

Promoting patient involvement in wound management across Europe

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For several years, there has been an increasing focus within the healthcare sector on involving patients (and their private carers) in their care and care-planning. Patient participation and patient empowerment are gaining more attention in many areas of healthcare and also within the field of wound management.¹ Patients are becoming more actively involved in their own care pathway where the care team emphasises self-management and joint decision making. This is not only limited to health care in general but has also been extended to involving the patient in research and development, guideline development and implementation, education and patient rights advocacy.² Involving patients will add value to all kinds of health projects, it will improve outcomes, quality of life, connectivity and resilience.² It will make us, healthcare professionals, reflect more on our daily practices and on patients' rights. It will contribute to optimising our knowledge and lead to improvement of the quality of the individual care we provide and to meaningful and fulfilling collaborations.

The European Wound Management Association (EWMA) has established a Patient Liaison Group aiming to support the involvement of patients and their private carers in wound management and to make patients aware of their equal rights to treatment and access to high quality of care. The Patient Liaison Group will ensure that patients are involved in other EWMA project groups when they are developing resources for health care professionals, patients and their private carers. Patient focused sessions have already been on the agenda during EWMA conferences and this will be continued at the EWMA-GNEAUPP conference in Barcelona in 2025. The ultimate goal of the group is to establish a EWMA Patient Advisory Panel where a group of patients with wounds or their private carer will actively contribute to our projects.

Although there is much enthusiasm, we also have to be realistic about some challenges we face. People with wounds often are of a higher age, have several comorbidities and many do not speak English. Involving them in discussions or asking them to travel to meetings is not always easy to achieve. Other stakeholders need to be involved, for example to have an impact on regulations, we need the support of people working for European or national health commissions, and organising these activities requires some funding.²

So let this be a call for action especially to those working at national level to try to bring patients together in patient organisations. Our patients have a voice and we surely have to listen to them!

REFERENCES

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