

Oration for the Third Annual Congress of the College of Palliative Medicine Sri Lanka

Topic: *Revolutionizing Comfort: Innovations and Challenges in Wound Care within Palliative Settings*

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Chief Guest: Dr. Palitha Mahipala, Secretary, Ministry of Health, Sri Lanka

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Good evening esteemed guests, colleagues, and honored Chief Guest Dr. Palitha Mahipala, Secretary of the Ministry of Health, Sri Lanka,

It is a privilege to address this distinguished assembly today on a matter that intersects both the science and compassion intrinsic to palliative care: wound management. My presentation, titled “Revolutionizing Comfort: Innovations and Challenges in Wound Care within Palliative Settings,” explores the profound impact that effective wound care has on quality of life, particularly at the end of life.

Historical Perspective and Modern Relevance of Wound Care

The history of wound healing dates back millennia, reaching as far as 2000 BC in Mesopotamia. Ancient prescriptions, like those using pine-turpentine and daisy, reveal that humans have always sought ways to heal. These early innovations remind us that today’s advancements build upon this long-standing legacy. Yet, wounds in palliative care present unique, complex challenges—ranging from arterial and venous insufficiency to skin failure as death approaches. For many patients, wound-related pain exacerbates the hardships of their final days.

The Burden of Wound Care

Globally, wound care accounts for a significant portion of healthcare costs. For example, the NHS in the UK allocates wound care as its third-highest expense, at £8.3 billion annually. In Sri Lanka, we lack concrete data on national expenditure, highlighting a need for increased research and awareness. Addressing these challenges in resource-limited settings like ours means innovating cost-effective wound care solutions.

Innovations in Wound Care

The global wound care market offers over 3,000 commercial products, yet there remains an unmet need for new, effective treatments. Here in Sri Lanka, our research into silver nanoparticles in bee honey, developed by my esteemed colleagues—Kithsiri Senanayake, Kumbukgolla, Jayaweera, Kannangara, Somarathne, and Rathnayake—shows promise in addressing bacterial infections. This local solution is derived from traditional wound care using honey, now enhanced with modern technology. Laboratory results indicate that these silver-nano honey compounds offer a potent, accessible wound treatment option.

Telemedicine and Digital Health Tools

Telemedicine has emerged as a cost-effective tool that can reduce the need for in-person visits and improve patient comfort. Our recent study, conducted by the NIHR Global Health Research Unit, confirms the feasibility of remote wound assessments. Results from a cohort of 15,358 patients in 66 countries show that telemedicine slightly reduces reported infection rates compared to in-person follow-ups. However, there is a risk of underreporting complications, underscoring the need for standardized assessment tools as we expand these services.

Balancing Aggressive Treatment with Comfort

The palliative context demands sensitivity to the patient's experience. While aggressive treatments may yield better outcomes, they can introduce discomfort and even prolong suffering. Effective pain management is essential and must integrate with wound care strategies. Additionally, ethical dilemmas often arise: Should we pursue extensive treatments when the primary goal is comfort? This balance between treatment efficacy and patient dignity remains a central challenge.

Addressing Resource Constraints

In many parts of the world, including Sri Lanka, advanced wound care products are scarce. This reality calls for innovative solutions that leverage local resources and adapt global advances to our context. Establishing dedicated wound care centers in each district could address the needs of both palliative and curative patients while promoting healthcare innovation.

Conclusion and Acknowledgments

In closing, we must remember Hippocrates' words: "To cure sometimes, to relieve often, to comfort always." This ideal is at the heart of our mission in palliative care. I extend my deepest gratitude to Dr. Janaki Hewavidana, President of CPMSL, Professor Samadhi Rajapaksha, my family, and all those who have supported my journey from Padaviya to Oxford. Together, let us work to bring comfort and dignity to those in their final stages of life.

Thank you.