

Comments on the article "The Effectiveness of Preventive Management in Reducing the Occurrence of Pressure Sores"

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A major defect in the whole system whereby research projects are funded and articles are accepted for publication is that too many scientists are looking at Objectives and not enough at Goals.

The result, in major problems like pressure sores, is that the mass of knowledge about pressure on tissue grows and grows, and the actual management of the problem is almost unaffected, or may be getting worse, nationwide. One reason is that researchers, to obtain support for their projects, have to pass peer review.

Review committee members tend to be purists. With expertise in statistics, they like to have double-blind systems with large, carefully matched series and only one or two variables. As laboratory scientists, they like to isolate one capillary and study it. They are happy with mathematical models of buttocks which assume homogeneous tissues because these are neat and fit the computer.

In real life, buttocks are a composite of many tissues which cannot easily be evaluated individually without destroying their integrity. In real life every patient at risk of pressure sores is different from every other. In real life each patient is a composite of body, mind, and spirit, in whom the effect of external pressure may be mitigated or enhanced by the attitude of the mind or by the disciplined efforts of nurses and therapists to make the patient understand the significance of the various restrictions that he has to accept.

Because of the multitude of uncontrollable variables in the life of a series of hospital patients, and because of the larger variety of variables in the home environment, most clinical scientists shy away from any attempt to evaluate total programs. They know they will be dissatisfied with the objectivity and validity of their findings — and they know they will be torn to pieces by pure scientists and reviewers.

The article that appears in this first number of the now-renamed "Bulletin" addresses a total program of prevention of pressure sores. The article has, very properly, been criticized for its weaknesses. We are publishing it because, in truth, it attempts to quantify the influence of such things as education and interaction at a personal level between staff and patients and families. The dramatic difference that this makes to the incidence of recurrence of pressure sores must be placed before all of us from time to time, to remind us that the interface between people may be as important as the mechanical interface around tissues. We shall **never** see articles on this subject if we wait for all the scientific and statistical criteria to be acceptable. Here is an account of a total program that has had a positive effect on a total problem. If we are interested, we may need to visit the authors and see the way the program works, and what are its strengths and weaknesses. There is room still for the trained and analytical mind to observe a complex living entity and draw positive conclusions.

There are times we need to look straight at the **goal** of prevention of pressure sores, and recognize that some of the most important objectives on the critical path towards that goal have escaped serious study because of the difficulty of analyzing the whole life of whole people in terms that fit the requirement of basic scientific research ■

^a Dr. Brand is a member of the Editorial Board of the former Bulletin of Prosthetics Research, now renamed the Journal of Rehabilitation Research and Development. He was extended an invitation, which he accepted, from this publication's editor to comment editorially on the article about pressure sores which appears in this issue, because of his familiarity with both the research and the clinical application of research results, in the area addressed by that paper.