

Putting a spotlight on palliative wound care

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In this month's issue of *Journal of Wound Management* we present the latest EWMA document focused on palliative wound care with recommendations for the management of major wound related symptoms including pain, odour, itch, bleeding and exudate, in addition to care of the peri-wound area and nutrition.

The document is an important stage in the process to bring forth the need for clinicians, researchers, industry and policy makers to focus on patients requiring a palliative approach to wound care. For each of the major symptoms highlighted in the document the level of evidence remains low. This lack of a strong evidence base to support practice must be a cause for concern and must stand as a call to action for all including funding agencies and healthcare systems.

As part of the document development process an international survey was undertaken. The survey aimed to determine from clinicians what their greatest challenges, patient challenges and priorities for research were in relation to management of patients requiring palliative wound care. In all, 513 people from 63 countries completed the survey. Regardless of the type of question posed, pain, odour and exudate management were in the top three as either of concern to patients and staff, as a challenge to manage and as a priority for research. This underscores how poorly researched these issues are and how poorly served our patients are for their management.

Fifteen recommendations are provided in this document and should serve as a starting point for research, innovation and priority setting. The majority of wound care in this context is encountered among patients at end of life and these wounds and patients have needs outside of those of other chronic wounds. Exudate management, pain relief and odour management can be complex and profound. We need interventions in the form of dressings and other agents to assist in management and thus strong collaboration between industry, researchers and clinicians is urgently required to address this unmet need. Discussions should also include input from patients, families, and interdisciplinary teams, ensuring that interventions prioritise comfort and dignity while addressing the physical and emotional dimensions of care.