

Wound care expertise needs to be shared with clinicians around the world

Keith Harding

Like me, you may have noticed that recently the world seems to have become a much smaller place — advances in technology and transport have made it much easier to travel and communicate with colleagues and friends across different continents.

One of the more positive consequences of these technological developments is the increase in opportunities for us to learn from one another. Take wound care, for example — although some types of wounds are more prevalent in certain parts of the world and healthcare systems vary widely (especially with regard to funding), many of the challenges that face healthcare professionals are surprisingly similar. New technology means that methods for dealing with different types of wounds can now be easily disseminated to a worldwide audience.

The profile of wound care is poor in most countries and one of the major challenges for those who work in the specialty is to ensure that the subject has enough global support to allow it to compete with conditions such as cancer and ischaemic heart disease. This is especially true in developed countries, where a large proportion of healthcare expenditure is focused on these two conditions. However, the profile of wound care also needs to be raised in under-developed countries where infections such as HIV/AIDS consume limited healthcare budgets.

The availability of products also varies widely across the world, although innovative ways of providing compression, pressure relief and off-loading have been developed by clinicians and researchers from various countries. However, unfortunately, many of us in the UK suffer from 'not invented here' syndrome and struggle to accept alternative ways of providing good practice.

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The way healthcare is structured also varies from country to country, with some patients having access to dedicated clinics and staff, whereas others rely on individual clinicians who may not be specifically trained in treating their condition. However, in this era of globalisation if evidence of better care and outcomes is available from dedicated clinics abroad, why should healthcare professionals not use this information to seek support for similar developments in their own countries?

Reimbursement, litigation and legislation can have a major impact on the way in which wounds and wound services are supported in different countries. In the USA, for instance, the policy of reimbursing a patient's costs if they develop a pressure ulcer while in a healthcare facility, because it is seen as an avoidable complication, is likely to increase the awareness of

preventative strategies there. Similarly, regulations in Japan state that every healthcare facility must have a named doctor and nurse in charge of pressure ulceration and this results in large attendance figures at education and training events. It also means Japan has a relatively low number of patients with pressure ulcers, despite the large number of patients at risk of developing this type of wound.

Sharing ideas, practices and challenges can benefit everyone involved in wound care, including patients, clinicians, managers and researchers. Following this principle of creating a global knowledge base, the third meeting of the World Union of Wound Healing Societies, to be held in Canada in June, aims to provide a major opportunity for the sharing of experience, data and ideas.

The keenness of societies, associations, journals and groups to support this global meeting is evidence that clinicians and researchers are ready to begin dealing with the many problems of wound care at a truly international level. The meeting will provide an opportunity for sharing new evidence and delegates will be exposed to new ideas (as well as being able to sample the multicultural city of Toronto!).

Hopefully, the lasting legacy of this meeting will be that individuals will take new ideas back to their own countries, hospitals and clinics and add to the groundswell of opinion which recognises that wounds are a global challenge. If that challenge is to be met, clinicians need to learn from each other. **WUK**