2010 and all that: a commentary on the passing year

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As we approach the Wounds UK annual conference at Harrogate, it is natural to reflect upon the year past and to look forward to the future. 2010 has seen tissue viability in the UK face three major issues, the Quality Agenda, the renewed evidence debate, and cost-cutting. As an additional aspect, my personal experience over recent months compels me to emphasise the need for fundamental standards of care.

The new government has, thankfully in my opinion, seen fit to continue with the Quality Agenda. This year has seen further consolidation of tissue viability on the national healthcare agenda. Pressure ulcers and venous thromboembolism are now high visibility topics; this should reinforce the role of the tissue viability nurse (TVN) in reducing overall costs through targeted, high quality care, and appropriate prophylaxes. With further milestones in delivering quality coming in 2011, the collection and validation of patient-reported outcome measures, or PROMs, assumes an even greater importance.

At the end of 2009, the publication of a controversial research paper in the *British Journal of Surgery*, the VULCAN trial report, stimulated heated debate in wound care circles (Michaels et al, 2009). This debate focused on two areas, namely, the hierarchy of evidence and use of silver. The value of silver in wound management has often been questioned, and there exists a responsibility to address and answer those questions. That responsibility lies with us the clinicians, the industry figures, and the academics who have for many years promoted the use of silver.

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Those clinicians who are using these dressings inappropriately (i.e. on wounds for which they are ill-suited), or for too long a period, must address their clinical malpractices and make the appropriate changes. Similarly, those companies who promote silver as a 'panacea', or who provide ambiguous instructions for its use, must correct these shortcomings before the regulatory authorities do it for them. Equally, for those journals who publish poor quality articles, you too stand accused of contributing to the confusion.

The hierarchy of evidence, as interpreted by some (subjectively in my opinion), is used to 'inform' us that the evidence in support of modern, moist, wound-healing dressings, of topical negative pressure, and of silver, is not adequate. Such 'information' is of little or no value to the practising clinician when faced with the gamut of wounds. Once, the hierarchy was divided into the broad categories of 'excellent', 'good', 'poor' and 'something else', and by this classification, it should be obvious to all that the evidence for each of the above treatments was in the 'good' category. However, an insidious move to impose a binary choice — of adequate or inadequate — has added an unwelcome subjectivity — one which has no apparent purpose other than to cause confusion. Many high profile figures in tissue viability have committed their thoughts to print, and while evidence is essential, we do need to exert a degree of commonsense. We must look at the totality of the evidence, interpret it, and treat accordingly. The Harrogate conference provides a forum for the public continuation of this debate. We must resolve these issues as patient care may otherwise be compromised. Where will the value of a sterile academic debate then stand?

Finally, fundamentals of care — a topic that should always be high on our agenda. As with the NHS as a whole, wound care seemingly becomes newsworthy only when standards fall or fail. It seems ridiculous that we invest so much time debating quality of evidence, when in fact it is the fundamentals of care which really warrant our attentions. Indeed, if we used antimicrobial agents as clinically indicated, the silver debate would fade into history. If we published more on the basics, or fundamentals, rather than on comparing dressing A with B, then perhaps we could actually raise the lowest common denominator.

As someone who generally only sees patients on invitation, I get a snapshot of practice which may or may not be representative. However, what I do see with worrying frequency is a failure to deal with oedema adequately — especially in patients with lower limb problems. I encounter patients who are prescribed oral antibiotics solely because they have a wound, irrespective of whether it is infected or not. The resulting issues of such imprudent treatment, i.e. resistance and *Clostridium difficile*, should be evident to all. The measurement of pain, and the implementation of appropriate measures to avoid, reduce, and treat it should also be evident to all.

We are all teachers, and thus must all do our part to educate our colleagues. WUK

Reference

Michaels JA, Campbell B, King B, Palfreyman SJ, Shackley P, Stevenson M (2009) Randomized controlled trial and cost-effectiveness analysis of silver-donating antimicrobial dressings for venous leg ulcers (VULCAN trial). *Br J Surg* **96(10)**: 1147–56