

# Wounds and the flowers of kindness

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Wounds are the fertile ground where  
flowers of kindness and wisdom will grow  
and thrive.

--Mridha

# Dimensions of wounds

## --partially overlapping--

- Size
- Location
  - Publicly visible or not
  - Immobilizing or not
  - Acute or chronic
- Source
  - Surgery, Disease, Infection, Trauma
- Special characteristics
  - Malodor, Exudate, Bleeding, Pain)
- Speed and quality of typical recovery
  - Connection to causal factors: cancer, diabetes, etc.

# Psychosocial factors --interrelated--

- Social isolation
- Altered relationships and sociality
- Stigmatization and shame
- Demoralizing change in body image
- Demoralized response to reduction in opportunities for activity
- Existential crisis including numerous clinically disabling mental/emotional reactions
- [A longer list is in your handout--Alexander, 2009]

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**Acute**

**Surgical source**  
**Concealable**

*Small squamous  
cell cancer  
removed by  
Mohs procedure  
from the calf of a  
generally fit  
person*

**A wound continuum**

**Chronic**

**Disease source**  
**Unconcealable**

*Large, malignant,  
fungating wound in  
sensitive location  
with strong  
negative  
characteristics*

# How to enhance wound care?

- At one extreme, palliative wound care
- There is an International Palliative Wound Care Initiative
  - E.g. Ferris et al, 2007. Frank D. Ferris, Ahmad Abdullah Al Khateib, Isabelle Fromantin, Linda Hoplamazian, Theresa Hurd, Diane L. Krasner, Vincent Maida, Patricia Price, and Louanne Rich-Vanderbij. *Journal of Palliative Medicine*. February 2007, 10(1): 37-39. doi:10.1089/jpm.2006.9994.
- Palliative wound care seems to be incorporated into the larger palliative care system

# How to enhance wound care? (2)

- For chronic long-term wounds, England and Australia have developed community based interventions with a strong psychosocial component
- “Leg clubs” for chronic leg ulcers

## Wound Care Nursing Award

Sponsored by Smith and Nephew

**Commended:** Julie Evans and Tina Chance, East Kent Hospitals NHS Trust

Working in a specialist renal unit, junior sister Julie Evans and vascular nurse specialist Tina Chance have dramatically improved the care of people with diabetic foot disease by implementing daily inspection, assessment, categorisation and treatment protocols

chat with their new friends and receive care and advice about their condition.

But it has not all been plain sailing. One of the first obstacles Ms Lindsay faced was raising enough money to pay the room's rent. 'Then I realised what I had started,' Ms Lindsay admits. But, fired with enthusiasm for what they saw as their own club, patients began fundraising and were soon joined by local business people, who donated prizes for raffles, while the pub collected cash.

In 1998, a second club opened in a neighboring village and then more followed. In March 2001, the first Australian club opened in Mount Barker. Today, there are 14 leg clubs, including five in Australia, and more in the pipeline.

*'I could either bury my head in the sand or do something to enhance the care'*

Despite this success, Ms Lindsay has experienced resistance from colleagues. 'In the beginning, people thought I was mad,' she confesses. 'At times, I was disheartened by the strength of opposition, but I hope more nurses are now seeing the clinics as a model for patient-centred wound management.'

Clearly the advantages for patients are many. 'We have seen people's leg ulcers healed after they have had them for 30 years,' says Ms Lindsay proudly. 'It has brought back patients' self-esteem. One woman would not go out because she thought that her ulcer smelt.'

