

- As we age, the likelihood we will have to cope with one or more chronic diseases increases. Leg ulcers are a major subset of chronic wounds, a disease which is far more common than many realise. They frequently lead to clinical depression, social isolation, a marked deterioration in overall quality of life and poor clinical outcomes.
- Many of us have already been advocates for people we are close to. In doing this, we may have had to challenge the system that is meant to help and care for us.
- A major challenge is finding meaningful ways in which people can experience a good quality of life while continuing to participate in and contribute to society as they age.
- The individual's voice needs to be heard at every level of their care and meaningful pathways should be created for them when they are experiencing care.

Introduction

It has been increasingly recognised that living with a wound decreases quality of life and impacts the wellbeing of individuals and their families. Exploring an individual's perception of their wound can demonstrate a deeper understanding of their health status, recognising social, psychological and emotional needs. By sharing the true meaning communication has on personal experiences undergoing care from a multidisciplinary team can provide new and important information.

Most practitioners providing lower limb and leg ulcer management have not got or lived with a leg ulcer and its associated factors. Yet they are very aware that, for many, living with the condition can lead to social stigma, a lack of wellbeing and a poor quality of life, as leg ulcers can be unsightly, painful and malodorous.

Method

Honest communication is vital to helping a person adjust to their condition. The individual needs to be assured that they will receive high quality wound management. The person living with a wound is the expert. Listening to their stories forces multidisciplinary team members to reflection on their practice. This results in a more holistic therapeutic, person-centred approach to care.

A collaborative approach to person-centred care should allow key stakeholders to play an active role in the care pathway. As an advocate, the individual provides others with new and important information that enables this to occur. By providing transparency in information-sharing, the advocate can facilitate the person to take control of their care.



Results

As experts in living with a wound, individuals deserve the opportunity to choose treatments that suit them, their lifestyle and their desired outcomes. Many of us have already been advocates for people we are close to and will probably need our own advocates in the future, but we cannot be confident that the structures for patient advocacy and empowerment currently exist or will do so in the future.

The social Leg Club model is built around the simple notion of promoting people's independence and wellbeing while fostering advocacy and psychological health – including hope, optimism and resilience. Studies have shown that this increases treatment adherence and improves healing rates, and have demonstrated improved clinical effectiveness, cost-effectiveness, satisfaction and wellbeing.

Discussion

Leg ulceration has been referred to as 'the hidden epidemic'. This phrase has a double meaning, as many older people with leg ulcers are hidden away, isolated, depressed and attempting unsuccessfully to self-care. A major challenge in ageing societies is how to create meaningful pathways through which older people can experience late life living with a wound and simultaneously contribute towards society.

A social model of care attempts to address the broader influences on health. It focuses on social, cultural, environmental and economic factors, as opposed to just disease and injury. The psychosocial Leg Club model is truly person-centred, valuing and listening to individuals and treating them with compassion, dignity and respect – which is as important as choosing the right dressing.

Conclusion

- When we refer to people as "patients", we should consider whether we are casting them in a passive, receptive role that does not necessarily enable them to act as a partner in the healthcare team. We need to be willing to do what it takes to incorporate a person-centred approach and be an advocate for our client group.
- Prime consideration should be given to an individual's wants and feelings when planning care. This requires us to pay increasing attention to the human dimension of an individual's health needs. We need to give those in our care a voice, be prepared to listen to what they have to say and act on it.
- We need to develop guidance and procedures that make this concept a functional aspect of a clinician's everyday care, so that individuals receive the support and advocacy that they need.