Editorial

Beyond Survival: Compassion, Complexity and the Long Road to Burn Recovery

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In the early hours of the 1st of January 2026, as the New Year was being welcomed in celebrations across the world, the words "burns" and "tragedy" became the epicentre of a fire in Crans-Montana, Switzerland.[1] By mid-January, a wildfire catastrophe in the Biobío and Ñuble regions of Chile left a constellation of burn injuries in its wake.[2] And on the other side of the globe, a devastating fire swept through the Rohingya refugee camp in Cox's Bazar, Bangladesh, with flames destroying hundreds of shelters, displacing thousands and causing injuries to those who have already lost so much.[3]

Burns are the fourth most common type of trauma worldwide.[4] Burns are different to other traumatic wounds because they disrupt all the primary functions of the largest organ in a human body – the skin.[5] Burns exacerbate their effect on skin integrity through exposure to either thermal, chemical, electrical, radiation, cold or friction mechanisms – each potentially requiring a unique and dedicated treatment.[6] Whether they are a result of natural hazards or man-made disasters, burn injuries are often present in major incidents, can be just as devastating whether large or small, and are capable of overwhelming the support networks with relatively low numbers of casualties.[7] In global disasters, burns represent a significant 20-30% of injuries in mass casualty incidents.[8] In modern warfare, high kinetic energy weapons and thermobaric explosives have caused burns to become the most common conflict wounds, responsible for 5–20% of all battlefield injuries.[9,10,11,12] The world seems to be in a state of anticipatory preparedness for events involving burns in the context of blast injuries, combat trauma, and mass casualty incidents, which is evident through multiple recent publications aimed at professionals and laypeople who may find themselves having to administer prolonged casualty care in disaster and conflict zones.[13,14,15,16] In response, world professional burn associations have produced updated disaster preparedness and response plans for burn mass casualty incidents, some of which were called upon in the unanimous EU-wide response to the Crans-Montana tragedy earlier this year.[17,18,19,20]

At the time of burn injury, the initial first aid and emergency interventions are often delivered by members of the public or professionals who are not specialists in burn care.[21,22] During the early moments at the start of the Crans-Montana fire in Switzerland, there was an immediate outpouring of help from the members of the public who suddenly found themselves in the role of emergency responders.[23,24] These were untrained bystanders, who spontaneously coordinated rescue of the injured, their removal from the source of burning, delivered first aid, warming and shelter, and offered moral support under the

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most harrowing circumstances while waiting for the arrival of the emergency services.[25,26,27] The challenges of improvised care, the strength and fluidity of unplanned yet coordinated public response, the lived experience of citizens having to step into the role of emergency responders, and the psychological impact of being suddenly confronted with multiple individuals with severe burns who are in pain and distress, were the reality of the early moments of the Crans-Montana disaster. The video interviews with some of the public responders are especially difficult to watch – their faces set in a mixture of agony, disbelief and shell shock, reflecting the trauma of what they have experienced.[28]

In burn mass casualty incidents, the requirement for extended care of burn patients by non-specialist services can rapidly overwhelm the capabilities of any healthcare system, putting additional strain on clinicians who rarely encounter and are ill-equipped for the clinical complexity, emotional intensity and resource demands that care of multiple burn casualties can bring.[29]

Every burn survivor presents clinicians with a unique medical and ethical challenge. More patients with burn injuries that were historically considered non-survivable are surviving their injuries and go on to a meaningful reintegration into society.[30,31] However, survival alone can be a cruel indicator of clinical success, as famously noted in the "quality of outcome must be worth the pain of survival" words by Professor Fiona Wood.[32] Increasingly, burns are being recognised - not as acute trauma, as originally classed, but - as a chronic disease due to their long-term sequelae on the body and burn survivors' health-related quality of life.[33] Whilst burn wounds will eventually heal and form scars, healing burns is painful, regaining function is infuriatingly slow and riddled with setbacks, and reclaiming a quality of life takes a lifetime.[34] With saving of a life comes the privilege and burden of responsibility - to ensure that the life saved becomes a life worth living once again.[35] Regaining independence, being able to care for oneself and achieving pre-injury level of physical function are burn patients' most important outcomes in recovery after burn injury.[36] But burn scars are not an insignificant detail - scars are dynamic and will change over time. Burn scars have symptoms like chronic itching and pain, heat intolerance, they are visibly different in texture, colour and stretch capacity to uninjured skin, paving the foundations to social anxiety, insecurity in relation to disfigurement and burn survivor's new body, and the inhibited quality of life.[35,37] So, if the goal of burn care lies beyond survival, then "aftercare is not a luxury, but a necessity".[35] With knowledge that "every intervention from the point of injury will influence the scar worn for life",[32] the aspiration of patient-centred burn care must be to support burn survivors in recovering their quality of life and returning them "to their place in society with unaltered potential", however long it takes.[38,39]

