

An Interview with **Dr. Keith Harding:**

# A Demonstrated Leader in Global Wound Care



Dr. Keith Harding

INTERVIEWED BY Catherine Harley, Associate Editor, *Wound Care Canada*

## Dr. Keith Harding

graduated in medicine from the University of Birmingham, training in general surgery and family medicine. In 1990 he was appointed Director of the Wound Healing Research Unit within the University of Wales College of Medicine. This group has grown to 45 individuals undertaking clinical, educational and research activities in wound healing and tissue repair. In his clinical practice he sees only patients with wound-healing problems. He is currently Head of the Academic Department of Surgery, Professor of Rehabilitation Medicine (Wound Healing) at the University of Wales College of Medicine. He has authored over 250 publications and has written a number of books on wound healing. He was the first president of the European Pressure Ulcer Advisory Panel, first recorder of the European Wound Management Association and past president of the European Tissue Repair Society.

### Q Why did you choose wound care to specialize in?

Defect in my character! Seriously, I was fascinated by wound healing and research when I was an undergraduate at the University of Birmingham in the 1970s. I spent my student elective looking at the effect of low-dose Heparin on wound healing and when I returned to Cardiff I was given an opportunity of being clinically involved in a wound clinic that had been set up in the hospital.

### Q How long have you been involved in wound care?

Since 1977.

### Q How did you go about setting up the wound-care team?

From 1977 to 1989 I and one or two other individuals were involved in providing a part-time outpatient wound clinic service. In 1989 I had a six-month sabbatical looking at wound healing set-ups in North America. When I returned to Cardiff I was given an

opportunity by the University to set up an academic group in wound healing. My major objective was to make wound healing and wound care an accepted, legitimate aspect of clinical and academic work. We were the first, and remain the only, totally self-funded group within the University. There are currently 40 to 45 individuals within the team.

### Q What role do you play in wound care?

I am the clinician involved in a large multidisciplinary university and teaching hospital-based group working in wound care. I am also currently the Head of the University Department of Surgery.

### Q Please describe your wound team.

We are a large, multidisciplinary group. Professor Patricia Price is the Director of the unit and deals with matters of administration and the research group, which covers the biology of wound healing, physical measurement in wound healing and

health services research in wound healing. Vanessa Jones is a Senior Lecturer within the group who has developed the first diploma and master's course in the world, as well as providing a range of other educational opportunities for health-care professionals to be educated in wound care. We have, in addition, a large number of researchers and clinicians with both medical and nursing backgrounds. We also have a dedicated occupational therapist within the team. We have a large and efficient administrative team to support us as we run the group along business-like lines within a university and National Health Service hospital.

### Q Who do you consider your greatest mentor in wound care?

Professor Les Hughes. The previous Head of Department at the University was a surgeon's surgeon and had research interests in subjects as diverse as breast cancer, melanoma, inflammatory bowel disease and wound healing. He

provided me with an opportunity to work in a wound clinic and stimulated an academic approach to the subject of wound healing.

**Q How do you keep your team motivated?**

A large stick! By convincing all members of staff that they are members of a true multidisciplinary team, with rewards, responsibilities and problems being shared by us all.

**Q What is the biggest change you have seen in wound management?**

The ability of a health-care professional to make a diagnosis of a cause of a wound, understand

the pathophysiology and recommend sensible treatments to individual patients.

**Q What do you see as the biggest challenge in wound care?**

Raising the profile of the subject to get politicians, health-care professionals and patients to recognize wound care is as important a problem as cancer and heart disease in modern-day society.

**Q What role have you played in wound care within Canada?**

Acting as the 'warm up man' for Gary Sibbald et al at the Canadian Association of Wound Care (CAWC) meeting! In addition,

for a number of years I, with the support of a commercial concern, undertook a lecture tour across Canada for a week in the fall, talking to doctors about the subject of wound care.

**Q What did the practice of wound care look like in your past versus the present?**

In my own hospital and university there was chaos and confusion, but now we are recognized as part of the 'wound team' within the hospital, and I have responsibility for all aspects of wound prevention and treatment in the third-largest hospital trust in the United Kingdom. In addition, the subject of wound healing is recognized within the University as

being a source of good-quality research and education.

**Q What is the future of wound care?**

Wound care has an exciting future. It is important, however, to recognize that we need to protect ourselves from becoming an exclusive group and excluding other health-care professionals who can provide significant input to the care of individual patients.

**Q Any other comments?**

The CAWC and wound care in Canada has developed rapidly and impressively in recent years and Canada is one of the leading countries in the world in addressing this subject area. ☺

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