

Clinician Perspectives on the New Offloading Announcement in British Columbia: An Interview with Dr. John Hwang



Janet L. Kuhnke, RN BA BScN MSc NSWOC Dr Psych; and **John Hwang**, MD FRCSC

Abstract: In this interview, Dr. John Hwang shares his vision for persons living with diabetes in the province of British Columbia and across Canada. Dr. Hwang is a general surgeon and physician lead at the Fraser Health Complex Wound Centre in British Columbia. He has specific interests in the optimal delivery of interprofessional wound care, as well as physician and wound care team engagement in quality improvement.

Key words: *diabetic foot ulcer, total contact casting, offloading.*

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On February 15, 2023 the province of British Columbia, Canada announced the availability of total contact cast (TCC) services for the treatment of diabetic foot ulcers (DFUs).

The announcement stated: “In addition, for clients with BC PharmaCare coverage, custom orthotics and adaptive shoes will be covered for those with diabetic foot ulcers recently healed with total contact casting.”¹

Dr. John Hwang, a general surgeon and physician lead at the Fraser Health Complex Wound Centre in British Columbia, was posed the following questions on behalf of the *Limb Preservation Journal* by Janet L Kuhnke, RN BA BScN MSc NSWOC Dr Psych.

Q: What is your vision for the future of diabetic foot care for the province of British Columbia (BC)?

Dr. John Hwang: “As with many complex and chronic conditions, patients at risk for DFUs would benefit from a holistic, team-based, and multidisciplinary approach to their condition. Ideally, the foundation for this would be an

entire network around the patient of health-care providers and care partners emphasizing prevention and early detection, so that DFUs don’t occur in the first place.

If foot wounds in people living with diabetes are identified, it is important that the correct diagnosis is made, and that the patients then receive the right treatment, at the right time, delivered by the right care provider. It sounds simple...but it’s not.”

Q: What implications do you foresee in the short and long-terms?

JH: “In the short term, I don’t think it’s an exaggeration to say that this announcement will save both lives and limbs. We see a lot of patients who get recurrent DFUs because they’re unable to afford, or are otherwise unable to access, appropriate offloading footwear. In addition to being really deflating for patients, recurrent DFUs put patients at risk for serious complications like sepsis, amputations or even death. The 5-year mortality rate for DFUs is worse than many forms of heart disease and cancer. This is a big deal.

Hopefully, in the longer term, this is the first step of many towards building an entire health system geared towards ensuring that every patient with a DFU gets the same standard of care regardless of location, ethnicity, or socioeconomic status.”

Q: What existing partnerships can be drawn upon for this announcement to lead to measurable success?

JH: “Well, I suppose there are specific partners that are directly mentioned in this announcement: BC PharmaCare, wound care teams that provide total-contact cast treatment, orthotists that will build the offloading footwear, for example. But, again, the network that supports people living with diabetes with foot ulcers, or at risk for developing foot ulcers, goes far beyond just these few groups. Organizations like Diabetes Canada, Wounds Canada, and the Canadian Podiatric Medical Association are critical in advocating for, and then building, the networks that take patients through prevention and primary care of DFUs, right through to end-stage and palliative care. I’m probably beginning to sound like a broken record, but it really is about a health systems redesign to ensure that no one falls through the cracks. The provincial Ministry of Health and PharmaCare have taken a very important first step towards this.”

Q: Can you comment on this announcement in relation to the release of the Wounds Canada Foot Health Pathway?

JH: “The two are in lockstep and are supportive of one another. Again, it’s all part of collaboratively building a health system where DFU patients from British Columbia get the right treatment, at the right time, from the right person regardless of circumstances.” ■

Janet L. Kuhnke, RN BA BScN MSc NSWOC Dr Psychology is Associate Professor in the School of Nursing, Cape Breton University, Sydney, NS, Canada.

John Hwang, MD FRCSC is a general surgeon and physician lead at the Fraser Health Complex Wound Centre in British Columbia, Canada.

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Additional Resources

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