There is a reason why burn care had evolved from, rather than into, a team concept of care.[40] To understand the value of the burn care team is to understand collaboration.[41] No one discipline alone is capable of supporting every aspect of burn survivors' recovery: in burn and reconstructive surgery, complex wound care and critical care nursing, pain management and anaesthesia, physiotherapy, occupational therapy, nutrition, play therapy, rehabilitation therapy, psychological therapy, social care, welfare, and social reintegration and peer support – this requires the care of a dedicated and coordinated multidisciplinary team united by a common goal.[40] A burn survivor is at the centre of every decision, is an active part of a burn care team and is considered the true team leader from the time of acute injury, throughout rehabilitation and towards recovery.[40,41]

However, burn care demands something more than clinical prowess – it takes heart. The extent of human suffering during the course of burn wound healing is immense, with most patients experiencing wound care procedures as the worst source of pain.[42] The experience of inadequately managed pain can lead to pain anticipation, which can magnify the severity of pain sensation and in the long-term, can progress into a chronic pain condition affecting patients' quality of life for many years after the wounds have healed.[42] It is no wonder that when burn patients are asked what matters the most to them - "not having pain" is considered the most important outcome.[36]

More than any other member of the burns team burn nurses have continuous contact with patients and witness visual expression of human suffering through distress of patients with extensive wounds and end of life symptoms of the severely burned patients who are dying.[43] While nurses are often seen as a solace for

those in suffering, inevitably, burns nurse's role requires them to carry out painful wound care procedures like mechanical debridement, removal of adhered wound contact layers, and exposing wounds to air during lengthy dressing changes.[44] The cognitive, physical and psychological strength it takes to thrive in a burns unit is immense. Inflicting pain to patients and inability to effectively control patients' pain is a source of physical and emotional exhaustion, leaving nurses feeling frustrated and inadequate in their ability as a burns nurse.[43] Repeated exposure to the suffering or death of patients can lead to development of diminished empathetic ability, desensitisation, burnout, traumatic stress, and compassion fatigue, causing nurses to be emotionally detached or emotionally tough with patients.[44,45,46]

Burns nurses always were and will remain the beating heart of a burns unit - they are the sense makers, the reassurers, the confidants, the hand holders, the shoulders for crying on, the motivational speakers, the voice of strength, the 'vision of the future' unwrappers, they are the drill sergeant or a coach that the patient needs in the moment, they are the marginal gains experts, the 'small things' and 'big things' milestones' cheerleaders. Burns nurses are the glue that holds the burn care team, the patients and their families together.

If the response to Crans-Montana, Biobío and Ñuble, and Rohingya disasters has shown us anything, it is that we live in compassionate communities. At the recent regional burn conference in the US, when asked to describe a colleague's gift to the burn care community, participants responded with "compassion" as the overwhelming and paramount quality that's an integral part of "who we are".[41] The burn care team and their compassion are a therapeutic tool that is just as valuable as the surgery, the dressing, the medication or the splint.[46] Compassion through personal human connection is the remedy to burnout - compassion for our patients and their families, compassion for ourselves and each other.[41,46]

Many families' lives were changed on the day of the Crans-Montana fire. Many burn survivors are still fighting for their lives and have a long road to recovery ahead of them.[1] What is clear is that the recovery for everyone involved will be measured in decades rather than months or years. As always, the burn care teams will be right by their side – supporting burn survivors to find their way back to their place in life.

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