Our editorials during 2010 have focused on a number of areas of concern or controversy in the treatment and prevention of wounds. Topics ranging from evidence to specialisation have been our focus. One common theme is that all these areas impact on our ability as clinicians to deliver optimal care to our patients.

It seems that our environment, whether commercial, clinical or academic will face significant hurdles in moving our subject forward. As individuals involved in different aspects of the development of wounds as a clinical specialisation we need to work together rather than in different or indeed opposing directions. This is not a criticism but rather an observation that perhaps we need to refocus our combined academic, clinical and commercial resources to re-energise and re-direct the emergence of this subject as a clinical specialty. This will require joined up thinking and working towards common goals to deliver a more co-ordinated approach.

To the outside world (i.e. those not involved in wound care) the subject appears complicated, ill-informed and extremely fragmented. Specific examples are:

- **No discrete specialist** – is it a Dermatologist, Vascular Surgeon, Generalist, Podiatrist, Tissue Viability Nurse – or all of these or a new professional group;
- **An industry more focused on competitive rather than innovative practice** – but as clinicians or purchase decision makers we must accept some of the blame for asking for a single therapy to deal with a complex problem. In addition how guilty are we of following fashion trends – how many more silver dressings do we really need?
- **Evidence requirements** – we ask for high level evidence even although for the majority of those with the expertise in this area we know it is an extremely difficult if not impossible task but we still demand it! And we allow Cochrane to tell us there is no real evidence to support our clinical practices, even although we see the benefits on a patient basis – especially when we accept success in treating such patients can be measured in ways more than numbers healed or speed of healing.

Governments are at last taking some interest in wounds and their impact on our healthcare systems across the world. Most governments seem to make the right noises with respect to reducing their healthcare spend and passingly mention wounds as a potential target. There is a significant lack of understanding of the specific issues with this subject and in many cases their actions are pushing the specialty backwards rather than forwards. So if they are to be well informed we need to be providing a united front regarding what is needed and how it can be implemented. Politicians love fragmentation or an ill-informed approach, as its daily life for politicians to capitalise on weakness to achieve their ends by blocking those of professionals and patients.

To stimulate the continued development of this subject area wound care needs to present a co-ordinated, logical approach to help those who can help them achieve these desired goals. In Wound Care we need some joined up thinking! So can 2011 be the year for reinforcement, re-engagement and hopefully all stakeholders working together to benefit those who need our focus – THE PATIENT.

Keith Harding and Douglas Queen