change and evolve to meet the needs of their patients and the NHS.

Specialties such as dermatology and lymphoedema have much in common with wound healing/tissue viability and a considerable overlap exists. Dermatology has been established for a long time and has adapted well to a shift towards community-based services and the huge increase in the role of the clinical nurse specialist. It has embraced changes in

government policy and has adapted to the growth in GPs with a special interest in dermatology. As dermatology has grown and developed, more and more patients have been able to be seen by dermatology specialists. Some of the developments that have occurred in this field, such as nurse specialists and community clinics, also already exist in wound healing, but we can still learn from developing closer ties.

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The diagnosis and management of lymphoedema is an emerging field which is facing many challenges that wound management has faced in the past, such as battling for recognition and for sufficient government funding. However, in this field the relationship between professionals and patients is far better developed than in wound care. The Lymphoedema Support Network is a well-respected patient support group that acts in complete partnership with lymphoedema professional groups. In dermatology the Skin Care Campaign also plays a lead role in promoting the interest of patients with dermatological conditions. Wound care has no equivalent relationship with patient groups and while this does relate to

the demographics of those affected by chronic wounds, our field is in no way the exclusive domain of older people.

At the recent National Wounds Day press conference it was a privilege to meet patients from Keith Harding's Wound Healing Research Unit at Cardiff University and to hear about their experiences (see p.71–2). A group which represents the interests of patients with wounds would be a welcome addition to our field, and to hear their collective voice would help remind professionals what it really means to live with a wound.

At the Wounds UK Conference in Harrogate this year (13th–15th November) we aim to broaden the horizons of our delegates by providing information on both lymphoedema and dermatology with contributions from each field bringing an added dimension to the proceedings. This year our programme has been expanded to include new parallel sessions which includes the opportunity to attend both themed and specialist sessions. The full programme can be viewed at www.wounds-uk.com, and on p12–13.

This year the conference will be the most varied and challenging since its inception. I look forward to welcoming you to the conference and remind you that while the deadline for free papers has now passed, we will be accepting poster submissions until the end of September. **WUK**

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