There is implicit in our healthcare system a philosophy that, in certain cases, patients can be involved in their own clinical management through the principles of ‘self-help’ (Bower et al, 2001; Durand and King, 2003; van Twillert et al, 2015). There are many reasons why patients should, under certain circumstances, be empowered to self-help, i.e. to encourage concordance with treatments and activities; and to self-manage by monitoring and treating their own wounds. Equally, there are implications for industry, academia and social care if self-help is to be embraced and be effective. In the UK national healthcare policy has been directed at patients with long-term conditions, encouraging self-management and support groups (Department of Health [DH], 2002); the emphasis being on enabling patients to cope and adapt to living with their chronic condition, rather than relying on ‘total care’.

**SPECIFIC PATIENT-RELATED IMPLICATIONS**

Apart from the prudent healthcare measures that patients are advised to adopt, such as lifestyle changes — stopping smoking, adopting a healthy diet, exercising as appropriate, there are aspects of daily management which relieve clinicians of some workload and may also prevent wounds, or enhance recovery. Indeed, self-help is a fundamental component of any preventative strategy for chronic wounds: in this respect, early lifestyle changes are essential. However, for the patient with an existing wound (and the underlying pathological state which has precipitated the lesion), much can be done to reduce morbidity in the long term, as well as in helping the healing process. For example, in the diabetic patient at risk of foot ulceration, a commitment to regular and ongoing precautions to avoid trauma is established, although this does involve a lot of patients’ time (Russell et al, 2005). The venous leg ulcer patient can elevate and mobilise as instructed. Self-management is but one aspect of self-help; in this respect wound management, including application and removal of compression systems has considerable potential (Nugent, 2013; Bianchi et al, 2013). The judicious selection of the appropriate patients for education into self-management is to be encouraged as it is likely to increase concordance through empowerment.

**INDUSTRY (COMMERCIAL) ASPECTS**

The development of compression systems for self-application, such as described by Nugent (2013) and Bianchi (2013) must be regarded as a positive step. The reported poor healing rates for VLU in primary care can be attributed to poor care, including inadequate compression. This will, in part, be due to poor technique and to poor concordance; thus, in order to overcome these problems a safe and effective compression system is needed which will be as reliable as is technically possible in exerting therapeutic pressures.

**ACADEMIC ASPECTS**

Education of both patients and clinicians will be required for successful self-help. In diabetes this has been underway for some time (Pibernik-Okanovic et al, 2004). Research is required to show how clinicians and guideline developers can help patients make the best use of their self-care time; and, to develop evidence on the health consequences of self-care.

**SOCIAL ASPECTS**

The Leg Club social model of care serves to foster self-help through empowerment of patients to become stakeholders in their own care (Lindsay, 2004; Brown, 2013; Upton et al, 2015; Bailey and Wright, 2016). This, combined with the social interaction afforded by the club helps self-esteem and concordance (Brown, 2007). Abundant evidence from various areas of chronic disease management reveals that
self-help, including self-care, can for a vital part of the holistic patient management plan (Lawn and Schoo, 2010; Higgins et al, 2012; Franek, 2013). Our experiences with diabetes and foot ulceration are beginning to show similar positives; much more now needs to be done in respect of self-care for VLU and community management (Brown, 2013).

REFERENCES


Brown A (2013) “Self-care support in leg ulcer services should be the priority”. Nurs Times 109(40): 11