Now an independent specialist practitioner, Ms Lindsay can devote more of her time to spreading the message that these clinics are delivering outstanding results, reducing the instances of



Ellie Lindsay offers cake and sympathy to a 'leg club' member

Ewing-Reeson Photography

# Join the club

The isolation of people with leg ulcers and the lack of knowledge about



# Benefits are more than cake and smiles

- The graph in the next slide compares ulcer sizes from groups in an Australian study, randomly assigned to
  - Weekly Leg Club meetings (intervention)
  - Weekly home visit (control)
- Duration between measures was 12 weeks
- Source: Edwards et al (2005). Improved healing rates for chronic venous leg ulcers....(in the list of references handed out)

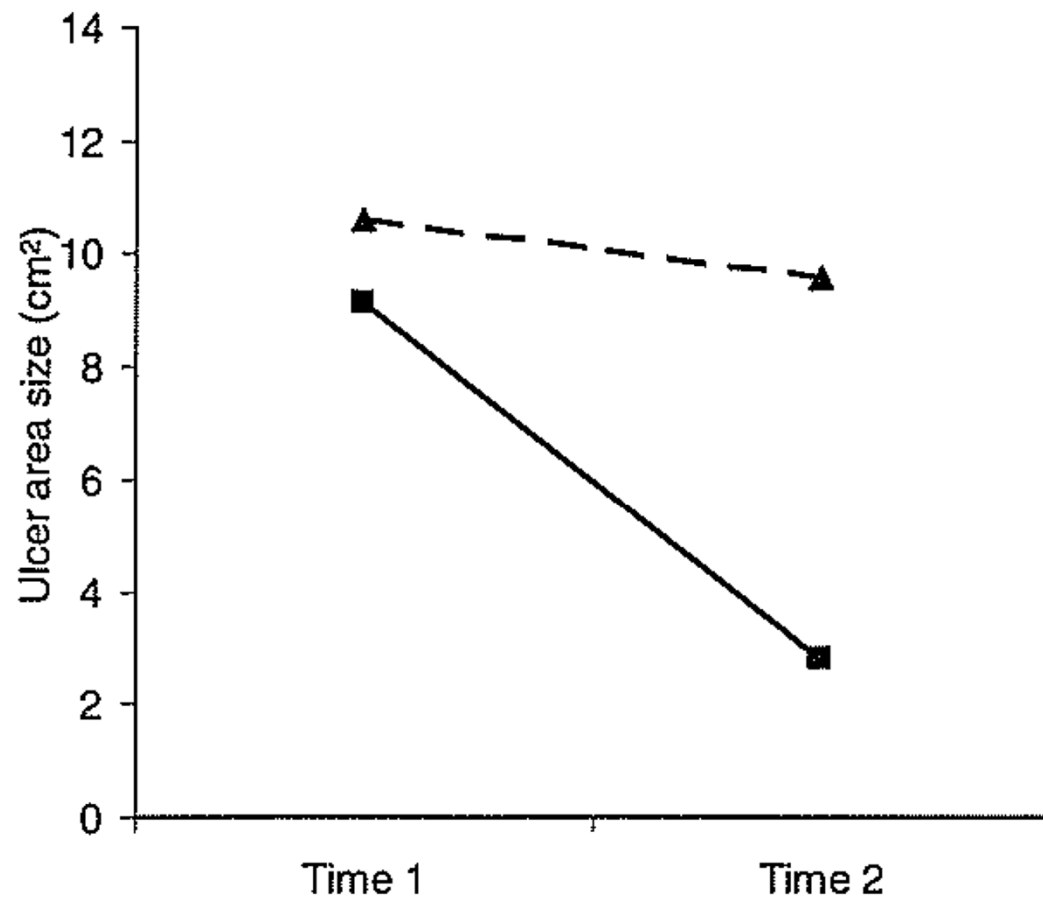


Figure 1. Changes in mean ulcer areas over time. ■, intervention; ▲, control.

The negative effects toward the lower end of the continuum seem to be unaddressed

- A HUP anecdote
- Is this important enough to address?
- If so, how?

# Brainstorming: Possible Responders

- Physicans
- Nurses at all levels of training
- Chaplains and other clergy
- Communities and community organizers
- Funders (insurance, foundations, unions)

What are your own experiences,  
thoughts, and proposals?

Thank you