

The general practitioner's role in wound management

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Chronic wounds pose a huge burden both to patients and health care systems.¹ The burden is thought to be high partly because there are no clear organisational pathways for patients with wounds and the diagnostic process has not always been considered when establishing wound care pathways.^{2,3} On the other hand, with the complexity of wounds and comorbidities in wound patients, the holistic care of these patients becomes more and more important.

In Europe, nurses organise and carry out most of the treatment of patients suffering from wounds. If the wound and tissue damage isn't very serious and healing progresses normally, there is rarely any need for a physician to intervene. However, often there is a need for more comprehensive assessment including comorbidities and accurate diagnostics. This is where physicians, especially general practitioners (GPs), are needed. However, getting physicians truly involved in wound care can be difficult to achieve.⁴ Additionally, there is a clear need for more structured education of wound care for GPs.⁵

Cooperation and multidisciplinary office visits with nurses and doctors (and other specialists, when necessary) are a prerequisite to finding a solution to the healing problem, and producing this service has proven to be a difficult task for health care systems.⁴ Instead, what often occurs are rushed and poorly coordinated treatment attempts (for example telephone consultations or basing clinical decisions purely on a quick glance on the outlook of a wound, without knowledge of the patient history, progression of the illness or a clinical examination). This is claimed to be efficient and able to save the physician's time, but in the end it leads to higher costs with delayed wound healing. Instead of a solution, the result is too often an unnecessary antimicrobial treatment regimen or unrealistic expectations for trying out different expensive wound treatment products.⁴

Complex wound healing problems almost always have many dimensions. The holistic view and the practice of a person-centred approach, based on a long-term relationship, are crucial for the wound healing success and relapse prevention.⁶ Also, specialist assessments are necessary and produced by a referral process initiated by the GP. Accurate primary assessment by the GP guides the examinations and interventions to the most effective subspecialty. Inaccurate

assessment and misdiagnosis can result in the opposite: ineffective examinations and interventions, diagnostic delay, and increased healing delay.⁷ Often specialist assessments are important pieces to the puzzle of poor healing but they can't solve the whole issue. It is necessary to take a holistic approach, and consider the patient's psychological, social, cultural, and existential attributes to ensure active patient advocacy and adherence to treatment protocols and after care. This is another core competency of the GP, as sketched out by the World Organization of Family Doctors (WONCA), and it should be utilised more. GPs are tasked with 'seeing the bigger picture' and by closely collaborating with specialists and other healthcare professionals, GPs can ensure that patients receive comprehensive and coordinated care, thereby promoting better recovery outcomes.

Given the complex nature of wounds, there are several attempts to increase the role of wound education during medical studies.⁸ In addition, organisational changes are needed. We have established a GP network within EWMA, which aims to highlight the importance of GPs, as part of interprofessional teams, and to provide positive examples of GP-led wound healing centers within primary care. At the organisational level, we strongly believe this is a way to reduce wound-related costs and patient experienced reduced quality of life.

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