

Palliative Wound Care: Managing Chronic Wounds across Life's Continuum: A Consensus Statement from the International Palliative Wound Care Initiative

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THE PROBLEM

WORLDWIDE, individuals of all ages (from neonates to elders) and all socioeconomic groups develop chronic wounds (i.e., a break or chronic ulcer of the skin and underlying tissue that does not respond to medical or surgical interventions). This is particularly true for people living with advanced/end-stage chronic illnesses associated with arterial or venous insufficiency/edema (e.g., diabetes mellitus, peripheral vascular disease), central and peripheral neurologic disorders causing motor dysfunction and/or sensory deficits (e.g., dementia, stroke, Parkinson's disease, neurodegenerative disorders), cancers and other diseases leading to cachexia, immunocompromise, chronic infections, or an impaired ability to heal. Even with the best of nursing care, these patients may develop chronic wounds.

While wound care has historically focused on curing the underlying disease and healing the wound(s), health care professionals now recognize that chronic wounds are frequently associ-

ated with multiple concurrent issues that cause suffering for the patient and her/his family (i.e., those closest to the patient in knowledge, care, and affection). If these are not managed, they may delay wound healing.

While most chronic wounds will eventually heal if managed appropriately, some will not. In patients with nonhealable wounds, therapies that aim to heal the wound may not be in anyone's best interest.

PALLIATIVE WOUND CARE

Palliative wound care is the evolving body of knowledge and skills that takes a holistic approach to relieving suffering and improving quality of life for patients and families living with chronic wounds, whether the wound is healable or not. While palliative care (i.e., therapies to relieve suffering and improve quality of life) was initially reserved for terminally ill patients at the end of their lives (often called hospice care), the potential for palliative care to improve wound healing and the

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quality of life for patients and families living with chronic wounds is now being recognized.

Palliative wound care is an extension of both palliative care¹⁻⁵ and wound care.⁶ It encompasses all of the therapeutic interventions that aim to:

The International Palliative Wound Care Initiative

The International Palliative Wound Care Initiative is a global group of palliative care, wound care and continuing education professionals.

Mission

To promote the advancement of effective palliative wound care by developing information and strategies to care for patients and families living with chronic wounds, and disseminating these resources internationally.

Vision

The complex issues faced by patients and families living with chronic wounds will be appropriately addressed and managed through the integration of palliative care throughout their wound care experience.

Goals

The Initiative recognizes that the expertise and skills in palliative wound care can improve the quality of life of all individuals living with or affected by healing and non-healing chronic wounds. It is guided by the philosophy that the opportunity exists to negotiate personalized goals of care to optimize quality of life through an interdisciplinary approach to care.

The Initiative is exploring ways to increase awareness and change attitudes through advocacy; enhance knowledge and skills through education; influence day-to-day behavior through norms of practice and preferred practice guidelines; and evaluate outcomes for individuals, organizations, and society.

For more information in the International Palliative Wound Care Initiative please visit (www.palliativewoundcare.info).

- Guide effective communication, decision making, and care delivery.
- Stabilize the wound.
- Minimize the risk of infection and further progression of the wound.
- Manage the multiple issues that cause patients and families suffering.
- Optimize the patient's function and quality of life for as long as possible.

From the outset of an illness, patients and their families are encouraged to participate actively in all aspects of their care. Information is shared respectfully. Goals of care and treatment priorities are negotiated with each patient based on the stage of the underlying disease process and the potential for available therapeutic options to be beneficial and meet personal preferences.

Initially, most patients choose therapies intended to cure the underlying disease and heal their wound(s). Concurrently most patients also want to integrate therapies to "palliate" the multiple concurrent issues that cause suffering and impact the quality of their lives, including symptom management, nutritional support, physical and occupational therapy, counseling, and spiritual support.

Over time, if the patient's health status deteriorates and/or therapies to heal the wound prove to be ineffective, the focus of care usually shifts to focus on therapies that aim to stabilize the wound, minimize the risk of infection and further progression, maintain function and relieve suffering for as long as possible. Many patients will also want to prepare for the end of their lives and ensure that family members will be safe and well cared for after they die.

THE OPPORTUNITY

For wound care

Palliative wound care can be integrated into day-to-day wound care if an interdisciplinary team of wound care professionals (i.e., physicians, nurses, pharmacists, social workers, chaplains, physiotherapists, occupational therapists, dietitians, psychologists and volunteers appropriate for the issues that the patient and family are experiencing) are skilled in the basics of palliative care. When the issues become complex, additional expertise can be provided by palliative care consult services and hospices.

For palliative care

Similarly, the core skills of palliative wound care can be integrated into the day-to-day activities of palliative care practitioners with consultative support from wound care experts.

CHALLENGES

To this end, strategies are needed to:

1. Increase awareness of the problem, the magnitude of the need and the potential for palliative wound care to enhance healing and quality of life.
2. Advocate for changes in policy, regulations and reimbursement guidelines that may be limiting palliative wound care practice.
3. Increase the knowledge and skills:
 - a. of core palliative care skills in wound care practitioners^{7,8}
 - b. of core wound care skills in palliative care practitioners
4. Integrate collaborative palliative wound care practice and consultative expertise into acute, home, and long-term health care services.

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