

The argument for palliative wound care

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Palliative care is an approach that is aimed at improving the quality of life for both patients who have an illness that is incurable, and for their families. The UK National Council for Palliative Care describes palliative care in terms of supportive care as:

Supportive care helps the patient and their family to cope with their condition and treatment of it — from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment...

(www.ncpc.org.uk/palliative_care.html)

With its origins in end of life care, palliative care is now recognised as being relevant much earlier in the person's illness experience, and relevant to patients with long-term conditions. Palliative care is proactive in maximising quality of life by:

- ▶▶ Managing symptoms
- ▶▶ Preventing suffering
- ▶▶ Providing psychosocial and spiritual support for patients and their families.

These principles underpin all aspects of palliative care, including wound management, and as a result,

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are relevant to nurses and other disciplines regardless of where they work. Palliative care is not only provided in hospices, but also in people's homes by community nurses, in nursing homes, in hospitals, in hostels for the homeless and in prisons (Department of Health [DH], 2008).

Palliative wound care

Historically the population has been perceived to be marginal and clustered around rare conditions and extreme cases, including patients for whom death is expected in days or a few weeks. In effect, this population has been characterised as outliers in the tail of the normal population bell curve.

In the field of wound care this perception and characterisation has at times resulted in a failure to recognise the potential benefits of active, advanced wound management. For example, a patient with a malodorous necrotic heel wound, with a life expectancy estimated in weeks, may benefit from rapid debridement (e.g.

sharp debridement, larval therapy, etc), as this will speedily remove the devitalised tissue and the source of smell, thus improving the patient's and his or her relatives' quality of life. Unless clinicians feel a sense of urgency in getting on top of wound care problems, and have the skills to undertake advanced wound care practice, the patient in the circumstances described above may be subjected to an autolytic debridement protocol resulting in weeks of slow debridement, exudate, frequent dressing changes and, potentially, a more malodorous wound than they started with.

Palliative wound care involves the care of patients who have long-term potentially life-limiting, single or multiple illnesses of any aetiology which may result in the development of altered skin such as pressure ulcers, leg ulcers, cellulitis or wound infection. In this context, the term life-limiting may mean weeks, months or years. Palliative wound care recognises this uncertainty and the importance of setting management goals which can improve patients' quality of life, and where healing should not be routinely excluded.

Patients with long-term conditions and skin and wound problems have palliative care needs (the core principles of treatment and palliation of underlying cause, symptom management, and local wound management). These patients therefore come within the remit of the palliative wound care group. With advancing age, patients incur chronic conditions and therefore the frail elderly population is also included. Additionally,

there are the patients with inherited conditions that affect the skin, and patients with catastrophic diseases that affect the skin, such as:

- ▶▶ Cardiovascular disease
- ▶▶ Diabetes
- ▶▶ Immune disorders
- ▶▶ Cancers: primary skin cancers, malignant infiltration of the skin
- ▶▶ Inherited disorders, Epidermolysis bullosa
- ▶▶ Ageing and frailty.

Viewed in this way, the palliative wound care group is by no means marginal in population terms.

Implications for wound care

Palliative wound care needs advanced clinical knowledge and skills, technologies to prevent, treat and

manage fragile skin and wounds in a practical and meaningful way. The goal is to work in partnership with patients and carers to maximise quality of life. Interventions should be balanced with the impact — both positive and negative — that they may have on the patient. Daily living should be as unencumbered as possible by dressing changes, supply chain issues, and lack of confidence to socialise to maximum individual potential and preference. In this difficult territory, advanced wound care technologies are pivotal to achieving clinical and cost-effective palliative wound care.

Conclusion

The term palliative wound care/management has for too long been associated with the extreme cases, or

with people at the very end of their life. It is clear that many people, including the frail, elderly are slowly dying from their chronic illnesses over a period best measured in years. It is perhaps timely to recognise both groups as one, and recognise that where effective, timely and considered wound management is delivered, the impact on quality of life can be enormous. There needs to be a shift in attitudes to ensure that all patients with long-term and life-limiting conditions receive the most effective wound care. **WUK**

Reference

Department of Health (2008) *End of Life Care Strategy. Promoting high quality care for all adults at the end of life*. Equality Impact Assessment. DH, London

PALLIATIVE WOUND CARE CONFERENCE

For full programme
see page 85

30 June, 2010 at Manchester City Football Stadium

The Palliative Wound Care conference will challenge tissue viability nurses to think about what palliative wound care really means on every level — where practical solutions have to be found on a day-to-day basis and every patient is unique with their own set of circumstances that influence the healing process. The open clinical forum in the afternoon provides delegates with an opportunity to explore and develop core principles of palliative wound care.

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