

In it Together: Moving Mountains to Create a World of Better Wound, Ostomy and Continence Care - WCET®-NSWOCC® 2026 Joint Congress



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With cloudless skies across Vancouver, we could clearly see the mountains which represented this year's WCET-NSWOCC Joint Congress theme: In it together – moving mountains to create a better world for wound, ostomy and continence care. This year's joint congress brought together clinicians, researchers, educators, and leaders from around the world for a unique educational experience designed to bridge science, practice, and culture – a theme that reflects both the diversity of our global community and the shared commitment that unites us.

In the opening ceremonies, we were warmly welcomed to these lands by local Tsleil-Waututh Elder Sam George and his brother Knowledge Keeper Les George, guided by the ancestors, and embraced by the diversity of nations gathering at the WCET-NSWOCC Joint Congress.

Through their conferences and programs, both host organizations blend a strong focus on both the art and science of wound, ostomy, and continence care. Dr. Emily Haesler notes that "health care, and especially nursing, is both a science and an art. While it is important that we pursue and engage with high-quality scientific inquiry, we must also acknowledge that clinical judgment, individualization of care, and the empathy required to provide holistic nursing care are a special art." We must encompass both art and science when we bridge the gap between clinical evidence and local practice implementation.

With that in mind, we were treated to new consensus evidence across topics as diverse as prevention and treatment of pressure injuries,¹ WCET ostomy guidelines,² exercise and physical activity after stoma surgery,³ and an early glimpse of paediatric ostomy recommendations. There was standing-room-only for the presentation on the new therapeutic skin and wound-cleansing document published by the International Wound Infection Institute.⁴ Dr. Dimitri Beeckman's poignant session debated the need for real-world evidence as part of an integrated research ecosystem to drive innovation, equity, and sustainability in wound care worldwide. He argues that organizations can play a pivotal role in connecting research, education, and policy to ensure global alignment in wound care standards. In the Norma Gill Foundation Keynote, Dr. Diane L. Krasner discussed the ongoing advocacy campaign to reframe unavoidable pressure injury as unpreventable skin failure. "The persistent misclassification of [skin failure] as a [pressure injury] is a categorical error with devastating ethical, economic, and personal consequences," wrote Dr. John La Puma.⁵

The Chief Executive Officer (CEO) of the Canadian Nursing Association (CNA), Dr. Valerie Grdisa, recognized the exemplary leadership of retired NSWOCC CEO Catherine Harley. "Cathy is the number one champion of promoting the value and impact of specialty trained and certified nurses on the [Network Leadership Council], and she will have a lasting legacy." Nothing epitomizes Cathy's legacy more than the Indigenous Core Program, which she first envisaged in 2016. We wish her the best in retirement. Additionally, Dr. Grdisa pledged that the SWAN program would be recognized as a CNA-accredited program.

While our many esteemed speakers and new NSWOCC fellows each have decades of expertise, the conference is far from the same old. We should be proud of how far our fields of wound, ostomy, and continence have evolved. When Dianne Garde chaired the first Canadian Association for Enterostomal Therapy (CAET) annual conference in Toronto back in 1982, we did not talk about skin tears, skin failure, Indigenous health equity, prehabilitation, paediatric ostomy, skin tones, wound

bed preparation, and so much more. The extent to which the field has advanced is evident through our lexicon and the growth of our clinical and scientific understanding.

For all our great achievements, there is no room for complacency. The Health Equity of Indigenous Communities session reinforced that Indigenous people in Alberta have higher odds of leaving the emergency room without receiving care and poorer outcomes.⁶ Indigenous Core Program coleads Bev Smith and Michelle Buffalo implore us to each read the In Plain Sight report.⁷ In moving mountains, we must acknowledge “that every individual person that comes to see you deserves to be treated fairly. Don’t assume, if you’re not sure, just ask,” concluded Bev Smith, incoming NSWOCC President.

The combined WCET®-NSWOCC® core planning team should be proud of the quality of the educational program for the congress. We look forward to sharing our journey through these lands together, to catch the next wave at the NSWOCC 46th National Conference in Halifax, Nova Scotia, in May 2027. In the meantime, let us remember to balance the art and science by bridging clinical guidelines, real-world evidence, and local implementation. ●

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